

Welcome to the AUT Child and Youth Health Research Centre research roadshow presentation 2023



Image: <https://www.kidsinspire.org.uk/training>

The AUT Child and Youth Health Research Centre investigates the impact of illness and disability, home and family, health services, nutrition, physical activity and the wider environment on young people.

We're committed to providing a space for young people's voices!



**AUT CHILD AND YOUTH
HEALTH RESEARCH CENTRE**

Using **participatory video** to explore the perceptions and understandings of health and wellbeing among refugee background youth in Aotearoa New Zealand

Paul Ripley (Doctoral Candidate), Dr Tineke Water, Dr Nadia Charania

Background: Literature to date has limited participation with young people from refugee backgrounds living in NZ about how they perceive and understand health and wellbeing.

Purpose: The study used participatory video as a methodological research approach to engage eight young people from refugee backgrounds as co-researchers in generating knowledge about their understandings and perceptions of health and wellbeing.

Research Questions:

What are the perceptions and conceptual understandings of health and wellbeing among refugee background youth?
How does participatory video (PV) engage refugee background youth in co-creating conceptual understandings of health and wellbeing?

Methods: In April 2021 eight young people from refugee backgrounds living in Auckland, NZ participated in five PV workshops where they took part in group-based activities where they learnt to use video creatively to record themselves and their ideas, perceptions and understanding about health and wellbeing.



Participatory Video is a research a method and a process with a focus on empowering individuals and communities through sharing stories and creating videos depicting their own realities, challenges and aspirations for the future.

Key Findings:

Participants identified the topics of **communication** and **safety** as important to their health and wellbeing.

Key aspects of communication include the importance of learning the English language, using social media to connect with others, the use of interpreters and the intergenerational gap between young people and adults. Key aspects of safety included young people being safe on the roads, safety and links to gender roles, the availability of resources to access health services and cultural awareness. Two videos were created by participants that express their ideas about communication and safety.

PV is research approach that disrupts the traditional power relationships of the researcher and participant. Transferring power to the participants enabled them to use video to communicate their understandings and perceptions of health and wellbeing. Video as digital media can be used to disseminate key messages of young people about their health and wellbeing to inform health policy and health service providers.

Creating a community engaged research agenda for Tamariki with Asthma

Project Leaders: Dr Julie Blamires and Dr Mandie Foster

Asthma is the most common childhood chronic disease with New Zealand (NZ) having one of the highest rates in the world.

In NZ significant inequalities exist in relation to prevalence, morbidity and mortality with Māori and Pacific children and young people disproportionately affected. They are more likely to be underdiagnosed, under treated, have more severe disease and more likely to be hospitalised.

Traditionally healthcare has considered **patients and whānau as passive recipients** as opposed to **active, engaged, and interested co-participants** in decision making regarding care and management. Similarly, within asthma research, questions and proposals are often developed by researchers without consideration given to the needs or experiences of tamariki, whānau, community, and health care professionals.

This 18-month activation process includes four key activities that will follow a participatory approach



Activity 1: Whakawhanaungatanga (relationship building)

Activity 2: Arotake taunakitanga (review of the evidence+ initiate current state map).

Activity 3: Community Engaged/Priority Setting.

Activity 4: Whakawhanake whakatakanga (project development).

hrc nz Health Research Council of New Zealand
Te Kaunihera Rangahau Hauora o Aotearoa

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Inequalities in asthma outcomes for Māori tamariki are well described across all facets of diagnosis, care, and management. Health delivery recommendations on how to reduce these disparities have been described yet remain unimplemented.

This activation activity will help ensure that the health delivery project proposal is developed in a way that aligns with the critical issues experienced by tamariki and whānau who have lived experience of asthma and health professionals who deliver care for tamariki with asthma.

A community participatory approach will ensure stakeholders play a key role in shaping the research agenda to ensure priorities for research are relevant and impact on service delivery and health outcomes. An advisory group membership including key health providers will enable the research to be patient-focused and identify to health providers what changes are needed to ensure meaningful and effective changes in health outcomes of patients.

Key project group members:

Alamani Mataupu (NHC)
Dr Maree Park (NHC)
Falanisesi Fonua (NHC)
Kathryn Chapman (NHC)
Katie Faaiuasoo (Asthma Auckland)
Dr Pip Anderson (Te Whatu Ora Counties)
Dr Cass Byrnes (Starship/Kidsfirst)
Dr Adrian Trenholme (Kidsfirst)
Veronica Kingi (NHC)
Sandhu Narain (Turuki Health Care)

Children and Young People's Self-Reported Experiences of Asthma Self-Management Nursing Strategies across Various Settings: An Integrative Review

Hannah Rose Kemble and Mandie Foster

Background: Childhood asthma is an increasingly significant health issue, highlighting the importance of acquiring self-management skills to optimise future health outcomes. Registered nurses play a pivotal role in delivering appropriate, personalised self-management support. However, there is a paucity of literature on CYP's self-reported experiences of ASMS.



Purpose : To explore children and young people's (CYP) (5-24 years of age) self-reported experiences of asthma self-management strategies (ASMS) with nursing involvement across various settings.

Methods: An integrative review guided by the five steps described by Whittemore and Knafl was conducted. Literature was identified using CINAHL, Medline via PubMed and Ovid databases.

Table 1. Variety of strategies

Points of difference	Examples specific to asthma self-management strategies
Location of delivery	Healthcare settings, including primary care, secondary care, and tertiary care. Non-healthcare settings, including schools, community centres, homes, and camps.
Medium	Face-to-face, including any strategy harnessing in-person delivery. E-health, including mobile applications, digital instruments, interactive software, tracking tools, or online platforms.
Mode	Group-based, often including families, peers, or other individuals living with asthma. Individual-based, including one-on-one sessions, counselling, or guidance.
Timeframe	Short-term, designed to be completed within a short, defined period. Long-term, designed to extend over a longer period, often months or years.

Results: Fifteen studies were selected and included for review. Inductive thematic analysis generated three themes: healthy literacy, health and wellbeing, and tools and working together, six sub-themes, 12 categories, and 145 codes generated from 333 findings

Conclusions: Asthma continues to have negative physical, psychological, and social implications amongst CYP. CYP are both willing and capable of engaging in ASMS and learning self-management skills, however, continue to have unmet self-management needs.

Health literacy

Tools and working together

Health and wellbeing



Implications to practice:

Strategies must bolster health literacy, improve physical and psychological health, and harness interactive, youth-centric, and informative tools to facilitate communication and decrease the burden of self-management.

Applications pose as a promising avenue for self-management support which registered nurses can harness. This age group remains under-explored and future research should value meaningful engagement with CYP to better understand their perspectives and improve strategy success.

Factors that Influenced the experiences of paediatric nurses during the COVID-19

Pandemic: An Integrative Review. Ina Fesili and Julie Blamires

Background: The COVID-19 pandemic presented many challenges for health professionals across all specialities including paediatric nurses. Working on the front line throughout the outbreak created stress, uncertainty and fear. Paediatric nurses contended with similar stressors but in addition a unique experience relative to their clinical setting

Purpose: To describe the experiences of paediatric nurses working during the COVID-19 pandemic.



Methods: An integrative review guided by the five steps described by Whittemore and Knafl was conducted. Literature was identified using CINAHL, Medline via PubMed and Ovid databases.

Results: A total of nine articles were included in the review following critical analysis. The findings discovered three key themes that contributed to the experiences of paediatric nurses during COVID-19-underpinned by eight sub themes.

Professional Responsibility

Supportive networks

Emotional and psychological impacts

'I had increased fatigue and decreased patience over time'

'I love my job, or I wouldn't be here, but we are human and get tired and stressed...one can only give so much before they are burnt out and empty'

'The unfamiliar environment and routines felt daunting for a long time'



Practice Implications

- *Effective communication about new information and changing guidelines is crucial for success.
- *Education and preparation for new work environments should involve provision of resources, guidelines and policies
- *Opportunities like debriefing and counselling can benefit and support nurses wellbeing
- *Managerial & leadership support ensures nurses are well equipped to handle crisis

Decolonising and democratising Malawian public health: A photovoice collaboration with families exploring daily meals associated with a rise in diabetes

McDonald W. Nyalapa (AUT alumni), Cath Conn and Shoba Nayar

This Master of Public Health study sought to democratise and 'open up' the exploration of family eating through a photovoice collaboration with Malawian families with a view to understanding the links to a newly emerging and serious public health problem - diabetes.

Photovoice involved four families located in a semi-rural district of Blantyre, Malawi. Images were collected using phones by younger family members to create a photo food diary of breakfast, lunch, and dinner eaten in the home. Using the photos as a prompt, focus group discussions were undertaken with each family exploring past and current eating patterns, and eating concerns for health. Staples, such as maize and sorghum, are still important in family eating. However, there is a worrying increase in consumption of obesogenic processed foods such as sweetened beverages and snacks.

In conclusion, Malawi is currently experiencing a 'nutritional transition' brought about by commercialisation of food and the growing threat to a sustainable and healthy food system from climate change. Drawing on indigenous wisdom, this study argues that co-designed research methodologies, such as photovoice, are necessary to empower communities' collaboration in shaping issues of their own health.



Traditional foods of rice, meat and cabbage are still eaten



Lunch and Snacks – fried potato and sugary foods



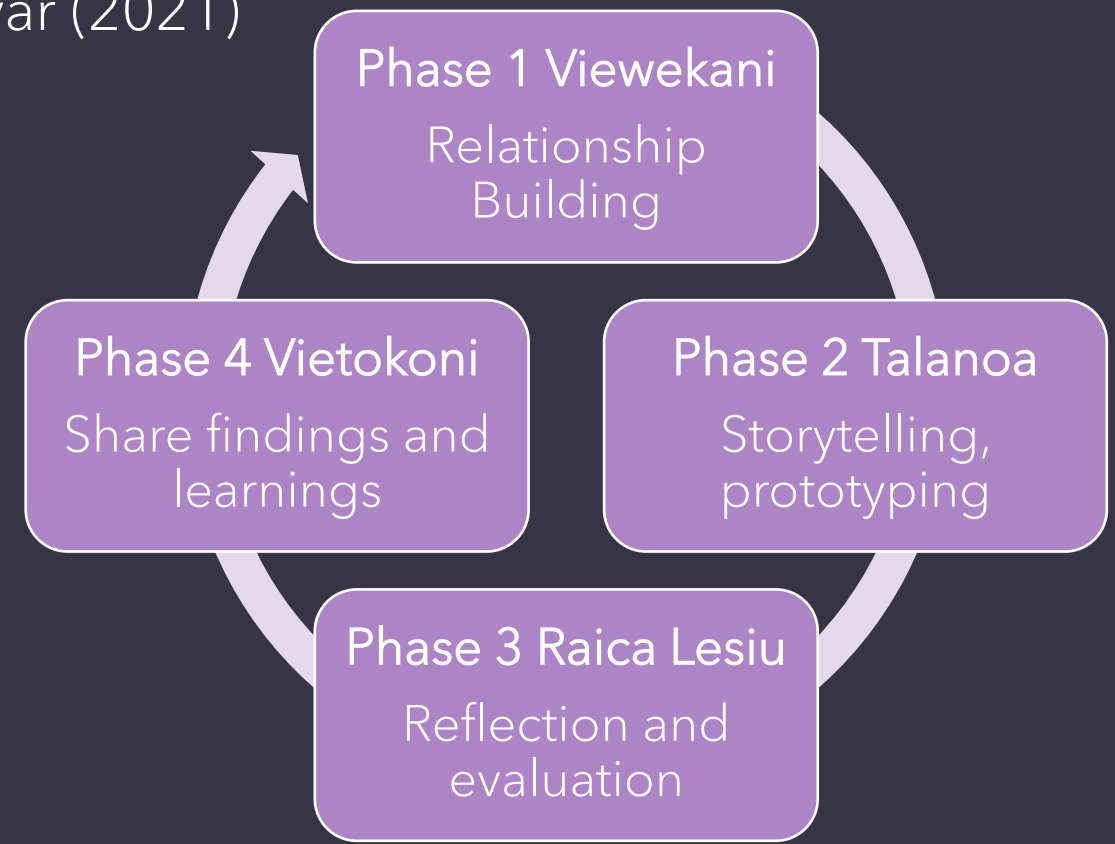
Strengthening Pacific voices through Talanoa participatory action research

Radilaite Cammock, Cath Conn, Shoba Nayar (2021)

Approaches to health in the Pacific are dominated by Eurocentric frameworks that fail to reflect the region’s ethnic diversity and inherent cultural knowledge and belief systems.

We aimed to advance innovative, indigenous methodology with a focus on youth voice and transformative approaches that contribute to a decolonising and sustainable model.

Talanoa—a Pacific framework for communicating and connecting—and participatory action research were adapted to create a unique Pacific “action cycle”. A Fijian worldview helped to centralise Fijian concepts of knowledge enquiry and research. This article describes the way in which Pacific Talanoa can be incorporated within a Fijian epistemological paradigm for research and development undertaken in the Fijian context.



[Doi.org/10.1177/1177180121996321](https://doi.org/10.1177/1177180121996321)



Background

Digital media spaces—from video technology to social media—are the new “playgrounds” in many young people’s lives. Participatory video (PV) can tap into this familiarity, facilitating collaborative analysis of issues young people identify as being important to them.

30 young people aged 11 to 17 explored their experiences and perspectives of health using Participatory Drama and Video. The project aimed to answer the question:

“Can collaboration with young people be facilitated using participatory video to empower young people’s voice and inform healthcare policy and provision?”

Methods

The project centred on a five-day workshop that created the literal and metaphorical space for young people to “have their say.” Using creative and analytical exercises, 29 participants worked alongside PV facilitators as co-researchers to develop a social and creative space to promote reflection, discussion, collaboration, and attainment of digital storytelling skills. The participants analysed the health issues they identified as most salient to them and explored potential solutions. They wrote, storyboarded, performed, filmed, and co-edited seven short films to disseminate their ideas.

The Creating Space Project

Young People’s Voice in Healthcare Using Participatory Video and Drama to Inform Healthcare



Results

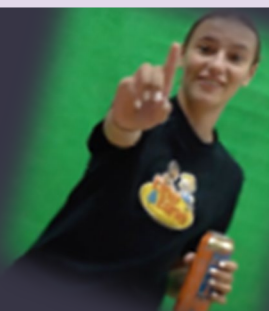
The films summarise the perspectives, ideas, and potential solutions expressed during the iterative, exploratory process. The project’s findings indicate that young people are most concerned with issues relating to their mental health and, in particular, that visible but immutable characteristics such as age, race, sex and gender leave many feeling “bullied”, “invisible” or unable to “fit in.”

Conclusion

PV enables young people to inform healthcare policy and provision by building their capacity to share their stories and ideas. Within their films, participants ask that government, health professionals, teachers, and young people themselves address the prevalence of in-school and online bullying. They ask for easy access to youth counselling services and changes in how health and sexual health education is taught in school.



Michael Neufeld DHSc



Risk & Protective Factors of Adolescent Suicidality: An Umbrella Review & Meta- Analysis

Rebecca Richardson, Tanya Connell, Mandie Foster, Julie Blamires, Smita Keshoor, Chris Moir, Irene Zeng

Objective

To use a systematic method to synthesise review literature on adolescent mental health outcomes (self-harm & suicidality) & their risk & protective factors.

Background

Suicide remains the second most common cause of death in young people aged 10-24 years and is a growing concern globally. The literature reports a cast number of factors that can predispose an adolescent to suicidality at an individual, relational, community or societal level. There is limited high-level research in identifying and understanding these risk and protective factors of suicidality in adolescents.

Method

An umbrella review method (systematic review of systematic reviews) to synthesise evidence from the literature in the past 20 years about risk & protective factors to self harm and suicidality (suicide ideation & suicide attempt) in adolescents. The study includes results from quantitative synthesis from 36 systematic reviews with meta-analysis.

KEY FINDINGS

Exposure Risk Factors

Bullying

Both victimisation and perpetration associated with suicidality and self-harm. Bullying victimization was the most attributed environmental exposure with PAF 21.8% for suicide ideation and 31.6% for suicide attempts, the pooled odds ratio for suicide attempt was 3.0 (95% C.I. 2.58-3.53, <.0001).

Antidepressants

Relationship found between Antidepressant and SRRR exposure and youth suicidal behaviour, suicidal ideation and self-harm

Vulnerability Risk Factors

Female Gender

suicidal behaviours and self-harm more prevalent in female youth than male youth

Mental Health Disorders

associations between a range of mental health disorders and suicidal behaviour and self-harm

Past Suicidality and Self-harm

Sexual Orientation

higher risk of suicidal behaviour for sexual minority youth

Problematic Behaviours

Such as school absenteeism, Substance use, legal problems, and aggressiveness

Protective Factors

School Preventative Factors

Association between school connectedness and school-based interventions (such as Signs of Suicide, Headstrong, Good Behaviour Game, and Mastery Learning) and a reduction in youth suicidal behaviours

Sleep Duration

lower risk of suicide attempts from adolescents with greater sleep duration



Discussion

Health professionals working population health, school setting and community mental health should consider these risk factors when assessing and treating vulnerable young people. A person centered approach with an emphasis on connectiveness and bully free school environments, should be a priority focus for schools, health professionals and public health policy makers.

It is vital to create bully free- environments, eradicate school related exposures, and provide protective interventions within schools.

Children and young people's participation in activities that inform the planning, implementation, and evaluation of service delivery in Children's Hospitals in New Zealand

Foster, M., Blamires, J., Jones, V., Keshoor, S., Moir, C., Shrestha-Ranjit, J., Dickinson, A

Children and young people are the centre of child health services, and their participation remains a key element in health care delivery. There is limited literature on leaders' experiences in creating policy, practices, and quality assurance activities that include hospitalised children and young people's (CYP) active engagement

This project is part 2 of a two-armed study, aimed to identify current organisational policies, guidelines, and practices of CYP's involvement from twenty-four purposively sampled expert key informants (leaders and managers) within what were the four District Health Board providers of children's tertiary health services in NZ (Auckland, Counties Manukau, Wellington, and Canterbury).

11 open ended questions analysed iteratively through inductive thematic analysis.

- *The findings revealed that participants felt strongly that CYP must be provided a platform for engagement in relation to their health and healthcare and described the various means and methods utilised within paediatric settings in NZ.*
- *A multi-tiered collaborative approach with government, industry, leaders, healthcare professionals, whanau and CYP is required to enhance CYP's agency/voice in NZ hospitals.*

