It's cool to kōrero mahi

Project Summary

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Kaupapa

This project has focused on creating health promotion resources targeted at young Māori and Pasifika peoples to encourage them to feel safer discussing work or employment-related issues with health professionals.

"It's cool to kōrero mahi" has weaved the wisdom of health professionals and people experiencing mental distress and addiction and, or long term health conditions into a relevant digital story to promote psychosocial help-seeking

The project was guided by ethical codesign, working to the belief that impactive change is shaped and directed by those who need it most. Co-design has an ethos of empowerment (Langley et al., 2018) and advocates for the user as an expert in their lived experience (Hagen & Rowland, 2011). Subject Matter Experts (SME) voices have directed this resource development (Hagen & Rowland, 2011).

We intended to create enduring visual resources that communicate it is more than appropriate to kōrero mahi in health spaces. Our goal was to create a resource that resonates with whānau Māori, rangatahi, and Pasifika communities, to encourage psychosocial help-seeking.

This kaupapa has been timely as more whānau are experiencing income and employment-related stresses, exacerbated by COVID-19 for both people with or without mahi.

Ngā mihi nui ki te tautoko i tenei kaupapa, kōrero mai e te whānau.

Background

The impact of economic stressors on mental health is significant. The economic and employment implications of COVID-19 are likely to be long-term. Work has changed, employment opportunities, employment security, and day-to-day work life have changed. There are evident impacts for the wider whānau, not just the individual with or without employment.

International evidence and lived experience knowledge tell us that work can be a crucial factor in maintaining wellbeing. Positive engagement with paid employment can support our psychosocial wellbeing. The types of employment, hours, security, workplace culture, adequate remuneration, ability to progress, flexibility, and levels of autonomy can have a significant impact on a person's wellbeing.

People who experience mental distress and addiction issues have unemployment rates twice that of people who don't. This rises to four times for people in contact with specialist mental health and addiction services (OECD, 2018).

Economic stressors exacerbate mental distress. Not having enough money negatively impacts a person's resilience to cope with everyday stresses. Experiences of depression and anxiety were twice as likely for people without enough money to meet their daily needs than those with enough money.

COVID-19 has brought many employment changes, with accompanying and additional stresses. There are increased stressors related to COVID-19 for those who have lost work or who had increased work hours or greater responsibility in the response, such as essential workers, that significantly impact people's psychosocial wellbeing.

Te Hiringa Hauora (2020) Post-lockdown survey found:
- The proportion of people experiencing moderate to severe symptoms of depression or anxiety has remained the same since coming out of lockdown (16%), but the severity of symptoms has decreased.
- Young people, and those who have experienced a change in personal income due to COVID-19, are most likely to be experiencing moderate to severe symptoms of depression and anxiety.

- A higher proportion of Māori report that they are struggling to cope with everyday stresses (17% compared with 9% among non-Māori non-Pasifika

COVID-19 related stressors could have a devastating effect on those with existing wellbeing and resource challenges, both here and internationally. Maintaining or securing positive employment while navigating new social and economic challenges affects people's mental wellbeing and overall health.

Our kaupapa has been necessary. We have not advocated that employment equates to good health. We advocate for a psychosocial approach to wellbeing by encouraging whānau to feel more comfortable bringing economic or mahi related issues to health professionals.

Target Audience Rationale

In response to health care and access inequalities, this project's goal was to create a resource for Māori and Pacific peoples, designed by Māori and Pacific voices and artists.
COVID-19, the pandemic, and resulting economic crisis has revealed deep and long-standing inequities for Māori and Pasifika whānau and youth. Indigenous and minority populations experience less favourable social and economic circumstances and access to health care. Income, education, employment, and housing inequalities are the primary cause of health inequalities. The ongoing impacts of colonisation and institutional racism affect poor health outcomes for Māori and Pacific peoples. Māori and Pacific peoples endure the psychosocial stressors of structural and direct racism and can be instinctively distrusting in health settings.

Health promotion resources that plant thought-seeds to seek psychosocial supports are necessary for cultural groups who feel uneasy in health spaces. Encouraging whanau to have comfortable, holistic, contextual conversations about wellbeing in health spaces is a critical step in whanau accessing meaningful care.
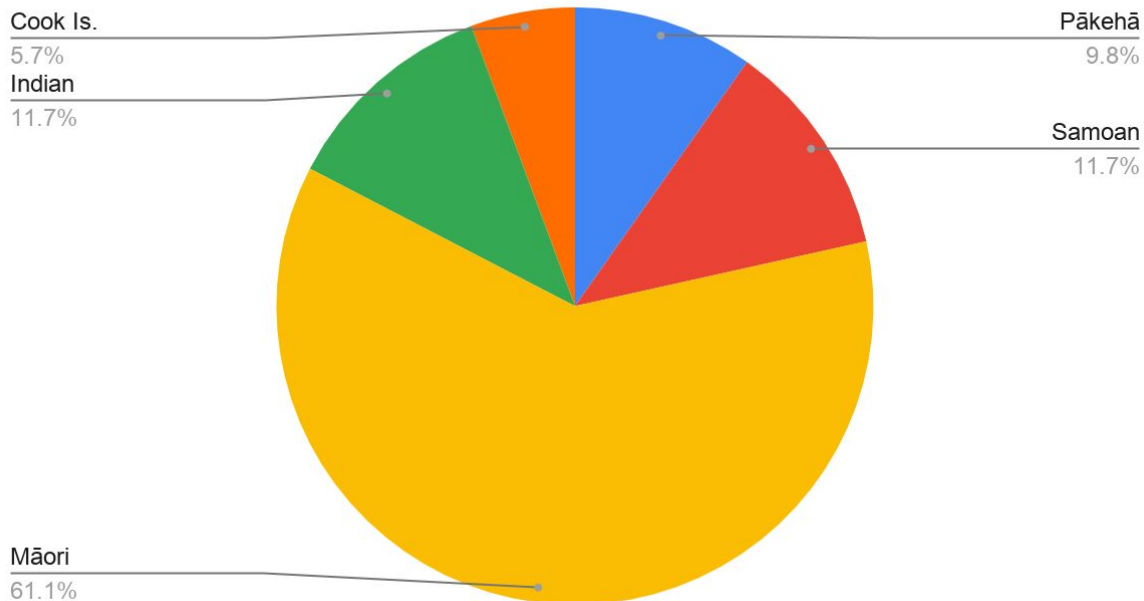
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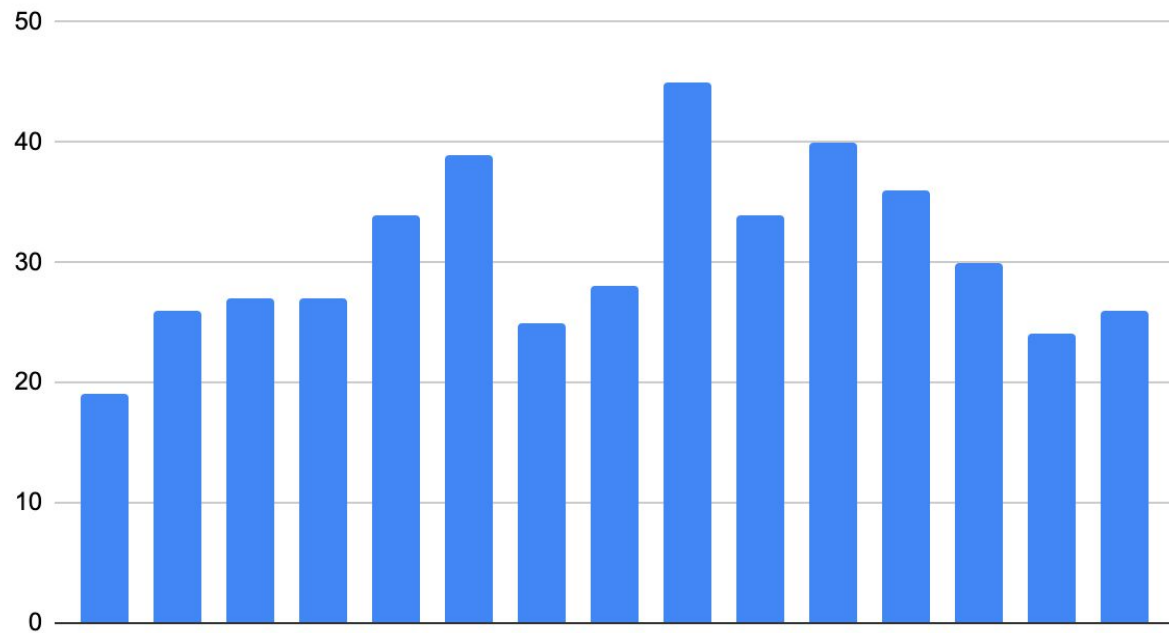
Subject Matter Experts

Participants were invited to share their wisdom through multiple sources, and five were invited through word of mouth from participants. These people were reached through social media networks. SMEs are all over Aōtearoa, living in Te Whanganui-a-Tara, Taranaki, Kaikohe, Waitemata, and Manurewa.
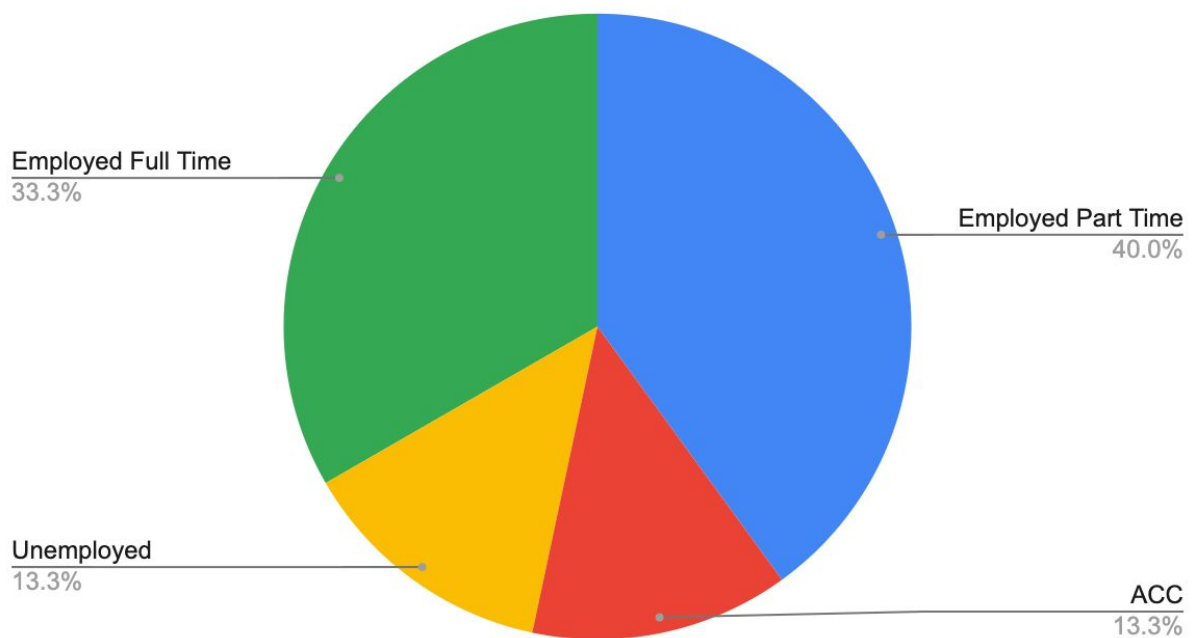
Demographics

Ethnicity

Cook Is. 5.7%
Indian 11.7%
Pākehā 9.8%
Samoan 11.7%
Māori 61.1%

Ages

Employment Status

Employed Full Time
33.3%

Employed Part Time
40.0%

Unemployed
13.3%

ACC
13.3%

Method

We used data collection methods of ethnographic interviews and a co-design ropu to weave together SME wisdom into visual resources that tell a story and connect with our target groups.

Ethnographic Interviews with SME
15 people with lived experience individually explored and shared their thoughts, exploring the following areas:

- Individual worldview of the meaning of work
- The links between work and wellbeing
- Experiences with health professionals
- Desired messaging for this resource

2 Design Focus groups
6 people came together over Zoom as a Design Ropu to inform and critique the visuals created.

We explored collectively:

- Concepts of work and wellbeing
- The positive impact of adequate incomes and positive workplaces have on wellbeing and health.
- Cultural reluctances to share with health professionals work related issues, even when they were impacting their mental or physical wellbeing.
- Common feelings about going to the doctor.
- Impactful messaging and bridging the gap between whānau and health professionals
- Mediums of Impactful Health Promotion How to engage communities through social media

Health Providers
3 health professionals and an Individual Placement and Support (IPS) leader shared their perspectives on what employment related support options. Perspectives were shared from an Awhi Ora peer support worker, a programme lead for an employment support service accepting referrals from mental health and addiction services, and a representative for a GP practice in Northland.

Findings

Our tangata whai ora SME's common worldview is shaped by feelings of whakamā in 'mainstream' health spaces. People communicated that they feel uncomfortable sharing their experiences or uncertain about asking for the support they need. People reported that they do not know what or who can help or how to ask.

Those we spoke with were tired, had challenging or demanding employment that impacted their bodies, and influenced their mental wellbeing. Overall, our SME experienced work or resource-related distress. All people said COVID-19 had exacerbated existing economic hardships in their lives and their communities, and they generally do not know how to access psychosocial support.

COVID-19 has thrown us into the unknown. This is particularly intense for youth, and people already experience mental distress. Youth are navigating age-stage transitions, while the global landscape and future feels uncertain. Our communities are dealing with sudden loss, employment insecurity, significant life changes, feelings of failure, loss of confidence, exhaustion, mental distress, and resource challenges.

These contextual factors can generate or exacerbate mental distress. All SME recognised the links between these stresses and their wellbeing, but there is still deep discomfort in talking about money and mahi in health settings. People reported feelings of being judged, not heard, or ignored.

Our SME gifted us wisdom that can build relationships between health professionals and whānau, and show primary health services can serve as a 'support portal' and link you to support options beyond medication.

The design ropu communicated collectively:

"We do hard mahi and we're still broke". but it's hard out here. COVID-19 made it harder".

" Link us to the people. We need to know who is out there, what they can do, and where they are" .

"Give us information by people that look like us, the way we speak, the way we think".

Core Themes

1. SME feel whakamā about their health and going to the doctor
2. Colonialism and institutional racism impacts feelings of safety and care going to the doctor
3. People are mostly unsure of what the doctor can offer, expect for 'giving pills'
4. People are uncomfortable asking doctors directly for the support they need
5. Support options must be 'front of stage, people are unsure of what support is available
6. Knowing what is available can empower people to ask for what they need
7. Employment doesn't equate to good health
8. Positive workplace cultures impact psychosocial wellbeing
9. A lack of resources can generate or exacerbate mental distress experiences

Health Promotion Goals

1. Build relationship and connection between tangata whai ora and health professionals
2. Humanise the health profession and illustrate they are there to care
3. Acknowledge instinctive distrust or feeling whakamā with health professionals
4. Communicate medication alternatives, promoting access and choice
5. Promote psychosocial help seeking by communicating wellbeing is impacted by mahi and everyday stresses

Whakawhānaungatanga through digital art

Our whānaungatanga approach is to connect whānau and health professionals with a shared goal of whānau wellbeing. In all the images, we personify tangata whai ora and health professionals to build connections and show the mutual desires for whānau wellness.

We intended to create a resource that connects the SME's worldview to the health professional's world view sharing their mutual goals. We've created a series of images to tell a story to normalise common fears entering health settings.

These visual resources can stand alone and can normalise feeling whakamā, humanise whānau, and health professionals alike, show the contextual influences of mental wellbeing and promote tino rangatiratanga of health by communicating access and choice options.

We have taken an approach that values whānaungatanga and seeks to build connection and understanding of the tangata whai ora and health professionals' worldview, and promote the right to be heard, feel safe, supported and show there are multiple support options.

We have focused on building relationships and connections between the doctor and our whānau. To *bridge the gap between "us and them," this visual resource c*ommunicates the world views of tangata whai ora and health professionals' to show mutuality.

We needed to humanise and show the link between work and health to encourage people to bring their kōrero to health spaces. We needed to acknowledge feeling whakamā in health spaces or seeking support. To address the real fears and apprehensions of sharing work or income stresses to the doctor, we have personified these core worries to illustrate the health impacts of income and employment and normalise common anxieties.

Digital Storytelling

We have designed a digital resource with static content to plant the seed that promotes "its cool to kōrero mahi with health professionals." We hope this will inspire more conversations about work and wellbeing. These resources show the links between work and health and affirm that it is more than appropriate to discuss work with health providers.

Digital storytelling is a powerful tool that can increase access to meaningful wellbeing supports. For example, Beltrán & Begun (2014) and Ferrari et al . (2015) identify the following benefits of transferring knowledge, building connections with others, promoting self-expression, reflection, sharing, and releasing troubling emotions. Through digital storytelling, we can normalise the feelings of feeling whakamā at the doctors and bridge connections between whānau and their health professionals with these humanising and modern pieces of digital art

These resources can normalise distress experiences. The image of the worker is a powerful artwork that communicates very real, everyday stresses for many whānau. It humanises the links between income, resource, employment, and whānau stresses on mental wellbeing. Framing the pride and work ethic of our whānau and contextualising distress factors is hoped to challenge stigma and discrimination and normalise health and work kōrero.

Resource

Image 1
We introduce Doctor Āwhina - Representing SME whānau and relatable health professional

Image 2
We share why Āwhina is a doctor. We are humanising the health sector to build connection with the health professionals and communicate kotahitanga or a mutual goal of whānau wellbeing between whānau and Āwhina.

Image 3

We share whānau whakaaro and fears related to health settings. Visually displaying this in health spaces can build connection. By acknowledging the whakamā is real and common, we can build connection through mutual experiences

Image 4
We share the worries of a young working tāne. This normalises and contextualises distress and shows it is normal to bring work or resource kōrero into health spaces.

Image 5
We offer ideas about what the doctor can do - This is to challenge SME experiences of only being offered pills in primary services. By illustrating alternatives, we encourage tangata whai ora to enquire about different options or say no things they don't want, i.e. long term- medication or pills.

Image 6
We communicate that there are multiple support options and the health provider can work with tangata whaiora to find appropriate support.

This is to show there are access and choice options to address psychosocial concerns in the community.

Use of Resource:

1. The resource will be available to any organisation school, iwi, who want to promote tit is more than cool to kōrero mahi.

2. These digital resources are in sizes to be displayed on big screens in service waiting rooms, and where possible will be distributed through social media platforms for a wider reach.

3. These can be printed as flyers, comics, a small booklet, social media posts, banners, computer screensavers to be used in health spaces.

4. This resource should offer longevity, the imagery is of our people and communicates without too much text, which can overwhelm people with literacy or vision struggles, or language barriers.

5. There is the option of using audio to communicate the text on the images for social media posts, and digital libraries.

6. The resources would be available beyond the life of this three-month project, and part of the dissemination strategy will be to embed them within business as usual across our partners websites and other social media and training mechanisms.

Further Action

1. We will collect ethnographic data related to the confidence of bringing work kōrero to health spaces among participants of focus groups and those engaged through social media.

2. These approaches do not suffice a full evaluation. We are open to the HPA research team engaging with us for more formal analysis. We are keen to explore possibilities to collaborate with Te Hiringa Hauora to enable this.

3. There is another piece of work to be done with GPs and Health Providers. This is to communicate our findings, and encourage them to open space for their patients to share their social and economic realities, or ask questions around their psychosocial experience, and work specifically.

Acknowledgements

Ngā mihi nui to the whānau of SME who gifted their wisdoms to this project.
Their insights and kōrero shaped these resources and their use. We acknowledge the wisdoms both SME and artists have gifted this kaupapa, and thank them sincerely for sharing their experiences, hopes, and dreams to create a resource that connects with whānau in a meaningful way. The SME gifted us the opportunity to authentically weave their wisdoms into a meaningful health promotion resource. Ngā mihi nui ra to the artists who created these visuals that do more than promote its 'cool to kōrero mahi in health spaces'. They show the links between environment and context to wellness. Illustrating these connections works to rework stigmatising or discriminatory thoughts about distress experiences that are increasingly employment or resource related.

Ngā mihi nui ki te tautoko i tenei kaupapa.

Resources

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