Submission on: The Mental Health and Addiction System and Services Framework 2022 - 2032

June 2022

Asian Family Services
Together enriching lives

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Submission to Service and System Framework

Thank you for the opportunity to provide feedback on the Service and System Framework, which describes the future state of the mental health and addiction system and services in ten years, moving the New Zealand health system towards the aspirational future experience of mental wellbeing for all. This submission is made by Asian Family Services.

1. The focus of this submission

This submission has been prepared to inform about the Mental Health and Addiction System and Services Framework 2022-2032 draft document. It summarises Asian Family Services' view on transforming Aotearoa's approach to mental wellbeing: supporting people to stay well and have access to help that works for them, when and where they need it for the Asian and ethnic minority populations. The feedback provided is based on over 20 years of experience serving the Asian and ethnic minority population with mental health issues and substance-related harm. It outlines several critical pieces of information that will further strengthen the framework's core components that will support everyone to experience mental wellbeing and address mental health issues and substance-related harm, including Asian and ethnic minority groups.

As an Asian Mental Health and Addiction service provider, our responsibility is to authentically represent the Asian and ethnic minority population who suffer from mental health and substance-related harm in silence, which unfortunately is not well understood by the general population. Many were unable to share their pain and frustration that was buried deep inside, leaving them to feel invisible at the time when their cultural needs were not being met, respected, or understood by mental health and addiction services. Asians were less likely to stand up or demand services because of the lack of English language skills to convey their thoughts. They are also less likely to express their opinions or views because many of from the Asian population came from authoritarian societies instead of egalitarian such as New Zealand. However most importantly, the power distance is greater emphasised in their country of origin. Therefore, Asian Family Services want to emphasise that such behaviour should never be perceived as less support being needed, especially for mental health and substance-related harm.

2. Asian Population

The landscape of the population in New Zealand has significantly changed. The 2018 Census indicated that over 27% of New Zealand's population was born overseas, with over 200 ethnicities.

Asian[1] and migrant communities are the fastest-growing population group among Europeans, Māori, and Pasifika in New Zealand. Asian population in New Zealand reached 707,598 according to a census count in 2018, which accounts for 15.1% of the total population. The Asian population is predicted to reach in between 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.

[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.

The term “Asian” in New Zealand represents many cultures and ethnicities, from Afghanistan in the west, India, China, Japan in the east, and Indonesia in the south. Ethnic minority groups refer to MELAA[2], former refugees, or asylum seekers.

Distinguished professor Paul Spoonley FRSNZ (Fellow of the Royal Society of New Zealand) reminds that New Zealanders should consider the country’s future regarding the disruptive consequences of the underway demographic transformation.

3. We welcome the Mental Health and Addiction System and Service Framework 2022 – 2023

Asian Family Services’ vision is that “All people of Asian heritage and background lead flourishing and fulfilling lives in an equitable Aotearoa, New Zealand”. Hence, we are delighted to see a framework that works to transform Aotearoa’s approach to mental wellbeing: supporting people to stay well and have access to help that works for them, when and where they need it. This especially spans on mental wellbeing promotion, prevention and early intervention, addressing equity issues, and supporting our most vulnerable.

Asian Family Services would like to acknowledge the thinking and enormous effect that has gone into the draft framework and is impressed with the commitment to Te Tiriti o Waitangi.

Asian Family Services is greatly encouraged to see Asian people and ethnic communities included in the Mental Health and Addiction System and Service Framework to achieve pae ora.

4. Asian and ethnic communities

Asian and ethnic minority groups’ under-utilisation of primary health and mental health and substance-related harm services gives the false impression that they have better mental health outcomes than others. Consequently, there is little funding and policy support to build and improve current services for Asians and ethnic minority groups.

The pandemic has rapidly brought significant service gaps and unmet needs within Asian and ethnic minority communities to the fore. Breaking this cycle should be a priority for reducing mental health inequity and promoting the mental health and wellbeing of Asians and ethnic minority groups during the recovery phase.

Asian and ethnic minority people with mental health and substance abuse are diverse, due to the many ethnicities, ages, and backgrounds (e.g., migrants, refugees, international students, and work visa holders), not to mention that their profiles are also changing, such as intergeneration challenges and intercultural marriage with the second generation who are navigating through individualistic and collectivistic culture by their own. Therefore, ongoing service development is required to address mental health and addiction service gaps, to overcome significant barriers that prevent Asian and ethnic minority groups from accessing and utilising timely and appropriate mental health and addiction services.

Years of lacking funding investment in Asian and ethnic minorities’ mental health and addiction services resulted in constraints in meeting their needs. It directly impacts mental health promotion, research, and workforce development.

[2] MELAA, refer to Middle Eastern, Latin American and Africa according to Stats NZ

Asian and ethnic minority groups' data are still not well recorded. Culturally and linguistically tailored mental health and substance-related harm services are still largely unknown to many service providers in New Zealand. Hence, Asian Family Services urges the framework to consider:

1. Accurately collecting data for Asian and ethnic minority groups that are self-defined by Asian and ethnic minority groups when accessing mental health and addiction services
2. Investing in building and developing culturally and linguistically mental health and substance-related harm services for the Asian and ethnic minorities.
3. Allocating resources to address the stigma among Asian and ethnic minorities through culturally and linguistically appropriate approaches that encourage early help-seeking behaviour.
4. Potentially encourage research and study that focuses on Asian and ethnic minorities' mental health and substance-related harm services to inform future services development.

As mentioned before, the pandemic allowed for mental health issues to appear at the forefront in our communities. Asian Family Services are being called upon to respond to this need with little or no financial support. Our staff and resources continue to stretch, and the challenges are further complicated by the lack of an Asian and ethnic minorities' mental health and substance-related harm services infrastructure so that clients can be further referred to other services.

5. System Service Framework Questions

1. Are there any system or practice principles missing or that you disagree with

Asian Family Services agreed with the System-wide principles outlined in the draft. To fully demonstrate the commitment to Te Tiriti o Waitangi principles for a wider health and disability system, equity must be honoured to include a culturally and linguistically responsive service, and design with focus around Pacific people and Asian people.

Research, including the Asian Mental health and Wellbeing survey 2021[i], found that the biggest problems with accessing healthcare were language barriers and the lack of culturally appropriate services. There is a lack of investment in mental health and addiction services for ethnically diverse communities. These include support for Asian and ethnic minority people through culturally and linguistically appropriate information, education, awareness, and resources. A lack of funding explicitly affects the ability to engage with Asian and ethnic minorities regarding mental health and substance use.

Cultural issues around stigma, awareness of available services, and language barriers make Asians/ethnic minorities reluctant or less likely to access such services. Language barriers predominantly affects the older Asian population and recent migrants.

There is history of equity and racism ranging from overt actions and hurtful discourse against Asians to systemic, institutionalised racism and the microaggressions that are so often normalised in everyday life. Such negative narratives can be seen in the media, and many researchers confirmed the racism experienced that penetrated New Zealand society, from casual, systematic to institutional racism and social exclusion.

Systemic racism and social exclusion exist within the New Zealand society for the Asian and ethnic groups when accessing public goods and services. It is ingrained in nearly every aspect of how people move through societies, and it disproportionately affects Asian and ethnic minority groups. Unfortunately, policymakers and the public sectors still largely ignore the ongoing racism and social exclusion experienced by the Asian and ethnic minority groups' needs.

Many studies suggested unconscious bias may have played a part in decision-making when the socially dominant groups often had implicit bias or prejudice against subordinate groups. Individuals usually preferred members of a category to which they belonged to. These biases can be a significant factor in decision-making, resulting in erroneous and harmful decisions.

It is critical to remember that social systems are naturally distributed inequitably— the structure is designed to reward specific demographics for so long that the system's outcomes may appear unintentional but are rooted in discriminatory practices and beliefs. Hence, Asian Family Services would argue that vertical equity is a solution for addressing imbalanced social systems. According to the World Health Organization (WHO), equity is defined as

> "*the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically." …….., health inequities involve more than equal access to needed resources to maintain or improve health outcomes. They also refer to difficulty regarding "inequalities that infringe on fairness and human rights norms*[ii]."

Making systemic changes to our health resources—including reallocation of long-term funds, increased outreach toward Asian and ethnic minority groups, a more robust effort to address the language barrier, investment into Asian and ethnic minorities' health workforce, cultural competency with high-quality research of Asian and ethnic minorities in mental health and substance abuse—will be critical in delivering quality care to Asian and ethnic minorities in a sustainable way.

Therefore, Asian Family Services believe vertical equity is key to achieving equitable outcomes in New Zealand, where resources are distributed to the most vulnerable population regardless of race or ethnicity.

2. The initial critical shifts aim to prioritise the most pressing changes required over the coming years and will be refreshed over time. Is there any critical shift missing that you would include (and why), and if so, which lower priority critical shift would you drop?

Asian Family Services believe that the most pressing change required over the coming years that need to shift immediately is providing resources to address the access barriers for Asian and ethnic minority groups.

Since the outbreak of Covid-19, Asian Family Services' frontline clinicians have seen how the high stress, anxiety, and isolation living in a pandemic have significantly impacted Asian and ethnic minority groups' mental health. Asian Family Services' Asian Helpline, funded by the Ministry of Health, received 4205 phone calls from 1 July to 31 December 2021, increasing 215% compared to the previous year. New clients included individuals needing support with depression and anxiety-related issues exacerbated by the pandemic. Parents were worried about their teenage children struggling with their mental health, self-harming, and expressing suicidal ideation. Some clients were referred to Asian Family Services from Need to talk? 1737 because they had seen a drastic increase in Asian callers needing linguistically appropriate counselling. AFS is also concerned about the long-term mental health impact of the pandemic, which can persist long after the immediate threat of the virus. Mental health professionals anticipate that there will be a second and potentially large cohort of newly at-risk people due to the economic downturn, and this is especially relevant to the Asian population as indicated by the number of small business owners[iii].

Therefore, Asian and ethnic minority communities require the Ministry's commitment to Asian mental health and addiction services. This involves explicitly including Asian and ethnic minority people as a priority group in policies, strategies, and frameworks. Additionally, there needs to be:

1.) strategic planning around addressing current and future gaps for Asian people in the mental health and addiction space, and

2.) dedicated, long-term sustainable funding available to organisations and services to improve mental wellbeing for Asian and ethnic minority people.

Asian and ethnic minorities people are a diverse group, including a wide range of ethnicities, languages, ages, and backgrounds (e.g., migrants, 1.5/2nd generation Asian New Zealanders, refugees, international students, and work visa holders). In AFS' study[iv] with leaders and frontline staff from mainstream mental health and addiction service providers, participants highlighted the need for an up-to-date cultural competency training programme that captures the diversity and intersectional identities of Asian and ethnic minority people and how this may affect their mental wellbeing was identified as a must. They emphasised that it was important to understand the lived experiences of Asian and ethnic minority people in order to provide quality care to Asian and ethnic minority clients, which has often been overlooked.

3. The Framework lists the key types of service that need to be available locally, regionally and nationally. Are there any key types of service missing, any included but should not be, or any that you believe are in the wrong category (and if so, what is your reasoning)?

Asian Family Services supports the strategy but has concerns about how the implementation will work effectively for the Asian and ethnic minorities in New Zealand. The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan, neglected to mention Asians and ethnic minorities. In 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, and early intervention during addiction and mental distress, but also failed to recognise the Asian population and ethnic minorities needs. On top of that, 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* failed to recognise and address the needs of the Asian and ethnic minorities in those plans. Since implementing mental health and substance-related harm strategies, Asian Family Services witnessed the service gaps widening instead of closing locally, regionally, and nationally.

This has consequently resulted in further pressure on Asian Family Services to respond 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 and ethnic minorities, Asian Family Services fear that the framework will face many barriers in successfully creating a system that supports Asian and ethnic minorities to stay well and have access to help that works for them when and where they need it.

Asian Family Services and Platform Trust were funded to conduct a study to explore how mainstream and specific Asian mental health and substance-related harm providers can work together to better respond to the needs of Asian and ethnic minorities in New Zealand[v]. 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 indicated:

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 and ethnic minorities, including those with intersectional identities.
3) Stigma around mental health and substance-related harm is pervasive among the Asian and ethnic minorities, hindering help-seeking behaviour.

Asian Family Services believe it is necessary to invest in a sustainable and long-term funding for Asian and ethnic minorities, in the not-for-profit sector. An example to overcome this is demonstrated through the government commitment to the Pacific mental health and substance-related harm in the Pacific community. An extra $6.6 million of government funding to increase access to mental health support services was announced in April this year[3]. The investment has enabled the development of Pacific mental health and addiction services locally, regionally, and nationally. It also addresses the research gaps and the suicide prevention strategy with the support of resources and information development. Asian Family Services strongly advocates for a similar investment approach 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 service delivery regarding cultural sensitivity and appropriateness. Experience has shown that services that do not treat people with respect and acknowledges 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 systematic level.

Asian Family Services often put clients accessing our services at the centre. However, when referred to other services, our clients often found 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. 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.

4. Are there any enablers for implementing the Framework that are missing or that you think should not be included?

Asian Family Services believes the Framework should include health promotion activities tailored to population groups that address mental distress and substance-related harm. An inclusive and Asian/ethnic minority-led tangata whaiora and whānau to address the stigma associated with mental distress and substance use is necessary. It must be ensured that resources are distributed based on an equity approach for those who need the information to increase health literacy to achieve equitable outcomes.

Asian Family Services' counsellors and public health workers witnessed first-hand the challenges of social stigma experienced within Asians and ethnic minorities. Mental health and addiction services often served as the last resort when people exhausted their relationships. The delaying of health-seeking behaviour was often followed by severe consequences. This would see families running out of solutions or needing police to intervene before help is provided. The impact on individuals who experience mental distress and substance abuse cases are often at the severe end of the spectrum. Consequently, resources and treatment are often more intense due to delayed intervention in treatment.

[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/

The stigma of mental distress and substance-related harm is constructed by culture. Hence, designing an effective social marketing strategy is essential to reduce stigma and encourage early help-seeking behaviour. Therefore, aligning a culturally specific worldview in addressing stigma is paramount to achieving behaviour change.

The National Depression Initiative (NDI) campaign featured All Black Sir John Kirwan, who succeeded despite facing depression, captured people's interest, and broadened their understanding of mental distress, which has worked well for the mainstream population. However, the study also found that Asian and ethnic minority people were less likely to recall the advertising campaigns compared to Pākehā, Māori and Pacific people[vi].

In 2021, Asian Family Services commissioned Trace Research to find out what Asians thought the public's perception on mental distress would be, in which 663 samples were collected. Nearly 100% of Asians believed the public held negative stereotypes against people with mental distress[vii].

Asian Family Services conducted another research[viii]. An analytical report commissioned by Working Together More Fund, found the need to develop Asian and ethnic minority communities' specific resources to improve their mental health and substance harm literacy. More public health work to raise awareness using ethnic media to Asian and ethnic minority audiences were equally crucial. The message and information of intervention for Asians and ethnic minority groups should also target the family, not only the individuals.

Both pieces of research highlighted that Asians and ethnic minority groups were much less likely to have accessed public mental health and addiction services over the five years when compared to other groups due to stigma. An overseas study confirmed that Asian people with mental health needs are less likely to be receiving treatment. South Asian groups were less likely to have contacted a GP about their mental health within the last year.

The lack of cultural and linguistic resources and information promotion has been evident since the last two years of the pandemic. COVID-19 has allowed many people in New Zealand to embrace digital platforms. For example, we have a range of online apps and websites available to New Zealanders to seek help for their mental health and substance-used issues. However, these platforms are only in English (and, in some cases, te reo Māori) but none are in any Asian and ethnic minorities' languages. This severely limits Asian and ethnic minorities people's access to resources that can help protect their mental wellbeing. An example of this is from the most recent online resource, "All Sorts[4]" from the Mental Health Foundation," which is only available in English.

For digital platforms to be accessible to all, information needs to be culturally and linguistically appropriate. It is particularly important to consider who the most vulnerable groups are in such situations. During COVID-19, many young migrant families experienced feelings of being isolated and distressed as they did not have their extended family support in New Zealand.

Overall, Asian and ethnic minority communities are less likely to be aware of services or programs for mental health and substance-related harm than the general population. Further barriers to accessing these services from Asians and ethnic minorities can include mistrust of authority figures, not being viewed as a health problem that requires intervention due to manifestation of mental health symptoms for Asian and ethnic minorities groups are likely to be somatic instead of psychological, language barriers, stigma, and privacy concerns- especially for those who are either international students, on work visas or working toward to acquire permanent residence.

[4] https://allsorts.org.nz This site has been developed by the Mental Health Foundation of New Zealand and is funded by the Ministry of Health. It's here to provide support, tips and advice to help you look after your mental health during these difficult times.

5 Is there anything else you think we should know to inform further development of the SSF?

The New Zealand Asian Wellbeing & Mental Health Report 2021[ix] found that 86.5% of Asians self-rated that they were satisfied with their life in New Zealand, and 84.8% felt the things they do in their lives were worthwhile. However, when presented with a Depression Scale assessment, 44.4% of Asians showed symptoms of depression, especially amongst younger Asians sitting at 61.3%. A familiar pattern was found in another research[x]. 14 out of 17 participants were either experiencing moderate to very high psychological distress after using Kessler Psychological Distress Scale. Plunket nurses, doctors, and midwives failed to recognise their mental distress symptoms because the presentation was somatic instead of psychological. International researchers have found similar issues were presented from Asian in Western countries. It is believed that Asians had lower mental health literacy and were less likely to relate to mainstream social media marketing or mental health promotion messaging, such as Sir John Kirwan's Depression Campaign or the Mental Health Foundation's 5 ways to Wellbeing during the Mental Health Awareness Week.

Asian and ethnic minority groups' research must be conducted in culturally congruence methodology to ensure results accurately reflect the needs of these populations. Wang and colleagues[xi] have found differences in responding to survey questions between different racial/ethnic groups. Studies that included Asians and Asian Americans suggested that they were more likely to select the midpoints and avoid extreme responses on the Likert scales. Chinese, Japanese, and Americans were recruited at ethnic or general supermarkets and found Chinese and Japanese selected midpoints more often on items that involved admitting to a positive emotion.[xii] Chen and colleagues[xiii] compared response styles between East Asian and North American students and found 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 that Asian American students tended to endorse middle options and avoid extreme responses on a 5-point Likert scale more.

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[xiv] found 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 diglossia 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[xv][xvi].

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 an 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.

6. Recommendation - Asian and Ethnic Minorities Framework

Currently, in New Zealand, we lack a national service model that is dedicated to addressing Asian and ethnic minorities' mental health and substance-used harm needs. Asian Family Services is made up of and works closely with Asian and ethnic minorities' mental health experts, and we have developed a new service model that can improve the service delivery for Asian people. Therefore, Asian Family Services is delighted to see the SSF services landscape service structure as our services have been designed with national, regional, and local services in mind to meet the ongoing demand of the Asian and ethnic minority groups in New Zealand in the primary setting. We have the flexibility to deliver at a locality level across multiple localities since the start of Asian Wellbeing Services[5].

As the only Asian mental health and addiction (run and governed by Asian and ethnic minority groups) organisation in New Zealand, AFS has strategically built a similar approach to maximise our resources and, at the same time, build culturally and linguistically workforce in increasing it capacity and capability without government funding and support.

The table below outlines the synergy that AFS will be able to contribute to the System and Service Framework landscape through some of the examples of AFS' initiative and approach from the past five years.

Service Structure		**Work delivered by Asian Family Services**
National	Telehealth and digital tools	Asian Family Services delivers telehealth throughout the Covid-19 response and areas include as far down south of Invercargill, further north to Kaitaia, Westcoast of Greymouth to the East of Gisborne. In 2021, Asian Family Services launched Digi Language Support to respond to the gap in primary interpreting services. The initiative has received funding from the Ministry of Health's Digital Enablement Programme, which supports innovation in digital health care. DLS uses video interpreting to deliver telehealth support for primary mental health and addiction services around the country. Asian Family Services runs an Asian Helpline line with live chat and SMS options in Mandarin, Cantonese, Hindi, Vietnamese, Japanese, Thai, and Korean to provide brief psychology intervention.
	National promotion and prevention	Asian Family Services have developed a suite of resources and information for mental health, substance use, and gambling minimisation. These include

[5] Asian Wellbeing Services (AWS) is an arm of Asian Family Services that provides services such as psychological assessment and intervention, counselling therapy and psycho- education workshops with the aim to support the mental wellbeing of the Asian community nation-wide. It was established in 2016 in response to the needs of the Asian community that contacted the Asian Family Services' helpline requesting for psychological and mental health related issues. The vision of having a team of recognised practitioners that could provide culturally and linguistically appropriate psychological and mental health related services for the Asian community was first mooted by the Asian Family Services' National Director, Ms Kelly Feng, when she joined the organization in 2016. She then developed the shared vision with other recognised mental health professionals that came together to form the team of in AWS. The AWS further developed to an entity that is not only serving the Asian community, people from the minority communities such as those from the Middle eastern and Latin- American also sought help from the team. The services have expanded to supervising practitioners in the mental health field and will in near future providing coaching for other corporate organizations.

		• Suicide Prevention Resources in Chinese and Korean languages • Collaborated with the Mental Health Foundation to bring the Pink Shirt Day event into Asian communities • Noku te Ao: Like Minds promotion in Asian communities • COVID19 resources translation and information dissemination • Whai Ora, Whiti Ora mental health resources translation funded by the MHF • Gambling Harm Awareness Week funded by Te Hiringa Hauora • COVID 19 psychosocial media campaign, Reachout • Project Connect – International Students Wellbeing Programme • Mental health and resources information and resources in multiple languages • Three years Te Hiringa Hauora promotion strategy for minimisation and prevention gambling harm and mental health and wellbeing. • Inbetweener video resource for 1.5 and 2nd generation of ethnic youth to highlight the cultural gaps between collective and individual worldviews. Information and resources are available on Asian Family Services' Website and social media platforms such as YouTube, Facebook, Instagram, LinkedIn, and TikTok[6]. AFS also publishes weekly articles on WeChat (a Chinese social media platform) and Korean newspapers. Asian Family Services is to go to an agency where the Mental Health Foundation is seeking input in their existing campaign
	Consultation liaison services for the population	Asian sub-populations such as Asian youth, international students, older adults, maternal mental health
Regional	Community	Asian Wellbeing Services provide counselling support for individuals and families of Asian and ethnic minority groups.
Multi-location	Asian primary mental wellbeing and specialist mental	

[6] Asian Family Services website https://www.asianfamilyservices.nz/
AFS's Linkedin https://www.linkedin.com/company/72072422/admin/
AFS's Instagram https://www.instagram.com/asianfamilyservices/
AFS's Tiktok https://www.tiktok.com/@afs0800862342
AFS's YouTube https://www.youtube.com/channel/UCCwg9zwyl0mN0uroLnoOAZA

	health and AOD services	
	Promotion/prevention, including suicide prevention and mental health literacy	Besides the resources being mentioned, Asian Family Services has also delivered presentations to local communities, including international students, the elderly, and to other Asian communities.
	Parenting support	The Ministry of Education contracts Asian Family Services to provide Incredible Years Parenting workshops in Mandarin, Cantonese, Hindi, and Korean languages. The parenting courses are done online to include parents from different locations.
Locality	Primary Mental Health and Addiction services with general practice	• ProCare contracts Asian Family Services to deliver Health coaches and Health Improvement practitioners at the Apollo clinic based in Albany, Auckland, which has a high enrolment of the Asian population. The service has provided Asian and ethnic minority groups with access to culturally and linguistically appropriate services that remove the language barriers and are supported by cultural competency. • Alliance Health Plus contracts Asian Wellbeing Services to deliver culturally, and linguistically competent counselling services in ten of their high Asian and ethnic minority groups enrolled clinics. • Parenting workshops such as the Incredible Years Parenting programme

6.1. Workforce development

The current mental health and addiction services are experiencing a lack of culturally and linguistically appropriate workforce at the primary and secondary levels. Asian Family Services has been taking the initiative as the leader in creating an Asian and ethnic minority workforce since 2016. The culturally and linguistically workforce consists of social workers and counsellors who are registered and qualified either with New Zealand Counselling Association, Social Workers Registration Board New Zealand, or Addiction Practitioners' Association Aotearoa New Zealand. On top of that, Asian Family Services has been providing gambling harm minimisation services since 1998. The workforce came with the expertise in identifying risk clients, providing comprehensive mental health assessments, the ability to write a comprehensive report for the appropriate organisation, follow up management, good working relationships with Asian mental health professionals, and use research-based evidence to provide effective intervention in the primary mental health and addiction services.

6.2. Research

We use evidence to encourage service development and develop better understanding of the needs of Asian and ethnic minorities in New Zealand. Asian Family Services lead research for several projects

- Gaps, challenges, and pathways to improve Asian mental wellbeing—WTMF project research findings, Weave

- Supporting Equitable Perinatal Mental Health Outcomes for Asian Women. Caring for mothers, caring for the future, A Report for the Northern Region District Health Boards
- New Zealand Asian Responsible Gambling Report 2021, Te Hiringa Hauora
- New Zealand Asian Wellbeing & Mental Health Report 2021, Te Hiringa Hauora
- New Zealand Asian Responsible Online Gambling Report 2022, Te Hiringa Hauora
- NZ Asian Mental Health & Wellbeing Report 2020, Te Hiringa Hauora
- Reaching Out, Ministry of Health
- Helping Others Helping Ourselves: International Student Remarking Lives, Ministry of Health
- AFS Telehealth evaluation
- Covid 19 DPMC Moana Research Project

6.3. Asian and Ethnic Lived Experience Group

To achieve the goal of building a socially inclusive society through citizen participation, Asian Family Services created an Ethnic Advisory Group in early 2021 to connect with the publicly funded agencies to include ethnic diverse viewpoints, especially on issues relating to mental health and wellbeing.

The Ethnic Advisory Group seeks to widen the scope of Asian heritage to include not only Asian, but Middle Eastern, Latin American, Continental European, and African people. It also includes new and temporary migrants, former refugees, asylum-seekers, long-term settlers and those born in New Zealand.

The purpose of the Ethnic Advisory Group is to provide quality advice from the ethnic lived experience perspective to the health and social strategies. This includes supporting and participating in strategic projects and connecting the strategy with a broad and diverse range of ethnic consumers, families and whānau.

6.4. International collaboration

Social Innovation and Global Citizenship Internship, and Hong Kong University Internship Summer programme students came to New Zealand with the opportunity to develop meaningfully and challenging to extend students' critical thinking and to raise their awareness of various social issues e.g., justice, human rights, diversity, poverty, and discrimination

6.5. Service structure

Asian Family Services has the potential to scale up to provide national, regional, multi-location and locality services to all Asian and ethnic minorities people in New Zealand that include clinical interventions (e.g. psychiatric consultation and clinical psychological services) as well as holistic social and culturally and linguistically appropriate support with the support from the existing Service and System Framework. A key aspect of this service is collaborating with National Health, primary health and mental health and substance-used harm services to ensure seamless, culturally appropriate services for Asian and ethnic minorities clients by expanding our Asian Wellbeing Services (AWS)[7]. Our national services would include:

[7] Asian Wellbeing Services (AWS) is an arm of Asian Family Services that provides services such as psychological assessment and intervention, counselling therapy and psycho- education workshops with the aim to support the mental wellbeing of the Asian community nation-wide. It was established in 2016 in response to the needs of the Asian community that contacted the Asian Family Services' helpline requesting for psychological and mental health related issues. The vision of having a team of recognised practitioners that could provide culturally and linguistically appropriate psychological and mental health related services for the Asian community was first mooted by the Asian Family Services' National Director, Ms Kelly Feng, when she joined the organization in 2016. She then developed the shared vision

- Provision of direct clinical consultation services to non-English speaking Asian service users referred to by mainstream clinicians or indirect clinical consultation services to mainstream clinicians providing cultural advice or supervision based on patient information (face-to-face, over the phone or video conferencing)
- Provision of direct psychiatric consultation to DHB and GPs (face-to-face, over the phone or video conferencing)
- Provision of clinical psychology services that are more culturally appropriate (face-to-face, over the phone or video conferencing)
- Provision of social work, cultural support, community support workers, family support workers, counselling services, and peer support services (face-to-face, over the phone or video conferencing)
- Provision of cross-cultural mental health seminars (face-to-face, over the phone or video conferencing).

An example of future mental health and addiction services through the support nationally, regionally and locally is depicted in the diagram below.

Asian Family Services is excited to be part of the Asian and ethnic minority mental health and addiction services that will be available to individuals and whanau, no matter where they live. AFS welcomes the opportunity to discuss this national service plan with the Ministry of Health.

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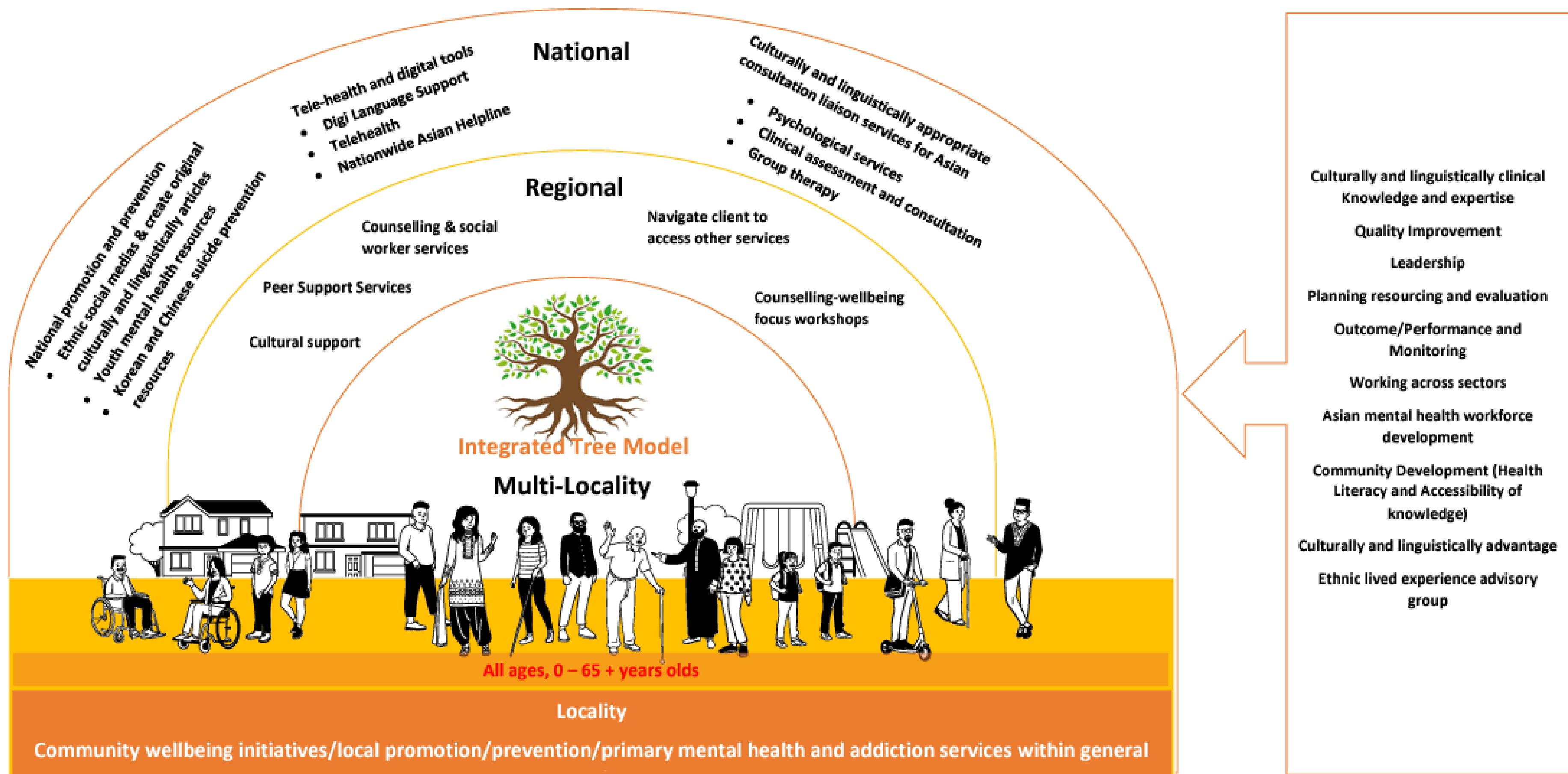
with other recognised mental health professionals that came together to form the team of in AWS. The AWS further developed to an entity that is not only serving the Asian community, people from the minority communities such as those from the Middle eastern and Latin- American also sought help from the team. The services have expanded to supervising practitioners in the mental health field and will in near future providing coaching for other corporate organizations.

Asian Family Services



Integrated Tree Model

Asian Family Services developed an Integrated Tree Model, a therapeutic framework when working with Asian and ethnic minority groups. The framework helps Tangata whaiora and Whānau understand their journey as an immigrant, and the vulnerability and struggles they experience. A narrative story is included and outlined in section 6.6. Integrated Tree Model

6.6. Integrated Tree Model

Asian Family Services developed an Integrated Tree Model, a therapeutic framework when working with Asian and ethnic minority groups. The framework helps Tangata whaiora and Whānau understand their journey as an immigrant, and the vulnerability and struggles they experience. A narrative story is included and outlined below:

The Integrated Tree Model

Analogous to moving a tree to a new location, each part of the tree represents different aspects of a person's life:

- the roots represent culture, beliefs and values
- the trunk represents what the person was born with (e.g. ethnicity, skin colour)
- the branches represent language ability and education
- the leaves represent achievements, social networks and friends
- the fruit represents health and wellbeing.

When a tree is moved, its roots may be damaged, and the tree can lose its leaves and produce no fruit. It takes time for the tree to form new feeding roots and to adapt to its new location before new leaves and fruit can grow. Asian people go through a similar process to accomplish their dreams of a better life in New Zealand [vi]. AFS uses the *Integrated Tree Model* to help Asian clients to discover and resolve problems, enabling them to 'grow stronger roots' and work towards a healthier wellbeing.

Harmony and balance are important concepts in Asian health values. These concepts are commonly expressed as Wuxing, or Five Elements, in traditional Chinese health beliefs. The Five Elements are Wood, Fire, Earth, Metal and Water; these elements are connected, and they maintain a dynamic balance through mutual promotion and mutual restriction. Illness is attributed to an upset of this balance. AFS explore Asian clients' traditional health beliefs to see if they may pose barriers to their utilisation of services, and then work to break down the barriers to achieve more effective communication and health interactions.

The *Integrated Tree Model* also provides a framework for AFS staff to look at the environment surrounding a person when attempting to minimise gambling harm (as shown in the outer circles in the model diagram). The "microsystem" refers to the person's immediate physical and social environment such as house and family; the "mesosystem" refers to the essential social networks of the person such as school, workplace, groups and organisations; the "macrosystem" refers to societies or nations, policies and laws [vii].

Families have very great importance in Asian cultures as family harmony is central to achieving Asian wellbeing. The *Integrated Tree Model* portrays this where it joins clinical and public health approaches based on Asian cultural values. When clinical staff actively engage in public health activities in the language of the community, they build a rapport with potential clients, promote the acceptance of counselling and reduce the shame of seeking help to the Asian community. AFS uses the *Integrated Tree Model* to expand the range and choice of services to be more holistic and culturally responsive for Asian communities.

- Holistic – Gambling is just the tip of the iceberg: Asian clients are helped to discover and resolve the problems underneath the water in order to achieve a state of harmonious balance between body, mind and nature.

- Respect – Respect for Asian cultural values and health beliefs helps to break down barriers to engage clients in services Recognition of stigma and shame – clients are assured that the service provided is completely confidential and private.

- Responsive – Linguistically appropriate services are provided to ensure clients have a good understanding of what is discussed in the counselling room. AFS offer clinical interventions in 8 different languages.

How do trees communicate with each other? Forest trees have evolved to live in cooperative, interdependent relationships, maintained by communication and a collective intelligence similar to human society. We can't see from the ground above, and the real action is taking place underground, just a few inches below our feet. Trees share water and nutrients through the networks and also use them to communicate. All the trees here and in every forest that is not too damaged are connected through underground fungal networks, similar to human social connection that is invisible yet, the bond and support and exchange of information through a familiar environment where one resides.

When uprooted a tree to a new environment, the tree can experience a transplant shock. Their root systems are extensive and mature, which provides the tree with water and nutrients. By uprooting the tree, it cuts off the water and nutrients provided to sustain its life. Reestablishing such a network will take years before it can grow back to its original form. When an immigrant move to a new country, their support system is cut off and reestablishing a trusting support system will take years to come.

This is the approach that AFS apply its public health and clinical framework to our immigrants/Asian and ethnic minority population in preventing and minimising gambling harm approach.

To further illustrate the framework, let's look at how it applies to a therapeutic framework. David and Simon both went to Casino. David is a new immigrant from China, and Simon is a New Zealand born Pakeha.

David left his wife and children from China and came to NZ; he has a few relatives in NZ and occasionally met for dinner. He is a successful entrepreneur and hopes to create a new life in New Zealand. Simon is in a defector relationship and is originally from Hamilton. He is working in a bank as a Human resource manager and obtained his master's in human resource management in AUT.

David does not understand the health and social system, is unaware of "gambling harm" or behavioural addiction and perceives problem gambling as a moral issue. In his country, people with problems with gambling are perceived as having personal or character issues and not categorised as health-related problems. On the other hand, Simon has been exposed to public health messages on mental health and wellbeing and is aware of the harm reduction approach in the health context. He understands where to get help and what EAP can offer the employee.

David went to Casino because of loneliness and did not want to spend another evening alone. Not knowing where to go, he decided to go to Casino because it is safe and opens 24/7, and he gets to talk to someone in his mother tongue. It could be another patron or dealer in the Casino.

Simon went to Casino due to a Christmas function that the company had put together to celebrate another successful year for their business growth.

They both went to casinos, but the outcome will be very different due to the environment and the social context they have been exposed to and learned.

One thing to emphasise in the story is the context. To David, he brings his learning and understanding of what gambling means from the context of China. Despite having services such as Asian Family Services, he would not understand “why”, “how”, and “What” the service can provide to him. He had never seen a counsellor or psychologist in his life. He was unsure how that support would benefit his experience in New Zealand and unfamiliar with the Western medical concept of mental health and wellbeing. On the other hand, Simon has seen the campaign from John Kirwan about depression, participated in the Mental Health Awareness Week as the employee and human resource manager, and understood how stigma and discrimination could impact health-seeking behaviour.

Hence, at Asian Family Services, we used the Integrated Tree Model to explain to David to describe his experience as an immigrant and increase his health literacy how mental health and addiction services is run in New Zealand to help him understand that it is okay to get help; it is crucial to think about his mental health and wellbeing and not be shame about getting support. Hence, we can’t just talk about gambling harm without providing the context to help David make sense of the world in New Zealand.

The short documentary from BBC News, “How trees secretly talk to each other” https://www.youtube.com/watch?v=yWOqeyPIVRo, helps us to better understand.

Finally, at Asian Family Services, we ensure the uprooted tree is replanted and grow strong and is connected to the network to have the best chance of thriving; however, we also warn people about tree, such as orchids and the black walnut tree, along with the potential of the harms it could bring. Asian Family Services hopes to create a network of forests for the Asian and ethnic minority groups that help build a thriving community where we can chat and swap rich nutrients that enrich our Asian and ethnic minority communities.

7. Asian Family Services

Asian Family Services is an NGO service provider for people of Asian backgrounds affected by mental health issues and gambling harm. Our gambling harm minimisation services are delivered under a Ministry of Health contract and are 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 also offered face to face in Auckland, Hamilton and Wellington by qualified counsellors, psychologists, social workers, and 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 and the Health Practitioners Competence Assurance Act.

For over 20 years, AFS has had a strong public health programme and is well known, regarded and most importantly, trusted in the Asian community and among Asian health practitioners.

Asha, meaning ‘hope’ in Hindi, is the name of Asian Family Services’ support service for South Asians living in New Zealand. The service was started in 2017 in response to an increasing number of South Asians presenting for help with gambling problems. The focus of the Asha service is to help South

Asians living in New Zealand who are impacted by harmful gambling – either their own gambling or someone else's, such as a family member or friend by providing linguistically and culturally sensitive support. Asha services also focus on raising awareness of harmful gambling in the South Asian community through public health initiatives that address the stigma attached to gambling problems which can prevent someone from reaching out and seeking help.

In 2016, AFS established Asian Wellbeing Services to provide non-gambling related counselling, psychological intervention, tailor-made psychoeducation and therapy workshops to individuals and related organisations. All these services are offered by qualified counsellors, social workers and public health practitioners who speak English, Cantonese, Hindi, Japanese, Korean, Mandarin, Thai, and Vietnamese.

Digi Language Support (DLS) Services, a sub-division of Asian Family Services, is testing a digitally enabled service providing a self-service booking system for primary and community care participating agencies to access telehealth language support services. This pilot project is one of the Ministry of Health's digitally enabled access and participation initiatives. The pilot aims to enhance access and participation of non-English speaking (NES) or limited English speaking (LES) consumers to health services offered by primary and community-based participating agencies in New Zealand from November 2021.

Additionally, AFS uses its website and social media channels, Instagram, YouTube, Facebook, and WeChat, to share mental health and addiction information and resources in Asian languages and promote our services to Asian communities nationwide.

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