Digital Talanoa:

Exploring 360º video as a digital tool
to enable Pacific's youth mental wellbeing

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Abstract

Mental health has become a major issue globally and in New Zealand, more specifically Pacific youth\(^1\). Much of the existing promotional material on mental health has been focused on print such as pamphlets, flyers, or video via DVDs there has been limited research on the use of interactive media, or in area such as 360° video, 360 media more commonly named, which is emerging in this field. This study seeks to understand 360 media as a new form of communication for health messages. In this investigation 360 media is employed to creatively visualise new ways of communicating relevant and pertinent information. Three distinct fields of research were identified in this study: culture, health, and communication. A qualitative approach of the research supported the exploration the potential of 360 media, its design, as the intersecting points of the established territories.

Using a collaborative approach\(^2\), this research project carries out talanoa with two community health support workers and five Pacific youth to identity some of the themes and key messages that they determined to be central to awareness raising of mental health for Pacific youth. Also, through a process of co-design and talanoa, findings are being ‘translated’ into a 360 media by the researcher and then ‘tested’ for appropriateness with both groups and adapted accordingly. The creation of the proposed 360 media brings together the health sector, youth and the researcher in a collaborative and co-creative process to generate a thoughtful and relevant outcome for all. The use of a co-creative approach aligned with Pacific knowledge of sharing and research frameworks provides the space and time for meaning making in a culturally inclusive way. In doing so, the study brings a new contribution to the limited literature about 360 media.

In summary the aim of this research is to investigate and to understand how 360 media can be used as an effective tool in communicating key mental health messages designed to engage and empower Pacific youth in New Zealand.

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\(^1\) Please refer to: https://goo.gl/y4W6QY
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I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Signed ___________________________ Date: 10 December 2017.
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Introduction

The Researcher

I am part Tongan, Samoan, Fijian with other ethnicities. I consider myself to be a young urban Pacific male born and raised in central East Auckland, New Zealand. I come from a large family that has instilled in me the importance of being proud of our cultural heritage and to know where I come from. The study I am presenting is my way of sharing the fruits of my education grounded in creative technologies that is used to connect people in digital spaces and through face to face interactions which reflect our modern world today. I draw on Western and Pacific frameworks to investigate the value of digital *talanoa* in a particular space and time that has the potential to stretch our minds and to inspire (re)imagination of new possibilities.

Purpose of the Study

Of growing concern is the current state of youth mental health in New Zealand. For example, as a developed nation we have the highest rate of teen suicide in the developed world (Brazier, 2017) where mental disorders are the third-leading cause of health issues amongst youth. However, the disparities for Pacific youth in this country show their wellbeing is far worse off in comparison to other ethnic groups. Hence the purpose of this study is to create a project that is socially and culturally responsive by using a Pacific lens and a co-creative approach to mental health promotion. I argue that it is important to consider emerging digital tools that can contribute to an effective marketing campaign when endorsing mental health. Although this study focuses on Pacific peoples in New
Zealand the principles of the research should be considered further to benefit a wider community.

**Significance of the Study**

To me, this study is significant for three main reasons. Firstly, this work contributes to the global knowledge base of 360 media literature. The project seeks to understand 360 media as a new form of communication for health messages. It is employed to creatively visualise new ways of delivering information and it is an emerging medium that offers new and unique possibilities for disseminating knowledge, in order to gain a better understanding. Said differently this research analyse and synthesise the promotional and communicative qualities of a new genre, located in-between interactive design, immersive design and video.

Secondly, it seeks to address new ways of promoting mental health in a creative and socially inclusive way, to create a positive effect on youth mental wellbeing by drawing on new technologies as a vehicle to engage Pacific youth and raise awareness in mental health.

Thirdly, this investigation aims to challenge the status quo of current mental health promotional material that are employed. A transdisciplinary approach, supported by co-design and *talanoa* methodologies, allow this study to be collaborative and inclusive in a unique way: Pacific worldviews and emerging technologies are used to produce a co-designed outcome which promotes youth mental wellbeing in the community. I would argue that literature for New Zealand health promotion strategies often overlook the importance of collaboration and only recently acknowledge the role of digital platforms as a potential tool (Ministry of Health, 2000; 2016). Furthermore, the study challenges the traditionally linear or top-down approach taken by health promotion by drawing on
community knowledge from a grassroots level which I believe are equally important. This is an opportunity for participants to play an active role in decisions that shape their lives and future outcomes.

As 360 content becomes more accessible and is more and more integrated into websites such as Facebook and YouTube the findings from this work will add to the limited literature on 360 media.

**Terms and definitions**

It is important to define terms and definitions before we begin this journey. Pacific peoples are a multi-ethnic and diverse group with different languages and cultures (Anae, Coxon, Mara, Wendt-Samu & Finau, 2001) but share similar worldviews and practices. Throughout this study the term Pacific rather than “Pasifika” will be used to describe Pacific peoples living in Aotearoa who are both migrants and New Zealand born with their ancestral connections that are linked to Oceania. In defining the term ‘Pacific’ within this context it provides a broader worldview that goes beyond our sea of islands (Hau’ofa, 1994) that gives us hope, to be creative, dream big ideas, turn these ideas into reality and challenge the status quo. The following sections sets the direction and approach that informs this study.

**The Investigation**

The disparaging status of Pacific peoples’ poor health in New Zealand is of great concern when they are compared to the general population (Mila-Schaaf, 2009; Medical Council of New Zealand, 2010). However, the status of Pacific mental wellbeing is something that we need to pay attention to as this has significant implications for our youth and their future. For example, 46.1 percent are under 20 years of age (Ministry of Pacific People, 2017) and are more likely to be digitally adept and consume online media at significant rates. This
warrants attention as here is an opportunity to create something in the health sector that promotes Pacific youth wellbeing in a digital space. In the following I argue that 360 media provides some unique communication qualities that align with health promotion and Pacific values.

Map of Concepts

![Map of Concepts](https://goo.gl/vCnM8Z)

Figure 1: This diagram is a visualisation of the different fields of research covered in the following literature review. The intersecting point of this diagram represents the areas of focus in this study.³ Also see Appendix 4 for close ups

³ For a higher resolution image of figure 1 please visit https://goo.gl/vCnM8Z
Review of Literature for this Study

For this study I reviewed the following literature to establish the context of my investigation.

Pacific Community

Pacific People in New Zealand

The first major wave of Pacific migration began during the 1950s and 1960s in response to New Zealand’s growing demand of unskilled labour (Statistics New Zealand, 2013). Waves of migrants saw thousands of families relocate to their new homeland in search of a better life. The population increased over time and is now home to the largest concentration of Pacific communities in the world. In 2013, over 63 percent of people identified with at least one Pasifika ethnicity were born in New Zealand. These ethnic groups are the fourth largest groups in New Zealand (Statistics New Zealand, 2013). According to the Census 2013 the five major Pacific ethnic groups in New Zealand are: Samoa, Cook Island Māori, Tonga and Fiji. Two thirds of this population reside in Auckland with one third of the population residing in other cities and towns in the country (Statistics New Zealand, 2013).

Around 55 percent of the youth population are aged 25 years old or younger, compared to 34 percent of the total population. The median age is 22.1 however the median age for other ethnic groups stands at 38 years. They have high rates of fertility and have more children compared to other ethnic groups (Statistics New Zealand, 2013). What is important to note is the growing youth population outnumbers the growth rate of New Zealand’s overall population (Statistics, 2016).
Today Christianity and religion plays an integral part of their everyday life (Turner, 2017). Over 70 per cent of Pacific people in New Zealand affiliate themselves with Christianity or some other type of religious beliefs (Statistics New Zealand, 2013). To gain an understanding of the community it is important to acknowledge the common history of Pacific where missionaries arrived to convert their beliefs and practices to Western practices.

Socioeconomic demographics of Pacific peoples indicate they are in the lower socio-economic groups (White, Gunston, Salmond, Atkinson & Crampton, 2008) in New Zealand. For example, they are more likely to earn low incomes and be in lower paying employment positions compared to other ethnic groups in New Zealand (Statistics New Zealand, 2013; Ministry of Pacific People, 2016). Today there has been less improvement in Pacific peoples’ economic, social and overall health status over the last 20 years (Ministry of Health, 2008; Statistics New Zealand, 2013).

What is important here is that Pacific have a large youthful population and the overall community is predicted to double in the near future (Statistics New Zealand, 2013). In this context we must focus on ways to engage youth of today to change their future outcomes in a positive way through a technological focus. This point will require more investment by the government in education, health and employment to improve their socioeconomic outcomes. As Pacific health needs grow, this will illuminate the importance of health promotion that incorporates their worldviews and practices.
**Pacific Youth**

Paterson, Iusitini, Tautolo, Taylor and Clougherty’s (2017) Pacific Islands Families (PIF) Study found that 85 percent of youth participants spent most of their time online, with 81 percent having internet access at home. Two out of three of their top daily activities were social media platforms. This research sees the younger Pacific population as an opportunity to connect with a demographic who are more socially engaged online. As younger people are exposed to and consume more digital content it was important that this research is socially responsive and meets the target audience where they are ready to engage. It is essential that health promotion is proactive towards the increasing the demand in digital content while also remaining culturally relevant.

**Worldviews and Practices**

A Pacific worldview understands that humans, the environment, manmade and natural are all connected through the divine (Suaalii-Sauni, Wheeler & Saafi, 2009). The Pacific worldview does not separate these three elements of spiritual, social and physical but rather sees life as an integrated whole. Pacific behaviours are aimed at keeping these dimension in balance (Fairbairn-Dunlop, Nanai, Ahio, 2014). These beliefs and practices are evidenced through Pacific people engagement in church and community activities, the strong family and communal support systems, in the reciprocal exchange of goods and oral traditions commonly found throughout the Pacific (Health Research Council, 2016) and worldwide.

Using a Pacific lens for this research is essential as this research addresses their issues in health and communication for and by Pacific people. It is important to use relevant Pacific methodologies and frameworks that are appropriate to capture worldviews and meaning.
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making, “The key to understanding health behaviours of Pacific peoples is to see issues from their worldview,” (Medical Council of New Zealand, 2010, p.16). This particular point informs the rationale to implement talanoa for this study.

Research has described New Zealand born Pacific youth as caught in between two distinct cultures, their own and Western paradigms which at the best of times can cause tension particularly for youth. Although time and context may change for New Zealand born Pacific youth, Pacific beliefs still form the basis for ethnic minority communities’ behaviours and practices in New Zealand (Pulotu-Endemann, 2009).

The Pacific concept of time takes into consideration two factors: time (tā) and space (vā). “The vā constitutes a realm where personal and cultural stories of identity through space and time are imparted” (Webb-Binder, 2009, p.27). Time and space are lived rather than recorded. The time spent on a given task is relative to the complexity of the situation. For instance, talanoa lasts until matters are resolved or it comes to a natural end (Vaioleti, 2006). Another example of this can be seen through how adulthood is marked by life events rather than chronological age.

This study uses Pacific worldviews in the context of New Zealand to understand and engage in the co-creation and designing of 360 media for a specific audience.

In this study, there is an opportunity to draw the audience worldviews and creative technology to co-create a product that is culturally inclusive in a digital space that is socially responsive. Only then 360 video will be used as an innovative way to digitally capture Pacific cultural practices, holistic worldviews and oral traditions.
To conclude, this section gives an overview of Pacific people in New Zealand including: common practices, Pacific youth and the Pacific worldview. It is important to give context to the diverse Pacific population. The following section will look at the Health in context relation to Pacific people in New Zealand.

Health

Pacific Wellbeing

Gegeo and Watson-Gegeo (2002), propose that Pacific knowledge encodes features of the environment in order to understand the world. This can be seen in Pacific mythologies where there is a strong emphasis on nature and the ocean. Other examples include performative and oral traditions which reflect everyday life and form the foundation of Pacific culture (Finnegan & Obrell, 1995). Traditional aspects of life such as fishing and coconut husking are integrated into songs and performance. The connections and relationships between people, land and the divine are captured through dance, kakala making (fragrant flower lei), fono and many other art forms. These examples are part of cultural knowledge passed down through generations (McCormick & White, 2011). Digital health promotion for Pacific people should reflect their way of life and way of knowing, and 360 technology aligns with oral and visual traditions of Pacific culture to enable traditional spaces to be digitally replicated.

In the Pacific way, being ‘fully healthy’ is tied to being a productive member of the family and community. Maintaining strong familial bonds is essential in Pacific communities (Fairbairn-Dunlop, Nanai & Ahio, 2014). “Good health enables people to take up education and employment opportunities,” (Quirke, Edwards & Brewerton, p.9, 2011). Being
unhealthy is associated with shame, stigma, embarrassment and being seen as someone who does not fully participate in family and community affairs. It may be argued that our cultures Pacific culture are often overlooked or rather ignored by western designed health services in New Zealand. Those living with mental health conditions end up feeling disconnected (Radio New Zealand, 2016).

**A model of Wellbeing**

Wellbeing in Pacific societies extends beyond the physical world. For instance, Pulotu Endemann (2009) contends their health and wellbeing is connected to all facets of life and is not just merely the absence of sickness. “Pacific peoples see life and wellness as gifts, and as incorporating physical, mental, social, and spiritual wellbeing,” (Medical Council of New Zealand, 2010, p.14). However, the view of health and mental health often clash with western value systems. According to Lui and Schwenke (2003) western approaches and models of health fail to include the spiritual dimensions that Pacific people associate with mental health. Aside, medical treatment addresses the symptoms rather than the cause of mental illness. This is why, health promotion in this context should better acknowledge and reflect the Pacific worldview, as described in *Worldviews and practices* earlier.

Pulotu Endemann’s (2009) *Fonofale* Model offers a holistic visualisation of Pacific worldviews on health. Likewise, modelled after the Samoan *fale* (house) with the roof (culture), the floor (family), the four *pou* (poles for spiritual, physical, mental and other) with time, context and environment that surrounds the *fale*. *Fonofale* can be co-created to capture a pan-Pacific health model for the use in New Zealand. Also, Mila-Schaaf and Hudson (2009) contend ‘Pacific values’ are not enough to address and acknowledge complex, multifaceted and unique problems faced by people living in New Zealand. The
model is important because it captures a pan Pacific perspective, it is a dynamic model that is socially responsive and it designed for the use in a New Zealand context. Thus, time, context and environment allow the fonofale model to be applicable to the Pacific youth (18-25) in New Zealand and its digital environment. The model can be translated into the digital realm, to be precise, into the 360 media, which makes this research project a relevant and adaptable innovative integration of creative technologies.

Said differently, the holistic nature of the Pulotu Endemann’s model paired with the holistic visualisation capabilities of 360 media created an interesting meeting point for health, and health promotion. The immersive 360 media gives youth the ability to capture the four walls of a house, the fale makes for a compatible visualisation of this health model. Just as the Pacific worldview sees health as being interconnected as a whole, 360 media captures the context of this research within dual roles, a metaphor for a Pacific health model as well as an interactive digital tool for endorsing Pacific's youth mental wellbeing.

**Mental Health**

Pacific peoples made up 7.4 percent (295,491) of New Zealand’s population with almost two-thirds being born in New Zealand (Statistics New Zealand, 2013). As briefly raised in *Pacific people in New Zealand*, they experience higher rates of mental illness compared to other ethnic groups and are less likely to access mental health services. Misdiagnosis, stigma, discrimination and lack of education are major barriers for Pacific people accessing mental health services (Pulotu-Endemann, Annandale & Instone, 2004). New Zealand-born (31.4%) are twice as likely to have mental health issues in the past 12 months compared to those who have migrated here to New Zealand after the age of 18 (15.1%).
Quirke, Edwards & Brewerton (2011) asserts unless preventative measures and culturally competent treatment are taken into consideration Pacific health discrepancies in New Zealand will continue to rise.

On that topic, Mila-Schaaf & Huson (2009) describes Pacific mental health as having a ‘bleak vista.’ She acknowledges the tension of Pacific people living in New Zealand where they are expected to navigate between two very different value systems. In this space there is scope to make a positive change for youth through a technological focus and to investigate to potentials between ‘real’ and ‘digital’ representations, between 'inflated' or 'augmented' perceptions.

Gary (2005) identified stigma as a significant barrier for ethnic minority groups accessing mental health services. Gary (2005) suggests ethnic minority groups who are already exposed to discrimination face further stigmatisation when dealing with mental illness, and Campbell (Radio New Zealand, 2016) explains the stigma for mental health patients in Pacific communities has negative connotations, “It still that sort of feeling that people with mental illness have done something to deserve it, have done something wrong, maybe they have breached a tapu, whatever it is, it is their fault.” As part of this research it will seek to address barriers such as of stigmas when dealing with Pacific mental health through using a strengths based approach. Promotional material that takes a strengths based approach should accentuate family and community. These factors play a significant role in Pacific peoples’ sense of identity and place particularly for youth and their wellbeing.
**Cultural Competency**

Cultural competency is an important tool for both health services and health promotion, it understands and acknowledges the differences between cultures (Lee & Brownlee, 2017). In the context of this research, cultural competency is connected to the role of technology and how 360 media communicate health messages to Pacific youth.

Cultural competency in health promotion is about designing health messages for a specific audience using appropriate language and imagery to engage with⁴. For instance, Georgetown University Health Policy Institute (2004) suggests culture-specific attitudes and values should be included into health promotion. Yet, this research draws upon the *fonofale* health model and *talanoa* to ensure that the study is relevant and culturally aligns with Pacific people.

To sum up: this section gives context to understanding of health, traditional concepts, an indigenous model of wellbeing, mental health status, cultural competencies and how all these elements create an opportunity to draw on technological media to engage our youth. The following section will look at Design, more specifically Media and Communication.

**Design**

**360 Media**

Most of 360 videos are designed to capture panoramic images or videos that are stitched together from multiple cameras to appear as a seamless whole. The video allows the viewer the freedom to explore every angle of a scene as seen in the below image.

⁴ For more details, please check *Six key findings*
This creates an immersive experience in comparison to traditional media. There is also little known about the use of such technology, its social usage and the effect it has as a tool for promoting key messages, that target youth mental wellbeing in this research. This digital medium gives the power to an audience to experience the video in their own way, at their own time. The 360 video is inherently interactive yet the barrier of accessibility is very low as seen by the integration of this medium on sites such as Facebook, Vimeo\(^5\) and YouTube\(^6\). At the moment, there is limited research on the social uses of 360 video, yet it is not uncommon to encounter this type of content on social media.

Although 360 video and virtual reality (VR) are often referred to as the same, they are two distinct mediums. The format of 360 video and VR are visually similar, 360 video can be viewed on VR platforms, while VR requires additional hardware and a VR headset. Both are immersive however 360 video is scrollable, while VR is not, which allow a different

\(^5\) Please check https://join.vimeo.com/360/
\(^6\) Please check https://goo.gl/xY4bGV
viewing perspective of a panorama, mainly. Both platforms give the user the ability to explore all angles of a scene or environment: VR allows the user to control the experience, where as 360 video is more linear and narrative driven (Adams, 2016). Also, VR has been around for decades, dating back to the 1960’s (Brown, 2017) while 360 video is relatively new, early 2000. The choice of 360 media over VR for the purposes of this study came down to accessibility, convenience and the current state of media consumption, particularly by youth⁷.

Today VR has become quite the buzzword within the IT industries (Rood, 2016). Big clunky hardware has been reduced to consumer level headsets where VR is more accessible than ever⁸. However, a major barrier of access to good VR, which includes comfort, visual quality and ease of use, is the expensive equipment required. Not only are the headsets expensive but a PC, with a good processor and graphics card, that is capable of running VR content is needed. The convenience of VR is still a limitation of the medium. I see 360 video as the bridge between traditional media and VR: 360 offers a similar experience to audiences without the high price tag within a minimum setup time also.

The holistic nature of 360 content is compatible with Pacific worldview on health. This study identifies a visual connection between 360 video and health models like Fonofale, that capture a living environment exploring the four walls of the home setting. This investigation argues that 360 video serves as an analogy for the fonofale model reinforcing the notion that everything is connected. This connection between technology and an indigenous model of health extends beyond visual parallels, both concepts attribute the

⁷ Please check Pacific Youth and Media Consumption
⁸ For more information about prices, please check: https://www.tomsguide.com/us/pictures-story/1044-best-cheap-vr-headsets.html
importance of time, context and environment. The notion of time is important here because the audience is virtually suspended when exploring the non linear form of content while 'sitting' in a digital environment which aligns with how people consume media. There is a kind of mirror effect between reality and virtuality, as captured in the below image.

Figure 3: A 360 video experiment during a kava session in Auckland. Additionally, 360 cameras are portable and convenient and do not disrupt the flow of the environment to capture and digitally represent any traditional spaces, in time.

**Media Consumption in New Zealand**

The internet is seen as the first and most predominant source of information (Thompson, 2014). And, Crothers, Smith, Urale and Bell's (2016) study on the internet access and use in New Zealand found that 95 percent of respondents surf the web while 85 percent visit social networking sites. Moreover, GlobalWebIndex's (2017) found that 16 to 24 year-old demographics consume the most digital content compared to other age groups, spending over three hours daily online. Mobile devices account for 46 percent of online time for this age group. Their report shows consumption of digital content has consistently
increased across all age groups. Crothers, Smith, Urale and Bell’s (2016) study The World Internet Project study for New Zealand reveals also that 91 percent of New Zealanders have access to the internet. These statistics are highly relevant for Pacific people, with 46.1 percent of Pacific people being the age of 20. People are now looking to the internet and search engines to address their needs. Here I argue that health promotion need to align with how people are consuming media to meet people where they are ready to engage. These statistics highlight that digital content should be responsive to mobile devices phones and other devices that orient with social media conventions. To me, these statistics underscore the value of using digital content and new media that is consumed globally. Hence, based on the above references, it appears that youth are our ideal target group in health promotions.

**New Media**

Manovich’s (2001) concept of ‘new media’ can be prescribed to all forms of social or interactive technologies. New media is defined by how it is distributed rather than how it is produced. Furthermore, the digitisation of media “Affects all stages of communication, including acquisition, manipulating, storage and distribution” (p.43). Manovich argues there is a correlation in the technological advancements and social change, the two are interconnected. Hence, this has fuelled a post industrial mindset of technology that is customisable and reactive to the needs of the individual. More specifically, 360 content allows users to experience media on their own and has become easier to access and share. The concept of new media, and media that is socially responsive ensures that the medium and approach used are relevant and user friendly. Based on these observations and findings,
this research’s project consider that it is important that the tools and communicative qualities of 360 video align with new media and the audience such as youth.

Figure 4: (A 360 ° of Glen Innes shopping centre). There is a growing market for 360 experiences although it is still in its infancy. An early experimentation on social media site Youtube, the second most popular website on the web (Alexa, 2017). https://www.youtube.com/watch?v=LgxT26E8_Rk

Besides, Moggridge and Smith (2007) proposes a similar idea where designing for the right people should always come before conceptualising how to build new media. This study argues that promotional material and health messages should always reflect how people are currently communicating and using technology. Forcing new, unfamiliar technology onto the audience will always have undesirable results whereas 360 content as discussed earlier is becoming increasingly accessible.
Design interaction defined by Moggridge and Smith (2007) is “The design of the subjective and qualitative aspects of everything that is both digital and interactive” (p.660). This statement should inform how design should take into account merging the digital and natural worlds. We are in midst of the digital age where the integration of technology is expected when designing anything. Digitising health messages without considering how people consume media will be meaningless. Adding meaningless interactivity to media can serve as an added barrier to the audience, whereas interactivity should inform or entertain (Bull, 2016). Introducing interactivity, the viewer gains more control and a more personalised and engaging experience (Bull, 2016). Interactive elements should always have meaning and be well thought out rather than thought of as ‘digital sugar’ to trick users into buying into key campaign messages (Redbird, 2013). It is important to note that although

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9 Please refer to https://camelcamelcamel.com/360fly-360%C2%B0-HD-Video-Camera/product/B00XAIT0PU
there is some structure in 360 media, the users can interact with the content in their own way, can create their personal narrative (e.g. health messages), which provides them with a unique experience and encourages exploration\textsuperscript{10}.

![Image of figure 6](https://www.youtube.com/watch?v=CkYLOPkObkM)

**Figure 6:** This scene with the mirroring of the same person visualises internal conflict and schizophrenia. This experimentation hints toward the added layer of interaction possibilities with 360 video. This interaction allows users to transition between scenes and drives the experience and narrative from one space/world (the negative thoughts) to another one (the positive thoughts). https://www.youtube.com/watch?v=CkYLOPkObkM.

Internet, and its usage, has allowed people to access to more information than ever before\textsuperscript{11}. Ubiquitous access to unlimited amounts of information and content has taken a toll on how people consume media (Thompson, 2014). In the age of scrolling through timelines and 280 characters studies (Twitter, for instance), has shown a significant reduction in attention spans (Statistic Brain, 2016) due to our ‘digital lifestyles’. With digital platforms being saturated, with media content, there is a lot of competition for people’s

\textsuperscript{10} Please refer to *Findings*

\textsuperscript{11} Please check Pacific people in New Zealand and Media Consumption
attention. Tools such as targeted advertising, search engine optimisation and analytical tools assist in terms of making sure that content is seen by the right audience and also alleviates some of the contention surrounding the digital space. Digital health promotion is difficult enough (Jahan, 2012) in general and deals with a complex picture in New Zealand: adding another layer that focuses on mental health while targeting Pacific people makes the co-creation of any Health promotional materials challenging. It needs to be accurate and engaging while aligning with the conventions and specificity of local social media.

Figure 7: A 360 scene of capturing a living room. This shows how 360 video can share the intimate environment of the family home.

**Health Promotion**

Health promotion can be described as having an asset based approach that integrates indigenous themes into the communication of health messages (Ratima, 2010). The New Zealand health strategy (2016) lists 'being people powered' as essential for the future direction of health in New Zealand; and the World Health Organisation (2017) lists
‘health literacy’ as a key component to good health promotion. Hence, ‘people powered’, improving ‘health literacy’ and enabling people to make informed choices around health services is the ideal outcome. However, to engage the audience health literacy must be accessible, people need to understand and use the information to make the right decisions in health and wellbeing (Ministry of Health, 2017). This area of literacy is worth exploring to promote Pacific health that is people driven.

Through the use of co-design and talanoa participants are able to shape the outcomes and have active input throughout the study. Talanoa allowed for more mo’oni (truth) and mafana (warmth) which is vital when dealing with mental health promotion. Socially responsive design focuses on social impact and the objective of social change (Gamman & Thorpe, 2016). This study argues that socially responsive design in health promotion allows for more effective and targeted engagement, as previously explained, although not everyone will have access and use digital tools, as stated earlier also.

There are opportunities and a growing need to develop digital health promotion designed to target Pacific people by using imagery, design and themes that are culturally relevant and familiar health messages it is easier to connect Pacific youth, in comparison to static, printed, or linear, traditional video.

**Digital Storytelling**

Storytelling is an ancient practice used to share knowledge, values and culture. As previously mentioned storytelling in Pacific cultures is vital in ways of knowing, sharing and being. The ‘natural progression’ of the oral storytelling tradition in this context shares similar parallels with Pacific oral traditions. Using multimedia such as 360 video, hypertext, images allows to capture personal narratives on a digital platform. Stories on a digital
platform amplify the voice of the community as everyone can participate and everyone has a story to tell. Thus, storytelling, within this study, can be easily applied to health promotion material (Smeda, Dakich & Sharda, 2014) that youth can connect with.

Figure 8: Another example of using 360 video in a kava session in Auckland. This image shows how this type of media can be viewed in a traditional space, shared with others as part of digital storytelling.

Finally, this section outlines 360 technology as a means of communication and the landscape of media consumption today. The conceptual and visual connection between 360 video and the Pacific understanding of health is discussed in this section. Digital media trends (including digital health promotion) are looked at along with the elements that enhance digital communication. The following chapter will discuss the design of the study, data analysis and the findings of the study.
The Project

The study outlines the research design and process undertaken to address the main research question. The research proposal, consultation, literature review (previous chapter) and ethics approval were the first stage of the study. *Talanoa* sessions with local health workers were organised to identify key campaign messages for a 360 video prototype. The final research phase was evaluation sessions with the health workers and Pacific youth (age 18-25) from the local community. The feedback from the events informs the final 360 mental health promotional video. The 360 video and findings of the research will be gifted back to the participants.

**Methodology**

This is a qualitative study that draws on co-design and *talanoa* frameworks. These frameworks inform the approach in this work whereby co-design seeks to work in collaboration with people to design a solution to a problem while *talanoa* is employed both as a tool and analysis framework to ensure indigenous authenticity that reflect Pacific worldviews.

**Co-design**

*Innovate Change* (2017) describe co-design as a mindset of gathering diverse people who are directly affected by a problem to create a solution to a problem, challenge or opportunity. Co-design is built upon acknowledgement of people being experts in their own lives and giving them an active role in decisions and outcomes that shape their lives. Furthermore, Prahalad, and Ramsey (2004) contend co-design “implies shared learning and communication between two equal problem solvers,” (p.6). The benefits of range of co-
design allow for more efficiency, higher satisfaction and a better fit between the services offer and the needs of the users. (Steen, Manschot and De Koning, 2011).

Hence, co-design values align with the Pacific worldview and talanoa. Relationships and conversations are essential to the success of co-design and are important factors in wellbeing for Pacific people. As a consequence, co-design and talanoa erode the relational imbalance between the researcher/service and participant/user through active participation. Besides, co-design is linked to transformative aims (Vink, Wetter-Edman, Edvardsson and Tronvoll 2016) which are parallel to how talanoa captures the challenging, probing and re-clarifying of ideas and goals. The compatibility of co-design and Pacific culture strengthen the talanoa and outcomes of this research.

**Talanoa**

By using talanoa as both a research method and methodology<sup>12</sup>, this study captures themes using an appropriate framework. This is important as a western view on health cannot fully capture the perspectives of health held by Pacific (Fairbairn-Dunlop, Nanai, Ahio, 2014). Cultural competency often refers to the ability of health providers to understand and work with other cultures, and Talanoa allows this specific point to happen throughout the research process and the data collection phase with a view to achieve deeper connections with participants, and meaningful collaborations when using creative technologies' approaches.

Understanding the relationship between health services, providers and promotional material that targets Pacific people is vital to this study by utilising the knowledge that

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<sup>12</sup> Further explanation can be found in Methodology
health workers hold in this field\textsuperscript{13}. Health workers also offer an insight into how mental health issues for Pacific youth (18-25) and health promotion are approached locally. Relationships that are built through \textit{talanoa} allow for teaching and listening for both the researcher and participants which is an important factor in co-creating a transdisciplinary project.

It is important that this research reflects and acknowledges Pacific themes and indigenous knowledge that do not fit within a western framework. \textit{Talanoa}, as a research method employed in this study, allows researcher and participants to explore deeper connections and relationships that goes beyond traditional forms of interviewing. Although interview and \textit{talanoa} are structurally similar, it is argued this approach erodes the hegemonic relationship between the researcher and the participants.

\textit{Talanoa} carries with it the complexities of understanding cultural themes, silence, reflective thought, body language and tone of voice (Vaioleti, 2011). All of these elements are monitored and guided to allow for more \textit{mo’oni} (pure, real, authentic) information to be shared. Participants’ are empowered, alike co-design, as the discussions that take place are more of an exchange where those involved in \textit{talanoa} probe each other in search of deeper meaningful engagement that is rich. The quality of the \textit{talanoa} is dependent on the trust and connection established between those involved. The process may seem casual and flexible but when used in a formal setting it is authentic “...structured by tapu, cultural expectations and accountability,” (Vaioleti, 2011, p. 115).

In a research context \textit{talanoa} is used to conduct and guide interviews, discussions and acquire information drawing on the four principles at each time point. In this study it is important to make research participants feel comfortable throughout the process and

\textsuperscript{13} Please refer to \textit{Methodology}
understand their knowledge and insights. There is merit in using a Pacific framework within this study where traditional modes of knowledge work in tandem with my quest to collaborate and produce work that is contemporary in a digital space. Lastly the combined approaches of co-design and a Pacific framework remove traditional power-based relationships between the researcher and participants.

*The Participants*

For this study I decided to talanoa with two key health workers and five local Pacific youth.

*Health Workers*

There were two key health workers involved in this study. Participants were local to and had historical family connections to Tamaki. The health workers had experience working with Pacific youth and worked for a well established organisation in Tamaki. One participant was a male and the other was female. Both participants had a wealth of work experience in the health system.

*Pacific Youth*

The youth involved in this study were aged 18-25 years old and were New Zealand born Pacific. Those who participated in this study did not have a history of mental illness. Also, the participants are involved with Te Āmiorangi, a local youth community group, and three males and two females agreed to participate in this research.
The Recruitment Process

Health workers were selected based on their work experience, interaction with Pacific youth, and understanding of Pacific health at local and organisational levels. For example, both health workers have worked with Maori and Pacific youth for at least 10 years. As defined earlier, ethnicity was important but not as essential as experience in the recruitment of the health workers, with one health worker being Maori and the other was Tongan descent.

Te Āmiorangi, a local youth community group is based in Ruapotaka marae (an urban marae) were selected to be part of this project because of their community presence and pool of potential Pacific youth participants. Although Te Āmiorangi maybe guided by Maori tikanga the ethnic makeup of the group is a reflection of the Tamaki community which is predominantly Pacific.

The participant groups of health workers and Pacific youth were chosen to be apart of this study as both groups hold valuable knowledge and perspectives in Pacific people, health and communication.

Due to the diverse research participant groups varying recruitment techniques were employed in this research. Separate information sheets and advertisement were developed to better connect with each participant group. A promotional video that outlined the purpose of the study and was used to recruit prospective youth participants and sent to marae leaders who circulated it through Te Āmiorangi networks¹⁴. Marae leaders and protocols identified suitable youth participants. Potential participants who expressed interest were sent a research abstract and a consent form. Conversation around accessibility and availability followed.

¹⁴ To visualise the video, please follow the link: https://goo.gl/xMi2AV
Health workers were contacted through their publicly accessible contact information. Positively, organisations that were invited to be apart of the study were prominent and had a good reputation in the community; and health workers who expressed an interest in the study were sent an abstract and and consent forms. Negotiations around access followed. As the timetable for this study underwent a few changes, participants were given a few weeks’ notice which changed the research schedule. Engagement with participants was flexible to participants’ needs and availability.

Actual Data Collection

Talanoa sessions with Health workers

The research methodology employed a qualitative framework using talanoa in conjunction with co-design, as discussed earlier. The first session with health workers looked to build rapport and explore how local health services are engaging Pacific youth. Building connections with the health workers was vital for mo’oni (real, authenticity). These encounters included how mental health work addresses Pacific youth, barriers and enablers. A significant part of talanoa revolved around the perceived main causes and issues with mental illness in Pacific health. A flexible approach was designed to keep conversations flowing and to ensure main talking points were covered. This approach became less important once faka’apa’apa (respect) and mafana (warmth) was established with participants. The intent of the talanoa was to gain a better understanding of mental health at a local level. Discussions around what the main contributing factors to mental illness at national and local level were revealed.
The second *talanoa* aims to review existing health promotional materials. The health promotional media analysed included brochures, videos and digital advertisements (see Appendix 3). All material reviewed was made in and for New Zealand. Not all materials focused on mental health as the purpose of the *talanoa* was to succinctly analyse the state of health promotion in New Zealand. The promotional materials were selected based off accessibility, prominence and diversity. Then, 360 video, as communication tool, was introduced. As there is little in terms of health promotion using 360 video format a generic 360 video example was shared with participants. The rationale behind this was not to bias and limit the possibilities of the final 360 video, also. The introduction of 360 video changed the dynamics of *talanoa*, where I was able to share my knowledge and expertise with health workers.

Data from *talanoa* offered a higher fidelity snapshot of Pacific mental health in Tamaki. This data corroborated with existing statistics and literature but also capture unique insights and perspectives.

**Evaluation Sessions**

Two sets of evaluation sessions were held once a 360 video prototype based on the *talanoa* with the health workers was completed. The first set with the health workers and a second with the youth to validate and further shape the final 360 video.

**Health Workers**

Building off the information gathered from previous *talanoa*, a working 360 video prototype was prepared. The evaluation session reviewed the prototype and covered strengths, areas of improvement and suggestions. These sessions were used to sustain the
connections and relationships that were developed throughout the research process and reinforcing the health workers’ active role in the study. The feedback from the participants inform the design decisions of the co-created final 360 promotional video then.

*Pacific Youth*

Five Pacific youth participants (three males and two females) were invited to engage in an evaluation session. They were asked to share their thoughts, opinions and suggestions of the working prototype. The evaluation sessions with the youth participants served as a validation process. As the 360 material is targeted to Pacific youth it is only fitting that they are given the opportunity to shape or have some influence in the study. The feedback from youth plays a significant part in the final research outcomes.

The evaluation meeting aligns with Achenza’s (2016) iterable co-design process of ideate, design and test. With *talanoa* being the ideation and identifying key themes which in turn, informed the 360 prototype design and evaluation being tested with users. This process loops from test to design in order to support the creation of a more relevant and appropriated final design, 360 media, than the existing materials.

*Methods*

*Talanoa* sessions were audio recorded. The recordings were transcribed through Google’s dictation. Recordings were then examined in closer detail and amendments were made accordingly.

An *Excel* database was created to house the transcribed themes (see Appendix 2). The database did not retain any identifiable information from the participants. This study employed Ryan and Bernard’s (2003) techniques of word repetitions, key-words-in-context
(KWIC) and comparing and contrasting ideas to identify themes in the qualitative data. The database was further refined and categorised into emerging themes.

All “social research has an ethical-moral dimension” (Neuman, 2011, p. 143). Even though this study had a design focus, consulted with health workers and did not target participants it still acknowledges that mental health is a contentious space (Hoop, DiPasquale, Hernandez & Weis Roberts, 2008). Before engaging with the research participants, ethics approval was gained from Auckland University of Technology Ethics Committee (AUTEC), see Appendix 1.

There were two main ethical considerations for this study. The first, making sure participants understand what their role in the study entails and are willing and able to give consent. The second, ensuring the final 360 media is ethically sound. The voluntary nature of participation is empathised at all stages of the research. Participants were aware there was no consequences for in withdrawing from the study. All the participants were aged sixteen years-old and over.

**Research Limitation**

Practical limitations to this research include, limited literature on 360 media, time constraints and sample size. As 360 video is an emerging medium, use and literature is still developing. There are limited academic resources that directly relate to 360 video to draw upon for this study. Although sample size is not as important in qualitative research (Hardon, Hodgkin and Fresle, 2004) a larger number of participants (both health workers and Pacific youth) would have been ideal but due to time constraints and a prolonged ethics approval process the research timetable was condensed. The delay was significant in the
context of a Masters degree timeline, this means that engagement and number of participants should be carefully considered for further study.

**Six Key Findings**

A number of themes that were seen as important to health messages and applicable to 360 video were identified in the talanoa with the participants.

**Appropriate Language**

There was a consensus amongst all participants that it is important to have promotional material where language is accessible both visual and oral. By including language that is accessible this builds a connection with the intended audience. For example, culturally relevant and relatable language is essential in health promotion. Appropriate language and imagery in talanoa revolved around existing health material and the prototype developed for this study. "Language", "sports", "relatable faces and experiences" were some suggestions made by participants of how appropriate language could be implemented in health promotion. Following are some examples which supported the co-creation of the final 360 media:

Health Worker 1:

*My concern is that he’s (John Kirwan) sort of the face of depression advocacy and if you’re for example rangatahi, Maori 17-18 (years) I don’t think you’re going to be able to locate yourself in JK’s (John Kirwan) experience.*
...In particular, in a Pacific context being at church and rugby and those types of experiences, yeah... really culturally appropriate.

Health Worker 2:

...at this stage Pasifika and Maori, so that’s why I like the brown faces and the approach and the use of the language. That’s our language, that’s how we use our language.

Youth2:

I like how it, just looks like someone’s house, my house. This is what it feels like to be in an Island house. Just zoning out on my phone, sibling running around, mum calling to do chores.

From the quotes above it clear that when health promotion is developed it should have language that is accessible, present images that are culturally appropriate for example, use faces that look like the target audience.

Collaboration

Co-design and collaboration was a big part of this research. This was also echoed in talanoa with the research participants. Participants contended that health promotion should include the targeted audience when developing health messages. Empowering Pacific youth to be play an active role in addressing mental wellbeing was seen as important to the participants, as captured in the below quotes:
Health Worker 2:

...the thing I like about it is the aspect of being part of the solution so contact us at...

means that ok I’m not just going to watch something then forget about it I’m actually going to have be able to follow it through and go to to the next level of it

Youth 3:

I like about it is the aspect of being part of the solution so contact us at... means that ok I’m not just going to watch something then forget about it I’m actually going to have be able to follow it through and go to to the next level of it.

The target audience plays an active and significant role in designing health materials as they are the ones using it, or supporting and disseminating it. The target audience are the main stakeholder and the material should be useful, relevant and credible.

Empathy

Stigma is prominent barrier for Pacific people and mental health services (Malo, 2000). Conveying empathy in health promotion was identified by participants as an important element when creating Pacific health promotion. Empathy in health messages alleviates the stigma associated mental illness. Below are some highlights:

Health Worker 2:

Understanding what mental health is, so automatically people’s minds goes to someone who's ‘mental’ so you say the word mental and already triggers off images of like people out of it people that a bit looney, loopy, schizophrenic, bipolar, angry
but the biggest things the biggest challenges that I think is what inhibiting youth mental health is this eroding sense of identity and purpose.

Participant 3:

I like how I can relate to what I’m seeing. Mental wellbeing isn’t as scary mental illness.

Building empathy allows the audience to locate themselves within the material. This is an important aspect as it signals the promotional material has thought about and understands the concerns of the targeted group.

Strengths based

Hammond (2010) contends a strengths based approach does not ignore the problem but, rather

“It attempts to identify the positive basis of the person’s resources (or what may need to be added) and strengths that will lay the basis to address the challenges resulting from the problems,” (p.3).

This strength/asset based approach was a reoccurring motif throughout talanoa with participants, such expressed here:

Youth 1:

I like how it focuses on what makes you mental well rather than mental illness.

Health Worker 1:

...But in fact it’s really connected to so many other things and mental health as the outcome of an accumulation of things so for youth mental health it’s actually about having really good positive relationships and a strong foundation from home and a strong environment around you.
By emphasising what contributes to mental wellbeing instead of the factors of mental illness encourages positive social change. Mental illness is subjective experience and this study does hold expertise in that field. A strengths based approach mitigates this issues as it allows for messages to take on a more universal appeal (Armstrong, 2013).

Identity

The participants acknowledge the complex picture of identity for Pacific youth in New Zealand. The duality in identity for Pacific people was an emerging theme. The tension in cultural identity, being connected to indigenous values while also living in a western dominated society. The strain of social identity, where values at home and in the family are at odds with the social environment.

Health Worker 1:

...we are losing kind of I guess indigenous ancient and sacred kind of knowledge is and practices around Rites of initiation Rites of Passage community understanding ourselves as whole beings with missing that and it's getting eroded so it's getting less and less acknowledged and being dominated by another kind of the system it's taking us often different places

The other biggest mental health challenge that I think we're facing is their perception and the narrative that they telling them self like that's becoming real clear for me and those things are on my girls self harming boys fighting drugs and alcohol those are bizarre symptoms of these things around self-confidence
Talanoa revolved around the complex relationship between both the Pacific and New Zealand identities held by Pacific youth. Although this relationship can be seen contentious, it allows for Pacific youth to draw from two value systems (Mila-Schaaf, 2009).

Time

360 video allows the user to suspend time and explore at their own pace. This offers a non-linear experience that encourages engagement and meaning making.

Health Worker 1:

It gives you the ability to capture different stages of life, almost like memories... You can also follow your own narrative and schedule.

This aligns with the Pacific understanding of time (discussed in detail in Pacific Worldview) where the user is encouraged to experience the 360 content in accordance to their own timeline.

Conclusion

This study shows new ways of promoting mental health in creative and socially inclusive ways by drawing on new technologies as a vehicle to engage Pacific youth. This research’s project contributes to the literature and new knowledge on 360 media, and provides a better understanding on how 360 can be used in health promotion. It highlights how this type of media can use conceptual connection between the Pacific worldview youth’s mental health as discussed in Pacific Worldviews and Health Promotion. Also, it
Niko Meredith, Master of Creative Technology

synthesises the responses and contributions from the research participants, discussed in Six key findings. Furthermore, this investigation contends that 360 media is a pertinent digital progression to Pacific holistic and oral traditions and that co-design and *talanoa* allow for authentic connections and conversations to create relevant and significant content for a specific and engaged audience. This is why, I argue that this research is successful in empowering Pacific youth to shape and relate to health promotion.

Figure 9: Working prototype of interactive 360 promotional material with instructions.

Although 360 video is increasingly affordable and prevalent, yet accessibility still remains a significant barrier. Pacific communities are often on the wrong side of the digital divide due to socioeconomic barriers and access to limited digital resources, such as Internet.
Figure 10: Different 360 scenes of the prototype\textsuperscript{15}.

\textsuperscript{15} Please visit https://goo.gl/PSsaQx to view a playlist of all scenes.
Research Limitation

Also, Practical limitations to this research include, limited literature on 360 media, time constraints and sample size. As 360 video is an emerging medium, use and literature is still developing. There are limited academic resources that directly relate to 360 video to draw upon for this study. Although sample size is not as important in qualitative research (Hardon, Hodgkin and Fresle, 2004) a larger number of participants (both health workers and Pacific youth) would have been ideal but due to time constraints and a prolonged ethics approval process the research timetable was condensed. The delay was significant in the context of a Masters degree timeline, this means that engagement and number of participants should be carefully considered for further study.

The dissemination of the final prototype is yet to be fully realised due to the experimental nature of this collaborative practice-based project. The study focused on the communicative qualities of 360 video. Finally, the study provides the potential for further exploration in the use of this media as a communication and empowering tool in different contexts. The study led to the bigger question of: How can 360 video be better integrated into the digital landscape (dissemination) that is accessible to everyone (affordability)?
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3 May 2017
Maggie Buxton
Faculty of Design and Creative Technologies
Dear Maggie

Re Ethics Application: 17/74 Digital Talanoa; exploring the use of 360 video in promoting mental health awareness for young Pasifika adults

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 3 May 2020.

Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through http://www.aut.ac.nz/researchethics.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through http://www.aut.ac.nz/researchethics.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: http://www.aut.ac.nz/researchethics.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. If the research is undertaken outside New Zealand, you need to meet all locality legal and ethical obligations and requirements.

For any enquiries, please contact ethics@aut.ac.nz

Yours sincerely,

Kate O’Connor
Executive Manager
Auckland University of Technology Ethics Committee

Cc: ncp2332@aut.ac.nz; Laurent Antonczak
Appropriate language/suggestions

In particular, I feel content because I feel that being at a cultural event is not just about what people see, but also about how they experience and engage with the language they hear. For example, I think about how we can use language to connect with people on a deeper level. I love the way that language can bring people together, and I think that it is important to use language that is culturally appropriate in different contexts.

I also think about how language can be used to advocate for change. For example, if you are advocating for the rights of rangatahi (Maori youth), you might use language that is culturally appropriate to the Maori language and culture. This can help to ensure that your message is heard and understood.

In a similar vein, I think about how language can be used to advocate for health and well-being. For example, if you are advocating for the importance of mental health awareness, you might use language that is culturally appropriate to the Maori language and culture. This can help to ensure that your message is heard and understood.

I also think about how language can be used to advocate for climate action. For example, if you are advocating for the need to reduce greenhouse gas emissions, you might use language that is culturally appropriate to the Maori language and culture. This can help to ensure that your message is heard and understood.

Working together

I think that it is important to work together with others to achieve a common goal. For example, I think about how we can work together to make a difference in our community. I think that by working together, we can achieve more than we ever could on our own.

I also think about how working together can help to build a sense of community. For example, I think about how working together to solve a problem can help people to feel connected to each other. I think that this can help to build a stronger community.

I also think about how working together can help to build a sense of purpose. For example, I think about how working together to achieve a common goal can help people to feel a sense of purpose and direction.

Strength based

I think that it is important to focus on our strengths when we are trying to achieve a goal. For example, I think about how we can use our strengths to achieve a common goal. I think that by focusing on our strengths, we can achieve more than we ever could on our own.

I also think about how focusing on our strengths can help to build a sense of confidence. For example, I think about how focusing on our strengths can help people to feel confident in their abilities. I think that this can help to build a stronger sense of confidence.

I also think about how focusing on our strengths can help to build a sense of purpose. For example, I think about how focusing on our strengths can help people to feel a sense of purpose and direction.

Identity

I think that it is important to be true to ourselves when we are trying to achieve a goal. For example, I think about how we can be true to ourselves when we are working together. I think that by being true to ourselves, we can achieve more than we ever could on our own.

I also think about how being true to ourselves can help to build a sense of confidence. For example, I think about how being true to ourselves can help people to feel confident in their abilities. I think that this can help to build a stronger sense of confidence.

I also think about how being true to ourselves can help to build a sense of purpose. For example, I think about how being true to ourselves can help people to feel a sense of purpose and direction.

Awareness/sensitivity

I think that it is important to be aware of the needs of others when we are trying to achieve a goal. For example, I think about how we can be aware of the needs of others when we are working together. I think that by being aware of the needs of others, we can achieve more than we ever could on our own.

I also think about how being sensitive to the needs of others can help to build a sense of empathy. For example, I think about how being sensitive to the needs of others can help people to feel more connected to each other. I think that this can help to build a stronger sense of empathy.

I also think about how being sensitive to the needs of others can help to build a sense of purpose. For example, I think about how being sensitive to the needs of others can help people to feel a sense of purpose and direction.

Advisory

I think that it is important to be advisory when we are trying to achieve a goal. For example, I think about how we can be advisory when we are working together. I think that by being advisory, we can achieve more than we ever could on our own.

I also think about how being advisory can help to build a sense of confidence. For example, I think about how being advisory can help people to feel confident in their abilities. I think that this can help to build a stronger sense of confidence.

I also think about how being advisory can help to build a sense of purpose. For example, I think about how being advisory can help people to feel a sense of purpose and direction.

Achievements/suggestions

I think that it is important to be achievement oriented when we are trying to achieve a goal. For example, I think about how we can be achievement oriented when we are working together. I think that by being achievement oriented, we can achieve more than we ever could on our own.

I also think about how being achievement oriented can help to build a sense of confidence. For example, I think about how being achievement oriented can help people to feel confident in their abilities. I think that this can help to build a stronger sense of confidence.

I also think about how being achievement oriented can help to build a sense of purpose. For example, I think about how being achievement oriented can help people to feel a sense of purpose and direction.
Video example 1: Rheumatic fever\textsuperscript{16}

Video example 2: Mental health advocacy\textsuperscript{17}

\textsuperscript{16} Please refer to https://goo.gl/RQa2TB
\textsuperscript{17} Please refer to https://goo.gl/NwPYUP
What can you do to prevent pressure injuries?

If you are in bed:
- Change your position every two to three hours, moving between your back and sides.
- Use pillows to stop knees and ankles touching each other, particularly when you are lying on your side.
- Try to avoid cross-in the bed linen.
- If sitting up in bed be aware that sliding down the bed can cause a pressure injury to your bottom and heels.
- Ask for assistance if required.

If you are in a wheelchair:
- Relieve pressure by leaning forward, or leaning side to sit for a few minutes every half hour.

What else can you do to help?

- Eat a healthy diet and drink plenty fluids.
- Keep your skin clean and dry.
- Ask your nurse to help you with any incontinence.

Skin Care Matters

Preventing Pressure Injuries

Your Nurse, Occupational Therapist, Physiotherapist, Doctor or Dietitian can help you plan your care to prevent a pressure injury.

Pressure injuries can sometimes occur even if everything is being done to prevent them. Please talk to your nurse if you require more information.

Which parts of your body are most vulnerable?

Pressure injuries develop on parts of the body that take your weight and where the bone is close to the surface.

Are you at risk of getting a pressure injury?

- You spend long periods of time in bed.
- You are in a wheelchair or you sit for long periods of time in a chair.
- You have difficulty moving about.
- You have a serious illness.
- You are elderly or frail.
- You have damp skin from sweating or incontinence (e.g. difficulty getting to the toilet in time, loss of bladder or bowel control).
- You have loss of feeling (e.g. due to diabetes or following a stroke) or poor blood flow.
- You do not eat a balanced diet or have enough fluids to drink.

Despite the risks pressure injuries can be avoided.
Whilst you are in hospital:
All patients are asked if they smoke by all doctors, nurses, and allied health staff as part of their assessments. They all want you to have the best health possible. They will also offer you help and support to stop smoking.

Take Advantage of this situation.
Sure you are unwell because you have come into a hospital and we all want you to get better quickly. There is an opportunity right now for good support. Ask your nurse to contact us and if you have a mobile phone we can talk with you.

Contact Us:

Email:
Smokerfree@adhb.govt.nz
You can stop phone
0800 567833
and leave a message

Ask your nurse or doctor
to make a referral to us.

You can stop;
Give it a go;
We can help you.

Quit B4 it’s lit
Smoke Free
Breathe Free

What’s all the fuss about stopping smoking?
!! Routinely inhaling smoke from burning tobacco leaves puts lethal gas and toxic products in the blood. It causes premature aging, numerous cancers, and blocked arteries by clotted blood. !!

The best thing you can do for your health is stop smoking

4 out of 5 smokers wish they had never started smoking.

Get motivated:
Stop the cough?
Easier to breathe?
Please the kids?
Save money?
Focused on these to help you succeed.

Break the Addiction:
A smoker likes smoking and do not like stopping. Why? Because the addiction to nicotine drives cravings — none when the level is right, huge cravings when low. So keep the level up with nicotine patches, gum, or lozenges.

Change the habits:
You know how certain things make you want to smoke: like stress at work, drinking a cup of coffee or even just watching the game with friends. These are all trigger times — moments or situations that stimulate the desire to smoke. Get to know them, list them and minimise them.

Gain Support:
Now is the time to take up an offer of support to quit. Your nurse, doctor, physiotherapist, dietician, pharmacist and many other health professionals can help you. Just ask and they will contact Smokefree services to help you.

1 in 5 smokers will try to quit every year.

The Smoke
Cigarette smoke from burning tobacco leaves and paper contains many toxic chemicals in the glass that make up the smoke. When they cool down in the mouth, throat, and lungs they become tar. Because smoke inhalation over time causes ill health and addiction, ADHB’s hospitals and clinics are full of people just like you who are thinking about quitting. About 900 patients who are current smokers pass through our facilities each month.

Nicotine
Nicotine changes the chemistry in your brain, so it’s harder to stop smoking. If you’re struggling with stopping smoking, it’s not you — it’s the addictive nature of a cigarette containing nicotine.

One way of fooling the brain into not craving to smoke is to put “clear” nicotine into the bloodstream in the form of nicotine patches, lozenges, gum, nicotine inhalation, and nicotine oral spray.

They all work. Use appropriately.

What is in a cigarette?

Types of Support:

Phone:
Quitline: 0800 778 778
Online: Quit Blog — take a dip in the quitting river.
Text:
Quit Text - 3 months of supportive text messages.

One on One support:
Community Cessation Providers: See “Quit Now” brochure.

Community Quit Groups:
Quitting smoking can be difficult especially if you try to go alone. No one understands this more than other people who are going through it as well. That’s why quitting is a group is so successful and that’s why ADHB Smokerfree runs community quit groups.

Lots of smokers try to go it alone but support from friends and family can also increase your chances of quitting. The more support you get the more likely you are to stay quit.

Get your nurse to refer you to us and we’ll add you to one of our community stop smoking groups.
Pacific Community
Pacific Mental Health

Health
References


