

Weaving Equity into Digital Care

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Why we're here - the universal challenge

The promise and the risk:

- Youth mental health crisis - you're seeing it, we're seeing it
- AI promises efficiency, scale, 24/7 access
- But risks amplifying existing inequities if we're not careful.

The question: How do we ensure AI serves young people, not systems?

Our answer: Put equity and youth voice at the centre from day one.

Who are we?

Health NZ // Te Whatu Ora

New Zealand's national health service, established July 2022.

- **Manages all publicly funded healthcare** - hospitals, primary care, community services, mental health
- **New Zealand's largest employer** - 80,000 health workers nationwide
- **Operating budget:** NZ\$20 billion annually
- Works alongside Ministry of Health to set policy and deliver services
- Funds Whakarongorau Aotearoa's National Telehealth Service.

Whakarongorau Aotearoa // New Zealand Telehealth Services

- **35+ services** operating 24/7 - Healthline, 1737 mental health support, crisis triage
- **Helping 1 in 5 people** in Aotearoa get the right care, right away
- **Twenty million health journeys** over more than a decade
- **Everything we build is co-designed** with tāngata whai ora - people with lived experience

What good looks like

75% of young people get what they need in first contact.

- No referral needed
- No waiting for another appointment
- Needs met during the call or text conversation
- **61% choose digital channels** when barriers are removed.

Te Korowai.

Weaving equity into every digital thread.

Our framework for equity-first digital design:

- **Indigenous sovereignty and partnership** - Honouring Te Tiriti o Waitangi
- **Connection and care** - Manaakitanga & Whanaungatanga as non-negotiables
- **Equity-first design** - Priority populations centered from the start
- **Cultural, clinical, digital safety** - Safe in identity, culture, and practice
- **Holistic wellbeing** - Te Whare Tapa Whā - mind, body, spirit, family, land.

Co-designed with young people, clinicians, and indigenous leaders.

AI with the team, not at the team

Governance enables innovation.

Our approach:

- **Governance first** - AI ethics frameworks before deployment
- **Clinical oversight** - Clinical Governance Committee with specialist input
- **Champion networks** - Staff who saw potential led implementation
- **Co-design** - Clinical, cultural, operational leads **and young people with lived experience** shaping technology.

Results:

- 97% of targeted staff use AI tools daily
- 30,000+ Spectrum Copilot uses across mental health services
- 40+ hours weekly saved from documentation
- Technology that **young people describe as 'actually helpful'** not 'robotic'.

Lived Experience Voices

Raj - 18, Hamilton, in crisis:

- High-risk caller, contacts multiple times daily
- Police welfare checks, complex trauma history
- **Outcome:** Connected with local mental health services, regular safety planning.

Judy - 75, rural Coromandel, seeking connection:

- Widowed, contacts three times daily
- Landline user, smartphone capable
- **Outcome:** Reduced social isolation, regular check-ins maintain connection.

Wiremu - Māori, suicide prevention planning:

- Contacts via SMS every few months
- Creates safety plans, then may not contact for months
- **Outcome:** Three safety plans created, no hospital admissions in 12 months.

"Having someone to chat to has greatly reduced my risk of attempting suicide."

"I like the option to text as I was too upset to talk."

"It's such a blessing that there's the ability to message someone and just chat."

Honest Limitations

Channel-specific considerations:

- **Acute psychosis:** Phone-based crisis triage works well (we do 250-300 daily), but SMS/chat aren't ideal channels
- **Complex trauma:** Digital provides valuable access points, though sustained therapeutic relationships often benefit from multiple modalities
- **Medication initiation:** Requires clinical examination, though digital follow-up works effectively
- **Cultural preferences:** Some whānau prefer in-person connection for mental health support.

System challenges we acknowledge:

- Digital literacy barriers for some populations
- Wait times during high-demand periods.

Young people tell us: Digital literacy isn't just about access - it's about trust, safety, and having alternatives

Three things you can start today

What partnership has taught us:

1. Start with equity, not efficiency

- Meet young people in their preferred digital spaces
- Remove cost and access barriers first.

Our example: 61% choose digital channels when barriers are removed.

2. Co-design is not consultation

- Pay young people with lived experience for their expertise
- Give them power in decision-making, not just feedback.

Our example: Youth co-designers shape our AI tools.

3. Governance enables innovation, doesn't block it

- Clinical + cultural + youth oversight from day one
- Makes AI deployments faster and safer.

Our example: 97% staff adoption because trust was built first.

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