# Submission to Your Voice: Feedback on the Ministry of Ethnic Communities' draft strategy

**November 2021**

Asian Family Services
*Together enriching lives*

# Contents

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Thank you for the opportunity to comment on the focus areas of the Ethnic Communities' strategy. This submission is made by Asian Family Services.

We would welcome further discussion on this submission and look forward to engaging with those working on the Strategy towards the shared vision "A socially inclusive Aotearoa New Zealand where ethnic communities are empowered to contribute their skills, culture and voice".

## 1. The focus of this submission

This submission has been prepared to inform Your Voice: Feedback on the draft strategy of the Ministry for Ethnic Communities. It summarises Asian Family Services' view on the current gaps and unmet needs of the ethnic populations based on over 20 years of experience of serving the Asian population in mental health and addiction to achieve the best outcomes for wellbeing. It suggests several ideas and approaches that supports the development of the future direction and content of the Ministry of Ethnic Communities (the Ministry's) Strategy for the Ethnic population.

The submission will also focus on systemic barriers faced by the Asian population in mental health provision and support issues.

Asian Family Services acknowledge that some of the issues highlighted might not be within the strategy's scope. However, as the Asian Mental Health and Addiction service provider, our responsibility is to authentically represent the Asian population who suffered from mental health and addiction issues 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.

### 1.1. Asian Population

Asian Family Services would like to acknowledge that the Asian population is the fastest-growing population and will make up a quarter of the New Zealand population in 20 years. The term Asian in New Zealand represents a vast array of cultures and ethnicities in which examples are Afghanistan in the west, India, China, Japan in the east, and Indonesia in the south.

### 1.2. We Welcome the strategy

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 comprehensive consultation draft document that emphasises on "***A socially inclusive Aotearoa New Zealand where ethnic communities are empowered to contribute their skills, culture and voice***". The emphasis on inclusivity and valuing the cultural heritage, skills and their view of ethnic population looks to be a step in the right direction.

Asian Family Services want to acknowledge the thinking and enormous effect that has gone into the analysis and outlined in the draft strategy and is impressed with the four strategic priorities to achieve the Ministry's goal to lift the wellbeing of ethnic communities.

## 1.3. We consider that the strategy should be more aspirational

While the draft strategy outlines a robust framework that will support the ethnic communities to achieve a socially inclusive Aotearoa New Zealand, it should be more ambitious, aspirational and open for collaboration within and outside the government, that helps contribute to the wellbeing and lead to the flourishing of the ethnic population.

Asian Family Services strongly endorse the Ministry to ensure the ethnic diverse view were included in New Zealand. "*Aotearoa New Zealand's communities who identify their ethnicity as Middle Eastern, Latin American, Continental European, Asian or African will have had this level of representation in government. Range of voices including recent migrants, long-time settlers, former refugees, international students, and community leaders and organisations*." We especially like to see that ethnic views and leaderships are included in the early development of legislation, such as policy response and design review. Thereby, the establishment of new entities and legislation change will be cascaded to the implementation plan and work programme that is responsive to the needs of the ethnic population in Aotearoa.

In recent observation from Asian Family Services, members appointed to bodies where the Crown is interested in Government inquiries on behalf of the responsible Minister often lack ethnic representation, despite many high calibres of ethnic professionals with extensive knowledge and experience to support inquiry, achieving an equitable outcome for all New Zealanders. Having ethnic representatives early in the inquiry will enable a whole system view that is more inclusive for the ethnic population of Aotearoa.

Evidence that can be found from the lack of ethnic representation of recent inquiries includes Government inquiry into Mental Health and Addiction, Oranga Tangata, Oranga Whanau, New Zealand Health and Disability System Review, Hauora Manaaki ki Aoteroa Whanui. The inquiries' Terms of Reference are absent of the mandate and inclusivity to engage with the ethnic population, which consequently, issues of the ethnic population were often overlooked or included in the review documents. The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan, neglected to mention or address the specific psychosocial needs of the Asian population. The Government inquiry into the 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, while failing to recognise the Asian population's needs. On top of that, 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 equally failed in acknowledging and addressing the needs of the Asian population in those plans.

Since implementing mental health and addiction strategies, Asian Family Services witnessed the service gaps widening instead of closing. Consequently, this resulted 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 future of the ethnic population.

Furthermore, Asian Family Services believe that it is equally vital for New Zealand's central government organisations to have strong and influential ethnic leaders, especially in the executive position as public servants. Besides the bottom-up approach where the ethnic population is being empowered, we believe the central government equally need to place emphasis on strategically placing influential ethnic leader at the executive positions. Otherwise, the ethnic diverse communities

will not prosper if ethnic people cannot participate in and contribute to the central government at a higher level on an equal basis with others.

We also want to see each Ministry develop its ethnic engagement strategy to provide a clear pathway, policy, funding, and accountability to achieve the best outcomes for the ethnic population. Such as the Ministry of Police, Ministry of Health, Ministry of Justice and Ministry of Education.

Asian Family Services believe we must continue to acknowledge and respect ethnic diversity and recognise the value it adds to the New Zealand government to ensure the ethnic population experiences with the government are inclusive and accessible, responsive to their needs and meet their expectations.

## 2. Systematic Barriers in Asian Mental Health and Addiction

Asian Family Services like to take this opportunity to Illustrate the system barriers faced by the ethnic population who experience mental health and addiction issues and suicide. Unfortunately, such topics are often regarded as taboo and frowned upon within our very own ethnic population. Hence, it has been the hardest to acknowledge or facilitate a meaningful dialogue within the Asian communities. However, as the service provider, we have witnessed the suffering, challenges and shame experienced by our clients; consequently, we felt obligated to share what we seem, learned and experienced.

In Strategic priority number two, "Ensuring the equitable provision of and access to government services for ethnic communities". The current reality for Asian clients within the New Zealand mental health and addiction healthcare system and suicide prevention and postvention support is insufficient. New policies and processes should be created to further address these issues with ongoing quality research to further explore and monitor outcomes. Asian Family Services hopes to see a mental health and addiction healthcare system and a suicide prevention and postvention that is culturally and linguistically capable of meeting the changing population's health needs to support all Asian populations to live well, stay well and get well.

Given the current situation of Covid-19, Asian Family Services strongly encourages the Ministry to consider the whole of Government approach in developing strategic foresight for better responding to the ethnic population mental health and addiction issues. That is to make it possible to imagine multiple futures in creative ways that heightens our ability to sense, shape, and adapt to what happens in the years ahead when it comes to better response and supporting the ethnic population in need of psychological and mental health intervention and treatment.

### 2.1. COVID 19 in Asian communities

Since the outbreak of Covid-19, our front-line clinicians who are working with the Asian population have seen how high stress, anxiety, and isolation of living in a pandemic are taking a toll on their mental health. Since the Covid-19 outbreak, our services have seen an increase in demand for mental health support. For example, our Asian Helpline received a notable increase in calls (25.6%) in April compared with our data from April 2019. The total duration of calls has also increased by 146.5% in April compared to April last year. New clients included individuals needing support with depression and anxiety-related issues exacerbated by the situation with Covid-19. Some clients were referred to AFS from Need to talk? 1737 because they had seen a drastic increase in Asian callers needing linguistically appropriate counselling.

Our referrals have continued to increase since the outbreak of the COVID19 in New Zealand. To ensure the Asian communities are well supported, we have decided to expand our services to respond to the

needs of the Asian population. Services currently provided include brief psychosocial intervention and social worker support to address social issues faced by Asian communities, from parenting workshops, family harms, employment support, suicide prevention and postvention support with relatively limited funding.

In recent times, we have witnessed a spike of financial challenges experienced by the ethnic populations. In a short three weeks between early to late October, Asian Family Services served over 3000 clients and distributed over 300 food parcels from the Ministry of Social Development's discretionary fund; however, only one full-time equivalent was contracted to the service provision. The not-for-profit sectors of the ethnic population are often being neglected, and resources are often stretched with limited support from the government.

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[i].

## 2.2. Mental Health in Aotearoa

Mental health and wellbeing are paramount to the overall health of New Zealanders regardless of race or ethnicity. Mental distress affects many New Zealanders. 1 in 5 adults aged 15 years and over are diagnosed with a mood and anxiety disorder (Ministry of Health, 2019). Unfortunately, the proportion of New Zealanders with high levels of mental distress is trending upwards over time. A more significant proportion of 15 to 17-year-olds and 18 to 24-year-olds experience anxiety and high mental distress than older age groups. 18 to 24-year-olds are more likely to report experiencing moderately severe or severe depression than older age groups. As age increases, the proportion of people reporting high anxiety, depression, or mental distress decreases[ii].

The World Health Organisation defines mental health as

> "*Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. Mental health is a state of wellbeing in which an individual realises their own abilities, can cope with the everyday stresses of life, work productively, and contribute to their community. Mental health is fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life. On this basis, the promotion, protection, and restoration of mental health can be regarded as a vital concern of individuals, communities, and societies worldwide.*[iii]

Hence, to ensure the wellbeing of the ethnic population, Asian Family Services strongly advocates for the Ministry to make the overall wellbeing of the ethnic population one of the priorities. We argue that the concept of wellbeing should be the overarching four action priorities for the strategy document.

## 2.3. Mental Health Within Asian Population

Kia Manawanui Aotearoa – the long-term pathway to mental wellbeing to support people who experience mental distress was announced. The plan mentions that only 5.8% of Asians experience

psychological distress in the previous four weeks[iv]. Unfortunately, the research information representing the Asian population in the Kia Manawanui Aotearoa is outdated and misleading.

The Youth19 Rangatahi Smart Survey (Youth19) is the latest in the Youth2000 series of health & wellbeing surveys with 7721 years 9-13 students, found a third of East Asian students and a third of east Asian south Asian girls experienced significant depressive symptoms, and 5 per cent said they had been treated unfairly by a health professional due to their ethnicity.

**Table One:** The Youth e2000 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 the 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 the 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 the past year, has deliberately hurt or done anything known 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 the past month | 10% | 13% | 10% | 14% |
| Has witnessed an adult hit or physically hurt another adult or child at home in the past year | 12% | 14% (F>M) | 12% | 13% |
| Has been hit or physically hurt by an adult at home in the past year | 12% | 14% (F>M) | 11% (F>M) | 13% |
| Has been touched sexually 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 the 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) |

The New Zealand Asian Wellbeing & Mental Health Report 2021 found that 44.4% of Asians showed symptoms of depression, 61.3% of Asians under 30 years have the highest risk of depression, whereas 23.4% of older Asians have the lowest risk[v].

The stigma towards people with mental illnesses in New Zealand is a significant cause for concern; 98.7% of Asians believe the public hold negative stereotypes against people with mental illness. Consequently, Asians were much less likely to have accessed public mental health services over the five years when compared to other ethnic groups[vi]. 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[vii].

Almost half (49%) of Asians lack awareness of mental disorders compared to 78% of the general public, in which they were aware of someone or self with mental distress[viii]. 48.3% of Asians said that they had limited knowledge of available services[ix].

The stigma and lack of knowledge of what mental disorder was meant Asians were most likely to delay mental health support. District Health Board (WDHB) mental health inpatient data verifies that Asian clients have a higher rate per 1000 first referrals as patients than other groups, such as Pacific, Māori, and others. A literature review confirms that Asian people were most likely to delay seeking help for mental illness until they are very unwell[x].

Another research conducted by the Asian Family Services identified a range of challenges encountered by Asian women and families during the perinatal period. Of the 17 Asian women interviewed, only two had ever used specialist maternal mental health services in New Zealand. One woman sought telephone counselling, and five sought help from GPs, midwives, and Plunket nurses for their mental health difficulties. Multiple barriers to access mental health services and support were identified. The most significant barriers once again are the social stigma attached to mental ill-health and the harmful effects of discrimination, followed by language difficulties, lack of access to appropriate interpreters, poor understanding of perinatal mental health problems and Western treatment approaches, and lack of awareness of the New Zealand health system and services[xi].

Asians and migrants were also most likely to experience loneliness. The New Zealand General Social Survey (2018) found that when compared to Europeans, Asians were 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%). Those who have recently migrated to New Zealand had a greater likelihood of being lonely than most other immigrants. We know people from China and India in the past found it much harder to make friends even after spending 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 people are, in general, experiencing higher incidences of prolonged loneliness. Indian communities have the most pronounced experiences of loneliness[xii].

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, and the struggle to make new friends in New Zealand while also experiencing racism. Unfortunately, researchers have found that such social rejection could cause physical pain[xiii].

It has been recognised that the economic impact of the Covid-19 restriction has been especially devastating for small businesses, also indirectly affecting social and personal wellbeing through mental health consequences[xiv]. Concerns due to Covid-19 included 50.2% not being able to return to their home country for reunion, 43.6% recession, 40.3% radical discrimination, 38.9% health system being overloaded, and 38.8% having increased mental distress[xv]. The report on the Migrant Experiences in the time of COVID highlights the vulnerability of recent migrants in Aotearoa New Zealand, during a global crisis; and the systemic barriers to a positive settlement journey that existed pre-COVID yet to be fully addressed. Both are creating a more complex environment to navigate during extraordinary times[xvi].

Asians receive less access to and poorer care through health care services. 47.9% of Asians have told us that they could not access language and cultural support regularly when using health services in New Zealand; 49.2% cultural and social support, 39.7% free interpreting services, 39.5% culturally

appropriate clinical services, 35.7 culturally appropriate psychological intervention, 32.5% translated health resources and 24.7% for ongoing updates and health-related articles[xvii].

## 2.4. Suicide in the Asian population

Despite numbers of suicide among the Asian population being lower than Māori, Pacific people, and others, it equally needs to pay close attention to even one suicide is still too many. The Suicide Mortality Review Committee (SuMRC) from the Health Quality and Safety Commission, New Zealand trial, confirmed that Asian people were less likely to access services than other ethnicities. Data from the integrated data infrastructure showed Asian people were half as likely as non-Asian people to have seen secondary mental health services in the three months or 12 months before their death by suicide[xviii].

In addition, 20 per cent had contact with their GP in the three months before their suicide and three in five in the 12 months before. As to contact with secondary mental health services, 10 per cent of Asian people had contact with a service in the three months before their suicide. Among the services, Asian people had lower access to screening services, mental health services, disability support and aged residential care. Compared with other ethnic groups, Asian people were also less likely to have a primary health care provider, to have seen a family doctor or any other health professional in the past year, and to have used a public hospital in the past year.

## 2.5. Mental Health and Addiction Service Gaps

Asian Family Services and Platform Trust were funded to conduct a study to explore how mainstream mental health and addiction (MH&A) providers and Asian specific Mental Health & Addiction providers could work together to better respond to the needs of Asian people in New Zealand. 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 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).*

Several factors help to explain why Asians have an increasing need for effective services. These groups are growing in size and are suffering increasingly from inequitable access to services. In addition, communities are advocating more for unique cultural perspectives in services. Health law and policy are increasingly recognising the importance of being culturally responsive. Responsive services need to focus on recovery, reflect relevant cultural models of health, and consider the clinical and cultural needs of people affected by mental illness and addiction. They must listen to service users, give access

to full information, use collaborative processes at all levels, encourage feedback, and do whatever it takes to support for the easy and timely access to services.

## 2.6. Health inequalities and inequity

According to the Ministry of Health's position on inequalities and inequity in health it states

> "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[1].

Through our work with Asian communities, we are aware of the gaps in providing services to our people. During the Covid-19 crisis, although the government set up a new website dedicated to providing all New Zealanders, up-to-date information, advice, and resources that helps support the fight against Covid-19, Asian peoples were still facing challenges in many ways. Many Asian people were unable to access the official Covid-19 website due to a language barrier or because they did not have access to the digital platform; those who rely on ethnic media or online information were faced with a lot of mixed messages about Covid-19, from many different sources, and they did not know how to find trustworthy information that was relevant to them. Currently, there are limited culturally and linguistically appropriate mental health resources and support services for Asian people. The support and resources that have been developed to help people look after their mental health during the pandemic are largely only available in English; Asian people who have limited English have found it challenging to navigate an over-complicated system to access information and services at a time when they are extremely vulnerable.

## 3.1. We Must Act Now

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 expected ongoing rise in unemployment[xix]. Our AFS clinicians are also aware of an increasing number of newly at-risk young people, working-age adults, and older people who have mainly experienced wellness prior to the pandemic, now facing disruption in their lives and not knowing how to seek help. These newly at-risk people may use negative coping strategies such as gambling, alcohol, and drugs, resulting in additional issues, such as relationship problems, domestic violence, mental health issues, suicide, and self-harm.

Asian people need to be identified as a priority group in national health/mental health policies and action plans. The under-utilisation of primary health and mental health services of Asian people gives the false impression that Asians have better health than other ethnic groups. The result is little funding and policy support to improve current services for Asians. This pandemic has rapidly brought to the

[1] Ministry of Health, Achieing equity. https://www.health.govt.nz/about-ministry/what-we-do/work-programme-2019-20/achieving-equity

fore, the significant service gaps and unmet needs within Asian communities. Breaking up this cycle should be a priority for reducing health inequalities and promoting the mental health and wellbeing of Asians during the recovery phase.

Asian people with mental health and addiction issues are diverse, including a wide range of ethnicities, ages, and backgrounds (e.g., migrants, refugees, international students, work visa holders), and their profiles are changing. Therefore, ongoing service development is required to address service gaps and overcome significant barriers preventing Asian peoples from accessing and utilising timely and appropriate mental health and addiction services.

We acknowledge that the draft strategy identifies mental health as one of the priority matters. Providing a culturally, linguistically, and evidence-based government will enable everyone equitable access to and outcomes from government services regardless of their background. Asian Family Services understand that 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 were the two most widely experienced barriers to service utilisation, adversely affecting equitable access to appropriate and quality care. 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.

Due to Covid-19, 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.

## 4. Recommendation

Asian Family Services believe it needs to take a step forward where the ethnic diverse population's views and voices are embedded in the public services with leadership roles to challenge the status quotes and current views that are not inclusive or is contradictory to achieving an inclusive Aotearoa. Asian Family Services hopes the ethnic diversity population will be included in the parliamentary process in legislation change or review so the ethnic communities' voices can be heard and understood.

The Public Service workforce needs to have the diversity and cultural competence to design and deliver customer-centred services to an increasingly diverse New Zealand, and to have ethnic leadership that can promote the ethnic communities' view. As such, a whole government approach to address the diversity and inclusion approach is paramount in ensuring the inclusive Aotearoa New Zealand where ethnic communities are empowered to contribute their skills, culture, and voice.

Asian Family Services also urges the Ministry to advocate to have sufficient and robust infrastructure to ensure the capability and delivery of quality mental health and addiction services for the ethnic population with sustainable funding.

Asian Family Services understand that our concerns may be beyond the responsibility of the draft strategy. However, we wish that the Ministry would advocate the Ministry of Health to consider taking an investment approach to the ethnic population mental health and addiction, 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 announced in April this year. We hope the government would consider such an investment for the ethnic population's 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 early, readily, or often. The outcome is poorer health on an individual level and costlier health on a systemic level.

## 5. About Us

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.

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.

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.

In addition, 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.

# Reference


[i] Kross, E., Berman, M, G., Mischel, W., E. Smith, E, E., and Wager. T, D. (2011). Social rejection shares somatosensory representations with physical pain. https://www.pnas.org/content/108/15/6270

[ii] Te Hiringa Hauora. (2020). Mental Health in Aoteaora. Results from the 2018 Mental Health Monitor and the 2018/2019 New Zealand Health Survey. Wellingto: Te Hiringa Hauora.

[iii] World Health Organisation. Mental health: strengethning our response. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

[iv] Ministry of Health. (2019). https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey: Wellington: Ministry of Health. https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey

[v] Ning, Bo., Feng, K., Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report 2021. Auckland: Asian Family Services.

[vi] Chow, C, S., & Mulder, R.,T. (2017). Mental health service use by Asians: a New Zealand census. New Zealand Medical Journal. https://journal.nzma.org.nz/journal-articles/mental-health-service-use-by-asians-a-new-zealand-census

[vii] Memon, A., Taylor, K., Mohebati, L,M., Sundin, J., Cooper, M., Scanlon., & Visser, R., (2016 ). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: a qualitative study in Southeast England. Volime 6, issue 11. BMJ Journals. https://bmjopen.bmj.com/content/6/11/e012337

[viii] Te Hiringa Hauora. (2020). Mental Health in Aotearoa. Results from the 2018 Mental Health Minitor and the 2018/2019 New Zealand Health Survey. Wellington:Te Hiringa Hauora

[ix] Ning, Bo., Feng, K., Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report 2021. Auckland: Asian Family Services.

[x] Lim,S., Mortensen, A., Feng, K., Yeo, I. (2015). Late Presentations by Asian People to WDHB Mental Health Inpatient Services Project Report. Auckland: Waitemata District Health Board

[xi] Ho, E., Feng, K. and Wang, I. (2021) Supporting Equitable Perinatal Mental Health Outcomes for Asian Women. A Report for the Northern Region District Health Boards. Auckland: Asian Family Services.

[xii] Scoular, S (2020). Prolonged loneliness in New Zealand before, during, and after lockdown. Loneliness New Zealand. Loneliness New Zealand Charitable Trust.

[xiii] Kross, E., Berman, M, G., Mischel, W., E. Smith, E, E., and Wager. T, D. (2011). Social rejection shares somatosensory representations with physical pain. https://www.pnas.org/content/108/15/6270

[xiv] Fakhruddin, D., Rahman, J., & Islam, M. (2021). Community-based response to the COVID-19 pandemic: The case of South Asian community in Auckland, New Zealand. Bangladesh New Zealand.

[xv] Ning, Bo., Feng, K., Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report 2021. Auckland: Asian Family Services.

[xvi] Belong Aotearoa. (2020). Migrant Experience in the Time of Covid. Survey Report 2020. Belong Aoteroa.

[xvii] Ning, Bo., Feng, K., Zhu, A. (2021). New Zealand Asian Wellbeing & Mental Health Report 2021. Auckland: Asian Family Services.

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

[xix] Poulton, R., Gluckman, P., Menzies, R., Bardsley, A., McIntosh, R., Faleafa, M. (2020). Protecting and promoting mental wellbeing: beyond covid-19. Koi Tū: The Centre for Informed Futures. Auckland: The University of Auckland.