

Rangatahi mental health: Evidence, strategies and ways forward



Dr Terryann Clark (TC)
Cure Kids Professor in Child and Adolescent Mental Health
School of Nursing, Faculty Medical Health Sciences
University of Auckland

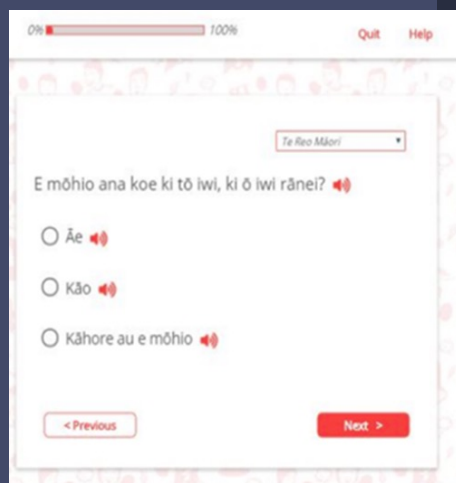
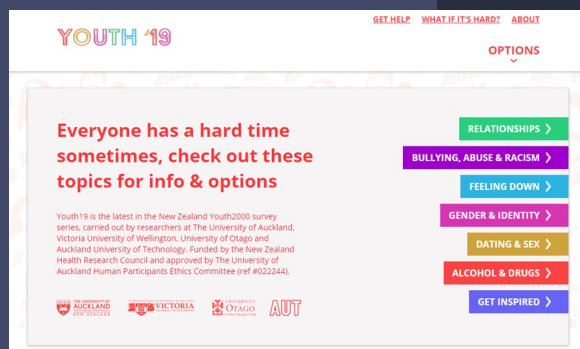


Evidence



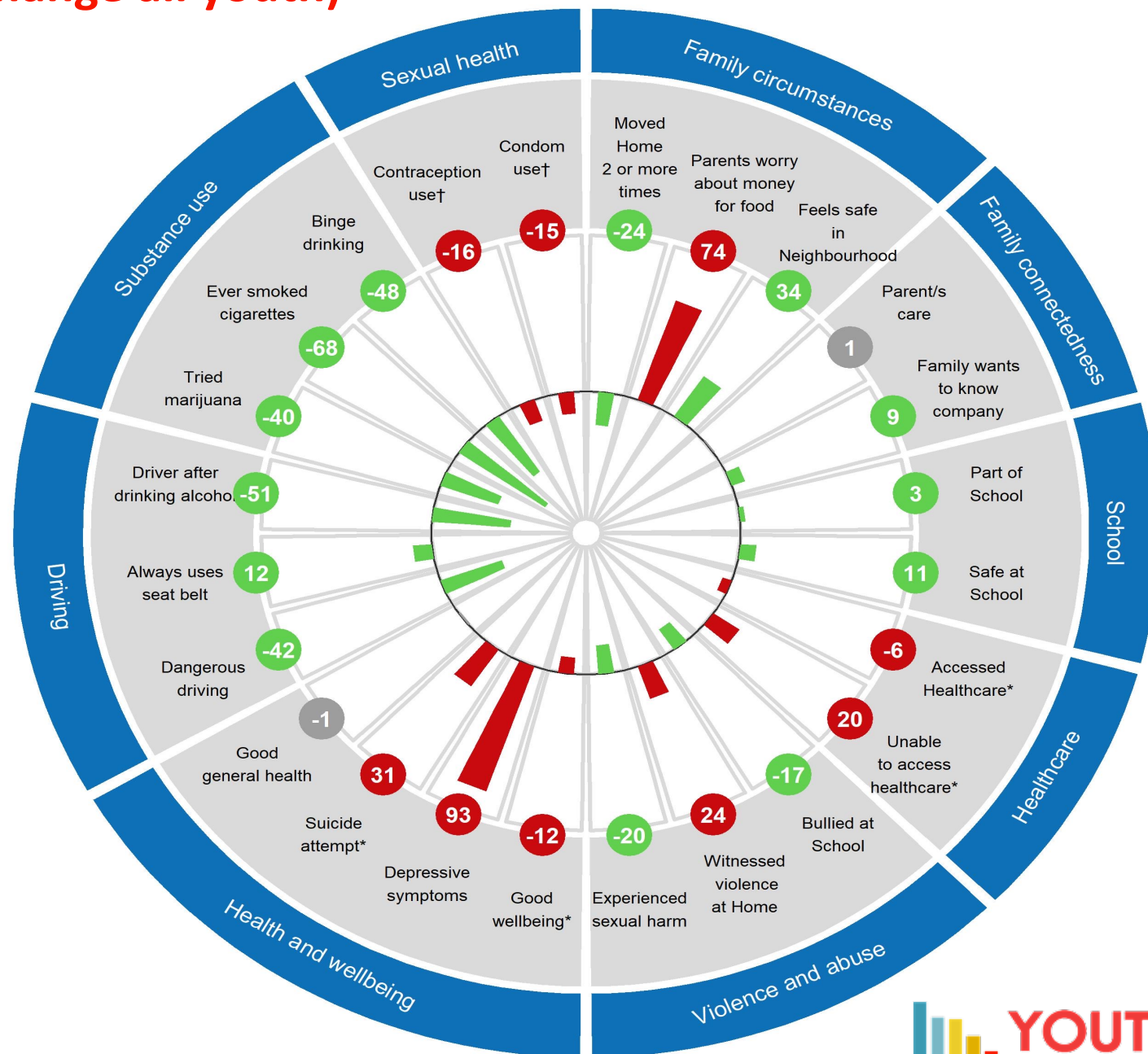
The Youth2000 series

- Two decades of research
- 36,000 high school students
- Random sampling of schools and students including kura reo
- Comprehensive survey using validated measures, offered in English and te reo Māori with voiceover
- International peer review



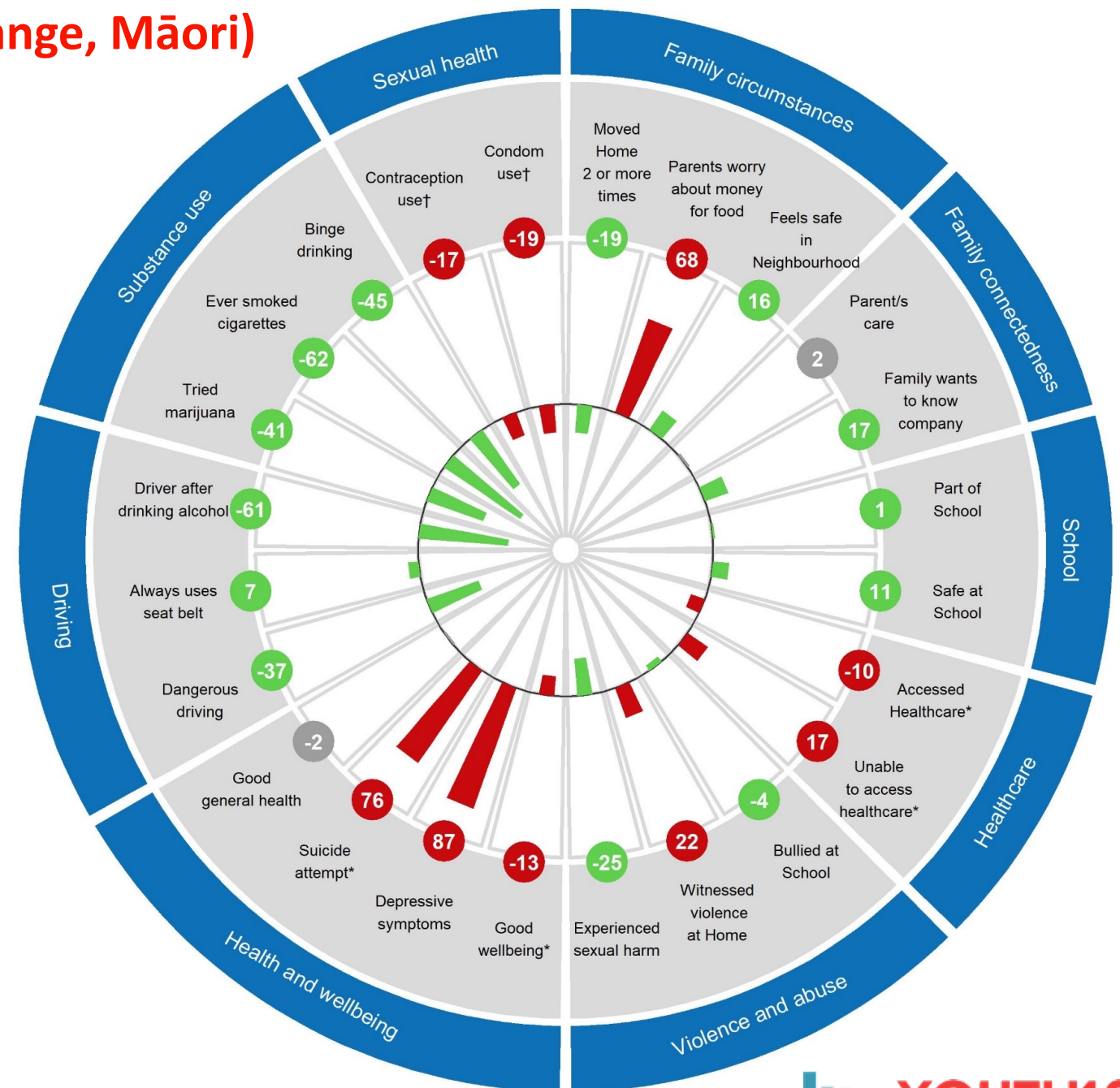
Trends between 2001 and 2019 (% change all youth)

- There has been some **major improvements** in health outcomes for NZ youth in 20 years
- But food insecurity, inconsistent contraceptive use & witnessing family violence have increased**
- Mental health has worsened**
 - depressive symptoms (from 13% in 2012 to 28% in 2019)
 - suicide attempts (from 3.9% in 2012 to 6.2% in 2019)
- Access to healthcare has declined**



Trends between 2001 and 2019 (% change, Māori)

- Very similar pattern to whole population
- Increases in depressive symptoms was associated with greater suicidality for Māori (31% increase for total vs. 76% increase for Māori)
- Inequity is persistent across multiple domains



Mental health

20 years of Youth2000 Survey series - made great progress in many areas (substance use, unintended pregnancy, dangerous driving)

- **BUT** youth mental health is worsening (an international trend)

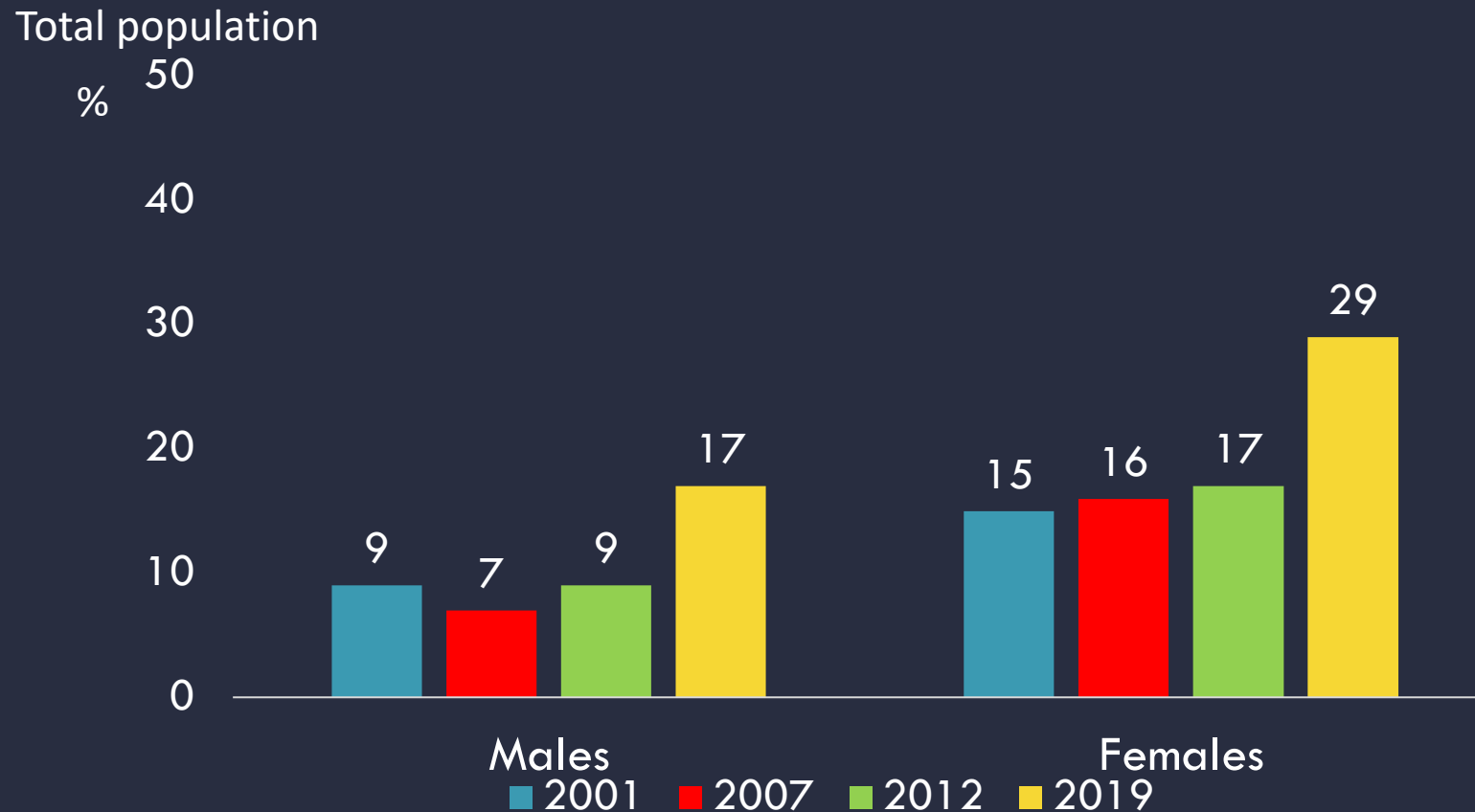
This is preventable

Childhood adversity (poverty, trauma) accounts for approx. 1/3 of adult mental disorder

1/2 of all mental disorders start by 14 years old, so prevention and intervening early is essential to reduce harms

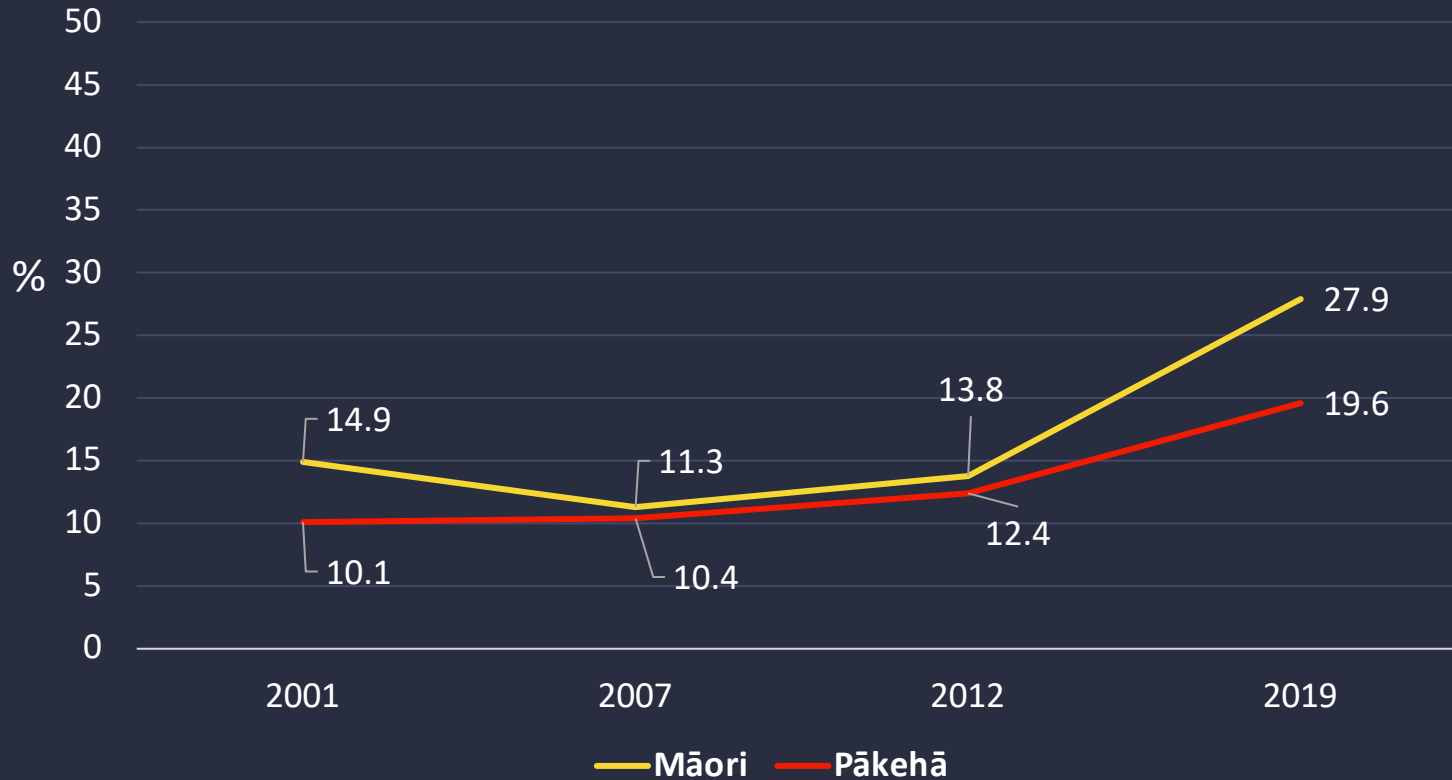
Symptoms of Depression (RAD5-SF): Trends

- Most students do not have symptoms of depression but
- Sharp increases since 2012

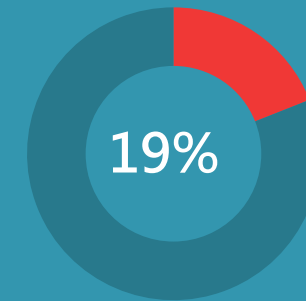


Rangatahi Māori depressive symptoms (RAD5-SF)

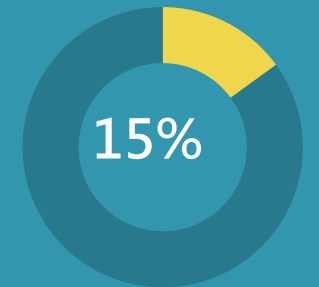
- There is significant ethnic disparity for rangatahi
- This gap is widening particularly for females



Male

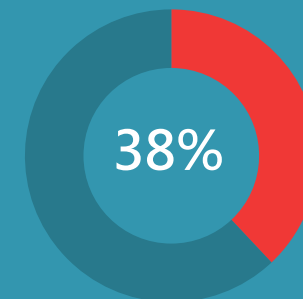


Māori

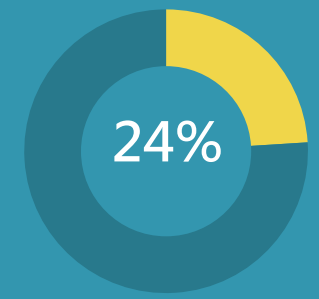


Pākehā

Female



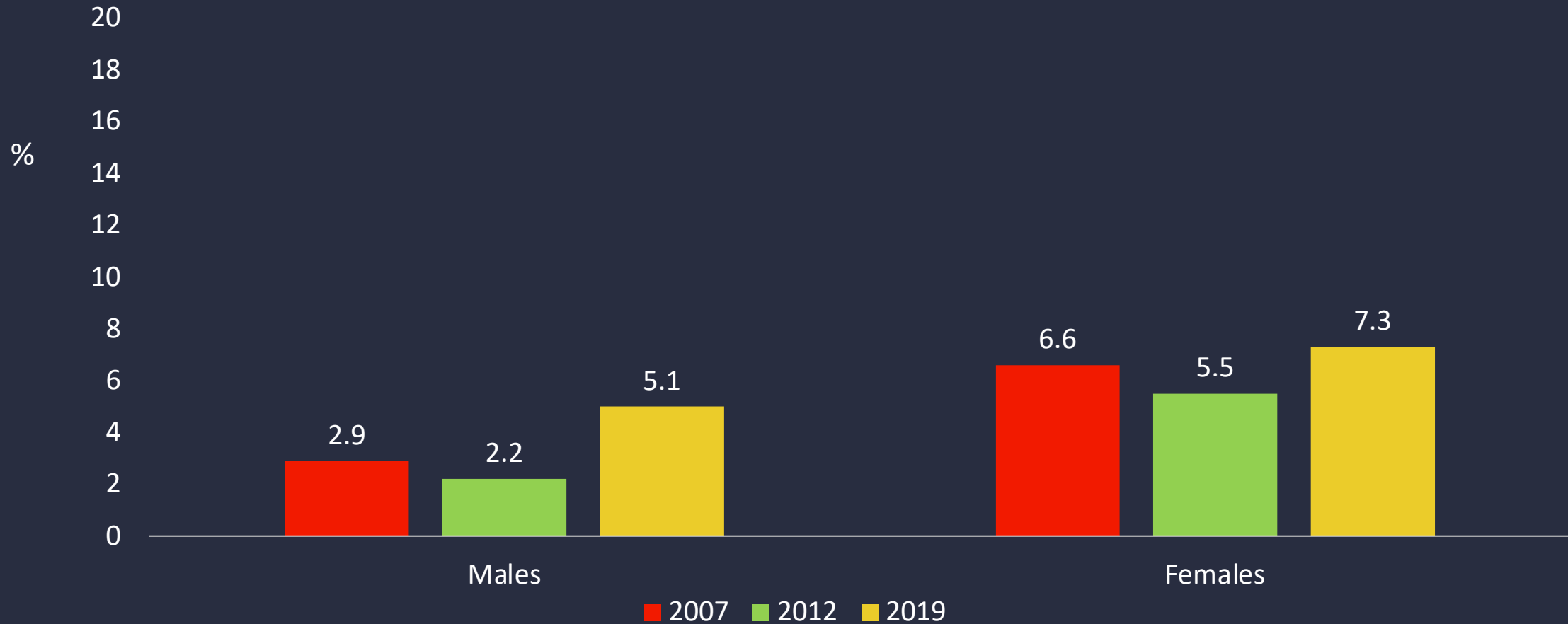
Māori



Pākehā

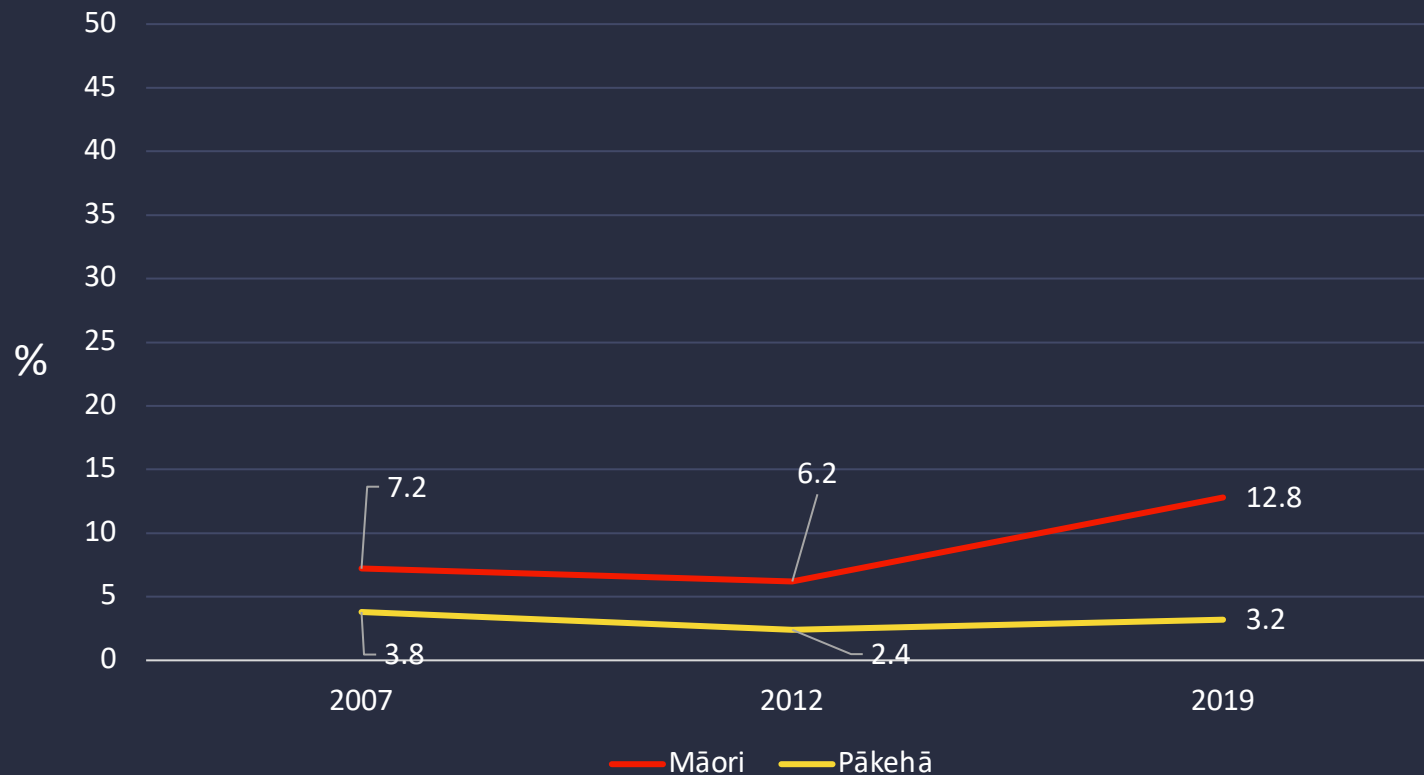
Total Suicide Attempts (Past 12 months)

Total population

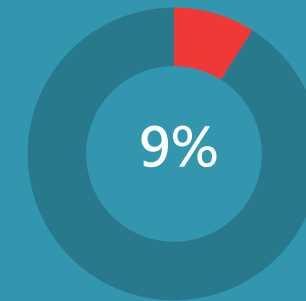


Rangatahi Māori - Suicide Attempts: Inequity

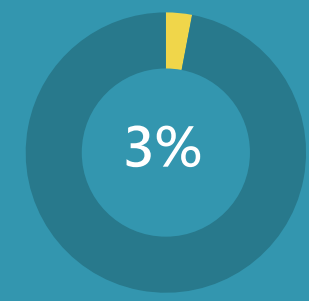
- There is a significant ethnic disparity for rangatahi
- This gap is widening, especially for females



Male

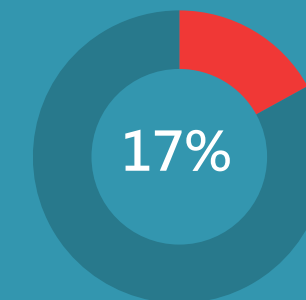


Māori

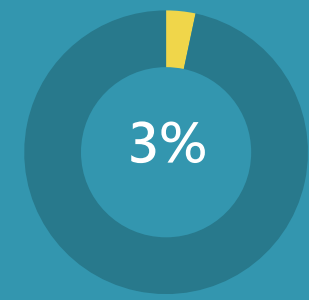


Pākehā

Female



Māori



Pākehā

Rainbow Rangatahi Māori:
Wellbeing & mental health

	Good wellbeing	Symptoms of Depression	Serious thoughts of suicide
Rainbow rangatahi Māori	42%	53%	46%
Non-Rainbow rangatahi Māori	70%	27%	23%
Rainbow Pākehā young people	38%	49%	45%
Non-Rainbow Pākehā young people	73%	18%	15%

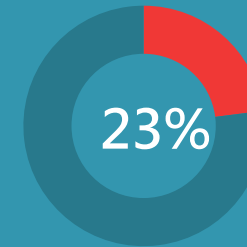
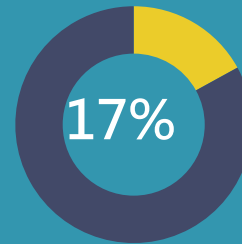
Mental Health by Deprivation

Deprivation (NZDEP) → **Low**

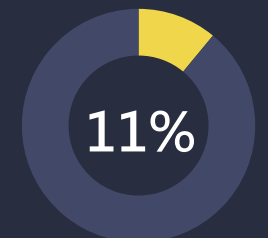
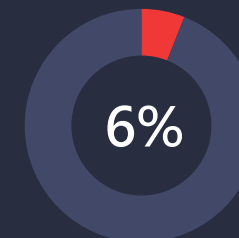
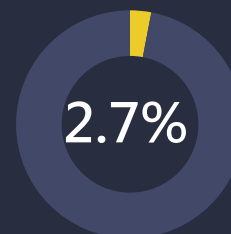
Medium

High

Depressive symptoms
(RADS-SF)



Suicide attempt
in last 12 months



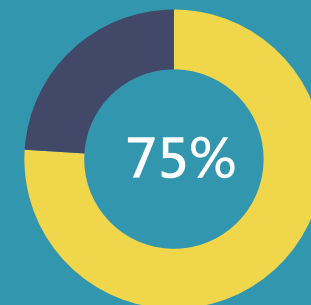
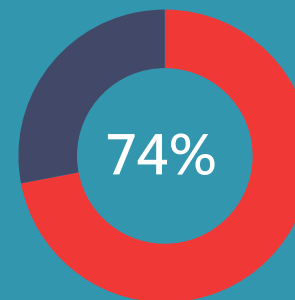
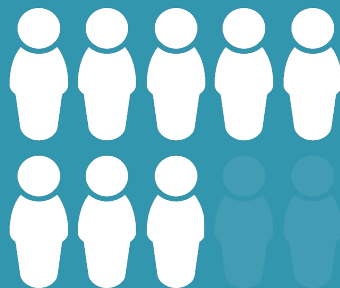
Rangatahi – Access to Services

Total

Male

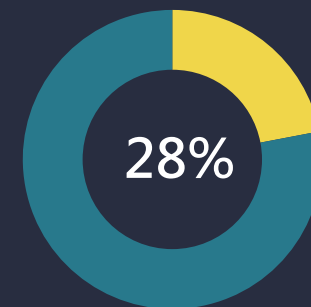
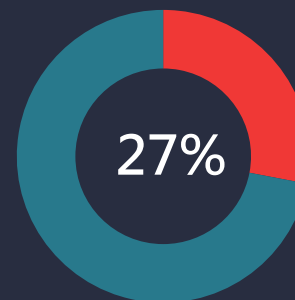
Female

Accessed healthcare
(past 12 months)



74%

Foregone healthcare
(at least once in past 12
months)



27%

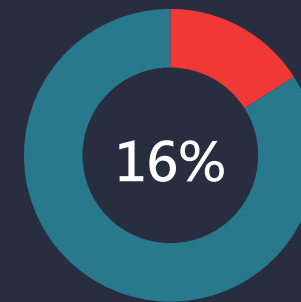
17% Pākehā vs. 27% Māori

Discrimination and racism in healthcare

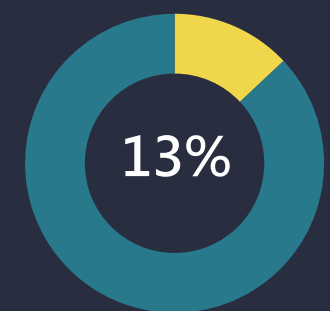
Treated unfairly by
a health professional
because of ethnicity



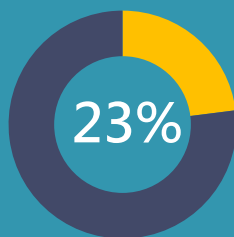
Males



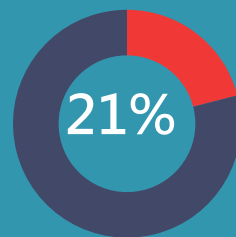
Females



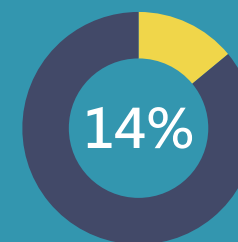
Māori



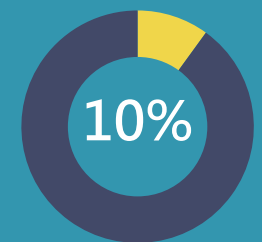
Pacific



Asian



Others



Māori (RR 2.27) , Pacific and Other ethnic groups significantly more frequently report ethnic discrimination

What are the biggest problems? Mental health & pressure, social media & reach, bleak futures risky choices



Not feeling like they belong and depression

(Māori female, decile 6, age 15)

Expectations. The expectation to be the best at all times. It just seems that no adult takes into consideration that all of this pressure effects kids greatly

(Pākehā female, decile 7 age 15)

I feel like adults don't understand that young people aren't grumpy and upset because of our phone but that a lot is going on in the world with climate change and pollution etc... How could we not be upset?

(Asian male, decile 2, age 15)

The economy that's been screwed over by past generations who won't be there to see how bad it's getting and hasn't provided us with the knowledge to fix the messed up world they've left us with.

(Māori female, decile 6, age 13)

Evidence

- Increasing mental and emotional distress with poor healthcare access
- Inequity built into the system
 - Poor access to care/support
 - Current system of healthcare does not address equity/racism
- Insufficient workforce to respond to need
 - Small Māori child/youth health workforce
- Public understandings about mental health and healthcare access are not good
 - Families feel helpless, low trust in healthcare
 - Health system is racist
 - Schools/ kura feel overwhelmed and don't feel supported
 - Approaches are often deficits focused, individual in nature
 - Lack cultural worldviews, adaption of mainstream programmes are not working

So what are our solutions?



Seeking solutions



Save Our
Future!

Listen.
To. Us.

Connection
and Fun

Update
School

What should be
changed to better
support young people
in New Zealand?

Support Us

In 2019, researchers surveyed 7700 year 9-13 students in 52 Auckland, Northland and Waikato schools. This is the latest survey in the Youth2000 series.

Levels of intervention

Solutions are complex, inter-related, transdisciplinary and multi-level

- Primary prevention - prevention and promoting wellness
 - a focus on inequity, eradicating racism in systems
 - poverty prevention strategies - food and housing insecurity, violence & bullying prevention
 - supporting whānau wellbeing
 - Providing safe spaces for connection, wellbeing (i.e. kura, waka ama etc.)
- Secondary – early intervention
 - intervening early during childhood and adolescence when rangatahi are distressed
 - supporting whānau
 - supporting communities
 - ‘Whole of school approach’ to hauora in schools (latest evidence suggests some universal mental health education could be harmful)
- Tertiary – relapse and associated impacts
 - good access, treatment, control and management, postvention

Harnessing the Spark of Life: Maximising whānau contributors to rangatahi wellbeing

- Negative perceptions of whānau Maori
- Poor outcomes, inequity etc.

But what about whānau Maori who are doing ok, doing excellent?

- How do whānau support their rangatahi to thrive?
- What do rangatahi need from their whānau?
- What does whanaungatanga look like in contemporary times from the perspectives of rangatahi?
- How can we use these insights to inform service delivery, programmes and policy?



Approach to the research

Phase 1 (A) Participatory photo-elicitation methodology with rangatahi (n = 51), (B) Semi-structured individual interviews was conducted with youth stakeholder orgs (n = 15)

Phase 2 Development whanaungatanga questions and put them into the Youth2000 survey with students/schools across the Waikato, Auckland and Northland (n=7,721 students, n=1,627 Māori students -20%).



Whanaungatanga scale – predicting wellbeing

Developed a scale of whanaungatanga - strength-based, kaupapa Māori informed scale (Greaves et al., 2021)

Constructed three subscales relating to whanaungatanga:

- (1) family/whānau ($\alpha = 0.86$)
- (2) friends ($\alpha = 0.91$) and
- (3) other adults ($\alpha = 0.93$)

Multiple regression to predict WHO-5 scale of wellbeing – short self report of current mental wellbeing (refreshed, calm, relaxed, daily life has meaning, in good spirits)

Whanaungatanga predicts **18% of the variance** in wellbeing/WHO-5 ($R^2 = 0.183$, $F(3, 1061) = 377.79221$, $p < 0.001$, $N = 1,064$).

***Whanaungatanga predicts higher wellbeing scores**

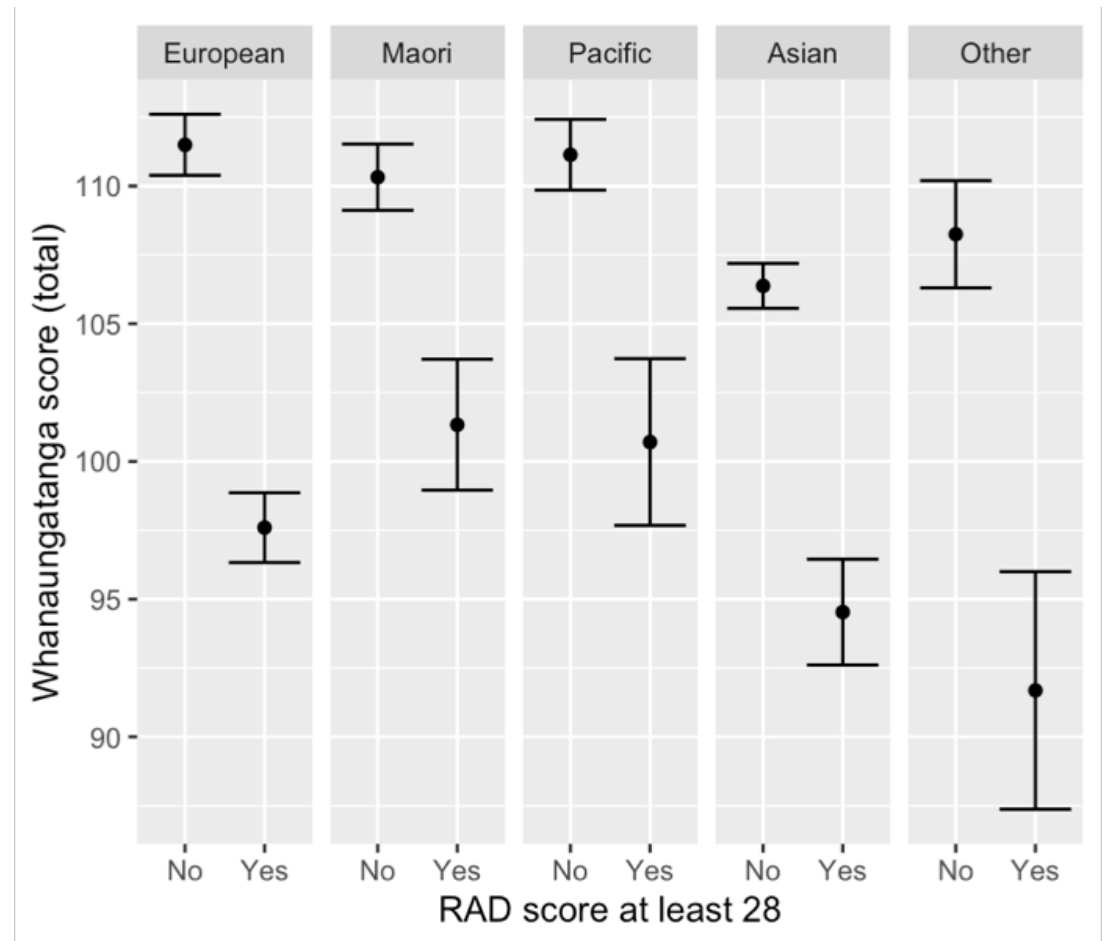
Whanaungatanga scale – predicting good mental health

Does whanaungatanga work in a similar way in other ethnic groups to improve mental health?

(Schwencke et al., *in preparation*)

Whanaungatanga was associated with significantly lower levels of depressive symptoms (RADs), anxiety & suicide attempt

Whanaungatanga is likely protective for everyone - suggests that *‘what is good for rangatahi Māori is good for all young people’*.



Cultural Identity is protective for mental health concerns

- Ethnic discrimination was associated with
 - Poorer wellbeing scores (OR 0.4, $p < 0.0001$)
 - Greater depressive symptoms (OR 2.2, $p < 0.0001$)
 - Higher suicide attempt (OR 2.5, $p < 0.0001$)
- After adjusting for age, sex, discrimination and NZ Deprivation strong Māori cultural identity was associated with
 - Improved WHO-5 wellbeing scores (OR 1.5, $p < 0.0015$)
 - Less depressive symptoms (OR 0.5, $p < 0.0001$).

Williams, A. D., Clark, T. C., & Lewycka, S. (2018). The associations between cultural identity and mental health outcomes for indigenous Māori youth in New Zealand. *Frontiers in public health*, 6, 319.

WHANAUNGATANGA

Kia Renarena te Taukaea



Rauemi Rangatahi

Te tautoko kia kaha, kia hauora, kia whai hononga hoki ngā rangatahi

SIX THINGS Rangatahi Need



01

I am proud of my whakapapa and culture



04

I spend time with people who matter to me



02

I express aroha for my whānau and tūpuna (ancestors)



05

I take care of my body, mind, heart and spirit



03

I connect to whenua (land) or other spaces



06

I am growing through shared experiences and trying new things



CHEEKY COUSINS

“It just reminds me of, even though we all old now, all living in different areas, we are still the same bunch of cheeky cousins. Like whanaungas. It just. Oh it brings joy to me. Cause we are all still the same.”



**KĀTAHI ANŌ
KA TUTUKI!**

“Nōku i te kura tuarua i nui rā taku tōmina kia mahi kapa haka, engari i ngākau kawa ōku hoa me te kī mai, ‘e hē, kua e mahi pērā...’ I tērā tau, kātahi anō au ka mahi. I reira au i mōhio ake ai ki a au anō me te kite i taku tuakiri i te ahurea Māori.”

— Rangatahi, kua 16 tau te pakeke



Te Tapa Toru – model of rangatahi whanaungatanga

How do rangatahi want to engage (with services/schools)?

Ko wai – a reciprocal connection with people, tupuna, places, things

He wā pai – a genuine time/place is about providing good spaces for meaningful connections to flourish

He kaupapa pai – a genuine kaupapa (activity, process) that connects with rangatahi desires and aspirations



This page shares Maori-specific findings from the Harnessing the Spark of Life Study and Māori-specific results from the Youth19 Rangatahi Smart Survey.

HARNESSING THE SPARK OF LIFE: MAXIMISING WHĀNAU CONTRIBUTORS TO RANGATAHI WELLBEING

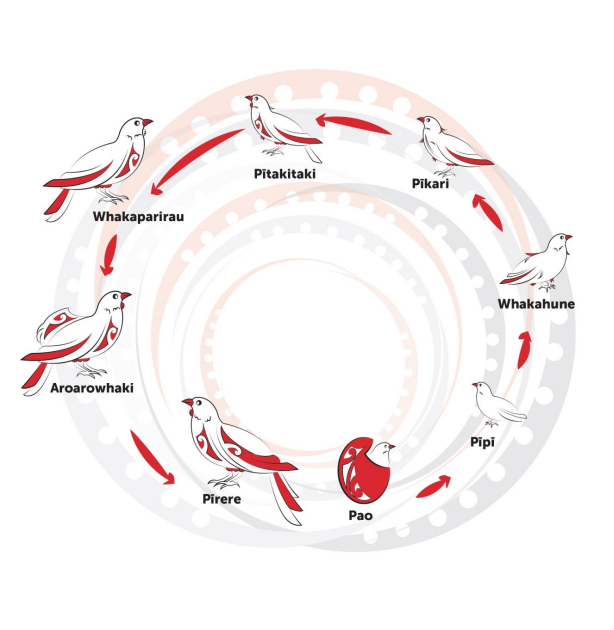
HRC project Investigators: Terryann Clark, Jade Le Grice, Shiloh Groot, Matt Shepherd and Sonia Lewycka.



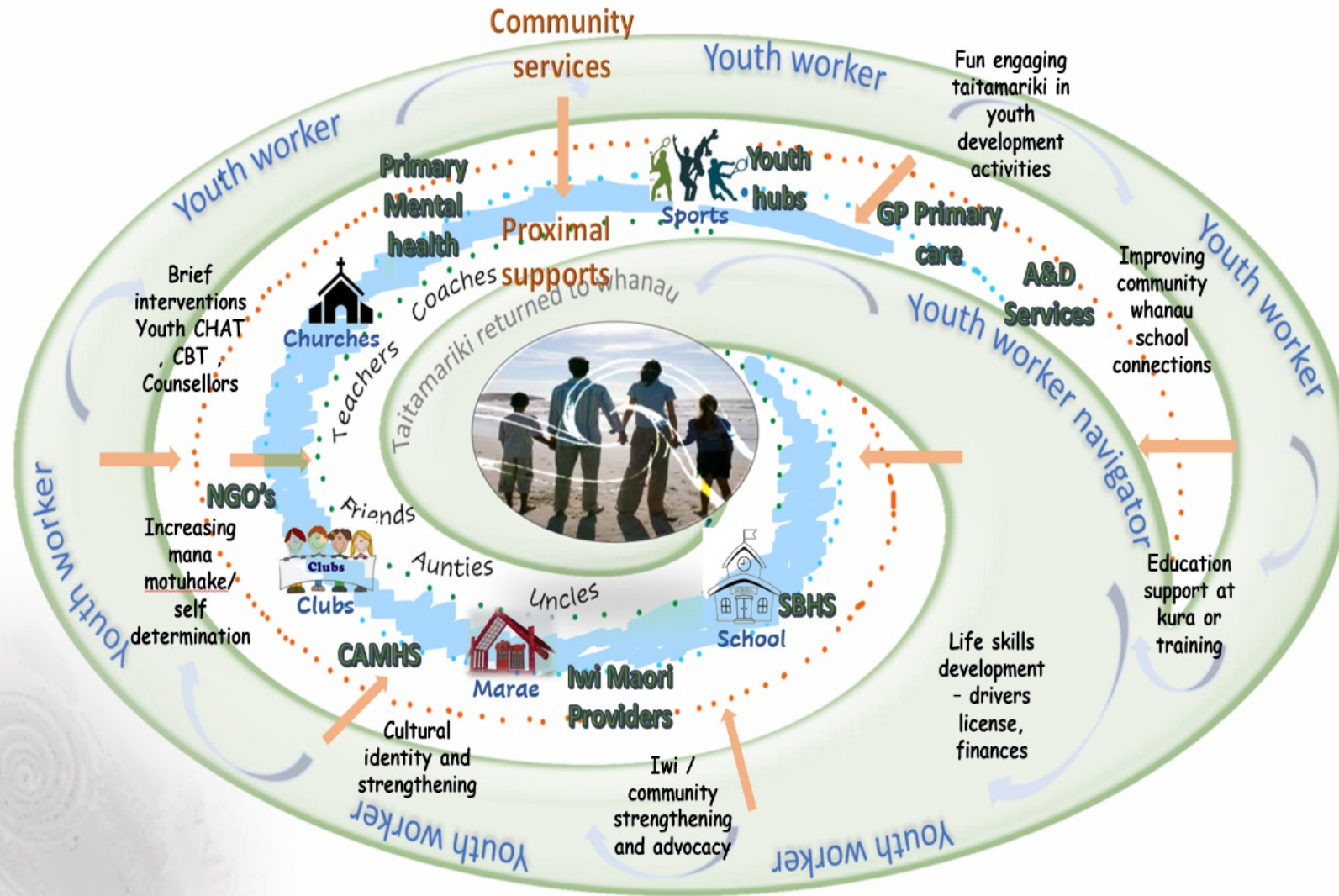
Ways Forward:
Ancestrally Driven - Future Focused

Te Ūkaipō - New School-based health service model in development with MoH led by Te Tatau Kitenga and Te Rōpū Mātanga o Rangatahi

RANGATAHI



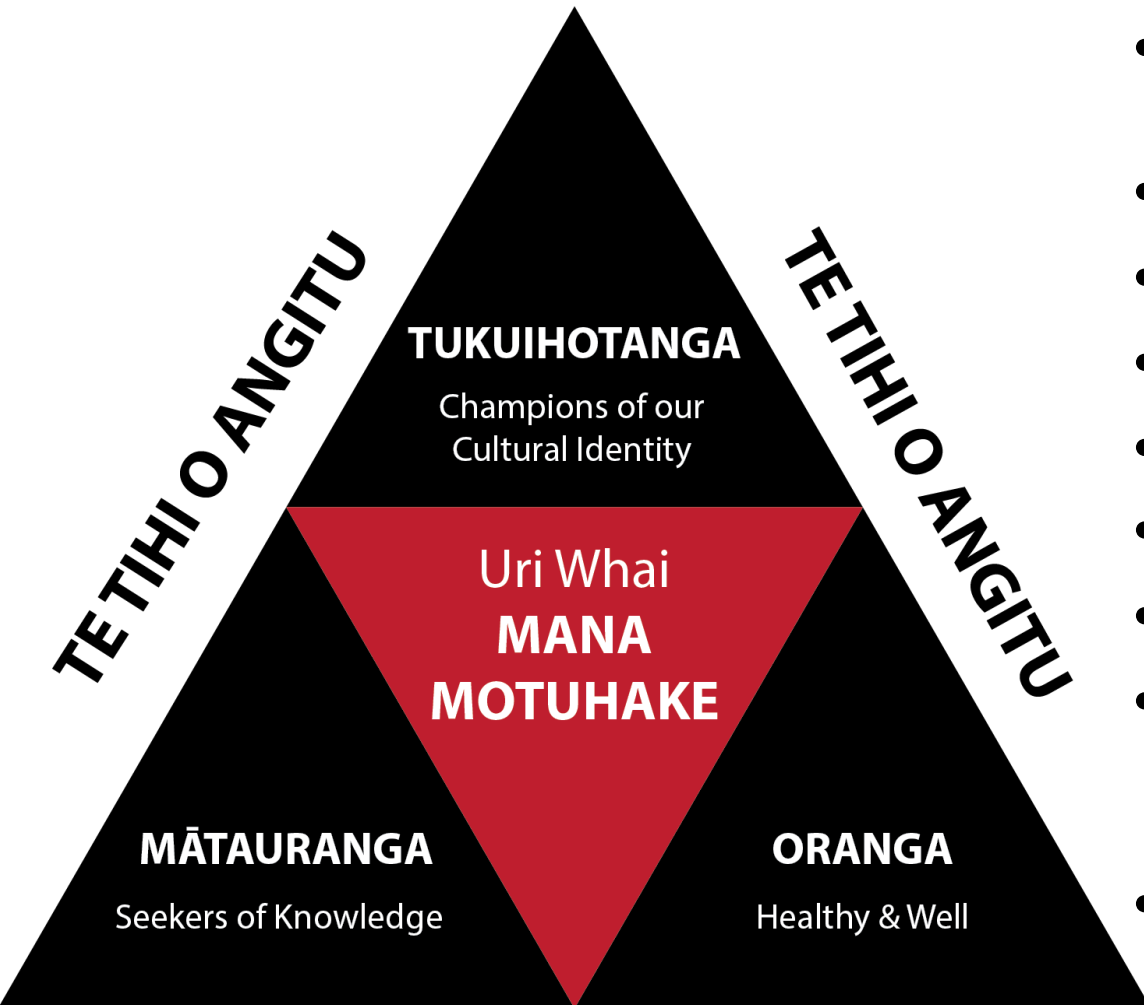
- Collaborative and integrated
- Youth designed
- No entry criterion, don't want to repeat our stories
- Culturally safe and developmentally appropriate
- Locally (rohe) based
- Immediate response (<24 hours)
- Equity centric (62% of He Kakano Ahau new clients are taitamariki Māori)
- Skilled team (youth worker, clinician & coordinator)
- Stage model of care (i.e. get care coordination up front vs. acute)
- Reduce distress and avoid specialist mental health services where possible
- Maintain contact over 1 year with youth worker navigator (relationships, consistency)



He Kakano ahau

What can NKAI do?

You are doing already heaps... but accelerate



- Uri are whānau – they crave connection, caring, aroha, acknowledgement
- Whanaungatanga is protective
- Strong cultural identity is protective
- Make kura a safe spaces for everyone
- Create opportunities for uri to shine, be hopeful
- Grow collective wellbeing practices as a kura
- Coordinate with health, social sectors
- Facilitate access to culturally safe care (SBHS, local primary care, Iwi providers, youth services, mental health)
- Stay engaged, you may be that special magic to taura and not even know it!

Summary

Uri are increasingly worried, anxious and sad

1. Drivers of sadness are often BIG issues, like poverty, inter-generational trauma, violence, climate change, lack of hope - create the vision
2. Kura must be a safe place - NKAi already have skills, oranga plans, opportunities (sports, kapa haka) including access to counselling, links to healthcare
3. Everyday practices make a difference – ultimately whanaungatanga, connection, te reo, mātauranga Māori provide a safe place to enhance wellbeing, and to support uri through tough times

“If a plant were wilting, we wouldn't diagnose it with 'wilting plant syndrome' – we would change the conditions. Yet when humans are suffering under unliveable conditions, we are told something is wrong with us, and to keep pushing through”
(Ahsan, 2022)



“I just hope that whatever he's doing in the future, he's doing something he loves, and whether it's for work, I hope it's something he loves going to every day. That he's, when he does find someone to settle down with, that that someone makes him happy and treats him the way he deserves to be treated. And hopefully, that he'll always come home. So he will always be connected to us, eh.”

(Māma, 2018)