Submission to the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25

October 2021

Asian Family Services

Together enriching lives

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1. Introduction

This submission has been prepared to inform the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25 Consultation document. It summarises the Asian Family Services view on current gaps, unmet needs, and priority populations and suggests several ideas and approaches support the development of future direction and content of the Ministry of Health's (the Ministry's) Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25 (the strategy).

1.1 The focus of this submission

This submission focuses on providing research, literature, and anecdotal evidence from Asian clients to strengthening the strategy to prevent and minimise gambling harm 2022/23 to 2024/25 based on over 20 years of experience engaging with Asian communities in addressing gambling harm to achieve the best outcomes for the strategy. The submission will also focus on existing big picture issues and systemic barriers faced by Asian communities and as a service provider.

Asian Family Services acknowledge that some of the issues highlighted might not be within the strategy's scope. However, as the service provider and the voice of Asian communities, it is our responsibility to have an authentic representation of views faced by the Asian communities. We also take this opportunity to demonstrate Asian Family Services has worked tirelessly in aligning our priority to support the strategy in prevention and minimisation gambling harm for Asians as one of the priority groups.

Finally, a few stories are shared by clients to highlight the harm that has been caused in their lives. They would like their stories to be shared for the consultation (see Appendix One).

We are delighted to see a comprehensive consultation document that takes a public health approach to achieve pae ora – Healthy Futures promoting equity and wellbeing by preventing and reducing gambling-related harm. We would like to particularly applaud the adaptation of the mental wellbeing framework in Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan's principles,

- Upholding Te Tiriti
- Equity
- People and whānau at the centre
- Community focus
- Collaboration
- Innovation.

We appreciate and endorse the intention to address the priority populations for prevention and minimisation gambling harm strategy with the Māori, Pacific peoples, Asian people and young people / rangatahi and people with lived experience of gambling harm to lead, collaborate and co-design gambling harm support and prevention requirements with the gambling harm prevention and minimisation sector, including service providers and workforce, researchers, and communities.

We also like to support and endorse the new pilots and would encourage the strategy to ensure Asian needs are included in the early development of these projects

- Pilots to address inequity (public health and intervention services)
- Technology-related innovation

- Intensive-support pilot
- Peer workforce pilot and expansion

We would like to praise the Ministry's intention in addressing the gaps to ensure

- Gambling harm scholarships to support Maori, Pacific and Asian people to grow the capability and capacity of the gambling-harm workforce.
- Enable full-time equivalent (FTE) rates to be aligned with other Ministry funded mental health and addiction clinical FTE rates.
- Investing in a de-stigmatisation initiative focused on priority populations to reduce the stigma attached to gambling harm and encourage people to access services and supports.
- Standardised the FTE rates for workers in gambling public health services

We agreed to the need in addressing the gaps in developing Level 7 qualifications, in which gambling harm specific papers would be available to those wanting to enter the workforce. However, for practicality, it is prudent first to develop a specific gambling harm paper and incorporate it into qualifications such as psychology, social worker, counselling, mental health and addiction instead of a stand-alone qualification of gambling harm.

Finally, as a service provider, we acknowledge that the research topics outlined in the strategy are equally a concern for our service and agree that these should focus on future research topics.

- studying patterns and impact of online gambling leading to developing gambling harm and prevention strategies
- assessing the relationship between gaming and gambling in relation to preventing and minimising gambling harm
- assessing barriers to equitable service access and outcomes, including for subgroups, for example, Asian communities, young people / rangatahi, new migrants and the disability community (including people with intellectual disabilities) that are more sensitive to barriers, and protective factors (for example, cultural, social, and mental wellbeing) to gambling harm

1.2 Asian Family Services

Asian Family Services is an NGO service provider for people of Asian background who are affected by mental health issues and gambling harm. Our gambling harm minimisation services are delivered under a Ministry of Health contract and funded from the gambling levy. Asian Family Services also operates an Asian Helpline (telephone counselling) for Asian clients wishing to access immediate mental health support or guidance. Our services are offered face to face in Auckland, Hamilton and Wellington by qualified counsellors, psychologists, social workers, public health practitioners who speak Cantonese, English, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese. All our counsellors and social workers are registered with either the New Zealand Association of Counsellors, the Social Worker Registration Board New Zealand or the Drug and Alcohol Practitioners Association Aotearoa New Zealand as requested by the Ministry of Health the Health Practitioners Competence Assurance Act.

1.3 Asian Population in New Zealand

Asian[1] and migrant communities are the fastest-growing population group among Europeans, Māori, and Pasifika in New Zealand. The Asian population in New Zealand reached 707,598 according to the census count from 2018, an increase of 33%. It is predicted to rise upto 900,000 to 1.2 million in 2025, and is expected to have the largest rise from 16% of the population in 2018 to 26% (about 1 in 4 residents) by 2043. Many of them reside in Auckland, Hamilton, followed by Christchurch and Wellington, in which they have a relatively young age distribution. They also have higher overall education levels, but experienced lower income levels than the European group.

1.4 Workforce Development

Increase the FTE rate for gambling harm clinical intervention and standardised FTE rate of public health workers in gambling public health services.

Asian Family Services want to acknowledge the effort of the strategy to increase the FTE rate for gambling harm clinical intervention to align with other Ministry funded mental health and addiction clinical FTE rates. And standardised the FTE rate of public health workers in gambling public health services. This undoubtedly will strengthen the issues in recruitment and retention in the gambling-harm sector and enable the development of a sustainable and quality workforce to build capacity and capability of future Asian prevention and minimisation gambling harm workforce.

Asian Family Services lost several social workers and counsellors to secondary mental health and addiction services due to the pay gap. When we ran recruitment processes to fill the position, we do not often get Asian people coming through as qualified, nevermind one or two coming through qualified. Asians attracted to social work and counsellors are generally very dedicated to the causes they serve and are an asset to the sector. However, the pay gaps that the sector experience make it challenging to recruit qualified social workers and counsellors. The issue is heightened by the higher living cost in the Auckland region. By increasing the FTE rate for gambling harm, clinical intervention services will mean better retention and recruitment, especially in attracting higher calibre of Asian social workers in the future.

1.5 Community Engagement

Continue to invest in culturally appropriate community engagement through the funding of culturally responsive public health services.

Asian Family Services is pleased to see the strategy support, while continuing to invest in culturally appropriate community engagement.

Community engagement for gambling harm in Asian communities does not occur simply by duplicating mainstream community engagement approaches. Being culturally aware is essential to ensure we engage appropriately with Asian communities. It is not merely relaying the strategy into Asian

[1] Stats NZ's definition contain 34 classifications, including southeast Asian, Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Laotian, Malay, Thai, Chinese, Hong Kong Chinese, Cambodian Chinese, Malaysian Chinese, Singaporean Chinese, Taiwanese, Indian, Bengali, Fijian Indian, Indian Tamil, Punjabi, Anglo Indian, Sri Lankan, Sinhalese, Sri Lankan Tamil, Japanese, Korean, Afghani, Bangladeshi, Nepalese, Pakistani, Eurasian. The Chinese and Indian population are the two largest Asian groups in New Zealand.

communities. The service must consider the unique cultural views on "preventing and minimising gambling harm" messages that are meaningful in an Asian context.

Problem gambling and seeking help for addiction is severely surrounded by stigma in Asian cultures. In many Asian countries, gambling is illegal and prohibited, and addiction is perceived as a legal issue rather than a health issue. Those who perceive as problem gamblers are believed to be 'low life' or 'uneducated'. Furthermore, Asians are also more likely to attribute addiction as a character weakness and as stain attached to the person instead of from the social determined perspective, such as environmental factors taken into consideration. Asians commonly associate addiction with illicit drug use and alcohol abuse instead of behavioural addiction. Hence, gambling addiction is rarely understood in the health context.

Many Asians in New Zealand do not engage with mainstream communities. They rely on their community leaders and networks (church, library group, social media, parenting groups, ethnic media) to get information. Asian communities often do not pick up mainstream public health campaign messages unless carefully planned and implemented in a culturally congruent manner that speaks of their worldview.

So, at Asian Family Services, we try to engage in conversations with Asian people by running workshops, seminars and participate in community events by having stalls exhibiting Asian Family Services to engage with people who attended those events to share information on gambling harm and how to get support and help. This allows us to break down barriers and encourage communities to approach Asian Family Services when a trusting relationship is built.

Case Study:

X reported that one day he had stress management and gambling harm presentation at the Private Tertiary Establishment he was studying at, and found the information useful for himself. He explained that he was not very confident about his English-speaking skills and was pleased to know that the counsellor could speak Hindi. X stated that he took the information and the 0800 number given by the presenters and made the call when he felt ready to engage in counselling. He reports that it was a nervous experience for him, making the first call; however, he found himself being very comfortable with the counsellor and being able to open about his past gambling behaviour and his challenges following his move to New Zealand that may have perpetuated his gambling.

1.6 Research and Evaluation

We are excited to see the proposed strategic priority research and evaluation programme to strengthen the evidence base that supports the prevention and minimisation of gambling harm. However, the amount allocated may be insufficient. The research focuses aligned with the current trends and needs further investigation, especially the *studying patterns and impact of online gambling leading to developing gambling harm and prevention strategies & assessing barriers to equitable service access and outcomes, including for subgroups, for example, Asian communities, young people / rangatahi, new migrants and the disability community (including people with intellectual disabilities) that are more sensitive to barriers, and protective factors (for example, cultural, social, and mental wellbeing) to gambling harm*

Studying patterns and impact of online gambling leading to developing gambling harm and prevention strategies

Online Gambling and Algorithms

Asian Family Services have witnessed an increase in gambling modes that includes online gambling. Many of them have shared very similar stories of their online gambling experience. One of the challenges faced by clients was the easy access to online gambling. Hence, supporting clients in addressing gambling issues has become increasingly challenging because online gambling is freely available. Clients do not need to be physically present in venues, despite being excluded. Sadly, many of the clients have become the victim to offshore gambling industries.

However, Asian Family Services believe another aspect of online gambling that is often neglected is artificial intelligence or algorithms used by many social media platforms to manipulate user behaviour. The gambling industry uses artificial intelligence to predict consumer habits and personalise promotions to keep gamblers hooked, such as Algorithms; A technical means of sorting information based on relevancy instead of the timeline to prioritise which content a user sees first and therefore the likelihood that they will engage with such content. Facebook used the algorithm to decide which posts to push in users' feeds and when those posts appeared. Posts don't appear in chronological order. Instead, the algorithm assesses and scores posts before ordering them based on interest in a user's feed. The algorithm puts the posts they think people are most interested in at the top of your feed.

The offshore online gambling industry uses AI to profile customers and predict their behaviour, and every click is scrutinised to optimise profit instead of enhancing a user's experience. Unknown to many gamblers, every click, page view and transaction is scientifically examined so that ads statistically more likely to work can be pushed through Google, Facebook, and other platforms. Once someone has logged into a gambling platform, the algorithms can do whatever they want with their data; it is not just random advertising messages. The whole thing is personalised, and data-driven customer profiles are constructed from gamblers' behaviour. Unfortunately, New Zealanders are not immune to this type of profiling, where AI is commonly used in many social media platforms to maximise profit.

The overseas online gambling industry uses third-party companies to harvest people's data, helping bookmakers and online casinos target low-income people and those who have tried to stop gambling. Third-party data providers allowed gambling industries to target their email lists with precision. Many online gambling attracts players by providing free spins bonuses or advertises as play for free.

In New Zealand, it is well known that TAB and Lotto both have been actively promoting their gambling app, such as Lotto's partnership with SIX60 for the scratchie with Spotify that resulted in withdrawal due to public backlash[2]. We also understand that many of our clients have received promotion from mobile apps by TAB or Lotto with free credits. Asian Family Services have been seeing clients with online gambling issues, a few case studies as outlined below

[2] NZherald.co.nz (26 Jan 2021). Six60 facing backlash after appearing on Lotto scratchie ticket https://www.nzherald.co.nz/entertainment/six60-facing-backlash-after-appearing-on-lotto-scratchie-ticket/75Q7NNW7AC45VLLA4MHCKPQUB4/

Case study:

K lost $30,000 over a week through TAB online betting. He used to be the Asian Family Services' client was doing well until he received TAB's online promotion and used the APP for betting.

J lost over $100K through casinos online but was not aware that he had a problem with gambling. He contacted Asian Helpline and felt overwhelmed but unsure why the duty counsellor learned that he has a gambling problem through PGSI.

W lost his business through online betting and casino gambling offshore. He lost his marriage and his relationship with his family and was contemplating taking his own life. He was referred to Asian Family Services by the mental health team.

P, an international student, lost around $50,000 through sports betting. Fourth time client relapsed due to the accessibility of the TAB online app

C, international students play offshore legal and illegal gambling websites. He lost all his tuition fees and living costs around $20,000 and lied to her parents, asking for another $10,000 but lost everything. After Asian Family Services successfully helped him stop gambling, he eventually relapsed due to the offshore gambling website's heavy advertising, which kept sending him promotional messages and even calling him. He finally ended up with severe mental health issues, and his parents had to take him back to his home country.

D lost 70k from last year lockdown through offshore online gambling. His wife and child were stuck back in their country of origin—a Chinese client: offshore online gambling.

H placed offshore FIFA World Cup betting and lost $200,000. His wife left, they divorced, and she took their child back to the country of origin. The money was supposed to expand the business and had been borrowed from the bank.

Assessing barriers to equitable service access and outcomes, including for subgroups, for example, Asian communities, young people / rangatahi, new migrants and the disability community (including people with intellectual disabilities) that are more sensitive to barriers, and protective factors (for example, cultural, social, and mental wellbeing) to gambling harm

The Youth2000 Survey[i] series for East Asian, South Asian, Chinese, and Indian students found that over 30% of Asians have gambled at some time in their life. The report also found that Asian youth were experiencing conflicting identities and feelings of neither belonging in New Zealand nor their country of origin, thus leading to a decrease in their physical, emotional, and mental health issues in schools and amongst young people's families. Other challenges include sexual health issues, particularly around termination of pregnancy among Asian students, bullying and racism.

The Asian Youth Report found

- Only 51% of Chinese students feel like they belong in NZ; the rest either don't know or didn't feel like they belonged.
- Only 58% of East Asian students feel like they belong in NZ; the rest either don't know or didn't feel like they belonged.
- 76% % of South Asian students feel like they belong in NZ; the rest either don't know or didn't feel like they belonged.
- 77% of Indian students feel like they belong in NZ; the rest either don't know or didn't feel like they belonged.

Challenges

However, seeing that there would be a significant reduction in research funding for the coming year, Asian Family Services believes the Ministry would like to focus on offshore gambling (and online gambling) and that of the youths', and asks how the strategy resolves this knowledge gap and carries out the evidence-based strategies. There is currently not much research about online gambling and the gambling behaviours of the youth, let alone research in this area for our Asian communities.

2. Gap, unmet needs and challenges and suggested solutions

2.1 Systematic Barriers

We acknowledge the Preventing and Minimising Gambling Harm Strategy identifying Asian as one of the priority populations who experienced severe ends of risk with gambling harm and consequently suffered from poorer health. New Zealand's growth of Asian communities and linguistic groups, each with its own cultural traits and health profiles, presents a complex challenge to service providers to achieve equitable access. Current experience and research conducted in New Zealand show that Asian people encounter difficulties accessing New Zealand health, mental health and addiction services. In addition to the many broader systemic barriers, it has been found that language and cultural issues are the two most widely experienced barriers to service utilisation, adversely affecting equitable access to appropriate and quality care. Other structural barriers experienced by new migrants/ international students include unfamiliarity with the health and social system in New Zealand. There is a lack of culturally and linguistically appropriate information and resources to make informed living conditions, and some international students were being exploited through labour markets. To date, Asian Family Services is still the only Asian dedicated mental health and addiction service providing culturally and linguistically appropriate services for Asians in New Zealand.

2.2 Lack of Overall National Strategy for Asian New Zealand to achieve equity

Asian Family Services supports the strategy but has concerns as to how the implementation will work effectively for the Asian communities in New Zealand. The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan, neglected to mention the Asian population. The Government Inquiry into Mental Health report, He Ara and the government's response to that report emphasised the need for strong communities, wellbeing promotion and prevention, early intervention during addiction and mental distress, but also failed to recognise the Asian population's needs. On top of that, despite the increased suicide rates of Asians, and upward trends that have superseded pacific people in 2015/2016 (Asian: 8.27/ Pacific:8.12), 2017/2018 (Asian:8.69/ Pacific:7.77) and 2019/2020 (Asian: 7.91/Pacific: 7.07), yet the Suicide Prevention Strategy and Action Plan *Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand* fail in recognising and addressing the needs of the Asian population in those plans. Since implementing both mental health and addiction strategies, Asian Family Services witnessed the service gaps have widening since, instead of closing. Consequently,this results in further pressure on Asian Family Services in responding to the needs of Asian people. With the lack of investment in mental health and addiction initiatives to address the social determinants of wellbeing for the Asian population, Asian Family Services fear that it will not achieve equitable outcomes for the Asian communities.

Due to COVID19, mental health issues continue to come to the forefront in our communities. Asian Family Services are being called upon to respond to this need with little or no financial support because cultural and linguistic services are limited in Asian communities. A lack of funding in the Asian communities for mental health counselling will lead those seeking help from their local services such as Asian Family Services.

Asian Family Services and Platform Trust were funded to conduct a study to explore ways in which mainstream mental health and addiction (MH&A) providers and Asian specific MH&A providers can work together to better respond to the needs of Asian people in New Zealand[ii]. The study included 17 participants from four NGOs, one charity, one PHO and a government from the mental health and addiction sectors. The findings on service gaps and challenges indicate:

1) Mainstream MH&A organisations recognise the existence of significant service gaps for Asian people and have been trying to address them.
2) The importance of recognising diverse needs within Asian communities, including those with intersectional identities.
3) Stigma around mental health and addiction is pervasive among the Asian communities, which hinders help-seeking behaviour.

During the interview, it was acknowledged that strategies developed by the government have failed to include Asian communities.

> *"We know that there's a prevalence of mental distress and increasing suicide numbers for Asian communities, but the Ministry of Health and other agencies aren't engaging with Asian communities to develop specific strategies. I can't think of one government organisation that has got a strategy relating to Asian communities specifically for accessing services"* (Leader G, Zeta).

Asian Family Services understand that our concerns are going beyond the responsibility of the prevention and harm minimisation strategy. However, we wish that the government would consider taking an investment approach to the Asian not for profit sector. One example was mental health and addiction amongst the Pacific community, with an extra $6.6 million of Government funding to increase access to mental health support services being announced in April this year[3]. We hope the government would consider such an investment for the Asian mental health & addiction sector. Investment in infrastructure contributed to the growth and effect, both through direct service delivery and enhanced access and by raising the standard of mainstream health services delivery regarding cultural sensitivity and appropriateness. Experience has shown that services that do not treat people with respect and acknowledge their differences (personalisation) will not be accessed as early, readily, or often. The outcome is poorer health on an individual level and costlier health on a systemic level.

The He Ara Oranga[iii] report Chapter 6: Non-governmental organisations sector acknowledges the critical contributor to the delivery of government-funded mental health, addiction and broad health and social services, focusing on primary and community care. Asian Family Services are closer to the communities we serve in comparison to government agencies, and can deliver a more holistic response to people who access our services. We often respond more effectively to diversity and provide services that are better aligned to the needs of Asian communities than are government-provided services.

Asian Family Services often put our clients who are accessing services at the centre. However, when referred to other services, our clients often find the system fragmented, confusing and challenging to navigate, combined with language barriers. We noticed that many services are not holistic and consistent with our client's cultural needs and preferences of the collective/whanau centric approach.

[3] Tagata Pasifika. (14 April 2021) $6.6 million boost for mental health and addiction services for Pacific peoples https://tpplus.co.nz/news-politics/extra-boost-for-mental-health-and-addiction-services-for-pacific-peoples/

To address these issues, Asian Family Services' counsellors often need to address the challenges and communicate with services to ensure the services understand their needs and circumstances.

2.3 Health inequalities and inequity

The Ministry of Health's position on inequalities and inequity in health fit well with the Asian Family Services approached in address health inequalities and inequity.

> "In Aotearoa, New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes. "Inequalities and inequity in health occur between groups because of a range of well-recognised socioeconomic, cultural and biological factors, the most common of which are sex, age, social deprivation, ethnicity and education. Inequities are not random; they are typically due to structural factors present in society and the local community that cannot be explained by biomedical differences between population groups. This means their causes are often complex and multifaceted and are outside the scope of the health system to address on its own.

However, the inequality in Asian communities is not often recognised due to the positive migrant effect. Asian migrants tend to have better health status than locally born citizens due to the health screening of immigrants and the self-selection of the younger, fitter, and more qualified applicants considering immigration. Consequently, New Zealand Asians have better health outcomes than other New Zealanders in life expectancy[iv]. Unfortunately, the "healthy migrant" effect can be short term as it decreases over time with the settlement issues that might arise (unemployment, underemployment, systemic racism, family harm, mental health, to suicide).

A research project conducted with stakeholders and individuals who experienced gambling harm across New Zealand's Asian and Refugee found that problem gamblers employ dysfunctional coping strategies to deal with settlement adversities with adverse effects on individuals' mental health and social and financial wellbeing of individuals, families, and communities[v].

Many new Asian migrants experienced social rejection on arrival in New Zealand, from the rejection of employment opportunity applications due to their ethnic name, perception of transferable qualification and skills, resulting in the struggle to make new friends in New Zealand while also experiencing racism. Such social rejection can cause physical pain[vi].

Asians and migrants are also most likely to experience loneliness. The New Zealand General Social Survey (2018)[vii] found that when compared to Europeans, Asians are 1.4 times more likely to be lonely most or all the time (4.3% vs 3.0%), 1.6 times more likely to be lonely some of the time (19.2% vs 12.3%), and 1.1 times more likely to be lonely a little of the time (25.0% vs 22.8%). For those who have recently migrated to New Zealand, there is a greater likelihood of being lonely than most other immigrants. We know that people from China and India in the past found it much harder to make friends even after three years in New Zealand. Unfortunately, one in five Chinese immigrants might still not have made any friends. Due to COVID-19, this issue is often exacerbated. Asian peoples are, in general, experiencing higher incidences of prolonged loneliness. Indian communities have the most pronounced experience of loneliness[viii].

2.4 National Coordination and Te Hiringa Hauora Support

Asian Family Services is uniquely positioned to offer culturally and linguistically appropriate services for Asian people who experience gambling harm. We often receive limited benefits or tangible support from the National Coordination support such as workforce development or Te Hiringa Hauora support with the awareness and education programmes funded by the Prevention and Minimise Gambling Harm strategies.

Asian Family Services needs to source its own speaker during the Regional Coordination Hui, fund our own culturally and linguistically information and resources for the Asian communities. Unlike mainstream services, Asian Family Services constantly provides extra support for the funded national coordination support to navigate the gaps experienced by Asian communities and ensure their needs are met accordingly. Consequently, Asian Family Services is burdened with supporting implementing projects and stretching our internal capacity and resources to achieve the best outcomes for Asian people. With this experience, we believe that not all the agencies funded from the prevention and minimisation gambling harm strategy to provide national coordination support are the right fit for the population mentioned, especially Asian people. Therefore, Asian Family Services requests that the implementation should include mechanisms to ensure extra support provided by the Asian Family Services are compensated fairly in the future.

2.5 Peer workforce pilot and expansion

Asian Family Services would like to congratulate the successes of formulating and adding the National Gambling Harm Lived Experience Advisory Group through the initiate support from Te Pou. We are incredibly excited about expanding the gambling-harm peer support workforce in clinical and public health services. We will also urge the strategy to include increasing the leadership of lived experience. We believe that the leadership and participation by lived experience from gambling harm at all levels of the strategy are critical to its long-term sustainability and eventual success. People with lived experiences are experts by virtue of their experience. They have a living interest in preventing and reducing gambling harm. They have an essential role in challenging the unfair policies and practices that exist within the gambling industry. The leadership abilities of people with lived experiences must be valued, encouraged, and developed to be increasingly employed or contracted and reimbursed for their skill and contribution to the strategy.

Asian Family Services also believe it is crucial to have culturally appropriate peer support services. Given that most Asian clients' gambling harm experiences are casino tables, it will be critical to consider not simply by matching culture, but also to include gambling mode and setting that could be the driving force for harmful gambling.

Proposed strategies

- Develop and support activities that increase the leadership and participation of people with lived experience at all levels of the strategy.
- Develop and support national and regional activities that ensure the voices of Asian people with lived experience are heard.

Case study:

Asian Family Services has supported the Ministry to source Asians with gambling harm lived experience for the National advisory group as a service provider. Through the process, we learned that the “peer workforce” concept could be difficult to believe for Asians, especially around being paid and valued, which contradict their personal experiences perceived mainly by society. Given the Asian culture is based on status and higher academic achievement to be inducted into the workforce, it was hard to believe such experience would be valued. Many were sceptical at the beginning. The times and capacity to build trust and induction about the sector with ongoing nurturing and building relationships are crucial in ensuring the success of the peer workforce for lived experience.

2.6 Pilots to address inequity (public health and intervention services)

The Youth 2000 Survey[ix] series for East Asian, South Asian, Chinese, and Indian students highlighted misleading information when grouping "Asian" as a label. It hid the differences in the experiences of our secondary school students from different Asian backgrounds. The new data shows that South Asian students from India, Sri Lanka, Pakistan, Afghanistan, Nepal, Bhutan, Maldives, and Bangladesh experienced higher poverty rates, with 15% having parents who are always worried about money for food. Table one is a further breakdown into Home and Family and Health and Wellbeing.

It is for these reasons that Asian Family Services would argue that to achieve equity and equality as highlighted in the strategy, and it is critical to give equal weight into the consideration of and to address the challenges faced by Asians and to include in the pilots to address inequity (public health and intervention services).

Table One: The Youthe2000 Survey series for East Asian, South Asian, Chinese, and Indian students: Home and Family and Health and Wellbeing

Items	East Asian	South Asian	Chinese	Indian
Home and Family				
Slept elsewhere other than own bed because family can't afford (past year)	9%	10%	7%	10%
Parents worry about money for food often or all the time	10%	15%	8%	16%
Health and Wellbeing				
Unable to access health care provider in past year when wanted or needed	21%	18%	18%	18%
Significant depressive symptoms	29% (F>M)	24% (F>M)	25% (F>M)	23% (F>M)
In past year, has deliberately hurt or done anything knew might harm (but not kill) self	23% (F>M)	21% (F>M)	23% (F>M)	21% (F>M)
Seriously thought about killing self (attempting suicide) in past year	23% (F>M)	18% (F>M)	19% (F>M)	19% (F>M)
Has made a plan about how would kill self (attempt suicide) in past year	16% (F>M)	11% (F>M)	13%	10% (F>M)
Has been in a car driven by someone who was driving dangerously in past month	10%	13%	10%	14%
Has witnessed an adult hit or physically hurt another adult or child at home in past year	12%	14% (F>M)	12%	13%
Has been hit or physically hurt by an adult at home in past year	12%	14% (F>M)	11% (F>M)	13%
Has been touched in a sexual way or made to do sexual things that didn't want to do at some time	16% (F>M)	13% (F>M)	13% (F>M)	13% (F>M)

F<M: Prevalence is lower for females compared to males within each Asian ethnic group

F>M: Prevalence is higher for females compared to males within each Asian ethnic group

%	No significant difference in prevalence between Asian group and Pākeha and other European
%	Higher prevalence levels of negative experiences (cf. Pākeha and other European)
%	Higher prevalence levels of positive experiences (cf. Pākeha and other European)

2.7 Helpline and web-based services

Asian Family Services wishes to see the Asian Helpline and web-based services to be extended to 24 hours, and the service is currently available in English, Mandarin, Cantonese, Hindi, Fijian Hindi, Korean, Japanese, Thai and Vietnamese. The Asian Helpline provided by Asian Family Services prioritises on

- information that is culturally and linguistically appropriate for Asian
- access to intervention services for Asian people who are unable to access face-to-face services either in Auckland or Wellington for culturally and linguistically appropriate services
- referral to Asian Family Services to support clinical gambling harm service
- information on self-help, peer-to-peer support options and assessment guides for Asian

The Ministry funds two telephone-based gambling harm support forms, the National Gambling Helpline and the Asian Helpline. The first is provided by Homecare Medical Whakarongarau Aotearoa, and the latter is by Asian Family Services. Asian Helpline is serving 15% of the Asian population of New Zealand with annual phone calls of 3000 compared to the National Gambling Helpline only received over 3000 in the year in 2019[x]. We believe it is a cost-ineffective use of levy to have closed to a million for the National Gambling Helpline. On top of that, the National Gambling Helpline runs 24 hours 7 days compared to Asian Helpline is running from 9 am to 8 pm from Monday to Friday. We would argue that the funding could be better invested in extending the Asian Helpline further to be a 24/7 service.

Furthermore, the Ministry of Health commissioned report found the National Gambling Helpline met with mixed reactions among respondents about the Gambling Helpline's usefulness[xi].

Asian clients from our services have repeated telling us that they wished the Asian Helpline was running as 24/7 as the National Gambling Helpline.

> *"I wish the Asian Helpline could run 24 hours and seven days, especially since the Casino is open 24 hours. Once I came out from Casino lost over $20,000 that night and feeling so angry with myself. I was going to call Asian Helpline but realised it was 4 am. I know the national gambling helpline is available, but I will not contact them because they can't speak my language. Even if they have someone who can speak the language, I will also hesitate to contact them because of cultural barriers".*

Finally, the Gambling Helpline has never participated in the local, regional or national prevent and minimise gambling harm hui. None has shown leadership in facilitating two ways communications to support and enhance the sector relationship. If the Gambling Helpline were to be funded in future, Asian Family Services would like to suggest Gambling Helpline be included in the national and region hui instead of working in a silo and not connected to the prevention and minimisation gambling harm sector.

2.8 Culturally Based Stigma

Asian Family Services is delighted to see strategy objective two: To shift cultural and social norms including de-stigmatisation; Reduce the stigma attached to gambling harm that prevents people from accessing services and supports.

Asian Family Services witnessed first-hand by our counsellors and public health workers, the challenges of the stigma experienced by the Asian communities. The impact on individuals who experienced harmful gambling, and the consequences of delaying help seeking behaviour stemmed from the stigma.

Understanding that gambling harm and stigma are culturally based is essential when designing an effective social marketing strategy. To align a culturally specific worldview in addressing stigma is

paramount in achieving behaviour change. Understanding the experience of gambling harm and associating it to the stigma in specific contexts will help gamblers better understand the concept of "problem gambling". Besides that, it is equally important to emphasise the preferred mode of gambling experienced by Asians, such as Casino's table game instead of pokies.

As a service provider, Asian Family Services is committed to developing culturally specific approaches for Asian communities. An example is that instead of having a narrative from the National Gambling Harm Campaign focused on pokies machine, the Chinese prefer gambling mode in casino's table game, based on the clients who came to Asian Family Services' services stats show. This was due to higher risk-taking appetite and desire to win and fulfil their sense of excitement[xii]. Sobrun-Maharaj[xiii] et al. confirmed that New Zealand Chinese and South Asians tended to prefer gambling on casino table games rather than in pubs playing pokie machines. On top of that, Asians who went to the casino were due to loneliness, social isolation, and a lack of social structural support, which contradicts the National Gambling Harm Campaign depicted as isolated while playing pokies.

Cultural beliefs often play a crucial role in gambling behaviour and the rationale of such behaviour. Chinese also believe that they can decipher the cyclical luck changes by the Chinese celestial calendar or oracles, allowing them to take advantage of high tides of luck. In contrast, psychologists have focused on cognitive distortions such as the illusion of control and the gambler's fallacy – an over-estimation by individuals of their ability to foresee gambling outcomes. They have suggested that cultural factors may further contribute to cognitive distortions[xiv]. Without such insight and in-depth cultural knowledge, an effective social marketing campaign will not be adequate to encourage behavioural change for Asians with harmful gambling.

The views mentioned above are backup by the research and study. In New Zealand, it is well established that Asian clients seeking help for their gambling cite casino-based gambling and table games as the primary mode of problematic gambling. From 2015 to 2020, Asian Family Services treated 5666 clients who identified as Asian. Within that population, 63 per cent identified as Chinese, 16 per cent Korean, 9 per cent South Asian and 12 per cent other Asian. They were presented with suicidal risk, financial hardship, and severe depressive and anxiety symptoms due to problem gambling. Unfortunately, due to being either new to the country or unfamiliar with the health system and services in New Zealand, many who experienced gambling harm did not seek early intervention. The delay in seeking help was partially due to low health literacy. A lack of understanding of the concept of "addiction" is related to substances and includes behaviour addiction, such as gambling.

> *"I was diagnosed with anxiety and was given anti-anxiety pills by my doctor, and unable to sleep at night. Due to the breach of self-exclusion from the Casino, I was referred to Asian Family Services. After seeing the counsellor, I only understood my anxiety was due to my gambling addiction, and I am feeling much better with the counsellor's help. However, back in China, I was never taught about gambling addiction. The word "addiction" often relates to drugs used only. I am well educated and worked as a high school teacher back in China, which disappointed me with myself. Things could have been different if I knew this was related to my gambling problem".*
>
> Quote from a client of Asian Family Services

In New Zealand, it is hypothesised that the acculturation process, lack of experience in New Zealand commercial gambling environments, significant spare cash and free time, limited English, difficulty gaining employment, and disconnection from family all create a negative cycle whereby stress leads to gambling to try to win money and escape pressures[xv].

> *At some point, my [whole] life was spent in the Casino, which was full of Chinese gamblers. I only had minimal contact with local people. I felt that the Casino was a 'gambling prison' where I did not have contact with others except for gamblers*[xvi] *.*

Asians are also less likely to engage with New Zealand mainstream media. The National Depression Initiative (NDI) campaign was funded by the Ministry of Health and managed through Te Hiringa Hauora. Featuring All Blacks Sir John Kirwan, who succeeded despite depression, captured people's interest and broadened their understanding of mental distress. However, the study also found that Asian people are less likely to identify with the ads compared to Pākehā, Māori and Pacific people[xvii].

Asian Family Services has addressed public awareness of preventing and minimising gambling harm in Auckland for 22 years. This year, Asian Family Services commissioned Trace Research to find out Asian's perception about gamblers with addiction that can create barriers to get early help for people with experience of gambling harm[xviii].

Asian Family Services research around gambling harm minimisation Year 2 research with 693 samples collected found that

- 44.9% of Asians did not know lotteries, prize competitions and instant games were also classified as a type of gambling activity.
- On average, Asians believed that there were 4-5 perceived risk factors for developing an addiction to gambling. The top 3 were
    - (1) lack of financial budgeting or planning, 58.6%
    - (2) loneliness, 49.9%, and
    - (3) job-related stress, 48%
- Asians perceived that society had much stronger stigmatisation towards excessive gambling (78.7%) than recreational gambling (52.3%).
- They also perceived that Asian (76.5%) or Māori/Pacific Island (74.1%) gamblers wered stigmatised by society to a greater level compared to European gamblers (65.7%).
- The top 3 expressions of public stigma about gamblers with addiction are
    - (1) having unrealistic expectations about winning at gambling (65.9%),
    - (2) having an addictive personality (61.4%), and
    - (3) are irresponsible with money (57.9%).
- 78.9% of gamblers experienced some form of self-stigmatisation. The top 3 that were experienced were feeling
    - (1) disappointed in yourself, 35.5%
    - (2) guilty, 27.8%, and
    - (3) that you lack willpower/self-control, 27%.

      Problem gamblers experienced more self-stigmatisation, followed by Moderate-risk gamblers, which can impact their mental health.
- When it comes to seeking help for gambling problems, the top 3 sources Asians turn to were

    - (1) family or friends, 51.3%
    - (2) self-help strategies, 34.9%, and
    - (3) face-to-face support groups, 27.8%.
      The traditional channels offered by Asian Family Services ranked 4th and 5th respectively, sitting at just under 30%.
- Stigma-related barriers made up two-thirds (67.3%) of all barriers to seeking gambling support.

The research also found overall; harmful gamblers are more likely to be

- Indian, Male, aged under 50 years, and earning $50-$70K.
- Moderate-risk gamblers were more likely to be Filipino, 30-49 years, and earning $70-$100K.
- Low-risk gamblers were more likely to be Korean and earning $50-$70K.

As mentioned, when it came to seeking help for gambling problems, the top 3 sources Asians turn to were

(1) family or friends,
(2) self-help strategies, and
(3) face-to-face support groups.
The traditional channels offered by Asian Family Services rank 4th and 5th respectively, sitting at just under 30%.

Stigma-related barriers make up two-thirds (67.3%) of all barriers to seeking gambling support. At an individual level, stigma-related barriers fell within the top 7 barriers, which again points to its significance in preventing people from seeking help. At the same time, "insufficient social and financial resources to support treatment entry" was also one of the key barriers to seeking gambling support. This highlights the significant role Asian Family Services can play in supporting Problem gamblers (i.e., services are free to those affected by gambling harm).

Non-gamblers and Moderate-risk gamblers were more likely to have a "lack of awareness regarding the severity of problems" as a barrier, whilst Low-risk gamblers are more likely to excuse themselves from "the problem has not triggered health concerns."

An analytical report commissioned by Working Together More Fund[xix] found a need to develop more Asian specific resources to improve public health promotion for Asian communities. Informative resources that can help raise awareness around specific Mental Health & Addiction issues for Asian communities. More public health work should raise awareness, and using media and promotions that are more friendly to the Asian audience is equally crucial. When it comes to key focus, the message and information of Intervention for Asians should target the family, not only the individuals. A CEO in the interview said that

> *"I think New Zealand's really behind that game plan with understanding that we've got a huge Asian population. And the resources are hopeless"* (CEO C, Gama).

The report also confirms that many mainstream services had limited Asian knowledge/insights:

"I think we have poor knowledge. (Right.) I think that we survey everybody that comes in and we know that we have a lower response rate from the Chinese people" (CEO C, Gama).

Proposed strategy

- Support the development of resources and training specific to the needs of Asians working on the project.
- Support work to cope and better understand the needs of Asians concerning the stigma they experience associated with gambling harm.
- Actively support and identify Asian' champions for the project.

Asian Family Services genuinely believe the success of Prevention and Minimisation Gambling Harm for Asian peoples lies in developing an effective and culturally appropriate approach. We also had difficulty accessing mental health and addiction resources for Asians for whom English is a second language or a language they are not conversant.

Overall, Asian communities are less likely to be aware of services or programs to reduce gambling harms than the general population. Barriers to gambling harm prevention from Asians can include: mistrust of authority figures, not being viewed as a health problem that requires intervention, language barriers, stigma, and privacy. As such, efforts should be made to focus on decreasing stigma in these culturally and linguistically appropriate. By reducing the blame placed on the individual, gamblers or community members may be more likely to reach out to their support network or access services and treatments[xx].

Case study:

M didn't know gambling could become addictive; he was also not aware that it would lead to drinking. He lost his weekly income through gambling, lost trust from his wife and community but struggling to stop his gambling behaviour. M eventually was referred to Asian Family Services, and he could see how settlement issues have exacerbated his gambling problem. He relearned who he was in a new country and found his confidence through the counsellor's support, who understood his cultural values and beliefs. He gains new insight into why he has struggled to connect to New Zealand and grieve losing his roots and connection since he came to New Zealand. Especially since he left, the country has become a war zone, and with the feeling of guilt, he left his loved one behind. The counsellor supported him through his losses and grief, and he said that he hopes gambling harm is informed to his community before more people get negatively affected as they have already suffered enough in their home country before coming to New Zealand.

2.9 Asian Family Services' media strategy

Asian Family Services has been developing its own media strategy from the support of Te Hiringa Hauora since 2021. A three-year Communications and Media Promotions Strategy focus on to know, support, and connect with Asian Family Services' communities to increase awareness of Asian Family Services' prevent and minimise gambling harm services to promote and increase Asian Family Services' social media platform

The year two strategic actions which have been completed for the Chinese market roll-out include:

1) Maintained TV and radio exposures by collaborating with TV33, FM936 and FM99.4 weekly to attract older Chinese people, commuters, and drivers. Our counsellors have seen a steady increase in new clients seeking help after listening to these shows.
2) Strengthened social media exposure by advertising on SkyKiwi (largest Chinese social media platform). We make weekly advertisements through WeChat's Moment function, which is broadcasted to those living in Auckland, Wellington, and Christchurch. SkyKiwi's advertisement has been incredibly beneficial for promoting COVID-19 related public health messages, GHAW, webinars, and other mental health campaigns. This exposure has also helped our own WeChat platform to grow.
3) Strengthened Asian Family Services' own social media platform by enriching content and developing a solid base of followers. Currently, our WeChat platform has tripled from 300 to almost 2000 followers.

Indian and Korean markets plan include:

1) maintaining our rapport with Apna TV and increase budgeting on the Indian market by creating more exposure on mass media and social media,
2) increase our budget on Facebook Boosters and other Facebook advertisements to attract a larger Indian base,
3) continue writing columns about mental health and gambling harm that increase awareness for Korean communities through Korean newspapers, such as the NZ Times and Korea Post.

All the media promotions are congruent with Asian Family Services' mission and brand statement. We also ensure cultural appropriateness when raising awareness around mental health and gambling harm messaging.

Further social media information from Asian Family Services can be found in Appendix Two.

2.10 Cultural Sensitivity Adaptation in Research

Asian Family Services hopes to ensure cultural sensitivity and expertise will be included in the future of the Healthy Lifestyle Survey. The New Zealand Asian Responsible Gambling Report 2021 has shown a much higher rate of gambling harm experienced by Asian people than the Health and Lifestyle Survey (HLS) 2018. These are

- 67.8% of Asian bought lotto or instant scratch compared to 55% in HLS finding
- Private games with friends for money 27.7%
- Played gaming machines, or pokies 27.6% compared to 13% in HLS finding
- Played Casino table games 25.2% compared to 13% in HLS finding

- Placed a bet with the TAB 23.9% compared to 11.3% general population
- Online gambling and gaming 19.7% compared to 2.2% general population

On top of that, an internal analysis of the dollar lost screening process conducted by the Asian Family Services' counsellor of 1100 sessions (follow up and intervention) shows that the total losses are $17,714,414, average $16,104 from as low as $10 to as high as three million of total losses from 2011 to 2021.

Research from Wang and colleagues[xxi] has found differences in responding to survey questions between different racial/ethnic groups. Studies that include Asians and Asian Americans suggest that they are more likely to select the midpoints and avoid extreme responses on Likert scales. Chinese, Japanese, and Americans recruited at ethnic or general supermarkets and found Chinese and Japanese selected midpoints more often on items that involved admitting to a positive emotion.[xxii] Chen and colleagues[xxiii] compared response styles between East Asian and North American students, and found that students from the two collectivist cultures (Chinese and Japanese) demonstrated a greater preference for midpoints and less preference for extreme values than those from the individualist cultures, especially the U.S. students. Grandy (1996) found Asian American students tended to endorse middle options and avoid extreme responses on a 5-point Likert scale more than the white Americans did. The larger percentage of Asian/Asian American students in the institution, the more likely they would select the middle options and the less likely they would select the extreme responses. Hence, adaptation is related to cultural discourse norms and cultural sensibilities. In some contexts, adaptations are made without the scientific community currently acknowledging these as part of questionnaire adaptation needs. Strauss & Eun, 2005[xxiv] found that Korean is a language with a systematic honorifics system reflecting social status, age, interpersonal relationships between participants in a discourse, and, indeed, much more. In interviewer-assisted applications, such discourse and etiquette requirements can affect what interviewers say, depending on whom they are interviewing. In some diglossic linguistic contexts, the gap between written and spoken forms of a language can be quite large. This can mean that interviewers have a written script that conforms to the norms of the written standard of the language but is required, in 'speaking the script,' to conform to spoken norms of the language[xxvxxvi]. . Asian Family Services therefore suggests that more efforts should be made to minimise the differences in the response preferences between different racial/ethnic groups and make the items measured by the Likert scales more equivalent across people with different cultural backgrounds. One of the ways to mitigate such issues includes having Asian ethnic representation in the questionnaire design phrase or Asian cross-cultural experts as part of the panels to ensure questionnaires are culturally and linguistically appropriate and tested.

3. Improving Gambling Environments and Host Responsibilities

Based on the observation of Asian Family Services, we have witnessed the inadequate Host Responsibility for Asian gamblers.

Despite gambling venues such as Casino, TAB, Pub and Lotto having a legal duty to prevent and minimise gambling harm, the gambling venue staff also have certain responsibilities to keep gamblers safe. Often, gambling host responsibility fails to identify the signs of harmful gambling early, lacking skills to check in with gamblers about whether they are okay.

Te Hiringa Hauora, in partnership with the Department of Internal Affairs and the Ministry of Health, has developed a Gamble Host pack with the resources to support venue staff to meet their host responsibility requirements. Unfortunately, this can be as far as it goes to ensuring patrons are prevented from gambling harm.

The Gambling (Harm Prevention and Minimisation) Regulations 2004 require that Class 4 licence holders provide problem gambling awareness training to the venue manager and any other staff to ensure there is always a trained person at the venue whenever the pokies are available. Asian Family Services would argue that there is a need to have culturally and linguistically appropriate training to equip venue managers and other staff to appropriately identify and recognise the sign of gambling harm for people from different priorities backgrounds, such as Maori, Pacific people, and Asians.

Asian Family Services also firmly believe that the gambling venue staff, such as Casino, TAB, Pub and Lotto, can play a more significant part in preventing and minimising gambling harm. First, they are most likely to encounter harmful gamblers where most gamblers access their products or entertainment services before developing harmful gambling behaviour. Second, most of the gambling industries hold a certain record of their gamblers data, based on the setting of each industry from premier rewards cards to mobile apps and being in close contact with their local patrons in a relatively small venue, especially pokies lounges from pubs. These are often the opportunity to intervene when a sign of gambling harm is shown. Unfortunately, as services, it seems that most Asians who experience gambling harm are only referred to our services when they are have drained from their saving or cash flow or are in the process of declaring bankruptcy due to problem gambling. As stated in the Department of Internal Affairs, "*It's important to know what the signs of harmful gambling are and how to check in with gamblers about whether they're ok*". In August, Morgan Barret, a patron from a pokies venue, reported to Stuff that he had spent around $500K in three years on pokies and then dropped dead of a heart attack because his accounts ran dry and his secret was too big to expose[4]. As the title says, 'An avoidable tragedy': A problem gambler blew his life savings, then dropped dead, which Asian Family Services hopes to change such trajectory of the tragic and repeating situation from problem gamblers, in which our service has witnessed.

[4] 'Stuff. (08 August 2021) An avoidable tragedy': A problem gambler blew his life savings, then dropped dead https://www.stuff.co.nz/national/125968902/an-avoidable-tragedy-a-problem-gambler-blew-his-life-savings-then-dropped-dead

Case study:

X came to New Zealand as an international student and hooked on casino table games over six months. He did not have any friends and feeling lonely and isolated. He went to the Casino by chance and eventually started spending his entire savings at the Casino and the peak of his gambling. X would spend all his money from the fund transfer scheme in one night at the Casino, after that living from pay-check to pay-check, at times not having enough to eat a decent meal.

Client Y has been in New Zealand for over 20 years and have a long history of gambling experience in one of the bigger casinos in New Zealand. Y said that the level of service provided made him feel like a "king", and he said that you could have any foods, drinks that you want, and everybody on the floors knows your name. He was even given free tickets to games and events as an incentive for his obsessive gambling. He said that that "ego" boost is one of the many reasons he kept going back to the Casino. However, he also remembers when he was excluded from the most "humiliated" experience he had.

Client E came to New Zealand at the age of his early 20s and hoped to pursue his interest in one of NZ famous sport. He loved sport and hoped to make a name for himself in NZ. He has never been taught about what harmful gambling is, none the awareness of it from his country of origin. At first, it was just a bit of fun until he was excluded from the venue with the feeling of shame and confusion. He felt a deep shame. Maintaining one face is essential in many Asian cultures; it gives a sense of failure when one lose their face. Because of the shame, he did not tell anyone about his exclusion and needed excuses to avoid not entering the venue. Client E hopes to see more cultural language resources displayed in the gambling venue about "gambling harm", and the potential of being excluded from the venue can be more visibly for the patrons.

4. The Levy

The Needs Assessment Report identifies that Maori, Pacific people, and Asian populations experiencing the most gambling harm, with 55% of the harm coming from NCGMs. Of the 15,476 NCGMs in New Zealand, 7,700 are located in low deprivation communities (indices 8 – 10 on the Ministry of Health measurement of deprivation).

Nowhere does the purpose of the Act suggest that community programmes and sporting interests should be funded by gambling losses, the scale of which themselves cause harm. In the case of non-casion gambling machine (NCGMs), nearly a billion dollars per year is transferred from less than 3% of New Zealanders (those who use a poker machine at least once a month) into the general tax take and to community groups. Many of those community groups are either trying to help with problems that are being exacerbated by the gambling among the populations with disproportionate gambling problems or to professionally based sports.

There is an opportunity to begin righting this type of imbalance. However, should the Three-year Service Plan goes through in its present form, this wider issue of the dependency of community funding on gambling harm among Maori and Pacific communities should at least be included in the Strategy. The New Zealand Asian community, including those from South Asia and India, are also experiencing disproportionate harm largely through casino gambling, and this needs its own focus in the Strategy.

An increase in the levy could also support the delivery of targeted health promotion campaigns, Asian Helpline and research and evaluation for priority populations.

5. Summary

Asian Family Services is delighted to see the Strategy to Prevent and Minimise Gambling Harm 2022/23 to 2024/25 Consultation document takes a public health approach to achieve pae ora – Healthy Futures promoting equity and wellbeing by preventing and reducing gambling-related harm. We appreciate and endorse the intention to address the priority populations for prevention and minimisation gambling harm strategy with the Māori, Pacific peoples, Asian people and young people /rangatahi and people with lived experience of gambling harm to lead, collaborate and co-design gambling harm support and prevention requirements with the gambling harm prevention and minimisation sector, including service providers and workforce, researchers, and communities. We commend the Ministry's intention in addressing the gaps for Gambling harm scholarships to support Maori, Pacific and Asian people to grow the capability and capacity of the gambling-harm workforce. Enable full-time equivalent (FTE) rates to be aligned with other Ministry funded mental health and addiction clinical FTE rates. Investing in a de-stigmatisation initiative focused on priority populations to reduce the stigma attached to gambling harm and encourage people to access services and supports. Also, the commitment from the Ministry to standardised the FTE rates for workers in gambling for clinical and public health services to meet the existing pay gaps of mental health and addiction sector. We acknowledge that the research topics outlined in the strategy are equally a concern for our service and agree that these should focus on future research topics.

Asian Family Services supports the strategy but has concerns as to how the implementation will work effectively for the Asian communities in New Zealand. The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan, the Government Inquiry into Mental Health and National Suicide Prevention Strategy fails to recognise the Asian population needs, especially the increase of suicide rate among the Asian population. Since implementing both mental health and addiction strategies, Asian Family Services have witnessed that the service gaps have since widening instead of closing. Asian people encounter difficulties accessing New Zealand health and mental health and addiction services. In addition to the many broader systemic barriers. To date, Asian Family Services is still the only Asian dedicated mental health and addiction service providing culturally and linguistically appropriate services for Asians in New Zealand.

The strategy that Asian Family Services would like to see being strengthened are the Asian media strategy that is inclusive of Asian approaches, Peer workforce pilot and expansion that include Asian peers, and a pilot to address inequity including Asians. Further consideration to support Asian Family Services through a fairer compensation of the involvement of National coordination and Te Hiringa Hauora.

Asian Family Services also provides Asian Helplines with over 3000 phone calls per annum, similar to the total number of National Gambling Helplines in 2019. We would like to see the Asian Helplines funded fairly with appropriate compensation and make it to 24 hours seven days per week to support Asian people who experience gambling harm. Finally, enhance cultural sensitivity adaptation in research for Asian participants.

As the only Asian prevention and minimisation gambling harm provider for clinical and public health work for over 20 years, Asian Family Services would encourage the Ministry of Health to fully utilise the expertise and knowledge of Asian Family Services in supporting and achieving the strategic outcomes to meet the needs of Asian people in New Zealand.

Appendix One: Clients' story

Client A

The gambler, client A, came for a session because of his depression. He screened positive during the brief intervention. Client A lived in a small room with a decent weekly income of $1,200 as a head chef. Despite a decent income, he could not save his money and often lost all his weekly income through gambling. His reason for gambling was the hope that one day he could win big money; according to him, he believed that was the only way to pursue a luxury lifestyle, buying a house, a yacht and travel around the world. He kept losing money and felt frustrated and upset about not being able to control it. At first, it caused him insomnia and eventually, he became depressed. This was going on for ten years without him being aware of the issues that were triggered by problem gambling. He was eventually diagnosed with depression, but the GP has never checked other potential reasons and causes of his depression, such as gambling harm. He had been referred to several services due to his depression. Unfortunately, none of the professionals has identified his gambling issues.

Things changed after meeting one of the Asian Family Services counsellors; Asian Family Services helped him realise gambling was his fantasy and false hope and dream. When he learned about the cause of his depression, problem gambling, client A eventually stopped going to the Casino, online TAB betting and gambling, and buying lotto. Client A felt shame and guilt and often cried during the counselling session for what he said as he wasted his ten years of potential in saving his weekly income. He said he could have bought a house, married, owned his restaurant. He moved to a different city, where there was no Casino, yet with a new opportunity to have a new beginning of life. A few months have passed, and he is still okay. He appreciated Asian Family Services' culturally and linguistically appropriate help for rescuing him from helpless and hopeless life.

Client B

Client B's husband lost nearly $400,000 over the last eight years. In the beginning, the husband's elder parents helped him clear his debts but gave up on helping their own son and cut ties with him. Client B was referred to Asian Family Services as the significant other to seek culturally and linguistically counselling support help two years ago. Despite her contemplations of leaving her husband, she decided to stay in her marriage with her two young children. She found out that her husband set up the company to borrow money from the bank by using her name without telling her due to his bad credit to fund his gambling addiction. This carried on for a couple of years. And her husband accumulated more debts and eventually left New Zealand without telling his wife and children. She was facing threats from collectors and feeling suicidal. Asian Family Services' counsellor supported her to get a budgeting advisor, and due to her circumstances, she has declared bankruptcy by applying for insolvency. She also took the courage to file for divorce and since had been living with her two children. She learned to build her own life and had never thought she could get out of these messes. As a traditional "Asian woman", she said that divorce is often not an option despite the adversity in life. She is grateful to have a counsellor who understands her cultural values to help her find a way out of the darkness. She is now doing a course for her future job.

Client C & D

Client C & D are in their 60s. Client D's husband was identified as a problem gambler who had lost their life savings and home through gambling and now suffered from multiple cancers and lives in a rest home. Client C suffers from depression and anxiety issues living alone after the divorce from her

husband. Both of them have adult daughters with their own families, and the relationship with their father has become strained because of problem gambling. The extended families from the origin country have cut all ties with their father, including the daughters. They felt extremely ashame and sad due to the loss of connection from the extended family from their origin country. Many Asian clients, who have experienced severe gambling harm, tend not to seek help, making them suffered in silence. Many who came to us are at the end of their rope. Asian Family Services counsellor was able to help the clients to unpack cultural nuances that often not being understood by mainstream services to help clients grief their losses.

Appendix Two: Asian Family Services social media

Asian Family Services social media platforms include

- Facebook, 1,173 people like the page and 1,358 people following us. From the last 28 days (22 August to 18 September), we reached 93,852 people and 9,442 post engagements.
- YouTube, 123 subscribers with 254 videos ranging from mental health and wellbeing resources to recorded webinar in several languages.
- LinkedIn – 178 followers
- WeChat official account with 2000 followers, Individual account Auckland and Wellington with over 2000 followers
- Instagram – 229 Followers

Unlike other services, we publish original weekly content that represents the view of Asians through WeChat for Chinese and Korea Post and New Zealand Times in Korean languages.

We also work closely with ethnic medias and engage the Asian population through their platform, such as

- Skykiwi for the Chinese population
- Apna TV and Indian Weekender from the Indian population
- Thai NZ with Thai population
- NZ Daisuki with Japanese
- Viet News NZ with Vietnamese
- Korea Post and The New Zealand Times as mentioned with the Korean population

We hope to engage with the Filipino community soon through the Filipi News.

Highlight What we learned

- Our Facebook's hottest post (Asian Helpline) reached over 6000 during the lockdown within a week during this lockdown.
- On the day of Prime Minister announcing lockdown, the 17th August, Asian Family Services simultaneously posted and reached close to 8000; in general, our weekly post average with 700 views,
- Thai, Vietnamese and the Korean audience are fairly active on Facebook compared to Chinese
- Chinese, Indian, Korean and Japanese have the most diverse ethnic media platform compared to the other Asian ethnic population
- Vietnamese only have one ethnic media platform, and it is based on a volunteer individual
- Asian Family Services have run several social media campaigns; these are
    - Gambling Harm Awareness Week 2020 (with English, Chinese, Thai, Vietnamese Korean, Hindi and Japanese languages) on Facebook by the Te Hiringa Hauora with 64,000 reach in a 10 days
    - 2020 Reach out Campaign (in English, Korean, Hindi, Mandarin and Cantonese) on Facebook-funded by the Te Hiringa Hauora with 25,110 reached in a week
    - 2021 Get Help Getting Through Together (in English, Mandarin, Thai, Vietnamese, Hindi, Japanese and Korean) on YouTube (7 days) and Facebook (21 days) funded by the Mental Health Foundation, Whai Ora Whiti Ora Fund with 59,567 reached

- Other resources and information development Asian Family Services completed include
    - Suicide Prevention Resources for Mandarin and Cantonese speakers
    - Suicide Prevention Resources for Korean funded by Auckland District Health board
    - Mental Health for Korean Youth
    - Project Connect for International Students funded by Ministry of Education
    - Whai Ora Whiti Ora translation from the Mental Health Foundation resources
    - COVID translated resources in 2020 funded by the Ministry of Health and Community Development Fund
    - Mental health and wellbeing translation resources

Summary of submissions

If you wish to be notified when a summary of submissions is available, please ensure your contact details are provided above and tick the box below.

☒ I wish to be informed when the summary of submissions is available.

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