



RUSH 

HINZ DIGITAL HEALTH LEADERSHIP SUMMIT

**UNLOCKING VALUE FOR MENTAL
HEALTH AND WELLBEING WITH
HUMAN-CENTRED DESIGN**

A case for human-centred design and digital tools to support the mental health journey.

Unlocking value for mental health and wellbeing with human-centred design

A case for human-centred design and digital tools to support the mental health journey.

Based on conversations with health sector professionals as part of the HiNZ Digital Health Leadership Summit 2022.

Published December 2022 by RUSH

rush.co.nz

info@rush.co.nz

All images are property of RUSH.

All references and links are included as hyperlinks in the digital copy of this paper, which can be found on our website (rush.co.nz).

Huge thanks to the team at Health Informatics New Zealand who put this event on and brought the health sector together in a wonderfully engaging event.

Our RUSH team in attendance were Tim Packer, Wellington General Manager, and Rosie Alldridge, Product Owner.

And a special thank you to all the participants who shared their experiences, challenges and ideas - there's so much we can do together.



S T I N Z E T I N G C O N T E N T	INTRODUCTION.....	4
	DOCUMENTING DISCUSSION	6
	PAIN POINTS AND OPPORTUNITIES.....	8
	OPPORTUNITIES FOR TECHNOLOGY TO IMPROVE MENTAL HEALTH SUPPORT.....	14
	HUMAN-CENTRED DESIGN AND A BETTER MENTAL HEALTH JOURNEY	16
	CASE STUDY: USING HUMAN-CENTRED DESIGN TO RELAUNCH THE LOWDOWN	18
	SUMMARY	20
CLOSING	22	

INTRODUCTION

“We need to digitise our services, but not our patients.”

Mental health is being viewed as the [next epidemic](#) in Aotearoa New Zealand.

RUSH attended the **HINZ Digital Health Leadership Summit** in September 2022, hosting a number of roundtable discussions on the topic of “The future of mental health and wellbeing in Aotearoa New Zealand”. Almost every health professional who joined our table had a personal story about mental health to share and most of our conversations centred around human experiences rather than technological solutions.

Practitioners and clinicians we spoke to reported that they themselves are at breaking point, suffering from burnout and stress due to the [unprecedented demand on their services](#). There is a lack of staff to meet demand and respond to multifaceted and complex mental health issues being experienced by an [increasing number of people](#). The COVID-19 pandemic has exacerbated underlying [systemic problems](#), including inequalities, barriers to access for mental health care, and the way health data is captured, managed, shared and reported on. Mental health issues are understood to affect [1 in 2 people](#) at some point in their life.

It's clear the current system isn't able to respond to the [growing need for mental health support](#), and action needs to be taken to improve mental health outcomes for New Zealanders. Working in-step with some of the trends that have been identified in the areas of mental health and wellbeing – such as increased awareness and normalisation of mental health issues, and a growing appetite

for a [holistic approach to hauora](#) – there are opportunities for a bold reimagining of mental health services that align with the changing needs and expectations of the public.

Like the principles of [Te Whare Tapa Whā](#), if New Zealand implemented a more integrated and holistic approach – both in our data and systems, and the way mental health is treated – then we could develop a unique, world class mental health care system, supported by digital tools that will better serve the coming generations.

But how to achieve such a bold goal? In such a complex environment, where do we even start?

We believe that a human-centred design (HCD) approach is the best place to begin. This can help us to reimagine and redesign patient journeys within the mental health system and identify how digital solutions can support and augment their experience. With the aid of HCD, it will be possible to resolve current challenges and create an accessible, highly integrated and more equitable experience that meets the needs of the New Zealand public.

This report in no way intends to capture the entire space of mental health in New Zealand, it's simply too complex.

What this paper does is outline some current challenges, trends and opportunities reported on by particular health professionals, and surface insights and ideas for how to improve the experience and outcomes of the mental health system with technology.



Photo of Digital Health Leadership Summit

DOCUMENTING DISCUSSION

The annual HINZ Digital Health Leadership Summit brings approximately 150 leaders and influencers in the field of digital health together, with the aim of health-tech organisations having productive conversations about the future of the New Zealand health system whilst being mindful of past learnings.

Roundtables each had their own discussion topic, and participants engaged with a number of different topic discussions over the course of the event. This report has been compiled from the thoughts and comments shared at the six, 40-minute long round table sessions that we hosted. Upfront, we'd like to thank everyone we spoke to for their contributions to this paper (whether directly or indirectly).

RUSH's table topic was **"The future of mental health and wellbeing"**. Our design and technology studio has a special interest in the topic of mental health, having brought a number of health and wellbeing products to life in partnership with public organisations (including [The Lowdown](#), [Ignite Wellbeing](#), [Headstrong](#), and the [NZ Covid Tracer app](#)).

Each session was attended by two RUSH representatives; Tim Packer, General Manager - Wellington, who works closely with our public sector customers and digital health industry groups; and Rosie Alldridge, Product Owner, who has managed the delivery of digital healthcare products including the COVID-19 Health Hub and the NZ Covid Tracer app. Their experience and enthusiasm for digital health was essential to facilitating and capturing the conversations of each participant.

Each table session was posed with one of a number of questions:

- What trends do you see impacting the mental health and wellbeing of NZ in future?
- What are the challenges you anticipate?
- What does this mean for an individual's mental health and wellbeing experience?
- What role may emerging technologies play in solutions?

The discussions took on a life of their own - at first the focus was around identifying current challenges, trends or themes that practitioners were seeing in their work. As the event progressed, we tried to build on ideas from previous sessions and focus on ideas for improvements and solutions.

Almost every participant had a personal story to share, and we are grateful and humbled by the openness and willingness to share.

The overall feeling that we took from the day was burnout. Healthcare practitioners and the general public are facing some really tough problems, and it can feel impossible to know where to start or what to focus on for the biggest impact.

This report can't solve all the problems in such a complex system. But it exists to ask:

"What might the future of mental health look like in New Zealand?"



PAIN POINTS AND TRENDS REPORTED BY PARTICIPANTS

Mental health is a complex and multifaceted topic. [Mental health involves:](#)

- Living in a place you like and can call home
- Having something that you believe is meaningful to do during the day
- Having at least one person you can talk to about anything
- Finding some joy in life and having fun now and again
- Seeing that you have choices and can make decisions about what you want to do
- Liking yourself – mostly
- Feeling that you are able to do most of the things you would like to do
- Taking a calculated risk now and again
- Having found a place in the world and feeling good about it
- Being able to make yourself feel better when you feel bad
- Having a sense that there is a purpose to life

The key challenges and trends outlined in this section are based on statements by participants in our roundtable discussions. They focus mostly on the ability of people to feel better when they experience poor mental health and the access or availability of resources to assist with this.

For example, there are many more sides to mental health which can and should be explored in further detail. With the constraints of our discussion topic in mind, the following should be read as a high level overview of the reported pain points and trends.

THE MENTAL HEALTH OF HEALTHCARE WORKERS

The most common thread in all of our conversations was concern for workers in healthcare and the conditions they work through everyday. This is twofold – the first being the repercussions these workers face like stress, anxiety and trauma; the second being how public health emergencies like COVID-19 [exacerbate these concerns](#).

The main cause of stress at the moment is due to staff shortages in the healthcare sector, which [negatively impact](#) remaining staff and their patients. When employers cannot fill their healthcare roles, they have to [cut services or delay appointments](#), affecting their patient's journey and outcomes. Shortages force existing staff to work long shifts to keep up with demanding workloads, whilst trying to maintain a high level of care for their patients. This often results in burnout, illness and subsequently needing time away from work, which further continues the cycle.

Staff shortages are compounded by wider systemic issues, such as healthcare workers not being fast-tracked through immigration.

Healthcare workers also reported experiencing [internal issues](#) of workplace bullying, long hours, high pressure environments and scheduling issues. As many as [33% of nurses](#) are seriously considering leaving the profession.

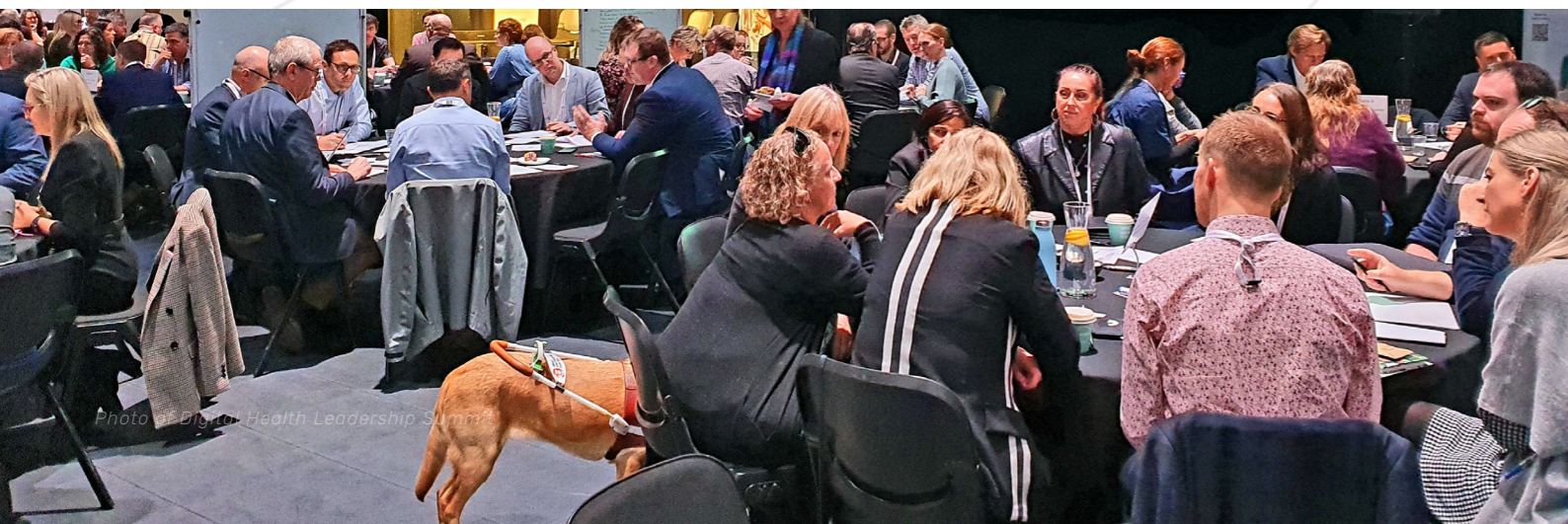
While staff shortages are a tangible issue, there is also the intangible but very real impact of the vicarious trauma experienced by healthcare workers, especially in the field of mental health.

Workers who are regularly exposed to challenging incidents and upsetting situations, on top of the demands of their workload, can find themselves emotionally and psychologically affected as they help their patients to navigate their own trauma and mental health issues. Similar to the concept of 'compassion fatigue', this results from the relentless demands of caring for and empathising with patients.

The increased demand for mental health support resulting from the anxiety, challenges and isolation of the COVID-19 pandemic has contributed to the growing need for healthcare workers to seek their own mental health support. Issues around a lack of specialist training, missing internal support systems, barriers to access, stigma, and safety concerns were all raised by the participants we spoke to. Feelings of uncertainty are amplified by the DHB restructure and move to Te Whatu Ora from Health New Zealand, creating further anxiety and uncertainty across the workforce.

Healthcare workers find themselves in two positions at once; required to provide care to respond to the increased demand for mental health care, and in need of receiving care from those same services themselves. But with a lack of faith in their ability to provide these services, healthcare workers are burning out and leaving the industry.

When care providers are being asked to do more with less, operational efficiencies and access to self-serve tools could be the answer to reducing the pressure they are under. How might we use digital technology to support our healthcare workers?



INCREASED AWARENESS OF MENTAL HEALTH, THROUGH THE RISE OF SELF-HELP APPS AND SOCIAL MEDIA

Social media was regularly mentioned as a trend influencing the current mental health environment. Interestingly, while the overall perception of social media was negative (after an informal vote by participants), there was a discussion as to how social media can have positive effects.

The main areas of concern around social media included:

- Bullying, toxic communities, and online abuse exacerbating existing mental health issues
- Algorithms that are built to capture attention, become addictive, and lead people down a rabbit hole that reinforces negative thoughts
- Creating a disconnect with people and personal relationships in the real world
- Young people not being educated on how to use social media and technology safely, or be discerning about the content they consume.

While many of these are serious challenges, the response was not necessarily to reduce or avoid social media altogether – instead, the conversation was around **“how might we mitigate the harmful effects of social media, and boost the benefits?”**

Creating positive communities, introducing accountability for social media companies (including ethics around the use of algorithms, automation, AI and data), re-engineering algorithms, and educating our young people could all help create a better balance.

Again, COVID-19 has been influential in the social media and app space. Participants voiced that the awareness of mental health has increased and become more normalised over the past two years, likely due to more people being able to identify and empathise with the challenges of poor mental health. During lockdowns, people openly discussed the stress and anxiety they were feeling, shared their self-care routines, and connected with each other over social media.

The recent rise of wellbeing and self-help apps could be seen as a response to this increased awareness, alongside the barriers of accessing formal support and desire to proactively maintain wellbeing. Some examples of apps are [Headspace](#) (mindfulness and meditation), [Happify](#) (games and activities for positive thinking), and [Betterhelp](#) (online therapy).

Self-help empowers people to take ownership of their wellbeing. However, while these tools can be extremely beneficial to help people track and maintain their wellbeing, GPs are not recommending digital technologies or apps to their patients due to low trust. Their concerns centre around the lack of regulation, data privacy, and reducing visibility and contact with their primary care provider.

Developing new self-help and wellbeing apps that are accredited, developed in partnership with health agencies and co-designed with real people, will lead to improved trust and more effective apps. Mitigating harm through social media misuse must be addressed through further education of our young people, and exploring options for regulation.

THE DESIRE FOR MORE DATA INTEGRATION AND INSIGHTS

When talking about harm and suicide from mental health distress, it's often asked, **“how might we have intervened earlier to give them the support they needed?”**

Participants described the current mental health response as extremely reactive, rather than proactive (in fact one person described it as “not even an ambulance at the bottom of the cliff... more like a war-time medic who only has band-aids”). Prevention is much more effective than a cure, and so opportunities for early detection and intervention were discussed in great detail.

“[In the case of suicide], there is always someone who knows, who spots the warning signs.”

Whilst there is innovation in digital health, practitioners remain frustrated by a lack of integration between systems. Currently, a patient's information is captured and updated across multiple healthcare systems, many of which don't communicate with each other. Those who move across the country are often not followed by their health records. Currently, there is little integration between primary and secondary healthcare providers, meaning patients have to re-tell their stories, and useful diagnostic information and history is lost or inaccessible. Both sectors hold valuable data and information separately, but without integration, it's difficult to glean real insights or a holistic view of patients.

Some of this will be addressed in the centralisation work that is currently underway (e.g. the move to Health NZ from DHBs and the Hira programme), but there are also opportunities for wider data sharing. Be that through other agencies such as the Police,

housing, education, or other community organisations, who regularly encounter people in distress. There are often many warning signs before a mental health crisis, so it stands to reason that early intervention could be possible if we could join up some of these data sets to allow health practitioners to recognise when someone may be in need of further assistance.

The generation coming through now are digital natives, and expect that their interactions with the world will be supported by technology. The pandemic has accelerated digital innovation in some areas, such as virtual consultations (or 'telehealth') which are now commonplace. Other sensitive categories of data such as banking, shopping, and social media identities are seamlessly integrated across platforms.

But views varied when discussing sharing or integrations of sensitive mental health data. While the risk of stigma, judgement and discrimination exist, data privacy and security remains a concern – but with data sharing agreements and safeguards in place, these concerns may be mitigated.

Better (and safer) data collection, sharing, and integration will allow practitioners to better understand their patients, take interventions earlier, create operational efficiencies, and make faster decisions about care. A more seamless experience is possible when different care providers have access to the data they need to provide true continuity of care.

A HOLISTIC HAUORA APPROACH TO MENTAL HEALTH

Along with better integration from a data perspective, we heard the desire for a more holistic approach that not only makes the journeys between care providers less fragmented, but incorporates someone's wider support systems, local community, identity and personal circumstances.

The current "Western, clinical approach" of mental health treatment, is typically private, individual and takes place behind closed doors, and is ultimately not working effectively. Mental wellbeing should be seen as a collective issue, which actively includes the whānau and support network of those affected.

Here in Aotearoa, we have another layer to consider; a holistic approach to hauora that connects the physical, spiritual, mental and whānau aspects to provide wellbeing support that aligns with cultural identity.

The Te Whare Tapa Whā model is being used in some areas of healthcare, but there is still a lack of cultural competency, where it is

difficult to find Māori clinicians with iwi/hapū connectedness.

Putting whānau at the centre of care and accepting that Māori knowledge and spirituality is equally valuable to a clinically-driven approach respects that whānau are experts in their own health.

Identity and kaupapa can build resilience and belonging, and the lived experience of others in the community can be valuable in helping those needing mental health support to navigate the system and options that are available. Connection is key, and feeling a part of your local community and knowing who else to speak to when you need support can help reduce reliance on healthcare providers.

Improving people's mental health and wellbeing is the best way to make an [impact on all other parts of the health system](#), and we'd argue that the positive impacts go much further than this - creating stronger, more connected communities.

EQUITY AND ACCESS FOR VULNERABLE GROUPS

There is currently a large demand for mental health services but the supply is not meeting the levels required. Naturally, the next place our discussion went was a type of prioritisation, or triaging.

If we can't help everyone, how might we identify and reach the most in need?

A list of vulnerable people was added throughout the conversations, which is validated by [government references](#) online:

- Those who are underserved and traditionally 'under-communicated' with
- Māori and Pacific peoples
- Older people
- Pregnant people and new mothers
- The rainbow community
- People with chronic health conditions or disabilities
- People who are dealing with drug or alcohol abuse
- Farmers and rural communities
- Other groups who are under-served and traditionally "under-communicated" with (e.g. ethnic groups)

Everyone is at risk of poor mental health, but some groups are more likely as the current system cannot meet their specific needs.

Some of these groups have seen a boost of funding and initiatives through the COVID pandemic, focusing mostly on targeted campaign messaging to raise awareness of the resources available.

However, people in these groups may be disproportionately affected by barriers to accessing support via technology, so awareness campaigns can only go part of the

way. Some barriers that might harm access or adoption of digital wellbeing initiatives include:

- **Location:** remote people may experience limited cell coverage or have unreliable access to wifi, or lack social connection with other people
- **Cost:** people must consider the expense of data and streaming, and not everyone has a device available for their own use
- **Time:** at-risk individuals may have limited time to set aside hours to dedicate to online sessions
- **Know-how:** some older individuals may not know how to use technology, or have an accessibility issue that makes it difficult to use a mobile or other device
- **Generalisation:** at-risk groups have specific and unique traits which means content and design must cater to them with full awareness and consideration of these. A generic 'young person' approach will not serve the needs of rangitahi or rainbow youth.

The current GP-centric model creates a barrier of entry to accessing mental health support. GPs must make a referral for people to access mental health care but currently funding for these services is only available to [17% of patients](#) - a number that is far below the actual demand. With private healthcare costing significantly more and outside the budget of many people, what happens to those who are unable to receive funded services?

For a mental health care system to be effective and serve all members of a community, consideration must be given to removing barriers, reducing costs and improving equity for those who are most at risk or in need of support.

TE WHARE TAPA WHĀ

Taha wairua
spiritual health

Taha hinengaro
mental health

Taha tinana
physical health

Taha whānau
family health

OPPORTUNITIES FOR TECHNOLOGY TO IMPROVE MENTAL HEALTH SUPPORT

SPEED AND URGENCY

“The world is rapidly changing. Not only are new technologies and medicines being released at an unprecedented pace, but how people interact with government, services, and their expectations of these, has evolved considerably since the current system and its institutions were established.”

New Zealand Health and Disability System Review, 2019

This quote from the New Zealand Health & Disability Review, 2019, could have just as easily been written a year later as COVID-19 came upon us.

One of the few good things to come from the COVID pandemic is the rapid progress that has been made with technology, in particular the speed at which technology can be developed when responding to an urgent need (such as the fast development of vaccines, and the release of the NZ Covid Tracer app), and the readiness of people to adopt digital technologies (such as video consultations, tools for working remotely, and wellbeing apps).

If we consider the urgent need of those who are facing long wait times and barriers to accessing support for their mental health, **what kind of digital technology could we put in place to help?** As noted earlier amongst the pain points and trends, there are many opportunities that can be explored to utilise digital tools to their full potential for delivering mental health support, and we know it's possible to respond quickly.

DIGITAL AS AN ENABLER FOR SELF-DIRECTED SUPPORT

As the demand for mental health support services outweighs the supply, there must be a way to serve people while they wait. Digital tools and resources can bridge the gap, and bring some comfort and support in the meantime. Through advice and resources, New Zealanders can proactively manage their wellbeing. There's also potential for digital tools, apps and websites to reach isolated or remote people, and those who need support after hours but cannot get immediate access to in-person help.

DIGITAL AS AN ENABLER FOR REDUCING BARRIERS TO ACCESS

Digital technology can help to remove some of the practical barriers to seeking support, as well as ways to optimise the solution for its intended audience. For example, there are options for providing zero-cost or data-free access to essential digital services, and innovations like the Shielded Site function on some websites allows people to access domestic violence support discreetly from a shared device.

DIGITAL AS AN ENABLER FOR OPTIMISING SYSTEMS & PROCESSES

A key insight from the discussion was: **“we need to digitise our systems, not our people”**. Technology should not be a replacement for interpersonal connection – social connection is known to be a major factor that improves mental health. This means we should focus on digitising systems, to free up operational efficiencies so that clinicians can focus on people.

DIGITAL TECHNOLOGY TO INCREASE EQUITY

In Aotearoa, our healthcare service has been operating in a provider-centric way, but when treating mental wellbeing it's important to put the patient at the centre. This means thinking about the needs and values of different people and communities and what they need to create equity rather than a 'one size fits all' approach. Technology will only work when it has been designed in a specific enough way to address a particular need and audience.



With complex, multi-faceted problems where there are a combination of people, experiences and even external factors outside of our control, a tailored approach is needed that can also fit into the wider system.

This is where a process like HCD can add immense value. The methodology in this approach can be applied to any problem area, and help us to create practical solutions for real people, their lived experience and daily reality.

HUMAN-CENTRED DESIGN AND A BETTER MENTAL HEALTH JOURNEY

“When you let people participate in the design process, you find that they often have ingenious ideas about what would really help them. And it’s not a one time thing; it’s an iterative process.”

Melinda Gates, The Human Element: Melinda Gates and Paul Farmer on Designing Global Health, 2013

HCD is all about building a deep empathy with the people you’re designing for. In a nutshell the process involves understanding problems that people are experiencing; using these insights to generate heaps of ideas; building a bunch of prototypes; sharing what you’ve made with the people you’re designing for; refining based on their feedback; then releasing your innovative solution to the world, and continuing to iterate and refine over time.

It requires intentionally defining problems, and creating solutions within the constraints, as well as a willingness to listen, to put aside assumptions, and to work in partnership with your intended audience and stakeholders.

At RUSH, we see HCD as a person-focused, optimistic mindset that leads us through this process of research, experimentation, and validation. This approach has proven to be very successful when tackling gnarly issues due to the possibilities it opens up and the way

it brings stakeholders together on the same mission. While RUSH has a lot of experience partnering with government agencies and private companies to design and build software and user experiences (we pride ourselves on our ability to solve big problems for big clients), there are many providers across Aotearoa who now practise HCD and free resources to help organisations are available online from organisations such as [Unicef](#).

HOW HCD CAN BE APPLIED TO HEALTHCARE

HCD starts with building an understanding of the group of people you are trying to serve and their ‘jobs to be done’ as a way to identify the main goals or jobs that they might have – rather than the starting point of technology-based solutions, or making any assumptions about what the solution will be. Mapping out these goals and where they sit in the overall experience (known as story mapping) allows you to see a holistic picture of the journey that someone may take when interacting with your system, and fully identify where your key problem areas lie.

The discovery then turns to **‘how might we enable someone to achieve this goal?’**, where solutions can be generated. This can be useful for systems where there may be interconnected processes, different audiences, or a hybrid experience that can be digital and physical. Basically, it breaks down a big complex problem into much more manageable smaller journeys and goals, always with the human and their needs at the centre of the process.

The benefits of this are many – more equitable outcomes and engagement; better understanding of the problems which leads to more effective and efficient outcomes; and it also makes for a much more agile and flexible design process.

We believe that a HCD approach is the best place to start for improving the experience of mental health services in Aotearoa. It can help us to reimagine and redesign patient journeys within the mental health system, and identify how digital solutions can support and augment their real-life experience. With the aid of HCD, it is possible to resolve current challenges and create an accessible, highly integrated and more equitable experience that meets the needs of the New Zealand public.

Imagine a future where:

- Opportunities for digital health solutions can be identified easily
- The experience is co-created with the people whom the solution seeks to serve
- People are empowered to take a more active role in their treatment
- The path into, through and out of treatment is clear and easily navigable
- More transparency for patients, who can access more of their own data and have the opportunity to review and assess their treatment
- Proactive health and wellbeing has a

positive impact on other parts of the system, reducing burden on services

- Existing services can be optimised and aligned with newer ones

At the same time, these considerations can also be addressed:

- Smartphone usage and social media are frequently called out for negative impacts on mental health; balance is needed when delivering support services via digital device
- There is an oversupply of wellbeing apps, and no independent review or accreditation to help people navigate between those which are helpful and those which might not be
- Consideration should be given to how digital tools can also align with and support someone’s journey through the health system – how the physical journey can be supplemented by the digital tools available.
- Technology can be expensive – HCD’s design, test, and validation process ensures that only once the right solution has been identified, should investment go into building it.
- Digital tools cannot replace interactions with other people and healthcare professionals (yet...)

“Now more than ever, we need empathy. Empathy for the people of Aotearoa who need health services, and empathy for those overworked health practitioners and clinicians who work so hard to provide them. HCD provides us with a toolbox to build this empathy – to understand what jobs people are seeking to get done, to feel their pains and their frustrations, and to share in their hopes and dreams. To ultimately design experiences and systems that better serve their needs – enabled by technology, rather than determined by it.”

Steve Horner, Chief Product Officer, RUSH

CASE STUDY: USING HUMAN-CENTRED DESIGN TO RELAUNCH THE LOWDOWN

The Lowdown is a mental wellbeing platform originally launched in 2007. In recent years it was suffering from tired content, an outdated experience and low engagement. Te Whatu Ora engaged RUSH and their specialist cultural advisor to work collaboratively with cultural content specialists, [Dioscuri](#), to design and build a new digital solution which would elevate and amplify Māori and Pasifika approaches to mental wellbeing.

We asked, **“How might we foster connections for Māori, Pasifika and Rainbow rangatahi and their whānau into support for better mental wellbeing?”**

Using a Now / Next / Later approach, the Minimum Viable Experience (MVE) required a complete platform rebuild using modern infrastructure, and to develop new content that promotes broader wellbeing approaches which are appropriate for Pasifika, Māori and rainbow youth.

Culturally safe and considerate user research led the process, bringing young people, Te Whatu Ora's Youth Partnership Group, clinicians and expert advisors together with our UX researchers to conduct discovery interviews, concept reviews and usability tests.

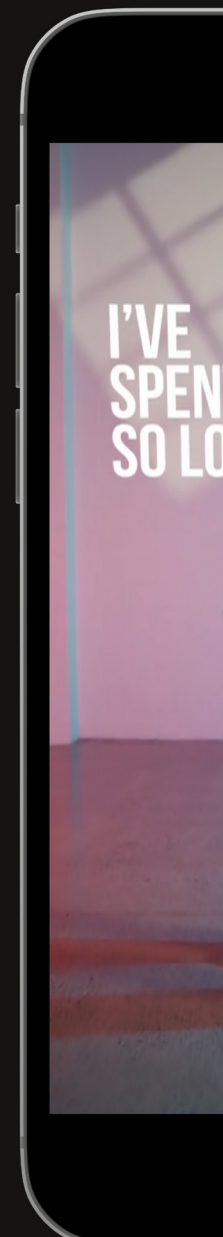
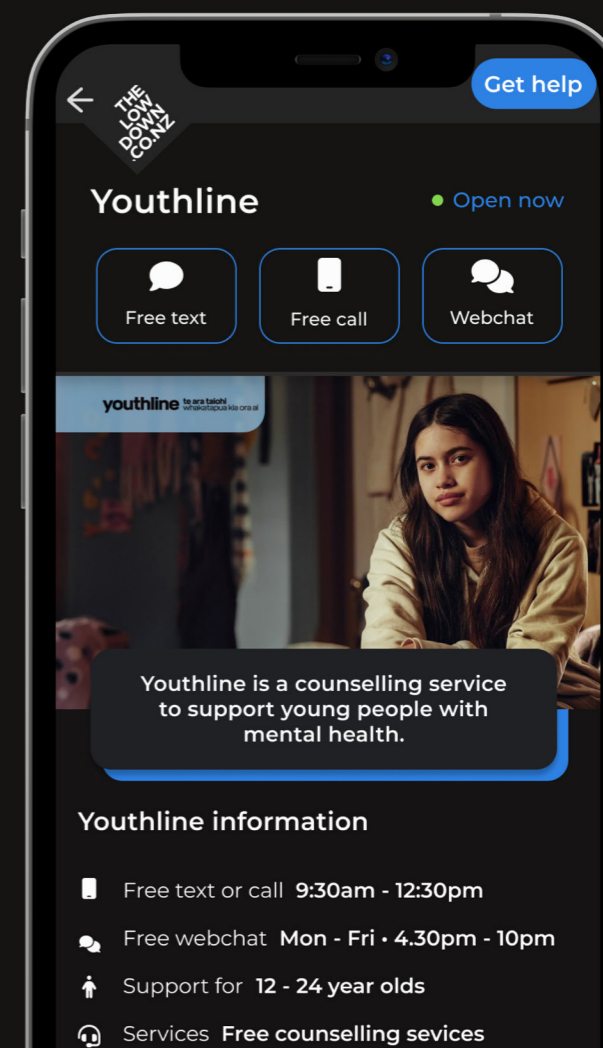
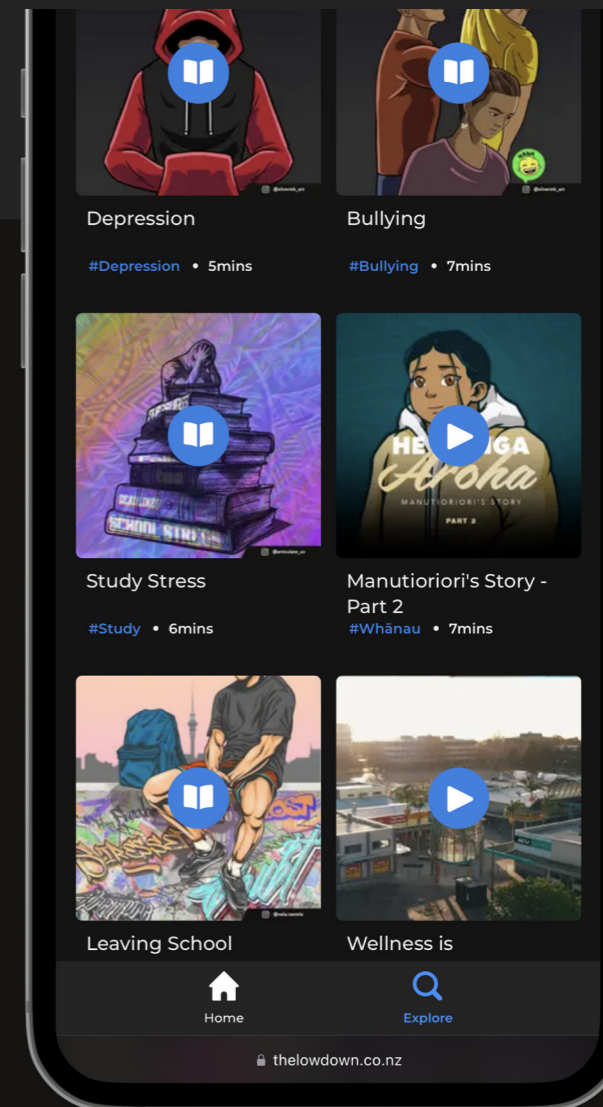
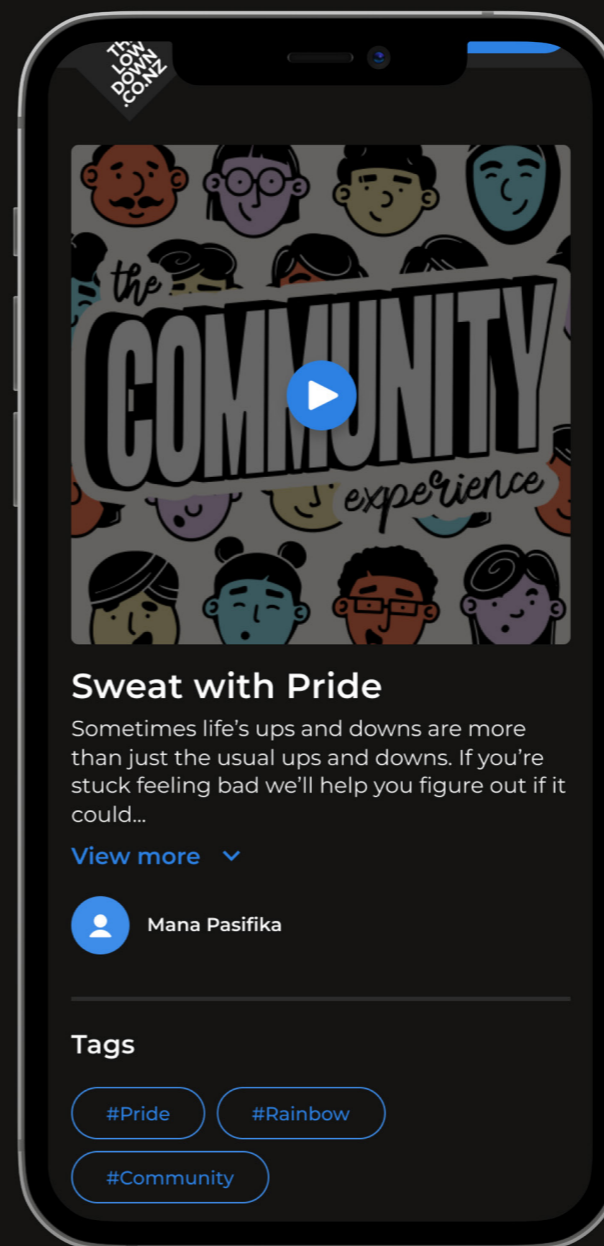
We set up a solution architecture to be compatible with Sponsored Data so rangatahi with no data on their mobile phones can still access the site. The government's Sponsored Data initiative removes the cost of mobile data as a barrier to accessing essential health and wellbeing information and digital health services.

The new The Lowdown was created for, and with, rangatahi to learn, express and engage around their hauora, identity, culture and mental health. Since going live in May 2022 with The Lowdown's new MVE, the platform has seen an almost 500% increase in organic traffic and a 200-300% uplift in average time on page.

“The project RUSH was brought in to deliver required an effective understanding of how to apply Te Ao Maori principles during product design and development, and they have shown themselves to have real integrity for this kaupapa. From the outset, the RUSH team understood and respected the tikanga that the different stakeholders, users and teams needed for this mahi to succeed.”

Te Whatu Ora

THE
LOW
DOWN
.CO.NZ



SUMMARY

Digital technologies, when designed with a human-centred design approach, can help to connect people, enable self-help, and augment the relationships between people to overcome the access barriers of time and place.

DIGITISING IS ESSENTIAL, BUT NOT A SILVER BULLET

Digital tools are not (and can not be) a replacement for interpersonal connection - social connection is known to be a major factor that improves mental health. We should focus on digitising systems, to free up operational efficiencies so that clinicians can focus on people.

THERE IS NO 'ONE SIZE FITS ALL' APPROACH

Different groups of people have different needs and must be served in different ways - this requires multiple solutions working in tandem. Additionally, digital technology solutions must be co-designed with the intended audience, as their lived experience holds the answers.

The roundtable discussions covered many challenges around the space of digital mental health and wellbeing, but there were key insights that stood out.

HOLISTIC APPROACH TO HAUORA AND SUPPORT

The current Western clinical approach to mental health is not working for everyone. Mental health and wellbeing are social, community issues. There is a desire to be more whanau-centric, take hauora into account, and integrate our healthcare system with wider community support and services.

LOWER BARRIERS, IMPROVE EMPOWERMENT

People on a mental health journey need to be empowered to take ownership of their wellbeing, by being presented with options and choices that work for them, whether digital or in person. By removing confusion and friction in the current system, and bypassing some of the barriers to access (such as location, or time of day) the path to support will be clearer, leading to better outcomes for patients.



CLOSING

There are a lot of strong feelings that come up when discussing mental health in Aotearoa. While problems with the mental health system have been known for some time, the pandemic has raised the profile of mental health in a way that we haven't seen before.

There seems to be a growing understanding and acceptance of the impact of mental health and how it's a key aspect in maintaining our overall wellbeing.

At this time, when we are exhausted and our resilience is battered, it can feel like the problems we need to solve are just too big. However, I came away from the HiNZ conference feeling optimistic that changes can and will be made. Rather than defeat, I saw a lot of energy, inspiration, and a drive for action.

It feels like we have all the right ingredients, and the time is right to start creating the future where mental health treatment is just as accessible as physical health.

Technology is not a silver bullet - at the end of the day it is the human experience that matters, and technology should enable, support and enhance this. This is why I'm such a big advocate for human-centred design - it gives us a framework to create the human experiences that we need, placing people at the centre, and can scale to address the smallest or biggest problems.

Rosie Alldridge

Product Owner, RUSH

The New Zealand COVID tracer app, a digital first for New Zealand, proved that nearly every New Zealander can and will embrace digital technology to support and protect their whanau's health and safety.

This project, and others in recent times, have validated the use of digital solutions to improve health equity regardless of station or locality.

Supported by underlying capability that connects our health and wellbeing information, we can leverage digital capability to dramatically improve health and wellbeing outcomes in New Zealand.

With the massive strain and pressure placed on our healthworkers, and no relief in sight, I think it's time to prioritise building solutions that address that pressure, remove system barriers and amplify patient centred solutions.

With a huge dose of empathy and human-centred design methodologies, we can build solutions that put the power back in the hands of patients to drive their own personal wellbeing journey.

And that, to me, feels like a future I want to be part of.

Tim Packer

Wellington General Manager, RUSH



*We design and build technology
to better serve humankind.*

RUSH 



rush.co.nz

[@rushdigitalnz](https://www.instagram.com/rushdigitalnz)