

Ethnic Advisory Group Submission on Suicide Prevention Action Plan 2025 – 2029 Consultation



Asian Family Services
Together enriching lives

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Introduction

Asian Family Services presents this submission on behalf of the Ethnic Advisory Group¹, a collective offering crucial insights across several projects under the Suicide Prevention Action Plan. This group comprises Asian members with direct experiences of suicide bereavement, reflecting a diverse cross-section of communities, including rainbow groups, migrants, international students, youth, and both 1.5 and second-generation individuals. Representing perspectives from Chinese, Indian, Japanese, Korean, and Filipino backgrounds, participants range in age from 25 to 65. Together, their contributions emphasise the profound social, cultural, and familial impacts of suicide loss within Asian communities, underscoring the need for prevention and support approaches that are culturally attuned and specific.

This submission draws from insights shared in a private group consultation facilitated by Asian Family Services on behalf of Synergia, commissioned by Health New Zealand. This consultation, part of the Suicide Prevention Action Plan 2025 – 2029 review, was held on 29 October with 11 advisory group members in attendance.

Through this submission, the group seeks to critically reflect on the current landscape of suicide pre- and postvention support. They advocate for greater cultural awareness and strengthened support systems that span from prevention to postvention, tailored to meet the unique needs of Asian communities.

All contributions from participants have been anonymised and rephrased to ensure privacy while preserving the integrity of their insights and experiences shared during the consultation.

Daughter of Immigrants Who Lost Her Father to Suicide

Amanda shared her story of losing her father to suicide, a tragedy she attributes to the accumulated stressors of migration, identity loss, and the struggles of working in a new country. In their home country, her father was a respected engineer, but in New Zealand, he faced underemployment and the frustration of having his skills go unrecognised. He eventually shifted his focus to raising his three children, pouring his energy into their future. However, as Amanda and her siblings grew up and left home, his sense of purpose faded, and his mental health deteriorated, ultimately leading to his decision to take his own life.

Amanda recalled how, during this period, postvention services were sorely lacking. Each family member had different needs shaped by their unique relationship with her father, but the support they received was directed solely toward her mother, leaving Amanda and her siblings without adequate assistance. In their family, which followed traditional Chinese dynamics, each member had a specific role and relationship with her father, and the failure of support services to address the family as a whole only deepened their sense of isolation.

For Amanda, culturally competent postvention services are vital, as they help families manage their grief and can prevent further emotional struggles. Her own experience as a grieving daughter left her disillusioned with public services in New Zealand, eroding her trust in their ability to meet the needs of Asian families. She voiced her disappointment with the government's current approach to suicide prevention, stressing the need for services that are sensitive to the unique dynamics of Asian families.

Journey Toward Recovery

Mia recognised the shared cultural barriers in openly discussing suicide within Asian communities, where such topics are often seen as taboo. She noted that although government resources might contain useful

¹ Ethnic Advisory Group. 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. <https://www.asianfamilyservices.nz/services/ethnic-advisory-group/>

information, they rarely resonate with Asian families. In her experience, suicide is viewed as a dark, forbidden issue, and families tend to avoid open discussions around it. Mia advocated for culturally specific education that could help community members recognise warning signs and support those who may be struggling. She emphasised the importance of creating a safe, stigma-free environment where individuals feel empowered to discuss their mental health openly.

Reflecting on her own journey, Mia shared that she faced depression and anxiety when she first arrived in New Zealand. The lack of a social support network and the isolation of being in a new country, combined with the shame and stigma surrounding mental health issues, left her unsure of where to turn for help. Today, she is grateful to have overcome these challenges but acknowledged how difficult it was, especially for migrants without previous mental health issues, to face such stress alone. She highlighted how the pressures of migration can often lead to depression and anxiety, and that many migrants feel forced to find their own way through these struggles. Mia noted that only within this supportive group setting has she felt able to share her journey openly, expressing her appreciation for the safe space it has provided.

Advocate for Inclusive Postvention Support

Leila shared her strong conviction that postvention—support provided after a suicide—is vital for preventing future suicides. She expressed her disappointment with the government’s current approach, describing it as overly clinical and disconnected from the lived experiences of those impacted by suicide. Leila was particularly concerned about the government’s failure to address key social determinants such as racism, financial stress, and housing insecurity, which she believes significantly influence mental health within migrant communities.

Reflecting on the government’s plan to establish crisis support cafés, Leila questioned whether these spaces would effectively meet the diverse needs of migrants and communities of colour. She raised concerns about the limitations placed on peer support workers in these settings, noting that without well-defined boundaries and integration with other support systems, their impact may be limited. Leila firmly believes that recognising and addressing these foundational social determinants is essential for creating effective, culturally attuned suicide prevention strategies.

Unique Challenges Faced by Asian Migrant Youth

Ella shared her experiences working in her family’s takeaway business from a young age, describing it as both physically and emotionally demanding. Her responsibilities included taking orders, preparing food, and handling customers—leaving little room for a typical childhood. These responsibilities isolated her from her peers, as she often had to turn down social invitations due to her work obligations. The weight of balancing family expectations with her personal needs created a sense of entrapment and led to struggles with her mental health, challenges she believes are unique to many migrant youth. She voiced concern that her younger sister may also face similar pressures in the future.

Ella highlighted that her role extended far beyond simply helping at the family business. Due to her family’s limited English proficiency, she also managed other tasks, taking on a responsibility that felt overwhelming at times. She recalled nights spent crying herself to sleep, feeling trapped in an environment that impacted her mental health, yet with no visible way to change her circumstances.

In addition, Ella spoke about the difficulties she faced in discussing her mental health with her family. Due to the lack of understanding around mental well-being and the emphasis on hierarchy and respect for elders in Asian culture, her concerns were often dismissed or ignored. Ella explained that this cultural barrier left her feeling unheard and unsupported. She believes that recognising these unique social determinants in mental

health strategies is essential, as it could prevent further mental distress among migrant youth who face the same pressures.

Community Representative

Arif highlighted the unmet mental health needs within culturally diverse communities, particularly as they relate to faith and traditional values that often influence how people approach mental health. He expressed concern that the current system falls short of addressing these needs, as it lacks sensitivity to the unique cultural and community norms that shape people's experiences. This gap, Arif explained, leaves many individuals feeling unsupported and hesitant to seek help.

He also pointed out the inaccuracies in data collection, noting that the existing categories used in government data fail to reflect the true diversity within Asian communities. Using his own family as an example, he explained that his daughter's ethnic background does not fit neatly into the standard categories, leading to an incomplete and misleading picture of their multicultural identity. Arif proposed that Asian communities in New Zealand initiate independent data collection to ensure their needs and backgrounds are accurately represented.

Lastly, Arif addressed the toll of global conflict on migrants who remain deeply connected to family in war-torn regions. He described how the inability to connect with loved ones while witnessing the devastation of war creates significant mental distress, an aspect of well-being that often goes unrecognised. Arif believes that understanding these complex layers—unmet mental health needs, inaccurate data, and the mental strain from distant conflicts—is essential for developing effective support within diverse communities.

Addressing the Unique Needs of Asian Youth

Jayden shared insights into the unique mental health challenges faced by Asian youth, highlighting that many feel uncomfortable seeking formal professional help and instead confide in trusted friends or family. He explained that young people today face a compounded set of pressures—balancing family expectations, academic demands, and the uncertainty of finding employment amid rising living costs and climate concerns. These factors, he noted, create a high-stress environment where mainstream mental health services often feel irrelevant or ineffective, particularly for those from Asian backgrounds.

For international students, Jayden identified an additional layer of challenges that are not adequately met by current services, including those offered by tertiary institutions. Many international students bear the intense pressure to achieve academically, not only for personal success but to uphold family honour. The New Zealand mainstream culture, with its individualistic view on academic success, often misses the profound collective implications for Asian students, who may feel they bring shame upon their families if they fail to meet expectations.

Jayden also pointed out that a significant number of young Asian New Zealanders contribute to family businesses from an early age, especially within the Auckland CBD. These young individuals often help with daily operations as a cost-cutting measure for their families. This additional responsibility places yet another demand on their time and energy, intensifying the unique pressures they face. Jayden believes these multifaceted challenges call for culturally sensitive support systems that recognise the collective and family-oriented pressures that shape the lives of Asian youth.

Primary Healthcare Provider

Lingling, a registered acupuncturist, shared insights from her work with patients whose physical symptoms often conceal deeper emotional pain. She recalled a case involving a New Zealand woman who had tragically lost both her sons to suicide. This woman and her husband were weighed down by immense grief and guilt,

questioning if they could have prevented their loss. What began as an appointment for shoulder pain soon revealed an underlying need for emotional support rather than solely physical relief.

Lingling highlighted the importance of training healthcare providers to recognise these underlying mental health concerns, advocating for greater collaboration with social workers, as many patients face complex issues that extend beyond what one provider alone can address. She observed that many Asian patients tend to express emotional distress through physical symptoms, a phenomenon supported by research, which shows that emotional pain in Asian communities often manifests somatically.

She also suggested that mental health services should collaborate more closely with acupuncturists. In her experience, acupuncture often builds a unique bond of trust with clients, who tend to return regularly for treatments and, over time, share their personal burdens during sessions. Acupuncture sessions, which last between 30 and 60 minutes, involve the practitioner using needles to stimulate specific points to improve blood flow. During these extended sessions, clients frequently sit or lie down, creating a calming environment where many feel comfortable opening up about stressors and challenges. Lingling believes this model of care provides a valuable opportunity for patients to discuss issues they might otherwise keep hidden.

Further Feedback from the Group: Reflections on Suicide Prevention and Support

Appreciation for Recognising Asian Communities as a Priority for Intervention

The group expressed gratitude for the recognition of Asian communities as a priority population in suicide prevention efforts. This acknowledgment underscores the importance of developing Asian-led initiatives that organisations like Asian Family Services (AFS) can champion. The group noted AFS's successful community engagement in mental health, which positions it as a key player in reducing suicide rates within Asian communities in New Zealand.

Expanding Support for Individuals at Risk and Their Families

The proposed actions provide a solid framework, but enhancing support for both at-risk individuals and their families could amplify their impact. Suicide prevention should address not only those in immediate risk but also the people around them, including parents, siblings, and children. Family-oriented support, based on holistic practices seen in Traditional Chinese Medicine (TCM), could significantly alleviate stress and promote collective healing. Offering family-based mental health support alongside current health-focused actions would foster a more comprehensive approach to suicide prevention.

Stronger Focus on Prevention and Early Intervention

While “strengthening the focus on prevention and early intervention” is listed as one of the core actions, the group felt the overall approach remains reactive, akin to an “ambulance at the bottom of the cliff.” Social determinants are briefly mentioned in the plan but lack a clear strategy or commitment to addressing them. Investing in early suicide prevention, with a specific focus on addressing social determinants—such as experiences of racism, economic instability, and culturally unsafe care—would be more cost-effective and impactful in reducing mental health struggles within Asian communities.

Increasing Awareness and Accessibility of Postvention Supports for Families

In addition to immediate crisis response, the group emphasised the need for greater postvention support for families and communities affected by suicide. Culturally tailored workshops, support groups, and accessible grief resources at the community level could play a vital role in strengthening family resilience and reducing

emotional distress in bereaved families. The group sees postvention support as an essential extension of suicide prevention, providing those left behind with the support they need to recover and heal.

Training Practitioners to Recognise and Address Family Needs in Suicide Prevention

Practitioners should be trained not only to identify risks among individuals but also to understand and support family dynamics. Incorporating TCM's holistic perspective could strengthen culturally aware, family-centered practices, allowing practitioners to provide more effective care that acknowledges the unique cultural needs of Asian communities.

Urgent Need for Empirical Data on Asian Health Determinants

The group noted that despite the growing and highly diverse Asian population in New Zealand, there is a lack of empirical data on health determinants specific to Asian New Zealanders. This gap is unsurprising, as Asian communities have not been a priority in Health Research Council-funded research for decades. The group urged the government to address this disparity to better understand and meet the needs of Asian communities.

Integrating Practitioner Education and Self-Care Resources

Suicide prevention is a demanding field, and practitioners face the risk of burnout without proper support. The group suggested providing educational resources that offer self-care techniques, training on managing the emotional demands of the work, and professional support networks. Regular professional development and resilience training would help practitioners continue their critical work while protecting their own mental and emotional well-being.

Developing Family-Focused and Culturally Sensitive Resources

Additional family-centered services, including specialised counselling and culturally adapted bereavement support, would benefit those affected by suicide. Traditional practices, such as auricular acupuncture used in TCM, have shown effectiveness in mental health recovery and could be expanded to support families impacted by suicide. Integrating culturally relevant and alternative approaches to recovery could provide accessible and effective options for holistic healing.

Enhanced Accessibility and Flexibility in Mental Health Services

Resources should be widely available, particularly at the community level and through flexible, mobile, or online formats to ensure regional access. Collaborative training among TCM practitioners, primary care providers, and mental health professionals could increase the reach of culturally relevant support, allowing services to resonate more effectively with diverse communities.

Additional Recommendations for Implementation

When implementing these actions, government agencies should consider:

- Providing inclusive, family-oriented services and robust postvention support that encompasses the emotional and cultural needs of entire families, creating safer recovery environments.
- Offering resilience training and cross-professional support for practitioners, including regular check-ins to maintain mental health and reduce burnout risks.
- Expanding accessibility by offering flexible, community-based services, especially for rural or remote areas where access may be limited.

Final Reflections on Comprehensive Suicide Prevention

New Zealand's approach to suicide prevention should be inclusive, with an emphasis on community-oriented strategies that address cultural and family-specific needs. Comprehensive family support, integrated postvention resources, and practitioner resilience training are essential for creating a sustainable support system. Cross-professional training and collaboration would help create a safety net for individuals and families alike, ensuring that no one faces these challenges in isolation.

Overview Summary of Key Points

Asian Family Services, on behalf of the Ethnic Advisory Group, has submitted vital insights into the Suicide Prevention Action Plan, addressing the distinct needs of diverse Asian communities in New Zealand. Drawing on contributions from members of various backgrounds, the submission highlights the cultural and familial impacts of suicide loss and the need for culturally sensitive prevention and support approaches.

The submission highlights the need for suicide prevention to extend beyond individuals at risk, advocating for holistic, family-based mental health support that addresses the unique dynamics within Asian households. Culturally specific postvention services, including tailored workshops and support groups, are essential to support grieving families, with a focus on reaching entire families rather than just immediate survivors. Recognising the impact of social determinants such as racism, financial insecurity, and housing issues is crucial, as these factors disproportionately affect the mental health of migrant communities; addressing them through preventive measures is both effective and cost-efficient.

The group calls attention to the unique pressures facing Asian youth and international students, who often experience compounded stress from family expectations, academics, and economic uncertainty, making culturally relevant support especially vital. There is also a strong case for incorporating Traditional Chinese Medicine (TCM) principles, like auricular acupuncture, into mental health services to promote holistic, family-centered care that benefits grieving families and communities. Furthermore, the submission advocates for improved data collection on Asian New Zealanders to better capture their needs and urges the government to fund targeted research for more informed policies.

Recognising the emotional demands on suicide prevention practitioners, the group recommends resilience training, self-care resources, and cross-professional support networks to ensure practitioners' well-being, thereby improving care quality for vulnerable communities. For better accessibility, mental health services should be available through community-based, mobile, and online options, with training collaboration among TCM practitioners, primary healthcare providers, and mental health professionals to broaden the cultural relevance and reach of services.

Finally, the submission emphasises the importance of family-oriented support that respects cultural and collective needs, creating safe recovery environments through inclusive postvention services. New Zealand's suicide prevention efforts should adopt a community-focused, culturally aware approach that strengthens family support, postvention resources, and practitioner resilience training. Cross-professional collaboration can build a network that safeguards individuals and families, ensuring no one faces these challenges alone.

This submission urges the government to move beyond a clinical approach, advocating for community-led, culturally sensitive interventions that address the specific challenges within Asian communities and prioritise preventative strategies and family-oriented postvention support.