

Community Insights Summary

Aunty Dee Online Self-Help Tool



Prepared by Le Va
April 2025



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Published in April 2025

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ISBN 978-0-9951411-2-4

The recommended reference for this report is:

Le Va. (2025). *Community insights summary: Aunty Dee online self-help tool*. Le Va.



ACKNOWLEDGEMENTS

We at Le Va extend our heartfelt gratitude to the Aunty Dee users, whose experiences and insights have shaped this report. Your contributions are invaluable to the ongoing learning and improvement of our services. We hope that Aunty Dee, and improved future versions of the tool, will continue to support those experiencing distress or seeking problem-solving assistance.

We would like to acknowledge the original design and developers of Aunty Dee – Dr Monique Faleafa, Denise Kingi-Ulu’ave, Nick Kemp, and the many youth who so generously shared their expertise, views, needs, preferences and user experiences with us.

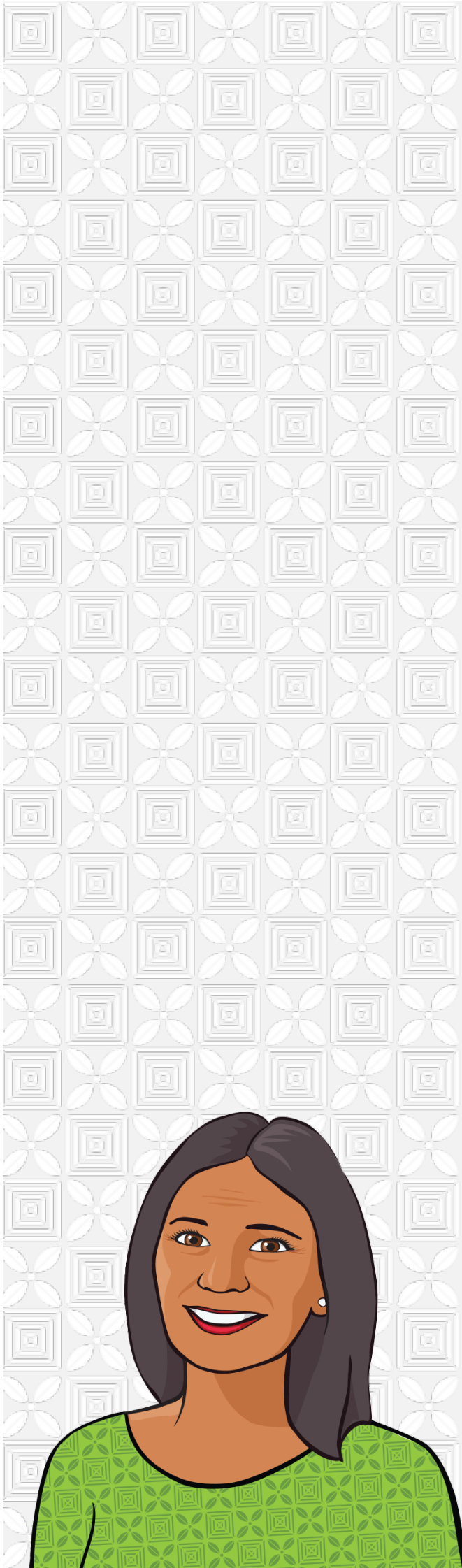
This report is the result of collaboration with many individuals and organisations. We would especially like to thank Wild Bamboo, Moana Connect, and PwC for their contributions to statistical analysis, report design and critical review.

SAFETY MEASURES IN AUNTY DEE

Le Va collaborates with Whakarongorau Aotearoa – New Zealand Telehealth Services – to provide a safety function within the Aunty Dee tool. When users enter phrases or words that indicate potential harm to themselves or others, an immediate safety feature is triggered. This feature directs users to two options: (i) they can either access informational resources from the Aunty Dee library or, (ii) connect with a trained counsellor from Whakarongorau Aotearoa through a live webchat.

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Executive Summary

Aunty Dee Online Self-Help Tool

Community Insights Summary

METHODS



1,511

problem statements
from Pasifika users
Mar 2016 - Dec 2021



3

independent
coders to analyse
the data



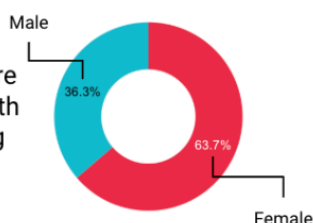
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articles and other
publications reviewed to
support analysis of results

OVERVIEW

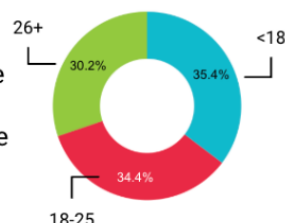
Gender*

Most users (63%) were female, consistent with trends in help-seeking behaviour.



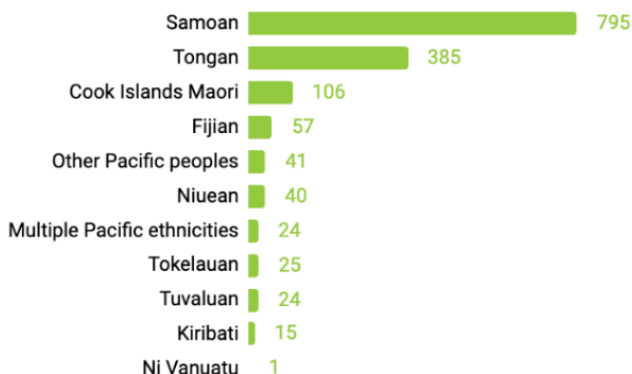
Age

Most users (68%) were 25 years or younger, consistent with the age distribution of the Pasifika population.



Ethnicity

The three largest user groups were Samoan, Tongan, and Cook Islands, consistent with population trends.



Presenting issue

Overall, social and emotional wellbeing accounted for nearly two thirds of the problem statements submitted by users.



There were marked differences between genders and across age groups:

Female users:

- Were **2-3x more likely** to describe mental health concerns such as anxiety or depression.
- Were **5x more likely** to describe interpersonal conflict or relationship difficulties rooted in communication
- Were **2.6x more likely** to be concerned about someone else.

Male users:

- Were **2-3x more likely** to report a problem with alcohol or gambling.
- Were **4x more likely** to have a problem with basic needs such as housing, transportation, or technology.
- Were **1.5x more likely** to discuss a problem with bullying. Bullying was most prevalent in younger, school-age groups.

With respect to age:

- Users aged 18 years and younger were **more likely than all other age groups** to report substance use problems. Alcohol and gambling were most common, followed by smoking and unspecified drugs.
- Users aged 29 years and younger referred to suicide at **7x the rate** of other age groups, compared to only a single mention of suicide among users 30 years and older.

* Due to the small sample size and risk of identifiability of response, gender diverse respondents were excluded from gender-specific analyses. We recognise that this is an important gap that warrants further exploration.

EXECUTIVE SUMMARY

Overview and purpose

Aunty Dee is a free online self-help tool designed by Le Va primarily for Pasifika young people, guiding users through a process of structured problem solving. This report focuses on the problem statements of more than 1,500 Pasifika users of the Aunty Dee tool from March 2016 to December 2021, exploring differences between genders and age groups.

Wild Bamboo carried out the qualitative and statistical analysis of the Aunty Dee tool. This report has been prepared by Wild Bamboo and Le Va for interested researchers, professionals and funders within the mental health and addiction sector. This report is also for users of the Aunty Dee tool, to acknowledge their contributions and enable our community to see what others are experiencing. It is our intention that this report ensures that Aunty Dee users can engage with and reflect on the collective insights gathered.

Methods

We analysed the problem statements of more than 1,500 Pasifika users, identifying trends and patterns in the specific concerns that impacted mental health and wellbeing. We used a grounded theory approach (a research method that involves developing theories based on data collected from observations or interviews, rather than testing pre-existing theories), with three coders conducting independent open coding of the problem responses to systematically identify and label concepts, ideas and incidents in the data.

Key findings

Overall, social and emotional wellbeing accounted for nearly two thirds of the problem statements, consistent with the central importance of social wellbeing and interpersonal relationships within Pasifika cultures. In saying this, we observed marked differences between genders¹ and across age groups, summarised as follows.

Female users:

Were **2-3x more likely than male users to describe mental health concerns such as anxiety or depression**. It is unclear to what extent this reflects genuine underlying differences in mental wellbeing, or simply the lenses through which users viewed their concerns. Females typically brought more abstract emotional problems to work through, while males were more likely to use Aunty Dee to solve very practical, needs-based problems.



Were **5x more likely to describe interpersonal conflict or relationship difficulties rooted in communication** and **2.6x more likely to be concerned about someone else**. This aligns with research indicating that Pasifika females are more likely to be seen as caregivers and provide empathetic support, compared to Pasifika males (Kapeli, 2023).

Male users:



Were **2-3x more likely to report a problem with alcohol or gambling**. This aligns with research in Aotearoa that Pasifika males are twice as likely to be hazardous drinkers than Pasifika females, and that while Pasifika people are less likely to drink, they are more likely to do so in a hazardous way when they do (Ministry of Health, 2023).



Were **4x more likely to have a problem with basic needs such as housing, transportation or technology**. This is consistent with a recent survey that identified lack of housing and poor housing conditions as a key concern for Pasifika people, although it appears that housing concerns are not unique to only males, as 83% of participants of that survey were female (Le Va, 2022). This finding also aligns with research that many Pasifika people find that transport is a barrier to accessing health and social services (Le Va, 2022), and that the cost of devices and connectivity is likewise a significant barrier to digital inclusion (Department of Internal Affairs, 2021). Assuming that males are not more likely than

¹ Due to the small sample size and risk of identifiability of response, gender diverse respondents were excluded from gender-

specific analyses. We recognise that this is an important gap that warrants further exploration.

females to experience broken phones or cars, one potential explanation is that Pasifika males may feel pressure to uphold 'Polynesian masculine expectations' of being providers (Kapeli, 2023).



Were 1.5x more likely to report a problem with bullying. This is consistent with research indicating that traditional bullying (i.e., face-to-face bullying, as opposed to cyberbullying) appears to be more common among males than females (Kljakovic et al., 2015). This may stem from the tendency for males to engage in more obvious, physical aggression, compared to the more subtle and difficult-to-observe relational aggression common among females (Craig 1998; Olweus, 1991). Bullying was most prevalent in younger, school-age groups.

With respect to age:



Users under 19 years old were 1.3x more likely than expected to report substance use problems. Alcohol and gambling were most common, followed by smoking and unspecified drugs. This aligns with recent research that found Pasifika young people are twice as likely to be diagnosed with substance use-related conditions compared to emotional mental health conditions (Ruhe et al., 2022), and have significantly higher rates of gambling compared to other ethnicities (Rossen et al., 2016). As Pasifika people in Aotearoa are much less likely to be supported by drug and alcohol services (Pasifika Addiction Workforce, 2020), a free, private, accessible online tool such as Aunty Dee may be preferred where other care options are not felt to be appropriate, accessible or available.



Users aged 30 years and younger referred to suicide at 7x the rate of other age groups, compared to only a single mention of suicide among all users older than 30 years. This

aligns with research indicating that Pasifika young people are three times more likely to attempt suicide compared to New Zealand Europeans (Oakley Browne et al., 2006; Teevale et al., 2017; Veukiso-Ulugia et al, 2024), and that suicide is less common for those 40 years or older (Tiatia-Seath et al., 2017, Health New Zealand, 2024). We also know that between 2007 and 2017, Pasifika people who died of suicide spent the year leading up to their death less supported by their GP or primary mental health (Te Hiringa Mahara, 2024). Given the various barriers impacting on Pacific youth access to appropriate physical services (e.g., culturally safe services), an online tool like Aunty Dee may be particularly valuable in this context.

Conclusions

This collection of more than 1,500 problem statements provides unique insight into the concerns, priorities, experiences and needs of Pasifika people in Aotearoa. Our analysis underscores the importance of social wellbeing and interpersonal relationships to Pasifika communities, and how this influences the types of concerns Aunty Dee users work through using the tool.

Furthermore, these problem statements highlight the vulnerabilities of Pasifika young people, given the frequency of problem themes of addiction, substance misuse, bullying and suicide. These findings reinforce the need for targeted interventions and support systems to protect and promote the wellbeing of Pasifika young people.

We hope these insights can offer direction for additional tools, resources and support to enhance the mental health and wellbeing of Pasifika people in Aotearoa. These findings will also inform further development and refinement of the Aunty Dee tool for the benefit of Pasifika and non-Pasifika populations in Aotearoa New Zealand.



INTRODUCTION

INTRODUCTION

A growing body of research shows concerning trends in mental health and wellbeing, particularly among Pasifika young people

In Aotearoa, Pasifika peoples are diverse, vibrant and youthful. More than half are under 25 years old (Statistics NZ, 2018) and two-thirds were born in Aotearoa (Statistics NZ, 2024). However, research indicates that Pasifika young people experience higher levels of psychological distress and mental disorders than older Pasifika people (Ataera-Minster & Trowland, 2018; Fa'alili-Fidow et al., 2016). For instance:

- Among high school students in Aotearoa, Pasifika students reported a higher prevalence of self-harm behaviours and poorer mental health than their NZ European peers (Oakley Browne et al. 2006; Fa'alili-Fidow et al., 2016; Teevale et al., 2017).
- Between 2012 and 2019, the proportion of Pasifika young people with significant depressive symptoms increased from 14% to 25% (Fleming et al., 2020).
- Pasifika people aged 20-24 years have suicide rates 1.4 times higher than non-Māori, non-Pacific, non-Asian individuals (New Zealand Mortality Collection, 2019).
- Pasifika young people are much less likely to access mental health supports compared to the rest of the Aotearoa population (Auva'a-Alatimu et al., 2024; Tiatia-Seath, 2014).
- Pasifika people in Aotearoa face a lack of culturally safe mental health and addiction services (Auva'a-Alatimu et al., 2024), coupled with barriers to access and socioeconomic inequities (Auva'a-Alatimu et al., 2024; Kapeli et al., 2020).

These trends are consistent with international trends, with Indigenous and minority-ethnic young people disproportionately experiencing poor mental health and wellbeing (Aczon-Armstrong et al., 2013; Stevens & Vollebergh, 2008; Yuen et al., 2000; Auva'a-Alatimu et al., 2024).

Digital mental health tools offer significant potential for improving Pasifika young people's mental health and wellbeing

One innovative therapeutic response to increasing psychological distress among young people over the

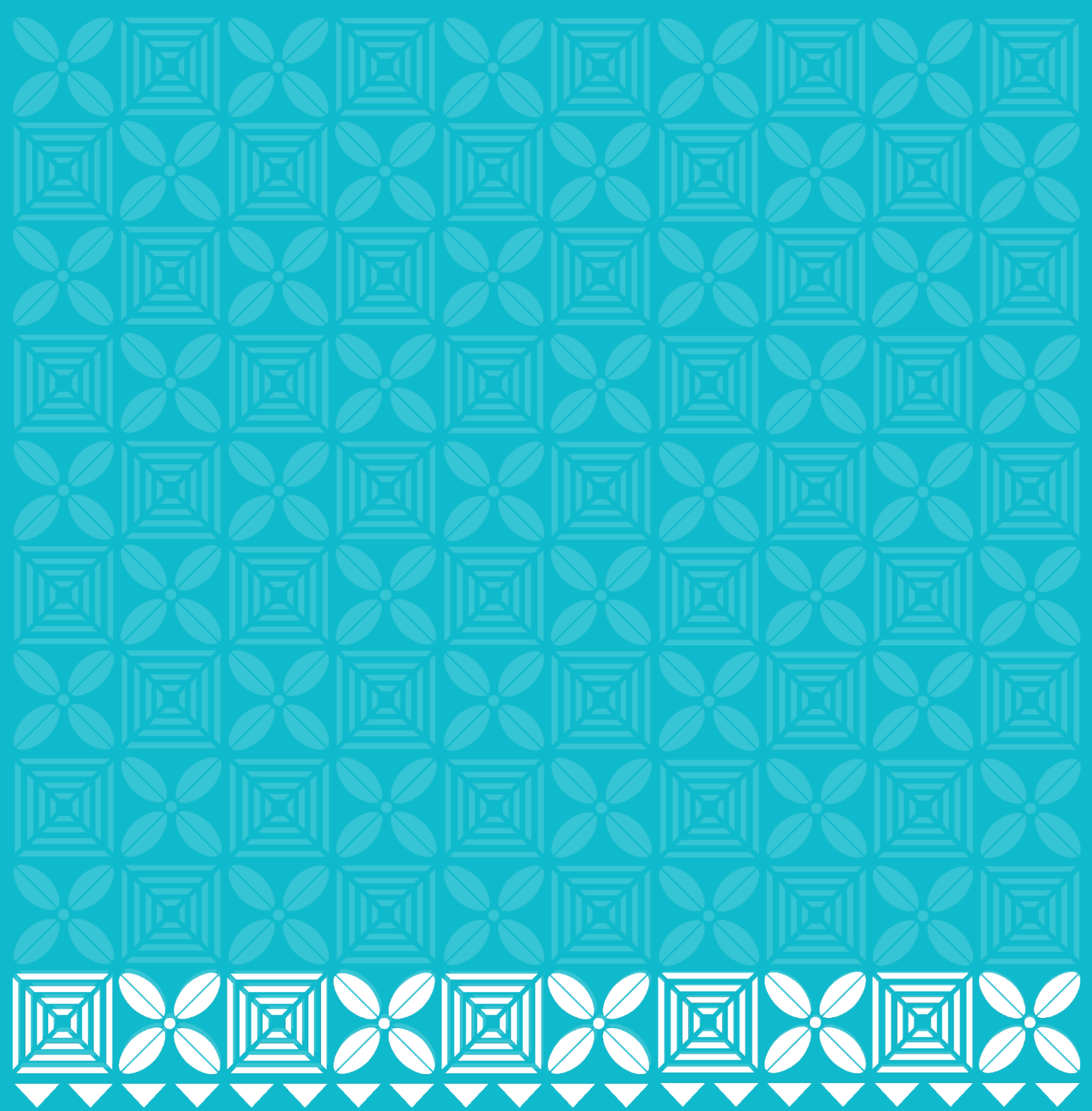
past decade is the use of digital mental health tools (Te Pou, 2010). Extensive research supports the efficacy of cognitive behavioural therapy (CBT) delivered via a computerised approach (Fleming Dewhirst et al., 2020; Garrido et al., 2019; Montague et al., 2015; Rost et al., 2020). Young people in Aotearoa report they are three times more likely to access a digital mental health tool than to see the family doctor (Fleming et al., 2020). Interestingly, Pasifika in particular noted the value of digital tools as a means to avoid disclosure of personal issues within the family (Fleming Dewhirst et al., 2021).

The Aunty Dee digital tool for Pasifika young people supports users with problem-solving in efforts to reduce risk of suicide and suicidal ideation

Aunty Dee is a problem-solving tool designed for Pasifika young people that has received praise from psychologists, clinicians and users for being "simple and rewarding", having a "fun and interactive" design, its "adaptation for a Pasifika audience" with real "potential to help people move forward in tackling their problems", and its final provision of "notes to help you work on the problem" (Health Navigator, 2022). The Aunty Dee tool guides users through a process of structured problem solving: constructing a problem statement, weighing up the pros and cons of potential solutions, identifying the best solution, and developing a plan, timeframe and reward for implementing the solution. With its foundation in structured problem-solving, Aunty Dee captures a unique picture of the concerns and pressures weighing on the minds of its users.

A recent meta-analysis of 8,040 studies demonstrated that problem-solving skills are inversely related to suicidal behaviours (Darvishi et al., 2023). In addition, the risk of suicide was lower in those who received problem-solving therapy, suggesting that improving problem-solving skills may have a protective effect against suicidal behaviours (Darvishi et al., 2023).

This analysis examines problem statements from more than 1,500 Pasifika users over five years, identifying trends and patterns affecting their wellbeing and mental health. We hope these insights can guide further development and refinement of the Aunty Dee tool. Furthermore, we hope it offers direction for additional tools, resources and supports to enhance the mental health and wellbeing of Pasifika people in Aotearoa.



METHODS

METHODS

Data collection

There were a total of 16,525 online Aunty Dee users from March 2016 to December 2021. For this review, we focused on data from Pasifika users. 1,511 Pasifika users completed responses, ultimately comprising the data set for exploring problem themes. Complete responses were users who progressed from problem definition, to generating a solution, and action plan.

Qualitative analysis

A qualitative analysis was undertaken using a grounded theory approach, applying localised perspectives to identify and interpret patterns and themes within the qualitative problem statement data rather than imposing external frameworks or models of wellbeing.

Coding process

Three coders from Wild Bamboo were selected to ensure diversity of age, gender, ethnicity, and lived experience characteristics when interpreting data and constructing themes.

- Coder 1 identifies as female, Pākehā and is 57 years old.
- Coder 2 identifies as male, Māori, Samoan, and Other European and is 23 years old.
- Coder 3 identifies as female, American, is 37 years old and has lived experience of both mental illness and neurodivergence.

Each coder independently conducted open coding of the problem responses, systematically identifying and labelling concepts, ideas or incidents within the data. The coding process was approached inductively, without imposing predefined categories or theories.

Throughout the coding process, constant comparison was employed. This involved systematically comparing each new piece of data with previously coded segments to identify similarities, differences and patterns, refining and expanding the coding scheme iteratively.

The coding process continued until theoretical saturation was reached (i.e., only repeated codes and no new codes were required to describe data). This approach ensured a comprehensive exploration of the data, capturing all relevant concepts and themes.

Following open coding, axial coding was conducted to explore relationships between codes and identify broader themes, categories, and domains of wellbeing. Related codes were organised into clusters, considering their interactions and contributions to overarching patterns within the data.

To ensure reliability and validity, regular meetings were held among the coders to discuss discrepancies and reach consensus on coding decisions and theme generation. Discrepancies were resolved through consensus-based discussions, refining coding guidelines iteratively to enhance consistency.

Statistical analysis

Gender difference

Relationship of gender and wellbeing domains of problems

A chi-square test of independence was performed to examine the relationship between gender and the wellbeing domain identified for each problem response. The null hypothesis (H_0) stated that there was no significant association between gender and wellbeing domain, while the alternative hypothesis (H_1) proposed a significant association between gender and problem wellbeing domain. The test statistic was calculated as:

$$\chi^2 = \frac{\sum (o_i - e_i)^2}{e_i}$$

The test statistic, χ^2 , was compared to critical values for the appropriate degrees of freedom, given significance level $\alpha = 5\%$, to determine statistical significance.

Problem theme frequencies in male and female respondents

Within each individual problem theme, a two-sided, two-proportion z-test was conducted to compare the response frequency for male versus female users. The null hypothesis (H_0) was that the proportion of male respondents (p_m) was not significantly different from the proportion of female respondents (p_f), while the alternative hypothesis (H_1) proposed that the proportions were different. In other words:

$$H_0: p_m = p_f$$

$$H_1: p_m \neq p_f$$



RESULTS



RESULTS

Use of tool

Across the 66 months of data, the average number of monthly Pasifika respondents was 29.6 individuals. For Pasifika users, a notable spike in tool use occurred in 2018.

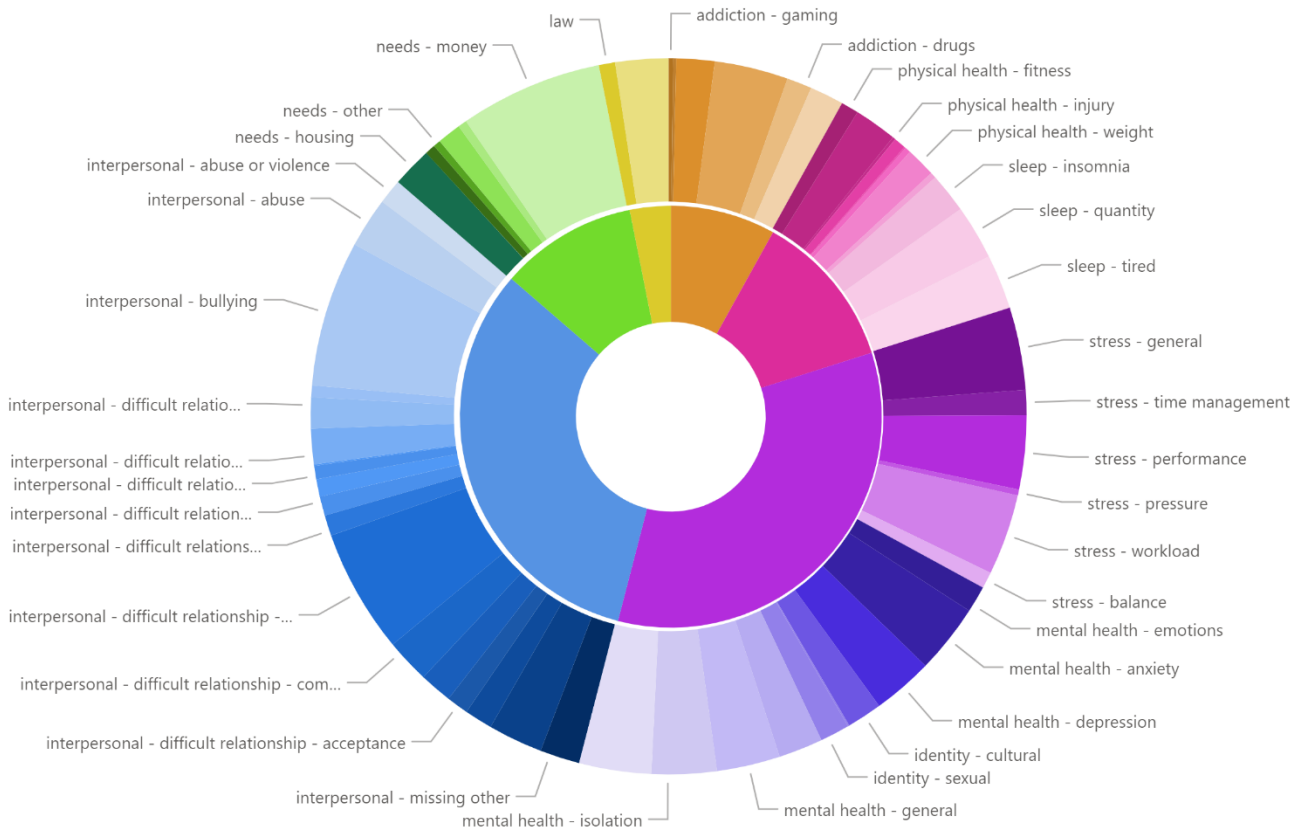
Given the global context of COVID-19, comparison of problem themes before, during and after COVID-19 was an initial target of this analysis. However, for such comparisons to be valid, the underlying pre- and post-COVID sampling must be otherwise homogeneous (alike or sharing the same characteristics).

For Pasifika users, there was a marked shift in gender distribution over the period of data collection. Our statistical analysis indicated that there were significantly more males in the pre-COVID sample, with 39% of respondents being male compared to just 22% in the post-COVID sample. The statistical significance of this difference in gender distribution was confirmed using a Chi-square test of independence². These results suggest that the pre-COVID and post-COVID groups do not come from the same population. Therefore, we cannot attribute any differences between these groups to the effects of the pandemic.

Problem themes

From the 1,511 individual responses, a final 103 themes were constructed, clustering into 11 primary themes, 43 secondary themes and six wellbeing domains: psychological, physical, emotional, social, financial and other wellbeing. The overall response frequency is shown in Figure 1. A summary of individual problem themes, primary and secondary categories, and wellbeing domains is available in Appendix 1.

²Males are significantly more represented in the pre-COVID sample, χ^2 (df = 1, n = 1,649) = 34.059, $p < .00001$. This indicates that the null hypothesis, which states that the pre-COVID and post-COVID samples are from the same distribution, can be rejected.



A Chi-square test indicated significant differences in the distribution of problems across wellbeing domains between male and female users, χ^2 (df = 5, n = 1,493) = 63.034, $p < .00001$.

Wellbeing domain	Female responses	Male responses	Total
Psychological	58	66	124
Physical	118	78	196
Emotional	365	149	514
Social	344	153	497
Financial	88	97	185
Other	22	27	49
Total	951	542	1,493

- Males are 4.01x more likely than females to report a problem with housing needs and 5.36x more likely to report a problem with technology.
- Females are 5.25x more likely than males to report a difficult interpersonal problem stemming from communication.
- Males are 3.05x more likely than females to report a gambling addiction.

Table 4 presents all problem themes with a z- score greater than 1.96.

Table 4. Frequency of problem occurrence among male and female respondents, z-score, and calculated odds ratios separated according to the gender with higher likelihood.

Problem theme	Female frequency	Male frequency	z-score	Risk ratio (M > F)	Risk ratio (F > M)
Needs – housing	0.95%	3.69%	3.64	4.01	
Needs – transportation	0.00%	1.11%	3.25	infinity	
Needs – technology	0.42%	2.21%	3.24	5.36	
Sleep – quantity	1.79%	4.61%	3.17	2.66	
Interpersonal – difficult relationship – communication	2.84%	0.55%	(3.03)		5.25
Needs – other	0.32%	1.66%	2.80	5.34	
Addiction – gambling	1.05%	3.14%	2.92	3.05	
Mental health – depression	3.79%	1.29%	(2.75)		3.01
Interpersonal – concern	3.36%	1.29%	(2.42)		2.66
Addiction – alcohol	2.63%	4.98%	2.35	1.94	
Stress – workload	4.52%	2.21%	(2.28)		2.09
Interpersonal – bullying	5.99%	9.04%	2.20	1.56	
Mental health – general	3.58%	1.66%	(2.13)		2.20
Complaints & decisions	1.89%	3.69%	2.13	1.99	
Mental health – anxiety	4.00%	2.03%	(2.04)		2.01
Interpersonal – difficult relationship – not valued	2.10%	0.74%	(2.02)		2.89

Note: Brackets indicate a negative z-score. In this table, this means females have a higher frequency than males.

Age

A Chi-square test indicated significant differences between age groups in the distribution of problems across wellbeing domains, χ^2 (df = 25, n = 1,487) = 44.668, $p < .00001$. Please note that the methods undertaken for determining age category brackets are described in the report methodology.

Table 5. Contingency table for count of responses by age category and wellbeing domain.

Wellbeing domain	< 19 years	19 – 30 years	31 – 46 years	> 46 years	Total
Psychological	68	44	7	8	127
Physical	79	65	32	17	193
Emotional	188	212	80	36	516
Social	201	166	80	44	491
Financial	78	62	26	21	187
Other	26	9	3	11	49
Total	606	530	221	130	1,487

For a Chi-square test, the expected value represents the frequency that would be expected in each category if there were no association between the variables (i.e., if the null hypothesis were true, and age is unrelated to the wellbeing domain). The differences between the observed and expected frequencies ultimately form the basis of the overall statistic calculation, but those differences can also be explored within the contingency table to understand which specific cells contribute large variations. These percent differences highlight several areas of over- and under-representation, shown in Table 6. For example, the observed frequency of problems in the psychological wellbeing domain was 31% higher than expected among respondents under 19, whereas it was 63% lower than expected among those aged 31-46.



Table 6. Percent difference between observed and expected values, assuming independence of wellbeing domain and age category.

Wellbeing domain	< 19 years	19 – 30 years	31 – 46 years	> 46 years
Psychological	31%	(3%)	(63%)	(28%)
Physical	0%	(6%)	12%	1%
Emotional	(11%)	15%	4%	(20%)
Social	0%	(5%)	10%	3%
Financial	2%	(7%)	(6%)	28%
Other	30%	(48%)	(59%)	157%

Note: Brackets indicate a negative percentage difference from what is expected, meaning lower than expected wellbeing.



DISCUSSION



DISCUSSION

Different problem types by gender

Social and emotional problems versus addiction and financial dilemmas

Overall, male and female users came to Aunty Dee with very different types of problems. Female users were much more likely to describe mental health struggles, such as depression, anxiety and workload stress, and were nearly twice as likely as males to bring an interpersonal problem within a difficult relationship. Female users were also notably more likely to describe problems rooted in their concern for someone else.

In contrast, male users were significantly more likely to struggle with addiction; both alcohol and gambling emerged as strong themes. This aligns with research in Aotearoa that indicates that among Pasifika people, males are twice as likely to be hazardous drinkers than females, and that while Pasifika people are less likely to drink, when they do, they are more likely to do so in a hazardous way (Ministry of Health, 2023). Bullying was a more prevalent stressor among males, and there was a pattern toward problems relating to meeting basic needs – housing, technology, transportation and an assortment of ‘other’ needs such as clothing, food, local services and instruments.

In general, males were more likely to use Aunty Dee to solve very practical, needs-based problems, while females brought more abstract emotional problems to work through. This raises the question, however, of whether the increased prevalence of emotional and mental health problems discussed by female Aunty Dee users reflects genuine underlying differences in mental wellbeing, or simply the lenses through which Pasifika users view their concerns. Although Ministry of Health (2023) data suggests similar levels of unmet need for professional mental health support among Pasifika males and females, the relative sampling error due to population sizes makes those estimates unreliable. On the other hand, some research has suggested that Pasifika males may feel compelled to suppress emotions and remain stoic while upholding Polynesian masculine expectations of being leaders and providers (Kapeli 2023), which could explain the tendency away from emotional expression and towards the very pragmatic concerns of a perceived provider. Even the anonymity of an

online tool may not be sufficient for male users to feel comfortable addressing emotional problems.

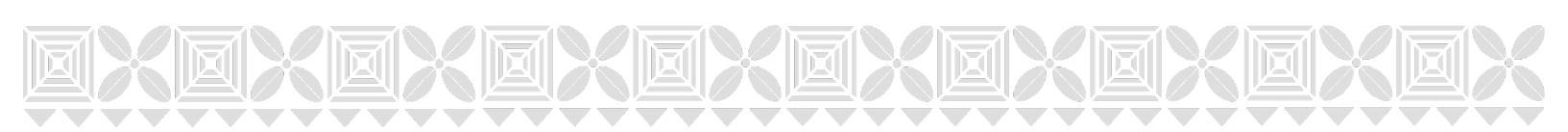
Interestingly, perceptions of family wellbeing also differ between genders, with Pasifika females more likely than males to rate their family wellbeing as high or very high, while Pasifika males are twice as likely as females to rate family wellbeing as just medium (Ministry of Health, 2023). These differing assessments suggest that Pasifika males and females may unconsciously measure family wellbeing according to fundamentally different priorities. Although there is a paucity of research in the area, gendered variation in perception of wellbeing could certainly influence an individual user’s prioritisation of problems, and therefore the gendered patterns observed among Aunty Dee users.

Different problem types by age

Addiction and substance use

Concerningly, addiction and substance abuse problems were most prevalent in users aged under 19 years old, occurring 30% more frequently in this age group than would be expected if this concern were evenly distributed across all age groups. Within this age group, alcohol and gambling were the most common addictions (38% and 27% of the responses, respectively), with smoking and unspecified drugs both around 15% of this problem theme. Although we saw higher prevalence of addiction themes in males, male respondents consistently comprised around 25% of each age category, so we do not ascribe this overrepresentation of addiction and substance problems in youth to a confounding gender variable.

These observations in Aunty Dee responses align with recent research that found Pasifika young people overall are twice as likely to be diagnosed with substance use-related conditions compared to emotional mental health conditions (Ruhe et al., 2022), with significantly higher rates of gambling compared to other ethnicities (Rossen et al., 2016). While addiction and substance use may be damaging alone, many of the risk factors for unhealthy youth gambling also predict poor mental wellbeing overall (Shead et al., 2010), and health risk behaviours have been observed to cluster with emotional health concerns in youth (Noel et al., 2013), emphasising their interconnectedness. Therefore, even where addiction or substance use is present as the problem theme, we recognise that emotional and mental



health concerns may form important context to that person's experience.

Despite the prevalence of addiction and substance use-related problems within the Aunty Dee problem statements, we know that in Aotearoa, Pasifika people are much less likely to be supported by drug and alcohol services – 27% less than the national average (Pasifika Addiction Workforce 2020). Therefore, the presence of a free, private, accessible online tool such as Aunty Dee may be particularly valuable in this space where other care options may not be perceived as appropriate, accessible or available.

Mention of suicide

Among the 352 uses by people above 30 years old, there was only a single mention of suicide (0.28%), whereas 23 of the 1,118 responses from those aged 30 and younger explicitly referred to suicide (2.06%) – an order of magnitude difference. This aligns with research indicating that Pasifika young people aged 15-24 years have the highest rate of suspected suicide (Health NZ, 2024).

The New Zealand Mental Health Survey in 2006 showed that while suicide deaths for Pasifika are less common than for other ethnic groups, Pasifika have higher rates of suicidal ideation, suicide plans and suicide attempts compared to any other ethnic group (Oakley Browne et al., 2006). Alarming, Youth19 reported a recent increase in both the number of Pasifika students who had thoughts of suicide, from 18.8% in 2007 to 26.4% in 2019, and in the number who attempted suicide, from 9.7% in 2007 to 11.7% in 2019, with higher rates of both thoughts and attempts reported in females (Veukiso-Ulugia et al., 2024).

We also know that between 2007 and 2017, Pasifika individuals who died by suicide spent the year leading up to their death less supported by their GP or primary mental health provider – they accessed care at lower rates and were less likely to be dispensed mental health medication than non-Pasifika (Te Hiringa Mahara, 2024). Reflecting on the apparent poor access to culturally safe services, an online tool like Aunty Dee may be particularly valuable as an accessible tool with no cost barriers.

Other observations

Unsurprisingly, bullying was most prevalent in younger, school-age groups, whereas a concern for others (most commonly, a child) was seen more among those aged over 30. Physical health concerns

also became more significant in older groups. These observations correspond with our expectations based on life stages.

Social wellbeing and interpersonal relationships

Social and emotional problems accounted for almost two-thirds of the dilemmas that users brought to Aunty Dee. The central importance of social wellbeing and interpersonal relationships appears in most Pacific models of wellbeing, so we question whether this trend reflects the underlying prevalence of social and emotional problems, the relative importance placed upon them or something else entirely. For example, more than half of Pasifika respondents in Te Kaveinga identified friends and family as their first port of call for help (Ataera-Minster & Trowland, 2018), but in the context of a social problem with those same friends and family, perhaps an online self-help tool may feel preferable.


Across all responses, the most common problem theme was struggling with a difficult interpersonal relationship, accounting for 18% of respondents. Within these responses, we observed differences between genders regarding the nature of the problem, the target of conflict, and the descriptions of their experience.

What type of interpersonal problem?

Bullying or difficult relationship

We observed that while females were 1.7x more likely to describe a difficult relationship, males were 1.5x more likely to discuss bullying. Both themes fall within the broader domain of social wellbeing and interpersonal conflict, but the distinct coding reflects the language and perception of the individual users and an attempt to honour the subjective lived experience rather than enforce an outsider's interpretation. Observing those themes from an outside perspective, however, we wonder whether these conflict experiences are genuinely unique between genders or if the distinction stems more from a difference in the way males and females may describe similar experiences. Experiences of bullying can certainly be classified as difficult relationships, and the line between conflict with friends and bullying may be blurry.

Research suggests that traditional bullying (i.e., face-to-face bullying, as opposed to cyberbullying) appears to be more common among males than females (Kljakovic et al., 2015). This may stem from the tendency for males to engage in more obvious,



physical aggression, compared to the more subtle and difficult-to-observe relational aggression common among females (Craig, 1998; Olweus, 1991).

We also note that between 2018 and 2021, Pasifika young people reported a marked decrease in having a sense of belonging at school, from 74% down to 65% (Te Hiringa Mahara, 2024). Where school becomes a backdrop for interpersonal conflict, however it may be described, it makes sense that a young person's sense of belonging would be eroded.

Concern for others

Female users were nearly 2.5x more likely to bring a problem to Auntie Dee that was rooted in worry and concern over a friend or loved one, such as concern over a child's peer group, a partner's workload or a parent's health. In these instances, the users were seeking not a solution to the problem itself, but a way to support or help their loved one. This observation aligns with research indicating that Pasifika females are more likely to be seen as caregivers and provide empathetic support, compared to Pasifika males (Kapeli, 2023).

Abuse or violence

Although just below the threshold for statistical significance, we were interested to observe that while males were 2.5x more likely to describe interpersonal violence, females were 1.9x more likely to describe abuse. As with bullying versus difficult relationships, this nuanced coding distinction was rooted in emergent principles; although tempting to consolidate these two problem themes from an outsider's perspective, we honoured the language of the individual users by retaining the separation.

A clear picture of Pasifika experiences of family violence is difficult to gather; multiple key reports have highlighted gaps in data and information, chronic underreporting of family violence incidents, and the ongoing legacy of colonisation, migration and systemic inequity muddying the waters (Joint Venture, 2021). From what we do know, however, Pasifika people in Aotearoa experience higher rates of violence than many other groups (Pasifika Proud, 2016). Conversations with Pasifika young people reveal mixed views about whether physical punishment constitutes discipline or abuse, and while young Pasifika females are less tolerant of male dominance compared to older Pasifika women, young Pasifika females describe a very different struggle to adhere to conflicting cultural and colonised expectations of masculinity (Malatest International, 2021). Additionally, we see

disagreement among Pasifika females about what constitutes abuse when there is a cultural expectation that certain behaviours may occur (Cowley-Malcolm et al., 2009; Fanslow et al., 2010; Hand et al., 2002).

Therefore, when we see distinct language used to describe problems such as violence and abuse, we question: do these represent unique experiences or unique interpretations of similar experiences?

Where the problem is rooted in a difficult relationship...

Who is the relationship with?

Female respondents were more likely to report conflict with their partner, friends and colleagues, whereas male respondents were more likely to describe difficulties with their employer or in-laws. Only the partner, however, achieved statistical significance.

What is the root cause of conflict?

Sometimes participants volunteered information about causes of relationship conflicts. Female respondents were significantly more likely than males to report that their problem stemmed from poor communication or not feeling valued. Males did not offer any further insights on the cause of interpersonal difficulties.

These two observations both reflect a gendered difference in the perception of relationship conflict and may reflect the same tension already noted between traditional gender roles and cultural expectations with modern relationship norms (Malatest International, 2021; Malungahu & Nosa, 2016; Kapeli, 2023). Patriarchal paradigms of control and power within a relationship can undermine healthy communication and mutual respect, and the context of cultural normalisation of certain attitudes may make an online tool feel more accessible than friends and family.

Financial wellbeing

The effects of the housing crisis here in Aotearoa are reflected in many of the problem statements, but significantly more so from male participants, who were 4x more likely to report housing insecurity, homelessness, and housing unsuitability than female participants. A recent survey of 895 Pasifika people also identified lack of housing and poor housing conditions as a top priority, although the survey participants were 83% female (Le Va, 2022). These findings suggest that housing concerns span genders

even if the Aunty Dee responses skew heavily towards males.

Male participants were also 5.4x more likely to report unmet technology needs – a broken computer or printer, slow home internet, a phone that keeps glitching, not having a laptop. They were also the only respondents to report unmet transportation needs – an unreliable car, no transport of their own, a broken van. Individual elaboration tells us that these needs are preventing participants from completing schoolwork, getting to work, communicating with family, accessing documents and more. These problem themes echo research showing that many Pasifika people find that transport is a barrier to accessing health and social services (Le Va, 2022). Further, evidence indicates that public transport systems in Aotearoa can contribute to rising levels of psychological distress in communities due to longer commutes, increased noise pollution and neighbourhood separation (Wild, et al., 2001). The cost of devices and connectivity is likewise a significant barrier to digital inclusion (Department of Internal Affairs, 2021).

Assuming that males are not more likely than females to experience broken phones or cars, then again, the reported rates may reflect a marked gender differential in perception rather than actual experience. One possible explanation is research suggesting that Pasifika males may feel pressure to uphold Polynesian masculine expectations of being providers (Kapeli, 2023). Understandably, a tangible, physical need that is going unmet may present an even more compelling concern when it feels like a personal failure to 'provide.' Alternatively, the

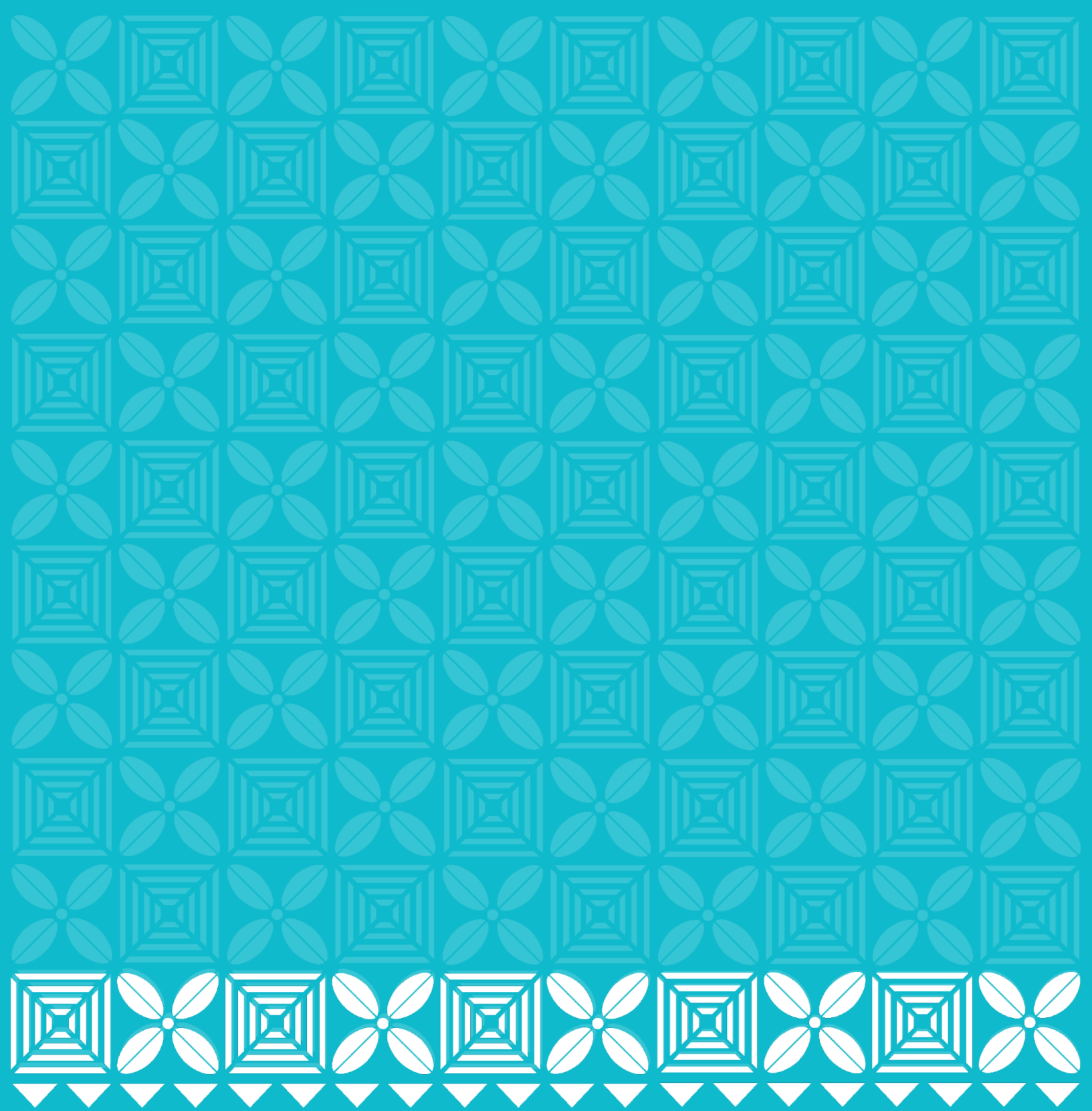
perception of the problem may be similar between genders, but females could be more likely to discuss such problems with family or friends, rather than an online tool.

Physical wellbeing

The frequency of sleep-related problems – just over 8% of all problems – reflects recent research findings that Pasifika people are much less likely to achieve the recommended amount of sleep per night, compared to NZ Europeans (Ministry of Health, 2023), and that sleep health in general is poorer among Māori and Pasifika adolescents compared to NZ European adolescents (Muller, Signal, Shanthakumar & Paine, 2023).

Aunty Dee responses show male participants were 2.66x more likely to report a problem with sleep quantity. This finding contrasts with other self-reported sleep studies, such as by Galland and colleagues (2017). McLay et al. (2023) found that self-reported sleep duration was shorter in Pasifika adolescent females. It is important to note that the themes identified in the Aunty Dee data reflect the specific issues that users have chosen to report through the tool, and may not represent the full range of their experiences. Females may be more likely to seek sleep advice from friends and family, or perhaps to see broken sleep normalised as part of the maternal role within a family. Alternatively, the prevalence of shiftwork, multiple jobs or overtime (George et al., 2021), coupled with pressures of traditional gender roles, may result in reduced sleep quantity among male participants.





CONCLUSIONS



CONCLUSIONS

This collection of more than 1,500 problem statements provides unique insight into the concerns, priorities, experiences and needs of Pasifika people in Aotearoa. Our analysis underscores the importance of social wellbeing and interpersonal relationships to Pasifika communities, and how this influences the types of concerns Aunty Dee users work through using the tool.

Through the lenses of individual users, we have seen that what may seem like similar situations can be perceived, described and experienced quite differently based on individual perception and context. Moreover, our observations reveal marked gender differences in the types of problems that males and females experience, possibly stemming from tension with traditional Pasifika gender roles and conflicting expectations of masculinity and femininity within a modern Aotearoa.

Although the problem themes observed within this dataset largely corroborate observations from other surveys and research, we note the paucity of

exploration of gender differences in perceptions of wellbeing and self-directed problem solving for Pasifika people in Aotearoa. We would welcome opportunities to revisit other research datasets to explore whether similar patterns emerge, and whether these could better direct the development of services and support for Pasifika communities.

Furthermore, these problem statements highlight the vulnerabilities of Pasifika young people, given the frequency of problem themes of addiction, substance misuse, bullying and suicide. These findings reinforce the need for targeted interventions and support systems to protect and promote the wellbeing of Pasifika young people.

We hope these insights can offer direction for additional tools, resources and supports to enhance the mental health and wellbeing of Pasifika people in Aotearoa, as well as further development and refinement of the Aunty Dee tool for the benefit of Pasifika and non-Pasifika people in Aotearoa New Zealand.



APPENDICES

Appendix 1

Table 1. Individual problem themes, primary and secondary categories and wellbeing domain.

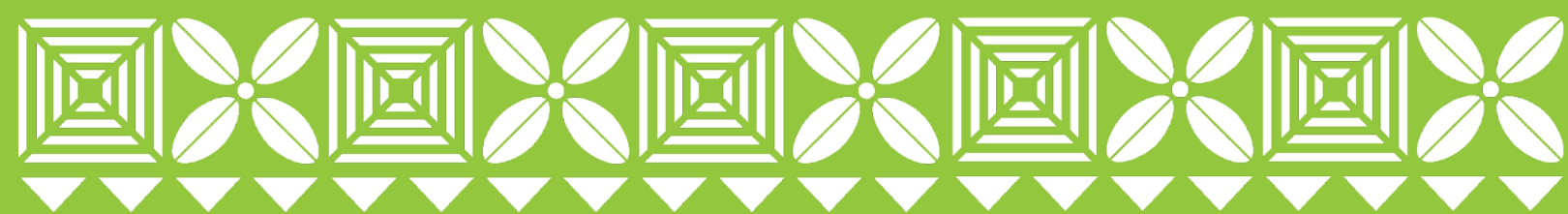
Wellbeing domain	Primary category	Secondary category	Problem theme
emotional wellbeing	identity	cultural identity	cultural identity - cultural expectations
			cultural identity - lack of belonging
			cultural identity - lack of cultural connection
			cultural identity - racism / stereotypes
		identity	identity - general
		sexual identity	sexual identity - coming out
			sexual identity - general
			sexual identity - homophobia / stereotypes / lack of acceptance
			sexual identity - questioning
	mental health	anxiety	mental health - anxiety - covid
			mental health - anxiety - driving
			mental health - anxiety - future
			mental health - anxiety - general anxiety
			mental health - anxiety - health
			mental health - anxiety - losing loved ones
			mental health - anxiety - police
			mental health - anxiety - school
			mental health - anxiety - social
			mental health - anxiety - work
		bereavement	mental health - bereavement
		depression	mental health - depression
		emotions	mental health - emotions
		loneliness / isolation / no friends	mental health - loneliness / isolation / no friends
		mental health	mental health - general
			mental health - mental health - abuse
			mental health - mental health - diagnosis
			mental health - mental health - trauma
		motivation	mental health - motivation
		self-image	mental health - self image
		self-worth	mental health - self worth
		suicidal	mental health - suicidality
		tired	mental health - tiredness
		unable to concentrate	mental health - unable to concentrate
	stress	performance	stress - performance
			stress - performance - disappoint others
			stress - performance - exams



Wellbeing domain	Primary category	Secondary category	Problem theme
			stress - performance - falling behind
		pressure	stress - pressure
		stress	stress - general
		time management	stress - time management
		work life balance / juggling priorities	stress - balance
		workload	stress - workload
financial wellbeing	needs	clothes	needs - essentials
		food	needs - essentials
		household	needs - other
		housing	needs - housing
		instruments	needs - other
		local services	needs - other
		money	needs - money
		technology	needs - technology
		transportation	needs - transportation
other wellbeing	complaint	don't enjoy	complaints & decisions
	decisions	decisions	complaints & decisions
	law	law trouble	law
			law - victim
physical wellbeing	physical health	physical health	physical health - fitness
			physical health - health problem
			physical health - injury
			physical health - pain
			physical health - pregnancy
			physical health - sexual health
			physical health - weight
	sleep	sleep	sleep - health
			sleep - insomnia
			sleep - quantity
			sleep - tired
psychological wellbeing	substance	addiction	addiction - alcohol
			addiction - devices
			addiction - drugs
			addiction - gambling
			addiction - gaming
			addiction - smoking
social wellbeing	interpersonal	abuse	interpersonal - abuse
		bullying	interpersonal - bullying
		concern for other	interpersonal - concern for other - bullying
			interpersonal - concern for other - divorce
			interpersonal - concern for other - drugs



Wellbeing domain	Primary category	Secondary category	Problem theme
			interpersonal - concern for other - future
			interpersonal - concern for other - general
			interpersonal - concern for other - health
			interpersonal - concern for other - mental health
			interpersonal - concern for other - money
			interpersonal - concern for other - needs
			interpersonal - concern for other - peer pressure
			interpersonal - concern for other - responsibilities
			interpersonal - concern for other - school
			interpersonal - concern for other - sexual identity
			interpersonal - concern for other - violence
		difficult relationship	interpersonal - difficult relationship - general
			interpersonal -difficult relationship - acceptance / pressure / judgement
			interpersonal -difficult relationship - adoption
			interpersonal -difficult relationship - boundaries
			interpersonal -difficult relationship - breakup
			interpersonal -difficult relationship - communication
			interpersonal -difficult relationship - conflict
			interpersonal -difficult relationship - covid
			interpersonal -difficult relationship - dissolution
			interpersonal -difficult relationship - frustration
			interpersonal -difficult relationship - infidelity
			interpersonal -difficult relationship - lack of support
			interpersonal -difficult relationship - not valued
			interpersonal -difficult relationship - romance
			interpersonal -difficult relationship - step / blended
			interpersonal -difficult relationship - trust
		missing other	interpersonal - missing other
		peer pressure	interpersonal - peer pressure
		violence	interpersonal - abuse or violence




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