



# Youth-Informed Transformation

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2022

# HAERE MAI // WELCOME

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We want to dedicate this report to the rangatahi who are no longer with us - for the love and light they brought to this world. Gone too soon but never forgotten.

This report is also dedicated to the young people of Aotearoa who constantly strive to be the best version of themselves in what can often be a scary and uncertain world. You are so strong, and we are grateful for all the wisdom and knowledge you have shared. Your experience is a taonga and it is the foundation of this report.

Thank you to the team at Whāraurau for your continued support in this mahi, and for creating a safe and valued space for youth lived experience voices to be heard.

Lastly, thank you to those who are reading this. We hope you will carry the voices of young people with you throughout your mahi and use it to make the world a better place for rangatahi.

**Nāku noa,  
Nā Abigail McDonald**

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# WHAKATAKI // INTRODUCTION

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This DMC report is a compilation of everything we have learnt from young people during our 2022 DMC events. It is a reflection of how youth mental health services are being consumed by rangatahi and therefore a tool to determine how these services can be improved.

Our DMC events are opportunities for young people with lived experience of mental distress and/or of accessing mental health services to come together and share their experiences. The purpose of coming together is to create change for those who will walk similar paths in the future.

We would like to acknowledge these young people and their creativity and hunger to create change in this space. Regardless of what they have been through, they want better outcomes for other young people accessing youth mental health services in the future.

If you think of lived experience as a young person walking through a forest, our aim is to clear a path and make the journey easier for those who walk behind us. We may pick up fallen trees or add signs for easier navigation. Maybe we'll add a rope to hold onto for support. We have travelled these paths before and know the journey is not easy, but we believe it can be made easier.

Just like the previous DMC Reports, this report aims to bridge the gap between young people with lived experience and the mental health workforce.

Common themes this year were accessibility and wait times, and the need for support and understanding between generations.

The intergenerational gap seems bigger than ever, and young people are suffering because of it.

While our findings are often reflective of both youth and youth adjacent peoples struggles, this year the barriers to wellbeing were particularly youth specific.

This is what makes the DMC mahi even more important. It is an opportunity to collate young people's perspectives and encourage clinicians and services to strive for better futures for our rangatahi.

We have all been a young person, but we haven't all been a young person in today's world.

Thank you for reading this report, we hope it inspires you to keep youth at the centre of your mahi and to stay curious about what's important for young people.

# KAUPAPA MAHI // OUR PROJECT

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DMC stands for ‘Deep Meaningful Conversations’, which is what we aim to have with young people who participate at these events.

The DMC events are an opportunity for rangatahi who have experienced mental health challenges to come together and reimagine mental health support in Aotearoa New Zealand.

This project was started in 2019 by the Youth Advisory Team at Whāraurau, and since then we have created videos and written reports to share our learnings from this initiative.

The Youth Advisory Team began by talking to rangatahi whaiora (young people who had experienced mental health challenges). These were our friends, our colleagues, and young people involved in local youth councils. They became our leadership group. This group directed our planning process and provided guidance on everything from the venue and catering, to how to create a safe space, what to talk about, and how to connect with young people.

They called the workshops they designed ‘DMCs’ and supported us to create branding. With their guidance, we organised two DMC events (Boyd et al., 2019). Since 2019 we have held six DMC's in Tāmaki Makaurau (Auckland), Kirikiriroa (Hamilton), Ōtepoti (Dunedin), including one online.



**To view previous DMC reports and videos please look at our website [wharaurau.org.nz](https://wharaurau.org.nz), go to **What We Do/Sector Leadership/Engagement/Youth Leadership**. Click on the tab ‘Deep Meaningful Conversations (DMC)’. Alternatively, if you are viewing this document digitally click here.**

# WHAKAWHANAUNGATANGA

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In 2022 we had the privilege of holding two DMCs. At the start of the events, we opened with a karakia and then engaged in Whakawhanaungatanga.

In the national virtual DMC in July, we focused on the use of technology. Acknowledging the impact of COVID-19 pandemic on young people's mental health, our theme for this DMC was finding mental health support in the digital space as young people.

The November DMC was held in Kirikiriroa, Hamilton, and had a strengths-based focus, with the theme being 'Thriving not just surviving'.

Both DMCs' had the same Whakawhanaungatanga - we asked participants to share their name, age, pronouns and one word that describes how they were showing up.

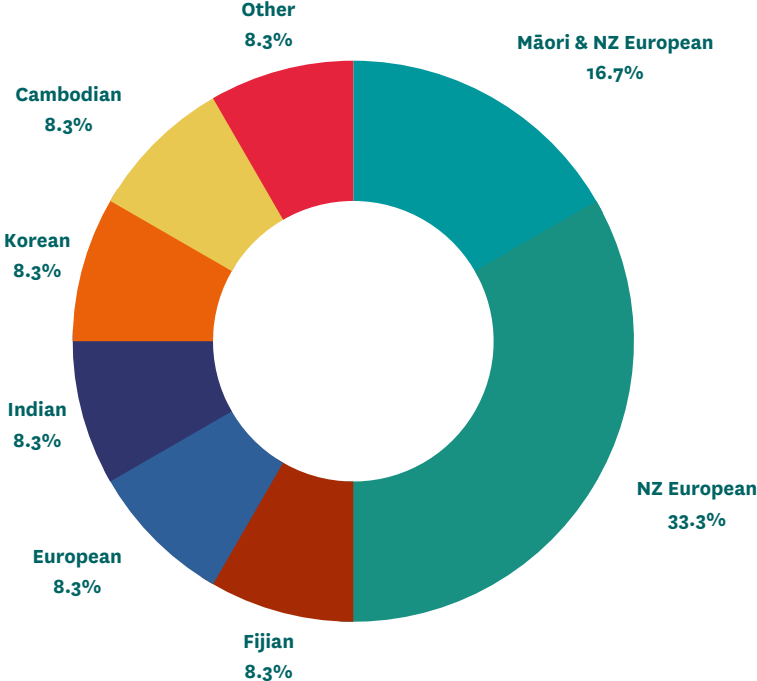


**Whakawhanaungatanga is the process of establishing relationships, and relating well to others . Whakawhanaungatanga provides opportunities to support positive and collaborative relationships, explore what is important, and help to co-construct aspirations and goals that continue to be revisited throughout the process (Ministry of Education, n.d.).**

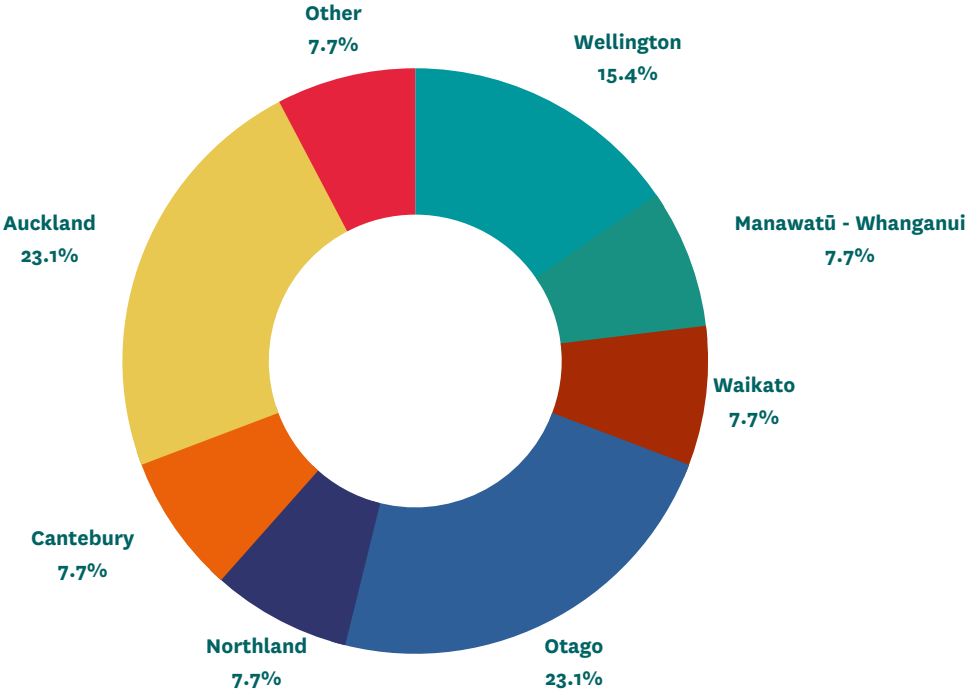
# PARTICIPANTS INFORMATION

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## Ethnicity



## Location



# DMC #1 2022

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The first DMC event of 2022 was done virtually due to the uncertainties around COVID-19 and general public hesitancy around large in-person gatherings.

As a virtual event it gave rise to our theme around acknowledging the impact of COVID-19 pandemic on young people's mental health, and so was all about finding mental health support in the digital space as young people.

Through our conversations we explored the current challenges to accessing services, what is currently missing and where services can look to improve.

We had thirteen participants between the ages of 16 and 24, all with some form of experience accessing mental health services.

The first session was about capturing previous experiences of engaging with telehealth services, and what it's like finding support in the digital space as rangatahi whaiora.



13

participants between  
16 and 24



# SESSION ONE //

## QUESTION ONE

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Experiences on accessing digital mental health support seemed overwhelmingly negative. The general consensus was that there had been a positive shift in social attitudes around mental health and more people are reaching out for support. However, our rangatahi encountered lengthy waitlists from telehealth services, expensive and ineffective apps, and confusing information on social media platforms like TikTok and Instagram.

For those who had used online therapy, they reflected that it was difficult getting started because ‘there’s just a list of faces and you have to choose based on basically nothing.’ Other challenges they faced included existing waiting lists for online therapy appointments, and privacy concerns when discussing their mental health in their familial home.

Our participants had used different support apps like WorryTime, SAM, Smiling Mind, Breathe, Headspace, Lumosity, Hub, MindShift, FearTools, MoodTools, PanicShield, Groov, Calm, Tapping Solution, I Am Sober, The Village, Balance, Sleep Sounds, Manawa, Daylio, and Awhi.

Notably, the experiences with telehealth services appear to be the most negative. With participants recalling being on hold for hours and then feeling as if the other person was disengaged or bored. Additionally, constantly repeating their story was extremely difficult, especially when they only received surface-level solutions in response.



**What are your perspectives or experiences of accessing digital mental health support?**

It’s really positive that more people are wanting to access services, but negative that they are having bad experiences. Young people go in with high expectations, and are brave to reach out, but they don’t get met with what they need.

From these experiences, it is clear more capacity is needed to support the growing number of people in crisis. If capacity is increased, more people will get the support they need and it will also alleviate the pressure on the workforce. Although digital support services have important benefits such as increasing accessibility and reducing the effort needed to seek help, it still does not provide consistent quality support for young people.

# SESSION ONE //

## QUESTION TWO

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COVID-19 increased the demand for mental health support, and this overloaded the system. Lockdown and COVID-19 had a significant impact on young people, especially those who started high school and university during this time. Their ability to connect with others was hindered, and most recalled the feeling of isolation and the stress of forcing themselves to engage with people online or even with their own families. These quotes from our participants amplify the impact of COVID-19 on health services and themselves.

“Long wait times, demand on the system and lack of resources and specialist psychologists, poverty and remote locations make it hard to access help online and build rapport. Professionals have different styles, which is also something young people have to get used to, and you might not like them. I have observed that only brief interventions are offered at the moment due to how many people they need to see/have to get through. They are just focused on doing the bare minimum, when it’s already hard for people to reach out.”



**How has COVID-19  
changed your  
perspectives or  
experiences accessing  
mental health  
support?**

“Not much education is offered for health interventions and health. Although free sources are available, the lack of health literacy and knowledge makes it hard for young people to know where they can access help. Especially minority backgrounds, who may use digital tools, family may not be supportive of them using these tools by saying things “you’re just on your own phone.” So families need to offer support, instead of stigmatising.”

“Knowledge and giving people suggestions about their mental health makes them assume you have it together, but you actually don’t.”

# SESSION ONE //

## QUESTION TWO

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“From a service point of view and my perspective, seeing staff burn out, and getting sick and anxious about getting sick, makes it hard to be part of that workforce. You are expected to help out and having to work in really small teams with others being sick, and to support others is really stressful. This also makes it more difficult for the person accessing that service and for staff building a relationship because both parties are burnt out in different aspects, and are not able to give their 100% and build a genuine connection.”

“COVID-19 has been a challenging time and a life event that has turned into a big mental health trigger for me. Clinicians talking about COVID-19 being generational trauma and seeing that in myself. I'm scared of Covid, and how bad it will be and scared of dying. I needed more support during Covid and it was really challenging. Other young people would have no control with Covid and this is why it can be scary. No control with Covid, and not knowing when to return to normal life and uncertainty arounds this gives me a lot of anxiety.”



**How has COVID-19  
changed your  
perspectives or  
experiences accessing  
mental health  
support?**

“I was a social butterfly pre-COVID and going out for different meals. Going into Covid caused a change, and the impact on everyone was insane and surreal to live through. Just being able to buy a plane ticket and travel felt like a dream. There was tension in the family around catching Covid and giving it to each other. There was also different perspectives on lockdowns and vaccinations that friends and family had. It's hard to keep it together as expected when you're going through it yourself. I was frustrated when others confessed that they were bored but I had to study and work. Covid made it worse with longer wait times, closed borders and people not being able to see each other. So Covid did push for stronger digital support.”

# SESSION TWO//

## QUESTION ONE

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For the second session we focused on the future in order to capture their hopes for an ideal digital mental health service.

Our participants envisioned a mental health service with no wait times, that is equipped for walk-ins, self-referrals, or regular referrals, and physically located in an area with access to multiple types of public transport.

A service with a well-trained, knowledgeable workforce and clear pathways that can be communicated to the young person so that they don't experience additional anxiety.

There would be clear information on the rights of the person accessing the services, such as the right to refuse and right to change counsellors.

It would be a service that embodies respect and partnership in its way of working and would expand the well-being conversation to include alcohol, drugs, gambling, gaming, and porn.



**What is the future of  
digital mental health  
support?**

# SESSION TWO//

## QUESTION TWO

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- Set up a national co-design project that asks mental health users what they want
- Create a digital platform/forum that provides a list of resources and services for when you are on a waiting list
- Establish online support groups and forums using Facebook community groups or discord channels
- Make more online games similar to SPARX.
- Create a FaceTime version of the 1737 texting service.
- Develop legislation that protects young people from apps like Instagram and Tik Tok that have been designed to be addictive.
- Build an app that allows a young person to make direct appointments with mental health professionals
- Streamline systems for services so they are on the same page, and information can be shared between them so that young people don't have to repeat themselves.
- Make an app that tells you about different services, and what you should expect from each at different points of the process. (referral, appointment, discharge)
- Invest in more Youth Consumer Advisors (YCA)s so that the youth perspective can help improve services. YCA's are the most important part of the service. Every service should have a YCA or at least be connected to a YCA in some way.
- Pay young people to be part of focus groups that inform mental health services and establish a strong accountability framework so their insights will not be lost
- Have more youth peer support workers in all services so they can support young people who don't necessarily want to engage with the services. In addition, change the power dynamic and bureaucracy to ensure youth peer support workers are respected and their unique skills acknowledged
- Incorporate consumer feedback into regular service improvement.



**If you had unlimited funding to do whatever was required to make digital mental service the best thing ever, what would you do?**

**“Either get with the times or stay behind.**

**You have to integrate technology into mental health system.”**

# DMC #2 2022 //

## THRIVING NOT JUST SURVIVING

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The theme for the second DMC was ‘Thriving not just surviving’.

We were interested in exploring how young people perceive strength and resilience, and how services can help them foster these attributes to optimise their wellbeing.

The discussion was split into two sessions. In session one we aimed to explore young people’s strengths.

In session two, we discussed how these strengths and other supports can be utilised to build young people’s resilience, and in particular, how clinicians can help a young person identify their strengths to approach recovery and wellbeing through a strength based approach.

### Session One

Session one was titled ‘Exploring our strengths.’ Prior to our discussion we introduced the concept of strength, as it has many definitions and implies different things.

It can refer to being physically strong, taking constructive actions to look after yourself, or skills and actions that act as your protective factors.

In this session we wanted to understand what strength looked like to our participants.



**So we asked the following questions:**

- **What do you think of this definition of resilience?**
- **Why do you think young people’s strengths should be utilised to support them?**
- **Within your own whānau and community, what support can help to foster resilience?**

# WHAT DOES STRENGTH MEAN?

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Strength is an essential part of a young person's identity, helping them to establish a strong connection to who they are and uplifting their self-esteem.

Recognising and understanding how young people can utilise their strengths can support them to overcome challenges.

For rangatahi, strength is reflected in many different things. Strength means having the courage to vocalise boundaries, say no, and be receptive to other people's boundaries.

Strength is required to be mindful of what they share with others, and be aware that someone else may or may not have the capacity to support them.

It involves feeling okay with being uncomfortable during challenging situations, and having the perseverance to be present, listen and break down intergenerational trauma.

Our rangatahi also perceived strength as something that shapeshifts and changes when they need to adapt to their environment.

It is about having hope, and believing you have the power to influence change. This involves trusting the process, balancing your priorities, focusing on controlling the controllables, and reflecting on what has or has not worked in the past.

Young people expressed that while positivity can be beneficial for them, there is a key difference between being positive and engaging in toxic positivity, which can invalidate others and their struggles.

They also noted that there is not enough information about utilising spirituality as a strength. And while our young people said being true to who you are is a strength, it's only a strength when you are able to know yourself.

# USING STRENGTH TO NAVIGATE CHALLENGES

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Rangatahi are versatile in using their strengths to navigate their daily hardships and challenges.

Their strategies range from taking small steps to achieve an outcome, to using their senses to ground themselves (e.g., taking their shoes off and feeling the ground underneath).

One rangatahi described one of their strengths as conscious breathing.

They said, “it’s the hongī – the life force that started everything, so conscious breathing is really helpful.”

## **Rangatahi utilised the following strategies to navigate their daily challenges:**

- The process of acknowledging their strengths through their struggles, focusing on what they have achieved and expressing gratitude
- Learning about how to read other people’s energy, and using this to work out how to communicate with someone
- Shifting their energy to what motivates them, and using that drive to challenge themselves
- Focusing on their physical health, as good physical health is a good foundation for other aspects of hauora



**Rangatahi emphasised the importance of growing and reinforcing one’s strengths, even when it is difficult.**

**For example, it can be hard for young people to grow up in an environment where their parents communicate minimally due to cultural and generational factors.**

**As the young person practices their communication skills it will become a real strength.**



# PAST EXPERIENCES WITH MENTAL HEALTH / AOD SERVICES

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Engagement with services have helped rangatahi build their strengths in several ways.

First rangatahi shared that it was helpful for them when a clinician supported them to identify their strengths, as it made them become aware of what strengths they had.

Subsequently, it assisted them even further when they were helped to understand on how to use these strengths.

For some rangatahi, their mental health team played a critical role in helping them get better as they may not have had whānau or other people to support them.

There was discussion around the difficulties of seeing a new clinician as they were essentially a stranger.

Some young people said it was easier to open up to an unfamiliar clinician who did not know them or have any bias towards them, whilst others expressed the opposing view saying "how could someone who has never been part of my life, help me?"

Additionally, rangatahi reported that it was easier to express themselves when they worked with someone who spoke the same language as them.

This is because they felt more authentic when they use their own language to express themselves.

Rangatahi also reported they felt let down by the system due to long wait times, their referral being declined, and no help being immediately available for their family.

They felt they were forced to be strong because there was no help available. Other rangatahi shared that accessing services may not work for everyone as they may be too young to even understand what mental health is.

In addition, their cultural context influenced their understanding and perception of mental health in Aotearoa New Zealand and therefore their ability to access it.

## How can services support us?

- Explore what motivates a young person and how they can use it to make progress or challenge themselves
- Explore the young person's strengths and how they can use these on a day-to-day basis
- Pair a young person up with a clinician who speaks their language (if this option is available)
- Be open to exploring and understanding what mental wellbeing means within the individual's cultural context
- As rangatahi may not trust the health system due to not receiving help or previous bad experiences, it's important to re-establish trust by listening and creating space where feedback can be shared, not taking criticism personally, and, to the best of your ability, providing them with reassurance

# DMC #2 2022 // FOSTERING OUR RESILIENCE

## Session Two

Session two was titled ‘Fostering our resilience.’ In this session, we introduced the concept of resilience as “your ability to bounce back after experiencing hardships and/or challenging times.”

We were interested in exploring how young people’s strengths can be utilised to empower and foster resilience.

### The meaning of resilience

Rangatahi viewed resilience and strengths to have a reciprocal relationship. That is they believed they needed to draw on their strengths to be resilient, and being resilient was something they drew strength from.

Some young people did not like the word resilience, while others viewed it as a positive concept.

Due to these contrasting views it was agreed that the way the word ‘resilience’ is used, and its context influences how it is interpreted.

### How can services support us?

One reason rangatahi support the idea of focusing on strengths is because this will allow a shift towards mana enhancing practices and improve engagement with them. Additionally, it shifts the focus away from weaknesses and trying to improve them and opens the door to being creative with different tools and strategies that use the strengths of a person as part of the support process.

Another part of using young people’s strength to support them include meeting young people where they are at (for example, engaging with a rangatahi who likes football by kicking a ball around with them while talking). This would help in creating a less formal environment, making the young person feel more comfortable and changing the power dynamic between the clinician and the young person.

Lastly, there was shared frustration amongst rangatahi as many had experienced being told to “get help” but no help was available due to long wait times.” This further emphasises the importance of fostering their strengths early on so they have the skills and tools they need in the future. One rangatahi had said “even if practical skills don’t solve anything, they can help us understand how to cope.”



#### So we asked the following questions:

- What does strength look like to you?
- How do you use your strengths on a day-to-day basis to navigate hardships and challenges?
- In what ways had accessing and engaging with mental health and/or addiction or other drugs services helped you build your strengths?

# PAST EXPERIENCES WITH MENTAL HEALTH / AOD SERVICES

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## Whānau and community support to foster resilience

Rangatahi felt that language played a critical part in seeking whānau and community support. This includes not limiting the words young people can use to describe themselves (e.g., slang), and using more inclusive language when addressing general topics of mental health (e.g., using 'mental distress' rather than clinical words like depression).

The second suggestion was psychoeducation and integrating more practical skills in high school. Psychoeducation should be given to young people so they can develop awareness and understanding to normalise their feelings and emotions (. e.g., fear and nervousness), and to know that if these types of feelings last for a long time they should reach out for help.

Furthermore, it was suggested that mental health life skills be integrated into the school curriculum. This will help to normalise mental health and young people's experiences of it, as well as working as an early intervention strategy.

Community support can also include legislative changes that focus on young people as individuals seeking wellness rather than numbers that need to be churned through the health system.

Lastly, it was suggested that giving young people time to do nothing, reducing their pressures, and giving them space to de-stress, can be beneficial to help them decompress.

## How can services support us?

- Clinicians can provide their young clients with psychoeducation around thinking patterns, how to recognise emotions that are normal and situational (the fear of an upcoming event) versus when it may be an issue that requires reaching out for help
- Being open to learning what the language that is used by young people means (e.g., slang)
- Using mana enhancing practices. This can involve exploring what mana enhancing can look like for the person, and then supporting them to create an environment that reinforces their spirituality and values as a way of empowering them.
- Meeting young people where they're at as much as possible. For example, using sensory modulation, being outdoors, and participating in cultural practices like introducing yourself with your own pepeha
- Teaching practical skills that will enable the young person to cope when they are stressed
- Services can provide schools in their community with resources that inform students and staff about mental health, and/or run sessions at schools about understanding mental health
- Clinicians can give their young clients resources for whānau who may be supporting them

# CREATIVE ACTIVITY MENTION

The last component of this DMC was the Lighthouse creative activity.

For this, we had rangatahi draw a lighthouse that represented our mental health system supporting them in their journey.

On one side of the lighthouse they were asked to give suggestions on what tools the health system can give them or others to help support them in their mental health journey.

On the other side, they were to present improvements for engaging with young people.

All the suggestions are combined in Table 1 below.

Tools to support young people	Improvements for engaging with young people
<ul style="list-style-type: none"> <li>• Mana enhancing practices</li> <li>• Whakapapa – doing research about kids' lineage to find powerful ancestors</li> <li>• Cultural competency</li> <li>• Information about their rights</li> <li>• Easy to read information about diagnoses + common struggles</li> <li>• Peer support everywhere</li> <li>• Sensory modulation over medication</li> <li>• Psychoeducation with peers</li> <li>• Supported education for not just high school</li> <li>• Youth advisory groups everywhere - give youth a voice</li> <li>• Education for youth and clinicians about toxic social media – they don't know enough.</li> <li>• Having services accessible through technology</li> <li>• Gender specific services</li> <li>• Kai</li> </ul>	<ul style="list-style-type: none"> <li>• Wider access to appointments and less wait times</li> <li>• Variety of services/environment in which to access care</li> <li>• Alternate to hospitals (both acute + transitional)</li> <li>• Home based intensive treatment as alternatives to hospitals No punitive treatment</li> <li>• No seclusion or restraint</li> <li>• No locked doors</li> <li>• CAMHS to adult services age should be 25 not 18</li> <li>• Different settings e.g., outdoor/nature</li> <li>• More culturally appropriate services</li> <li>• School staff need better understanding of youth mental health and wellbeing.</li> <li>• Connection</li> <li>• Space of belonging</li> <li>• Listening – whakarongo</li> <li>• Challenging feedback is not personal – it's not about you</li> <li>• Asking for pronouns and how to pronounce names</li> <li>• No unsolicited advice</li> </ul>

# CONCLUSION

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To conclude, this DMC report summarises everything we have learnt from our rangatahi whaiora. This ranges from perceptions around digital mental health and strengths to suggestions that should be implemented to create a better tomorrow for our rangatahi.

With each new report, we hope to capture the issues and hopes that matter to our young people today and communicate them to the youth mental health sector so the information can be used to uplift the young people they engage with.

We would like to acknowledge all the rangatahi who shared and contributed through their lived experience, and to express our gratitude and appreciation for bravely sharing their lived experience taonga with us.

Thank you for reading. We hope this report has been insightful and helpful to you.

We now share this with you.

**Ngā mihi nui,  
Youth Advisory Team  
Whāraurau**

# REFERENCES

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