Asian Family Services Submission on Suicide Prevention Action Plan 2025-2029 Consultation

Asian Family Services
Together enriching lives

Contents

1. Introduction

Asian Family Services (AFS) is honoured to contribute to the consultation on the Suicide Prevention Action Plan 2025–2029. As the only national organisation dedicated to the well-being of New Zealand's Asian communities[1], AFS has been a trusted provider of culturally tailored mental health and addiction support since 1998. With over two decades of experience and funding from the Health New Zealand's Preventing and Minimising Gambling Harm programme and mental health services, AFS has gained a profound understanding of the unique mental health challenges faced by Asian populations, particularly in suicide prevention and postvention.

Our commitment to suicide prevention is reflected in a wide range of services and resources specifically designed for Asian communities. AFS has developed culturally relevant suicide prevention resources[2] in multiple languages, including Chinese and Korean, to overcome the barriers to addressing stigma and limited access to support. Additionally, we offer critical postvention services through Aoake te Rā, providing support to Asian families and communities affected by suicide, ensuring they receive culturally appropriate care during their most difficult times.

Our Asian Helpline[3] responded to nearly 10,000 calls last year, offering brief psychological interventions and multilingual counselling services. Through this service, alongside targeted mental health programmes[4], AFS has played a crucial role in helping individuals navigate mental health challenges exacerbated by COVID-19 and post-pandemic issues. By providing culturally and linguistically responsive support, AFS has been instrumental in addressing the mental health needs of Asian communities.

This extensive experience positions AFS as a credible and essential contributor to shaping effective and inclusive suicide prevention strategies for Asian populations across New Zealand.

[1] In New Zealand, the term Asian typically refers to individuals with ethnic origins from countries in the broad region of Asia. This includes people from East Asia (e.g., China, Korea, Japan), Southeast Asia (e.g., Vietnam, Thailand, the Philippines), and South Asia (e.g., India, Sri Lanka, Pakistan). Ethnic group summaries reveal New Zealand's diversity," Stats NZ, 2023. Available at: https://www.stats.govt.nz

[2] Asian Family Services, "Suicide Prevention Resources," Available at: https://www.asianfamilyservices.nz/resources/resource-categories/suicide-prevention/

[3] Asian helpline (0800 862 342) provide English, Mandarin, Cantonese, Hindi, Thai, Vietnamese, Japanese, and Korea language from Monday to Friday 9am to 8pm.

[4] Asian Family Services, "Our Services," Available at: https://www.asianfamilyservices.nz/services/

2. Asian Communities in New Zealand

2.1. Demographics

The rapid growth of New Zealand's Asian population presents distinct challenges for individuals and service providers. Asian communities in New Zealand are not a monolithic group; they represent a wide range of cultural backgrounds, languages, and migration experiences. Recent migrants, international students, and long-term residents face different pressures and levels of integration into New Zealand society. These variations must be acknowledged to provide effective and culturally appropriate mental health support.

As of the 2023 Census, Asians make up 17.3% of New Zealand's population, with the most significant subgroups being Chinese, Indian, Filipino, Sri Lankan, and Southeast Asian communities[5]. Notably, the census revealed that the Indian population had surpassed the Chinese, becoming the third-largest ethnic group, with 292,092 people, reflecting a 22% increase since 2018. The Chinese population now ranks fourth, with 279,039 people. Auckland continues to be the most ethnically diverse region, showing significant growth in the Indian community. Punjabi has also emerged as one of the fastest-growing languages, highlighting the country's increasing diversity. By 2043, Asians are projected to make up 26% of the total population[6].

A significant part of the Asian population also consists of 1.5 and second-generation Asians[7]—those born overseas but who migrated to New Zealand at a young age (1.5 generation) and those born in New Zealand to immigrant parents (second generation). These individuals often face unique challenges as they must navigate the cultural tension between their families' traditional values and the expectations of growing up in a more individualistic Western society. Many experience a sense of cultural dislocation as they try to balance their heritage with the pressures of fitting into New Zealand's societal norms. This dual identity can lead to increased stress, identity conflicts, and difficulties in fully integrating into either culture. Not feeling a sense of belonging can be a major challenge for one's mental well-being.

This rapid growth presents distinct challenges for organisations like Asian Family Services (AFS). AFS has a strong track record of providing culturally and linguistically appropriate services; however, it often needs more funding and resources to meet these ongoing needs fully. With the Asian population projected to reach 26% by 2043, we must take a strategic, long-term approach to build our NGO's capacity and capability to serve this growing community.

AFS is well-positioned to address cultural and linguistic barriers that prevent many in these communities from accessing essential services, including support for self-harm, suicide ideation, and suicide prevention and postvention. Additionally, the transient nature of some

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[5] Stats NZ. (2023). 2023 Census: Population counts by ethnic group, age, and Māori descent, and dwelling counts. Retrieved 12 September 2024, from https://www.stats.govt.nz/information-releases/2023-census-population-counts-by-ethnic-group-age-and-maori-descent-and-dwelling-counts/

[6] Stats NZ. (2021). Subnational ethnic population projections: 2018(base)–2043. Retrieved 12 September 2024, from https://www.stats.govt.nz/information-releases/subnational-ethnic-population-projections-2018base2043/

[7] The term 1.5 generation refers to individuals who were born in one country and immigrated to another at a young age, typically before or during their early teens. These individuals are considered part of the 1.5 generation because they straddle the line between the first generation (those who were born and raised entirely in their country of origin) and the second generation (those born in the new country to immigrant parents). Members of the 1.5 generation often experience a mix of cultural influences, maintaining ties to their country of origin while adapting to the culture and norms of the host country. Rumbaut, Rubén G. "Ages, Life Stages, and Generational Cohorts: Decomposing the Immigrant First and Second Generations in the United States." *International Migration Review*, vol. 38, no. 3, 2004, pp. 1160–1205. Available at: https://doi.org/10.1111/j.1747-7379.2004.tb00232.x

subgroups—such as international students and migrant workers—amplifies vulnerabilities like social isolation and financial stress, increasing risks associated with mental health and well-being.

Given these dynamics, New Zealand's health and social service frameworks are not fit for purpose for this rapidly growing Asian population. A one-size-fits-all approach is insufficient; it's time to think outside the box and explore innovative solutions to meet the diverse needs of these communities.

3. Mental Health, Substance Abuse, and Gambling Harm in New Zealand's Asian Communities

The mental health, substance abuse, and gambling challenges within New Zealand's Asian communities present a multi-faceted and growing concern. The **New Zealand Asian Wellbeing & Mental Health Report**[8] identifies stigma and discrimination as critical factors shaping these issues. Specifically, 98.7% of Asian respondents believe that society harbours negative stereotypes about people with mental illnesses, often labelling them as withdrawn, isolated, and at high risk of self-harm or suicide. Such stigmas discourage help-seeking behaviours and delay access to essential mental health services, particularly when compounded by language barriers and a lack of culturally competent care.

A striking example of this is the significant mental health burden in these communities. The report shows that **44.4%** of Asian respondents experience significant depression symptoms, with 34.1% suffering from moderate to severe anxiety. Younger populations, especially international students and recent migrants, are particularly vulnerable to these mental health challenges due to social isolation, academic pressure, and the stress of adjusting to a new country. The stigma surrounding mental health issues in many Asian cultures further discourages individuals from seeking help, exacerbating depression and anxiety symptoms.

Substance abuse is another growing issue within New Zealand's Asian communities. The report, **Understanding Alcohol and Drug Use Among NZ Asians**[9], highlights the rising prevalence of substance abuse, noting that cannabis use has tripled in the past decade, and **45%** of respondents are at risk of depression. Shame and stigma, coupled with a lack of culturally appropriate services, prevent many from accessing necessary harm-reduction services.

Problem gambling adds to the mental health crisis, with Asian gamblers being **9.5 times more likely** than other groups to develop severe gambling issues[10]. Gambling addiction, often used as a coping mechanism for stress or isolation, leads to severe mental health consequences, including depression, anxiety, and suicidal ideation. Alarmingly, individuals suffering from harmful gambling are two to three times more likely to attempt suicide, particularly among youth[11].

3.1. Unique Vulnerabilities in Asian Communities

The stigma surrounding mental health in Asian cultures poses one of the most significant barriers to addressing mental health issues, especially suicidal ideation. Mental illness is often perceived as a source of shame and dishonour, not only for the individual but also for their family. This cultural pressure leads many to conceal their struggles. Migration stress, compounded by language barriers, financial difficulties, and the loss of social support networks, adds to the mental health challenges among first-generation migrants[12].

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[8] Ning, Bo., Feng, K., Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report 2021. Auckland: Asian Family Services.
[9] Tian, W. (2023). Understanding alcohol and drug use among New Zealand Asian communities: A survey report. Synergia
[10] Ministry of Health. 2019. Progress on Gambling Harm Reduction 2010 to 2017: Outcomes report – New Zealand Strategy to Prevent and Minimise Gambling Harm. Wellington: Ministry of Health.
[11] Wardle, H., Kesaite, V., Tipping, S., & McManus, S. (2023). Changes in severity of problem gambling and subsequent suicide attempts: A longitudinal survey of young adults in Great Britain, 2018–20. The Lancet Public Health, 8(3), e217-e225. https://doi.org/10.1016/S2468-2667(23)00003-4
[12] Suicide Mortality Review Committee. 2019. Understanding death by suicide in the Asian population of Aotearoa New Zealand. Wellington: Health Quality & Safety Commission

Intergenerational conflicts further complicate the mental health landscape, particularly for younger Asians, who struggle to balance traditional family expectations with New Zealand's Western societal pressures[13]. This dissonance can lead to identity confusion and emotional distress, heightening the risk of mental health problems, including suicide.

3.2. Gender-Specific Vulnerabilities

Gender plays a critical role in mental health vulnerabilities. Asian women[14], particularly during the perinatal period, are at heightened risk of postnatal depression. This is often due to a lack of family support during this critical period, with many women reporting in research that they tend to prioritise their family's needs over their own health due to cultural and gender norms. These norms around family roles can prevent them from seeking help, while a lack of understanding of the health system, combined with shame and stigma, further hinders access to timely support. Many women also experience intense guilt over perceived unfulfilled family obligations, which increases their vulnerability to self-harm and suicide.

Elderly Asian adults [15]also face high suicide risks due to social isolation, health decline, and a loss of independence. Many elderly migrants lack traditional support networks, and cultural stigma discourages seeking mental health services, leaving them vulnerable to suicide. Elderly Asian men, especially those from Chinese backgrounds, are particularly susceptible due to feelings of being a burden on their families.

3.3. Culturally Competent Services

The lack of culturally competent mental health services remains a significant barrier for Asians in New Zealand. Many Asians report that mainstream mental health and addiction services do not understand their cultural values or language needs, leading to mistrust and low engagement with services. This situation is exacerbated for recent migrants, who often face language barriers and an absence of language-appropriate mental health and addiction resources. Without culturally relevant care, many Asian individuals delay diagnoses and treatment, increasing the likelihood of severe mental health crises, including suicide[16].

3.4. Racism, Discrimination, and Their Link to Self-Harm and Suicide

The role of racism and discrimination in shaping mental health outcomes is particularly evident among Asian youth. Experiences of racial discrimination, coupled with the dual pressures of acculturation and balancing cultural identity with societal expectations, significantly increase the risk of self-harm and suicidal ideation. Studies reveal that **27% of Asian youth** report experiencing racism, compared to only **4%** of European/Other youth. These experiences of

[13] Fleming, T., Crengle, S., Peiris-John, R., Ball, J., Fortune, S., Yao, E. S., Latimer, C. L., Veukiso-Ulugia, A., & Clark, T. C. (n.d.). Priority actions for improving population youth mental health: An equity framework for Aotearoa New Zealand.

[14] [14] Ho, E., Feng, K., & Wang, I. (2021). Supporting equitable perinatal mental health outcomes for Asian women: A report for the Northern Region District Health Boards and Asian Family Services. Asian Family Services.

[15] Ho, E., Au, P., & Amerasinghe, D. (2015). Suicide in Asian Communities: An Exploratory Study in New Zealand. Auckland District Health Board.

[16] Suicide Mortality Review Committee. 2019. Understanding death by suicide in the Asian population of Aotearoa New Zealand. Wellington: Health Quality & Safety Commission

discrimination are linked to heightened psychological distress, as reflected in significantly higher scores on the Kessler Psychological Distress Scale (K10)[17].

The identity struggles that arise from societal racism contribute to feelings of isolation, low self-worth, and disconnection from cultural identity. These issues are compounded by the cultural stigma surrounding mental health, which further prevents youth from seeking help.

3.5. Vulnerable Groups

Elderly Asians[18] are particularly vulnerable due to the compounded effects of social isolation, migration stress, and cultural stigma. Family pressures and intergenerational conflict also contribute to their mental health struggles, as many feel alienated from their children or perceive themselves as burdens. Financial instability and deteriorating health further exacerbate these issues, increasing the risk of suicide.

Similarly, Asian youth are at high risk of suicide, often due to social isolation, academic pressures, and ethnic discrimination. Research shows that **80.7% of Asian youth** who die by suicide were born outside New Zealand, indicating the unique vulnerabilities faced by recent migrants[19]. The cultural stigma surrounding mental health and the lack of culturally responsive services only worsen these challenges, leaving many youth without the support they need.

For Asian Rainbow communities, the compounded stress of belonging to both ethnic and sexual or gender minorities exacerbates mental health struggles. **48% of Asian Rainbow youth** report seriously considering suicide in the past year, with **9.9%** attempting it[20]. Family acceptance is a critical protective factor for these youth, though many report feeling less accepted by their families compared to their non-Asian peers, increasing their vulnerability to mental health issues.

[17] Harris, R., Li, C., Stanley, J., King, P. T., Priest, N., Curtis, E., Ameratunga, S., Sorensen, D., Tibble, F., Tewhaiti-Smith, J., Thatcher, P., Araroa, R., Pihema, S., Lee-Kirk, S., King, S. J. R., Urlich, T., Livingstone, N.-Z., Brady, S. K., Matehe, C., & Paine, S.-J. (2024). Racism and health among Aotearoa New Zealand young people aged 15–24 years: Analysis of multiple national surveys. Te Rōpū Rangahau Hauora a Eru Pōmare, University of Otago.

[18] Ho, E., Au, P., & Amerasinghe, D. (2015). Suicide in Asian Communities: An Exploratory Study in New Zealand. Auckland District Health Board

[19] [19] Chiang, A., Paynter, J., Edlin, R., & Exeter, D. J. (2023). Suicide preceded by health services contact – A whole-of-population study in New Zealand, 2013-2015. PLoS ONE 16(12): e0261163. https://doi.org/10.1371/journal.pone.0261163

[20] Koh, H., Farrant, B., Fenaughty, J., Ameratunga, S., Peris-John, R., & Bavin, L. (2024). Asian Rainbow Youth in New Zealand: Protective Factors. Journal of Adolescent Health, 75(3), 426-434.

4. The Hidden Crisis of Suicide in New Zealand's Asian Community

Unfortunately, the Asian community has historically received limited funding due to the perception of a lower suicide rate compared to other prioritised groups. However, this should not lead to the misconception that a lower suicide rate means no risk.

The suicide rate within New Zealand's Asian community, while lower compared to other prioritised populations, often sends shockwaves through the community when it occurs. Although Asian life expectancy is projected to be around the 80s[21], suicide rates in this group are notably higher when compared to other prioritised populations. Generally, suicide rates among those aged 65 and over have been trending downward, but the rates for older Asians show an upward curve compared to other groups[22].

One striking example is the case of a teenager who tragically ended his life the day after receiving his NCEA results in 2019[23], highlighting the immense pressure placed on students. Another poignant incident involved a 23-year-old international student, who, desperate to remain in New Zealand, took her life in 2017 after being involved in a scheme to "buy" a job[24]. That same year, a coroner criticised an Auckland tertiary provider for failing to adequately address the mental health risks of its students, following the suicide of another international student[25]. These cases shed light on the fact that many students, approximately one in three, display no prior signs of mental health concerns, with only 48% ever seeking help from a doctor or mental health professional before their deaths.

The Asian community in New Zealand has also been witness to rare but significant murder-suicides. A recent example in Browns Bay involved a man who fatally stabbed a woman in a sushi shop before taking his own life in a public setting—a stark contrast to the more typical domestic murder-suicide cases[26]. Additionally, the tragic case of Rajesh “Eddie” Osborne in 2010, where he murdered his children and then committed suicide, despite earlier suicide attempts and warning signs, stresses the hidden and severe mental health challenges within these communities[27].

In 2010, a heartbreaking event unfolded when a Korean mother and daughter died by suicide, followed by the father who took his own life after travelling to New Zealand for their funerals[28]. Another deeply troubling incident occurred in 2021, involving a 28-year-old Chinese student, Jian Di, who died by suicide after attacking her landlords in a highly distressed state[29]. Jian’s

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[21] Mathias, S. (2024, July 25). Eight graphs that show how we die in NZ. The Spinoff. https://thespinoff.co.nz
[22] Ho, E., Au, P., & Amerasinghe, D. (2015). Suicide in Asian Communities: An Exploratory Study in New Zealand. Auckland District Health Board.
[23] Clent, D. (2019, December 5). Auckland teen died by suicide the day after receiving NCEA results. Stuff. https://www.stuff.co.nz/national/117992821/auckland-teen-died-by-suicide-the-day-after-receiving-ncea-results
[24] Chanwai-Earle, L. (2017, September 18). Exploited Indian students turning to suicide, support group warns. RNZ. https://www.rnz.co.nz/news/national/339142/exploited-indian-students-turning-to-suicide-support-group-warns
[25] Sherwood, S. (2020, December 6). Coroner says tertiary provider 'insufficiently attuned' to address risks of student depression after death. Stuff. https://www.stuff.co.nz/national/123598368/coroner-says-tertiary-provider-insufficiently-attuned-to-address-risks-of-student-depression-after-death
[26] Tan, L., & Leahy, B. (2024, March 29). *Browns Bay stabbing: Woman found in pool of blood after sushi shop attack, assailant dead*. NZ Herald. https://www.nzherald.co.nz
[27] Newshub. (n.d.). Police interviewed man before murder-suicide - reports. Stuff. https://www.stuff.co.nz
[28] Four deaths shock Korean community. (2010, May 15). Stuff. https://www.stuff.co.nz
[29] Pitman, S. (2024, March 13). Chinese student Jian Di stabbed landlord before taking her own life. NZ Herald. https://www.nzherald.co.nz

case, characterised by months of isolation and anxiety about her future, exemplifies the profound mental health struggles international students in New Zealand can face.

In March 2021, Sheal Bangera, during a psychotic episode, fatally stabbed his parents, Herman and Elizabeth Bangera, in their Epsom home and then attempted to take his own life by stabbing himself. In June 2022, he was found not guilty by reason of insanity and ordered to be indefinitely detained in a psychiatric facility[30].

The suicide of renowned Chinese poet Gu Cheng, who moved to Waiheke Island, Auckland, in 1987, further illustrates the hidden crisis. After attacking his wife, Gu took his own life in 1993, sending ripples through both the literary and local communities[31]. His death, like many others, shines a spotlight on the often unseen mental health struggles within the Asian population in New Zealand.

Unfortunately, the cases highlighted here are just the ones that have gained visibility in the media, yet they only scratch the surface of the mental health crisis faced by New Zealand's Asian community. As a service provider, Asian Family Services has received numerous equally heartbreaking cases and referrals that go largely unnoticed by the public. Despite the gravity of these situations, the Asian population continues to receive insufficient attention when it comes to suicide prevention and postvention efforts. The ongoing stigma, combined with a lack of targeted, culturally competent resources, means that the mental health needs of Asian communities remain underserved. It is critical that we address this gap and ensure that suicide prevention strategies include and prioritise Asian populations, who are often overlooked in broader mental health discussions.

4.1. Suicide Prevention and Postvention in Asian Communities

Data from suicide prevention and postvention consultations reflect a disconcerting trend: the suicide rate among Asian populations in New Zealand has been steadily increasing, from 5.93 per 100,000 in 2007/08 to 7.63 per 100,000 in 2018/19. Despite this concerning rise, Asian communities remain underrepresented in national conversations around suicide prevention. Mainstream prevention campaigns often fail to reach our Asian communities, highlighting the need for a different approach. We must strengthen our focus on Asian-specific prevention and early intervention, addressing the various culture factors that influence suicide risk. Enhancing the effectiveness of suicide prevention and postvention support for Asian communities requires culturally appropriate research methodologies and meaningful data collection. This approach will ensure that interventions are better targeted and more impactful. The suicide rates for Asian young people have fluctuated over the years (2002–2017), but there has been no significant decline. These trends indicate that without targeted interventions, the mental health and well-being of New Zealand’s Asian populations will remain inadequately addressed. To achieve the aspirational vision of "Every Life Matters" and a future with zero suicides in New Zealand, we must prioritize the needs of the growing Asian population and ensure they are not left behind.

4.2. The Need for Proportionate Funding and Ongoing Support

Early in 2024, Asian Family Services, with the support of the Flourishing Asian Communities Programme, received funding from the Hauora Māori Services Directorate – Te Whatu Ora,

[30] Kapitan, C. (2022, September 23). Suppression denied: Mentally unwell man who killed Epsom couple was their son. NZ Herald. Retrieved from https://www.nzherald.co.nz

[31] Harvey, B. (2023, May 7). Dark Eyes — Gu Cheng: Remembering a victim of the Cultural Revolution, renowned Misty Poet, Waiheke resident and murderer. NZ Herald. https://www.nzherald.co.nz

Health New Zealand. While this support is a positive development, it highlights the need for continuous and adequate funding to address the ongoing mental health challenges in the Asian community.

The allocation of $11.7 million for suicide prevention through Vote Health is a positive step, and we are pleased to see that it includes services for Mental Wellbeing and Resilience in Asian Communities. However, it is important to recognise that there is no funding allocation to address suicide prevention and postvention for Asian communities in New Zealand therefore to even match with achieve all the goals in the strategy for Asians need that requires equity, fair distribution and allocation of funding ongoingly to meet the diverse needs. The funding must proportionally match the size and diversity of the Asian population to be truly effective. The funding allocated toward Pasifika communities has demonstrated a promising approach that should serve as a model for supporting Asian communities as well.

5. Financial and Societal Costs of Suicide

The impact of suicide extends far beyond the immediate tragedy of a life lost. In New Zealand, the financial cost of each suicide is estimated to be approximately $2.9 million in 2005 [32]. However, when adjusted for inflation, this figure would be around $4.63 million in today's terms. This highlights the significant and ongoing economic burden of suicide, in addition to the profound emotional and societal costs.

This figure includes both direct and indirect costs associated with suicide. Direct costs, such as emergency services, medical care, and coronial investigations, amount to approximately $688,647 in today's terms. Indirect costs, which encompass lost productivity and the long-term emotional toll on families and communities, are estimated at $3.97 million in today's terms. These costs accumulate with each suicide, creating a substantial burden on the healthcare system and the broader economy.

To calculate the inflation-adjusted value of NZD 2.9 million from 2005 to 2024, with an average annual inflation rate of 2.5%, the following formula was used:

$$FV = PV \times (1+r)t$$

Where:

- ***FV*** is the future value
- ***PV*** is the present value (NZD 2.9 million)
- *r* is the annual inflation rate (2.5% or 0.025)
- *t* is the number of years (2024 - 2005 = 19 years)

Substituting the values:

$$FV = 2.9 \times (1+0.025)^{19} = 2.9 \times 1.598 = 4.634$$

Therefore, in today's terms, NZD 2.9 million from 2005 would be approximately NZD 4.63 million in 2024.

The financial and societal costs of suicide within the Asian population are deeply concerning. Although Asian communities are underrepresented in official suicide statistics due to data collection limitations, the true impact is likely far greater than reported. The economic burden of suicides in these communities is substantial. Between 2009 and 2019, there were 320 confirmed cases of self-inflicted harm, with the total cost estimated to exceed $1.48 billion, based on a cost of NZD 4.63 million per case. This figure accounts not only for the direct financial losses but also the wider societal costs, including the emotional distress experienced by families, the increased strain on mental health services, and the disruption to social cohesion within affected communities.

The societal cost of suicide is even more difficult to quantify but no less significant. Each suicide has a ripple effect, devastating families, friends, and entire communities. For Asian families, the stigma surrounding mental health and suicide can exacerbate the grief, as families may feel compelled to hide the true cause of death, preventing open discussions and support.

[32] O'Dea D and Tucker S. 2005. The Cost of Suicide to Society. Wellington: Ministry of Health. https://thehub.sia.govt.nz/assets/documents/42743_thecostofsuicidetosociety_0.pdf. The report aims to calculate the cost of suicide in New Zealand, responding to concerns about the country's relatively high suicide rate. The objectives include updating the 1995 study by Coggan, Fanslow, and Norton, which estimated the costs of suicide, attempted suicide, and self-harm. The report also seeks to align these updated results with international literature on the topic. Additionally, it includes estimates of the economic impact of lost productivity and the Disability-Adjusted Life Years (DALYs) lost due to suicide and attempted suicide, with values based on various assumptions to reflect the broader societal costs.

This silence further isolates affected individuals and families, hindering both grief recovery and suicide prevention efforts.

Given these enormous financial and societal costs, it is clear that investing in culturally competent suicide prevention and mental health services for the Asian population is not only a moral imperative but also an economically sound decision. By addressing the mental health needs of Asian communities through targeted intervention, New Zealand can reduce the financial burden on its healthcare system and society as a whole while saving lives.

6. Underrepresentation in Suicide Data Among Asian

The prioritisation of ethnicity in New Zealand's data[33] collection process can lead to a significant underrepresentation of suicide rates within the Asian population. The current system places individuals into a single ethnic category based on a hierarchy, where Māori and Pacific peoples are prioritised over Asian. This approach results in individuals who identify as both Asian and another ethnicity, such as Māori or Pacific, being recorded under those categories, even when their Asian identity is equally or more significant.

Consequently, this methodology risks obscuring the true extent of suicide risk in the Asian population. For instance, individuals who are part Asian but categorised under other ethnic groups may not be reflected in the Asian suicide statistics. Additionally, the "Other" category, which includes European, MELAA (Middle Eastern, Latin American, African), and unknown ethnicities, might contain individuals with Asian backgrounds who are not accurately classified. These factors dilute the representation of Asians in suicide data and skew the overall picture of suicide rates among this community.

This underrepresentation can lead to misleading conclusions, such as the false assumption that suicide rates among Asian populations are lower than they are in reality. As a result, fewer resources and targeted interventions may be allocated to address the mental health needs of Asian communities. This lack of attention perpetuates the idea that Asian communities do not face significant suicide risks, when, in fact, their mental health challenges may be hidden due to flawed data collection methods.

It is crucial to reconsider how ethnicity is prioritised and categorised in suicide data to ensure that the experiences and risks of all ethnic groups, including Asians, are accurately reflected. Without these adjustments, policies and interventions based on current data may fail to address the true scope of suicide risks within New Zealand's diverse populations, leaving Asian communities underserved in suicide prevention efforts.

The importance of addressing these gaps is evident in examples of New Zealanders with mixed ethnic backgrounds, such as Bic Runga, who is of Chinese Malaysian and Māori descent, or Chye-Ling Huang, a Chinese-Pākehā director and writer. Their multicultural identities highlight the complexities of categorisation and the potential for underrepresentation. Similarly, Madeleine Sami, of Irish and Fijian-Indian descent, and Sam Neill, who, while not of Asian descent himself, has familial ties through his marriage to Japanese makeup artist Noriko Watanabe, show how intertwined and diverse ethnic identities can be in New Zealand. Accurate data collection must reflect such diversity to provide an inclusive and comprehensive understanding of mental health risks and needs.

[33] Te Whatu Ora. (n.d.). Identity standards. Te Whatu Ora – Health New Zealand. Retrieved from https://www.tewhatuora.govt.nz/health-services-and-programmes/digital-health/data-and-digital-standards/approved-standards/identity-standards

7. Counsellors' Insights: Daily Challenges and Barriers in Supporting Asian Clients

The counsellors and public health promoters at Asian Family Services (AFS) face daily challenges in delivering mental health and suicide prevention services to New Zealand's Asian communities. As professionals who work directly with vulnerable individuals, their experiences highlight the systemic issues that prevent many Asians from receiving the help they need. Below are some of the key challenges reported by AFS staff:

7.1. Language and Communication Barriers

Many clients, particularly recent migrants and elderly individuals, often face significant challenges when communicating their mental health concerns due to limited English proficiency. While interpreters are sometimes available, the complexity of mental health discussions is frequently lost in translation. Asian Family Services (AFS) staff have noted that interpreters often lack the specialised mental health training necessary to accurately and sensitively translate these nuanced conversations. As a result, a lack of clear communication frequently arises.

One counsellor recounted a case in which an interpreter's lack of cultural understanding exacerbated the client's distress rather than providing the needed support during a crisis intervention. The client, who had called the mental health crisis helpline, felt judged and reluctant to seek further help when the interpreter asked intrusive and culturally insensitive questions. This delay in appropriate care resulted in the police being called, and the client was eventually admitted to an inpatient unit for personal safety concerns. Had culturally responsive mental health services been delivered during the initial contact with the mental health crisis team, the situation may have been de-escalated, avoiding further distress for the client. These social and health system barriers significantly impact our Asian population, and this is not an isolated issue. Over the past two decades, many mental health-related cases have been brought to emergency departments by police and crisis teams, which could have been managed in a more culturally appropriate way. This would reduce trauma for both clients and their families and lower costs to the system. Properly funded and resourced NGOs in prevention are essential to address these needs effectively.

7.2. Lack of Culturally Competent Services

AFS staff frequently encounter clients who have previously sought support from mainstream mental health services, only to find that these services were not culturally attuned to their needs. Even though many clients are fluent in English, they express frustration with service providers who often lack an understanding of the cultural nuances surrounding mental health within Asian communities. For many of these clients, mental health is deeply intertwined with familial and collective values, which are often overlooked or misunderstood by mainstream practitioners. As a result, clients often feel they must "educate" the professionals about the importance of family dynamics and collective perspectives on mental health, which can be an additional emotional burden.

One counsellor highlighted a case where a client, despite being discharged from inpatient services after a suicide attempt, chose to seek further support from AFS. The client shared that they felt misunderstood and judged by mainstream practitioners, which discouraged them from continuing treatment. However, upon contacting AFS, the client found that the counsellor's approach was more client-centric, taking into account their values and worldviews. This approach was particularly important for individuals from the 1.5 or second generation of Asian migrants, who often navigate both their cultural heritage and the broader New Zealand societal context. The culturally sensitive support offered by AFS helped these clients feel seen and understood in ways that mainstream services had not provided.

Faster access to specialist mental health and addiction services is a key health target set by the Minister, and the effectiveness of these services has been emphasized in the government's Health Policy Statement. AFS believes in the importance of long-term solutions, particularly in building cultural competency across all health and social sectors. However, to achieve this health target, it is crucial in the interim to strengthen NGO capacity through adequate funding and resources. Working in collaboration with specialist mental health and addiction services allows NGOs to help clients navigate the system effectively. While there may be no quick fix, this approach is essential for building a culturally competent, resilient workforce over the long term.

7.3. Challenges in Providing Culturally Responsive Crisis Support for Suicidal Individuals in New Zealand's Asian Communities

Although the Asian Helpline is designed to provide support to individuals who prefer to speak in their mother tongue rather than English, and can offer brief psychological interventions, we frequently receive calls from individuals who were initially referred to us by services like 1737. This often occurs because 1737 lacks the language support necessary for many Asian clients. Among these callers, some are in highly distressing situations, including young people expressing suicidal thoughts.

For example, we have had instances where callers have reached out to us while actively contemplating suicide. In such cases, we are often required to involve the police to quickly coordinate a response and ensure the individual's safety. However, this presents a significant challenge for our service, as we are not resourced to handle ongoing crisis intervention for suicidal situations. Managing these cases demands considerable time and resources, particularly when coordinating with emergency services like the police.

What's even more concerning is that many individuals who contact us express frustration at the lack of culturally responsive support available to them. While they may be referred to mainstream services, such as those for mental health support services or early intervention, they often find that these services do not meet their cultural or language needs. Consequently, they return to our helpline, only to discover that their options remain limited due to the structure of funding models in New Zealand, which tend to prescribe services within narrow frameworks. This leaves individuals without access to the comprehensive, culturally competent care they need.

The funding for 1737 during the COVID-19 response was well-intentioned and has supported many New Zealanders' mental well-being, but a one-size-fits-all approach continues to fall short. Our frontline teams frequently share cases that highlight the gaps left by this approach, underscoring an urgent need to re-evaluate funding allocation. Targeted funding should be based on both the needs of each community and the capacity of NGOs to deliver meaningful support.

AFS strongly believes that our Asian Helpline should receive appropriate funding to address the growing demand within Asian communities and meet needs that mainstream services have struggled to fulfill. Properly resourcing culturally-specific services would not only support our communities more effectively but also help the government and Ministers in achieving their health targets, with measurable improvements for diverse populations across New Zealand.

8. Recommendations for Improving Suicide Prevention for Asian Communities

The following recommendations from Asian Family Services align with the eight current insights outlined in the government's draft suicide prevention action plan for 2025 to 2029. These recommendations address the unique vulnerabilities and challenges faced by Asian communities in New Zealand and aim to enhance the effectiveness of suicide prevention efforts through culturally responsive care, improved data collection, and workforce development.

8.1. Approach to Suicide Prevention: Whole-of-Government, Whole-of-Society

Asian Family Services emphasises that suicide prevention requires a whole-of-government and whole-of-society approach, as outlined in the draft plan. The causes of suicide within Asian populations are complex and influenced by social factors like economic instability, discrimination, and housing challenges. Clients who seek help from Asian Family Services, particularly those dealing with gambling harm, often face multiple interconnected issues, such as domestic violence, insolvency, and immigration concerns. These intertwined factors highlight the need for a coordinated strategy across government agencies to ensure that interventions are holistic and not fragmented.

Culturally tailored interventions that address the specific societal and cultural needs of Asian communities are crucial. Asian communities will benefit most from approaches that support community-led initiatives, especially those that actively engage family members who are closely connected to individuals at risk. This people-centred care approach prevents duplication of services and avoids treating clients as mere numbers, focusing instead on their overall well-being.

Moreover, adopting an "Asian-for-Asian" model, similar to the Māori approach, is essential. This means moving away from a one-size-fits-all framework and ensuring that mental health and suicide prevention services are delivered in native languages and designed with the cultural context of Asian populations in mind. By doing so, these services will resonate more deeply with the communities they serve, fostering trust and effectiveness.

8.2. Leadership of Suicide Prevention

Asian Family Services supports the call for stronger national leadership and coordination in suicide prevention, with an emphasis on inclusive leadership that recognises and addresses the gaps in both prevention and postvention efforts. Asian voices, possessing crucial expertise in culturally informed approaches, must be represented at all levels of leadership to ensure that these gaps are filled. Historically, Asian populations have not been prioritised in suicide prevention strategies, which has led to their exclusion from critical discussions and planning. This oversight has left many families and individuals feeling alienated, compounding the suffering they already face.

It is essential to recognise that statistics, while valuable, do not capture the deep emotional pain and anguish experienced by those affected by suicide. Failing to include Asian voices in these conversations is not only unjust but also contrary to the values of fairness and equity that New Zealand upholds. Suicide prevention should never be reduced to a debate over which populations are deserving of attention or resources. Leadership in this space must be needs-based, ensuring that all communities, regardless of ethnicity, are supported. Ultimately, the pain of losing a loved one to suicide is universal, and all individuals deserve equal care and support in their grief, regardless of background.

8.3. Suicide Prevention Workforce Development

Asian Family Services highlights the urgent need for workforce development within the mental health sector, particularly in relation to the Asian communities in New Zealand. There is currently no existing framework dedicated to building a culturally competent workforce for Asian mental health services, and Asian Family Services has been actively working to fill this gap. Many organisations, including Te Pou, which focuses on mental health and disability workforce development, frequently seek support from Asian Family Services to develop culturally appropriate practices and subcontract Asian Family Services to delivering cultural perspective workshops to mainstream workforce over the years. This underscores the lack of infrastructure and the reliance on AFS's expertise to address the needs of Asian populations.

The consultation paper rightly identifies the development of a skilled and sustainable workforce as a priority, but it is critical to note that simply being Asian or speaking an Asian language does not equate to cultural competence, or simply have an Asian staff does not mean there is already Asian services within the mainstream services Cultural competence requires an understanding of the unique cultural dynamics, values, and stigmas that influence mental health within these communities. Workforce development must therefore go beyond surface-level training and provide long-term, ongoing support to nurture truly culturally competent professionals. This journey involves building knowledge and skills to effectively address issues such as acculturation stress, stigma related to mental health, and family expectations that are often embedded in Asian cultures.

Asian Family Services has taken significant steps toward fostering cultural competency by offering specialised training and promoting a more inclusive mental health workforce. However, there is a pressing need for a more coordinated, nationwide effort to expand this capacity. It is crucial to support existing organisations in building on their workforce's strengths by providing sustained, long-term support. This approach will help create a mental health workforce that is not only diverse but also fully equipped to address the unique mental health challenges faced by Asian communities. Additionally, incorporating individuals with lived experience from these communities into the design and delivery of services will ensure that interventions are both relevant and impactful.

By expanding the representation of culturally competent Asian professionals and equipping mental health practitioners with the necessary tools to engage effectively, the quality of care will improve, trust between service users and providers will grow, and ultimately, mental health services will become more accessible to Asian communities. This aligns with the consultation paper’s goal of improving the capability and diversity of the workforce to ensure a more inclusive, equitable, and effective mental health system.

AFS strongly recommends a fair distribution of funding to support the proper development of an Asian mental health and addiction workforce. Concurrently, it is essential to provide the mainstream workforce with training that enhances cross-cultural understanding. This dual approach will improve engagement and effectiveness of mainstream services for diverse populations, ensuring that services are accessible, culturally responsive, and impactful.

8.4. Using Data and Evidence

Asian Family Services strongly emphasises that the collection of timely, relevant, and accurate data is vital for developing effective suicide prevention responses. The current ethnic prioritisation system does not fully represent Asian populations in suicide statistics, which distorts the data and hampers the ability to design targeted interventions. To ensure long-term benefits in addressing suicide risks among Asian communities, there must be greater investment in collecting and analysing disaggregated data specific to subgroups, including Chinese, Indian, Filipino, and Southeast Asian populations.

By revising the ethnic prioritisation system and implementing disaggregated data collection, policymakers will be better positioned to design and implement culturally appropriate interventions. The long-term benefit of this approach is that it will not only enhance understanding of the distinct mental health challenges faced by different Asian communities but also ensure that suicide prevention strategies are tailored to their unique needs. This aligns with the consultation paper's emphasis on improving data quality to inform more accurate, evidence-based decisions that genuinely reflect the scope of mental health issues within Asian populations.

In doing so, these efforts will lay a strong foundation for more effective and enduring suicide prevention initiatives, ultimately leading to improved mental health outcomes and greater equity in care for Asian communities across New Zealand.

8.5. Restricting Access to Means

Efforts to restrict access to means of suicide must carefully consider the cultural contexts and environments frequented by Asian populations to be truly effective. For instance, culturally tailored interventions that account for specific methods of suicide prevalent within certain Asian subgroups can have a significant impact. Research has shown that suicide methods may vary across ethnic groups, and these differences should be integrated into any strategy aimed at reducing access to harmful means.

A good example of a successful intervention is the Auckland Te Whatu Ora initiative, which identified a specific location deemed dangerous for suicides[34]. By constructing barriers, they were able to significantly reduce the number of people taking their own lives at that site. Applying similar approaches, informed by the cultural and behavioural patterns of Asian populations, will ensure that prevention efforts are both relevant and effective.

Incorporating culturally specific considerations into the design of interventions will improve their impact and reduce the suicide risks within Asian communities. This approach aligns with the overall strategy of tailoring suicide prevention efforts to the diverse needs of ethnic groups, ensuring inclusivity in national suicide prevention measures.

[34] Beautrais, A. L., Gibb, S. J., Fergusson, D. M., Horwood, L. J., & Larkin, G. L. (2009). Removing bridge barriers stimulates suicides: an unfortunate natural experiment. *Aust N Z J Psychiatry*, 43(6), 495-497. https://doi.org/10.1080/00048670902873714

8.6. Talking About Suicide

Asian Family Services emphasises the crucial need to foster open, informed discussions about suicide, particularly in Asian communities, where deeply rooted stigma around mental health poses a significant barrier to seeking help. Culturally sensitive education campaigns delivered in multiple languages are essential for addressing the cultural norms that often inhibit open conversations about mental health issues. These campaigns can help individuals and families navigate these sensitive discussions without reinforcing stigma, encouraging earlier intervention and access to mental health services.

Through our work with the Mental Wellbeing and Resilience in Asian Communities service, we have learned that 1.5 and 2nd generation Asian youth often struggle to express their cultural identity, feeling misunderstood by both their families and society. In response, we launched a campaign to encourage conversations around embracing cultural identity and are planning further outreach through podcasts to amplify these voices.

For recent migrants, we recognise that a lack of understanding about mental health, combined with the challenges of migration, exacerbates their vulnerability. Using our Integrated Tree Model, we illustrate that migrants are like trees uprooted from their original soil and placed in a new forest, where their roots do not immediately connect. This analogy externalises their experience, shifting the focus to societal factors and encouraging individuals to seek support. This approach reframes their struggles, helping to reduce shame and empower them to reach out for help.

By fostering these targeted conversations and utilising culturally relevant frameworks, Asian Family Services aims to dismantle the stigma surrounding mental health and improve access to support within Asian communities.

Our work is just the beginning, yet limited and short-term funding restricts our ability to implement long-term strategic plans to address the significant challenges within our diverse Asian communities. We recommend that the government consider evergreen contracts, allowing NGOs like AFS to focus on our essential work rather than constantly chasing funding and preparing proposals. With over 25 years of experience, AFS has a proven track record of delivering professional, high-quality services in this sector. We are committed to continuing our vital work in suicide prevention and postvention, a sector that urgently needs sustained support to meet all community needs.

8.7. Access to Supports

Ensuring access to a wide range of mental health, crisis recovery, and suicide prevention services is vital for supporting Asian communities. Asian Family Services recognises that many individuals in these communities face significant barriers, such as language difficulties, stigma, and the lack of culturally competent services. To address these challenges, Asian Family Services advocates for enhancing interpreter services and developing community outreach programmes that reduce both linguistic and cultural barriers.

For instance, expanding access to interpreters specifically trained in mental health care can make a significant difference in ensuring that individuals from Asian communities receive appropriate support. These interpreters, equipped with mental health knowledge, can bridge gaps in communication, especially when discussing complex emotional and psychological issues that might otherwise be misunderstood. In addition, community outreach programmes,

which engage with Asian community leaders and organisations, play a crucial role in raising awareness about available mental health services and encouraging individuals to seek help despite the stigma associated with mental health struggles.

This approach aligns well with the consultation paper's focus on removing barriers to access and ensuring support is available for marginalised groups. Asian Family Services, through its involvement in the Access and Choice services, demonstrated the effectiveness of culturally appropriate interventions. While adhering to the programme guidelines, the team adapted key elements to accommodate cultural nuances. For example, considerations were made for immigration status, diet preferences of older Asian populations who may not eat Western foods like bread or spaghetti, and the potential interactions between herbal medicines commonly used in Asian cultures and prescribed medications. Parenting and communication challenges, stemming from cultural conflicts, were also highlighted and addressed through appropriate referrals, connecting new migrants to established community groups to foster a sense of belonging.

With 40% of Auckland's population identifying as Asian, these tailored approaches are highly replicable and can be scaled across other regions to better meet the diverse needs of Asian communities. By continuing to refine these services and encouraging community-driven solutions, Asian Family Services believes that more effective and culturally responsive mental health support can be provided nationwide.

We recommend that the Minister and government officials take a holistic approach across health and mental health sectors to address the critical issue of access to support for Asian communities. Current contracting models, such as "Access and Choice," often apply a one-size-fits-all approach, which does not consider the specific needs of the Asian population. As a result, this government investment in primary mental health and addiction services has failed to meet KPIs and has left many Asian patients unaware of services like HIP and HC in mainstream settings, especially given the mismatched population distribution in GP clinics.

The recent loss of AFS's successful partnership with Apollo Medical Centre—after over five years of proven, effective service delivery—due to commercial decisions is a disappointing example of this systemic issue. This outcome is disheartening, as it disregards the hard work and successful outcomes achieved through our culturally tailored model.

We urge the government to address these systemic funding issues from a top-down perspective to improve access to mental health, suicide prevention, and postvention support.

8.8. Supporting People After a Suicide

Asian Family Services recognises the critical need for culturally tailored postvention services for Asian families, whānau, and communities who have been impacted by suicide. In these communities, grieving the loss of a loved one by suicide is often compounded by cultural taboos surrounding mental health and death. For example, families may avoid mentioning the name of the deceased to prevent shame or social embarrassment, leaving grief unacknowledged and unexpressed within the community. This silence can deepen isolation and hinder the healing process, creating an ongoing risk of further mental health crises or even additional suicides if not addressed with culturally sensitive care.

A lack of awareness about these cultural practices among mainstream mental health and bereavement services exacerbates the challenges facing bereaved families. While Asian Family

Services provides postvention services like Aoake te Rā Suicide Bereavement support, these nuances—such as the cultural expectation to suppress public grief and avoid mentioning the deceased's name—are often overlooked. The weight of stigma can be profound, and individuals may feel unsupported or misunderstood if their cultural context is not acknowledged.

To address these gaps, it is essential that postvention services incorporate an understanding of cultural grief practices and provide a safe space for families to process their loss. Moreover, streamlining the coronial process to make it more empathetic and less transactional is also crucial for families already feeling distanced from mainstream support systems. Asian Family Services strongly advocates for tailored interventions that recognise the importance of cultural sensitivity in postvention, ensuring that bereaved families can access support that acknowledges their unique cultural and emotional needs.

Aoake te Rā Suicide Bereavement Support has subcontracted AFS, yet this arrangement does not fully recognise our expertise and the capacity of our workforce, who are eager to provide culturally appropriate programs and emotional support in this critical space. We recommend a strategy that allocates direct funding for priority areas within the suicide prevention and postvention action plan. Addressing the diverse needs in our communities through direct support would lead to better outcomes and more effective support for our people while reducing unnecessary coordination and paperwork between NGOs. This approach will also facilitate building our long-term capacity and capability, enabling us to respond more effectively to the evolving needs of our communities.

9. Conclusion

Asian Family Services emphasises that suicide prevention requires a coordinated, whole-of-government and whole-of-society effort. This submission highlights the multiple perspectives and challenges facing Asian communities, underscoring their vulnerability, especially in light of rising suicide rates. Until last year, little was done to address this issue until Asian Family Services was contracted to deliver mental well-being and resilience services within Asian communities. We are grateful that this is the first initiative to recognise the specific needs of the Asian population. However, as we have indicated throughout this submission, the government must acknowledge the significant gaps in addressing the needs arising from the growing Asian population. We are playing catch-up, and proper funding distribution must be allocated to NGOs like AFS to continue our work and build long-term solutions that align with the government's strategic goals.

Asian communities require culturally tailored interventions that resonate with their specific societal and cultural contexts. For example, adopting an "Asian-for-Asian" model, similar to the Māori approach, is essential to deliver services that are culturally informed, accessible in native languages, and designed with the cultural needs of the population in mind. This approach fosters a sense of trust and ensures that mental health and suicide prevention services are not only effective but also meaningful for Asian communities. Many clients who seek support, particularly those dealing with gambling harm, face multiple interconnected challenges such as domestic violence, financial insolvency, and immigration concerns. These issues demonstrate the need for a more holistic and integrated approach to suicide prevention, one that moves beyond treating clients as numbers and focuses on providing people-centred care. To achieve this, AFS recommends building NGO infrastructure and workforce capabilities to provide better wraparound services that enhance access to suicide prevention and postvention support. Strengthening early intervention efforts and improving the overall effectiveness of suicide prevention initiatives will lead to a deeper understanding of suicide within Asian communities. This approach ensures that support systems are not only effective but also culturally relevant, addressing the unique needs of these populations.

Moreover, Asian Family Services advocates for greater leadership and coordination of suicide prevention efforts, ensuring that the voices of Asian experts are included at all levels. Historically, Asian populations have been underrepresented in suicide prevention strategies, which has resulted in a lack of culturally appropriate resources and support. Addressing this gap will require needs-based leadership that prioritises the experiences and expertise of Asian communities to ensure equitable and effective interventions.

In conclusion, comprehensive and culturally relevant suicide prevention strategies must be implemented to address the specific needs of Asian communities. "One Size Does Not Fit All," and this requires the proper distribution of funding and resources to NGOs like AFS, enabling us to continue our work while building our capacity. Providing training and sharing our expertise across the workforce will better meet the diverse needs of this rapidly growing Asian population. We share the vision of the Minister for Mental Health, Hon. Matt Doocey, for a New Zealand with no suicide, recognising that Asian communities are an integral part of the nation's population. These diverse needs can no longer remain invisible; to achieve government health targets, we must strategically plan and address the varied needs of different populations.

Appendix A: Asian Family Services

Since 1998, **Asian Family Services (AFS)** has been a charitable trust dedicated to supporting New Zealand's Asian community. AFS is the country's only service provider focused on helping people of Asian backgrounds affected by gambling harm. Funded by the Ministry of Health through the gambling levy, AFS delivers gambling harm minimisation services across three key areas: the **Asian Helpline**, clinical interventions, and public health initiatives.

The **Asian Helpline** offers nationwide support, providing immediate emotional assistance, brief interventions, and culturally relevant information for all Asians living in New Zealand. The helpline connects callers with duty counsellors and is available in eight languages—Cantonese, English, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese. Where necessary, helpline staff refer individuals to in-person psychological services. Monday to Friday, 9 am to 8 pm

In addition to the helpline, AFS runs various culturally sensitive programs, such as the Incredible Years Parenting Programme and Bereaved by Suicide Services, aimed at improving mental health and wellbeing in Asian communities. AFS advocates for positive change through research, resource development, and active engagement across social media platforms.

The **Kia ora Ake** programme, funded by Te Whatu Ora Counties Manukau, provides mental health and wellbeing support for children in primary and intermediate schools in years 1–8. The programme equips children with the skills to handle grief, loss, parental separation, and bullying and offers advice and workshops for parents, whānau, and teachers. Kaimahi (support workers) also assist schools and families when children face well-being challenges.

AFS also leads the **Mental Wellbeing and Resiliency Programme** for Asian communities, which focuses on suicide prevention. This initiative takes a public health approach, tackling stigma and providing education to communities and health professionals to improve suicide prevention efforts within the Asian population.

Asian Wellbeing Services (AWS), a division of AFS established in 2016, provides professional psychological support and tailored workshops for non-gambling-related issues. AWS works closely with GP clinics and schools, offering on-site support to reduce barriers to accessing psychological care and ensuring better outcomes for clients through its effective model of care.