

2025 New Zealand Asian Well-being & Mental Health Report

- A Cross-Sectional Survey

July 2025

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Dr Andrew Zhu | Director of Trace Research





Asian Family Services gratefully acknowledges the Ethnic Communities Development Fund, administered by the Ministry for Ethnic Communities, whose funding made the 2025 New Zealand Asian Well-being and Mental Health Survey possible. This support has enabled vital data collection and empowered Asian Family Services to amplify the voices of Asian New Zealanders, inform public discourse, and advocate for meaningful policy change. The insights from this survey will guide the development of culturally responsive services and innovative well-being initiatives that address the unique needs identified, helping to build a more inclusive and equitable mental health system for future generations.

We are especially thankful to the **1,016 individuals from diverse Asian backgrounds** who generously shared their time, experiences, and insights by participating in this survey. Their contributions have been instrumental in building **a richer**, **evidence-based understanding of the mental health and well-being of Asian communities** across the country.



From the CEO of Asian Family Services





Dr Kelly Feng MNZM CEO of Asian Family Services

Asian Family Services (AFS) has been at the forefront of advocating for and supporting Asian communities in New Zealand for over two decades. Our commitment is to ensure that all Asian New Zealanders can achieve optimal mental health and well-being through culturally appropriate services, education, advocacy, and research. This comprehensive approach enables us to effectively address the unique needs and challenges faced by our diverse communities.

The 2025 New Zealand Asian Well-being & Mental Health Survey represents our continued dedication to understanding and addressing these challenges. Funded by the Ethnic Communities Development Fund, this research offers valuable insights into the state of well-being, mental health, experiences of discrimination, and school bullying among Asian communities.

Key findings from this survey reveal worrying trends:

- Life satisfaction among Asian communities has notably declined by 11.4% since 2021, particularly among younger adults and those living in urban centres.
- Over half of respondents (57.2%) are at risk of depression, disproportionately affecting Korean and Indian communities, younger individuals, and females.
- Discrimination remains a significant issue, with nearly 22.2% experiencing race-based bias, highlighting entrenched social challenges.
- Alarmingly, nearly half of Asian parents/guardians reported school bullying incidents involving their children in the past 12 months, underscoring a severe and ongoing concern within our educational institutions.

These findings underscore critical implications for policy and service development. Targeted, culturally sensitive mental health interventions must become a policy priority, especially those that address the vulnerabilities of youth, specific ethnic subgroups, and urban residents. We strongly advocate enhanced antidiscrimination strategies to promote genuine social inclusion and equity.

Furthermore, the persistent issue of school bullying demands immediate and targeted educational responses. We recommend implementing ethnically responsive anti-bullying programmes, improving school reporting mechanisms, and increasing parental support resources to empower families and protect our youth.

Through this research, Asian Family Services continues to elevate the voices of Asian New Zealanders, informing policymakers and service providers at all levels. We firmly believe this evidence-based approach can drive meaningful, systemic change, improve mental health outcomes and foster a more inclusive and supportive society for all.

We thank all participants and partners for their invaluable contributions to this vital research and invite all stakeholders to collaborate with us to realise a healthier, more equitable future for Asian communities in Aotearoa.

Warm regards,

Dr Kelly Feng, MNZM CEO, Asian Family Services



Declining Life Satisfaction

2021 86.5% Satisfaction rating: 6-10 mean: 7.5/10

2025 75.1% Satisfaction rating: 6-10 mean: 6,8/10

2025

Declining Life Worthwhileness

2021 84.8%

79.2% Worthwhileness rating: 6-10 Worthwhileness rating: 6-10 mean: 7.1/10

mean: 7.5/10

Perception of Public Safety

71.1% of NZ Asians felt safe in their local community during the day

Sense of Belonging

Only 56.5% of NZ Asians felt a sense of belonging and acceptance in their community.

Filipinos (62.5%) and Indians (60.6%) reported the highest belonging, while Chinese (50.4%) and Koreans (46.6%) lagged behind

Between 2021 and 2025, the proportion of Asians showing symptoms of depression increased from 44.4% to 57.2%, especially amongst younger Asians, 72% Based on self-reported results using the Centre for **Epidemiological Studies Depression Scale (CES-D10)**

46.3% of Asian parents/guardians reported their school-aged child was bullied in the past year.

Indian parents/guardians reported the highest prevalence (57.4%), followed by Chinese (43.0%)

New Zealand Asian Well-being & Mental Health Survey



aether enrichina lives

TOP 5 **Mental Health Impacts of Bullying on Asian Children**



Needs for Language & Cultural Support		
Cultural and social support	46.8%	
Culturally appropriate clinical services	39.1%	
Free interpreting services	36.1%	
Culturally appropriate psychological	34.0%	
Translated health resources	28.7%	

Infographics Summary of Key Insights

Discrimination

27.6% reported experiencing discrimination or unfair treatment in their community in the past year.

Discrimination was reported more frequently by younger Asians, peaking at **34.9%** among 18-29vear-olds.

80.3% of Asians in New Zealand cited race or ethnicity as the main reason for discrimination.

Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months by School Years

Primary School (Years 1–6)	44.2%	
Intermediate School (Years 7–8)	30.8%	
Secondary School (Years 9–13)	29.5%	

Executive Summary



This report presents findings from the 2025 New Zealand Asian Well-being & Mental Health Survey, commissioned by Asian Family Services (AFS) and independently conducted by Trace Research. The survey reveals critical concerns, notably declining mental well-being, significant experiences of discrimination, and high rates of school bullying among Asian communities. This nationally representative cross-sectional survey was conducted online from 2 to 21 May 2025 and gathered responses from 1,016 Asian adults across New Zealand. It employed stratified sampling techniques aligned with demographic benchmarks from the 2023 Census. Measures included validated instruments such as CES-D-10 for depression, OECD indicators for subjective well-being, and detailed assessments of bullying and discrimination.

Wey Findings

- Life Satisfaction: Life satisfaction declined to 75.1%, with Filipinos reporting the highest (81.5%) and Koreans the lowest (71.8%). Younger respondents (18–29) showed notably lower satisfaction (68.3%), indicating generational gaps.
- Mental Health: Over half (57.2%) are at risk of depression, markedly higher among youth (72%) and Koreans (69.1%). Females (60.3%) and urban residents, particularly in Auckland (59.9%), are disproportionately affected.
- Discrimination: 27.6% experienced discrimination. Race or ethnicity was the dominant reason for discrimination among Asians in New Zealand (80.3%). Indian respondents accounted for the largest share (36.9%), followed by Chinese (27.9%).
- School Bullying: 46.3% of Asian parents/guardians reported school bullying of their children, with Indian families most affected (57.4%). Bullying predominantly involved verbal (71.8%) and social forms (36.9%), resulting in anxiety, withdrawal, and emotional distress. While up to 68% of Asian parents/guardians feel confident offering emotional support, fewer than half feel capable of navigating formal school processes. Only 33.8% know where to access professional support, and fewer than 24% feel confident engaging the bully's parents.

Recommendations

- Targeted Mental Health Support: Prioritise culturally appropriate mental health services, particularly for youth, Korean, and urban populations.
- Enhanced Anti-Discrimination Efforts: Develop systematic, intersectional strategies addressing racism and linguistic barriers, especially in educational and workplace settings.
- School-Based Interventions: Implement ethnically responsive anti-bullying programmes, provide structured parental support, improve school reporting mechanisms, and provide cultural responsiveness training for educators.

This data-driven evidence highlights urgent needs and provides clear directions for policy and community interventions to improve Asian well-being and social integration in New Zealand.

Key Findings: Life Satisfaction & Worthwhileness of Life



Declining Satisfaction and Purpose in Life: Overall well-being among Asian New Zealanders has declined notably since 2021. Only 75.1% are satisfied with life, and 79.2% feel life is worthwhile - both lower than four years ago. This drop signals rising uncertainty, especially among youth and urban residents, highlighting the need for renewed focus on social connection and meaning.

- Ethnic Disparities: Filipinos report the highest levels of both satisfaction (81.5%) and worthwhileness (84.9%), while Koreans show the lowest sense of purpose (71.8%). Indians and Chinese report lower satisfaction (72–73%) and meaningfulness than other groups.
- Age Divide: Well-being improves steadily with age. Asians aged 65+ report the highest satisfaction (83.5%) and worthwhileness (87%), while 18-29year-olds show the lowest (68.3% and 73.4%, respectively), revealing a generational decline in fulfilment.
- Gender Gap: Males report slightly higher satisfaction (77%) and worthwhileness (80%) than females (73.1% and 78.6%). However, both genders show reduced top-end well-being since 2021.
- Regional Variation: South Island residents, especially in Christchurch, report the highest well-being (up to 81.6% satisfaction), while Aucklanders report the lowest satisfaction (71.6%) and worthwhileness (75.8%). This suggests that urban living may contribute to diminished life meaning.
- Trend Over Time: From 2021 to 2025, average life satisfaction rating dropped from 7.5 to 6.8, and worthwhileness from 7.5 to 7.1. High satisfaction and "Totally Worthwhile" scores declined, while neutral responses rose, indicating growing ambiguity about the quality of life among Asian New Zealanders.

Key Implications:

The decline in life satisfaction and perceived worthwhileness signals growing emotional and existential strain, particularly among young Asians and urban residents. These trends call for policies and community programmes that foster purpose, connection, and long-term well-being. Targeted mental health promotion, social engagement initiatives, and culturally tailored support are urgently needed to reverse this downward trend.



Low Belonging and Uneven Perception of Safety: While most Asians feel safe during the day (71.1%), only 56.5% feel a sense of community belonging. These moderate but stagnant figures suggest that inclusion and cultural safety remain ongoing challenges, particularly for youth and urban residents.

- Ethnic Disparities: Filipinos consistently report the highest levels of safety (78%) and a sense of belonging (62.5%). Chinese and Koreans feel the least safe (65.5% and 76.1%) and least connected (50.4% and 46.6%).
- Age Divide: Safety and belonging increase with age. Older Asians (65 years and older) feel most secure (76.9%) and integrated (70%), while 18–29year-olds report the lowest sense of belonging (50.1%) and safety (66.4%).
- Gender Gap: Perceptions of safety are similar by gender, but women feel slightly less "very safe" (20.6% vs. 24.3%) and more neutral about belonging. Females report a marginally higher sense of belonging (57.1%) than males (55.9%).
- Regional Variation: Those living in smaller regions, especially the South Island outside Christchurch, report the highest safety (97.4%) and belonging (73%). Urban centres like Auckland, Wellington, and Christchurch report lower scores, with over one-third feeling neutral or excluded.

Key Implications:

The low and uneven levels of belonging and perceived safety highlight persistent challenges in social inclusion for Asian communities, especially among youth and in major urban centres. Addressing this requires culturally responsive, place-based interventions that build trust, visibility, and community connection, ensuring that safety and belonging are not just present but genuinely felt by all.

Key Findings: Asian Mental Health



The survey reveals a critical mental health concern: over half (57.2%) of Asian respondents are at risk of depression, based on the CES-D-10 scale. This marks a notable decline in mental well-being compared to previous years.

- Ethnic Disparities: Koreans (69.1%) and Indians (63.5%) exhibit the highest depression risk, while Chinese report the lowest (51.6%) among major Asian subgroups.
- Age Divide: Depression is most prevalent among young adults aged 18–29, with 72% at risk, over twice the rate of those aged 65+ (29.2%). This indicates a growing generational gap in mental health outcomes.
- *Gender Gap:* Females are more affected (60.3%) than males (53.9%), reinforcing existing patterns of gendered mental health vulnerability.
- Regional Variation: Urban centres show a higher risk of depression. Auckland (59.9%) leads, while South Island regions (48.3%) outside of Christchurch report the lowest risk, suggesting that location-based stressors or support differences may be at play.
- Trend Over Time: Between 2021 and 2025, the proportion of respondents with no depressive symptoms dropped from 55.7% to 42.8%. Despite the pandemic subsiding, the proportion of individuals in the high-risk category increased from 14.8% to 20.8%, suggesting that persistent structural stressors, such as social isolation, a lack of belonging, and cultural disconnection, remain.

Key Implications:

The data points to a mental health crisis among young Asians and urban populations, particularly in Auckland. The consistent ethnic disparities and rising depression rates call for targeted, culturally appropriate mental health services and youth-focused preventive strategies. This evidence strengthens the case for policy reform, resource allocation, and community engagement tailored to the unique needs of diverse Asian communities in Aotearoa New Zealand.



Enduring and racially driven discrimination: More than one in four (27.6%) Asians reported experiencing discrimination in the past year, and 80.3% of those cases were race-related, equating to approximately 22.2% of total respondents experiencing race-based discrimination. This figure aligns with the 2021 Massey University survey (22.7%). It highlights that racism remains a deeply embedded issue beyond crisis periods, requiring long-term, systemic interventions.

- Ethnic Disparities: Among those who reported discrimination, Indian respondents accounted for the largest share (36.9%). Within each ethnic group, Koreans (41.3%) reported the highest overall discrimination. Race or ethnicity was the dominant cause across all groups, especially Koreans (90.5%) and Chinese (88.1%), while language issues were more pronounced among Chinese, Filipinos, and Other Asians (all around 45%).
- Age Divide: Younger Asians aged 18–29 experienced the most discrimination (34.9%), often due to gender, religion, or sexual orientation. In contrast, those aged 65 and above reported the least (10.3%), but were more affected by age (44.6%), language (55%), and immigration-related bias.
- Gender Gap: Females experienced more discrimination due to race (84.2%), gender (15.9%), and age (15.2%). Males more frequently cited immigration status (24.4%) and religion (18.8%) as reasons for unfair treatment.
- Regional Variation: Christchurch reported the highest race-based discrimination (90.7%) and immigration-related bias (46.0%). Language-based discrimination was most common in Christchurch (53.5%) and Auckland (39.4%), while Wellington led in age-based discrimination (28.6%).

Key Implications:

The persistence of race-related discrimination since COVID-19 underscores a deeply entrenched issue. With 80.3% citing race or ethnicity as the main reason, it is clear that racial bias remains systemic and extends beyond crisis periods. Urgent, systemic, and intersectional strategies are needed, particularly for visible migrants, youth, and residents in major urban centres.

Key Findings: School Bullying



This section draws on responses from 196 parents/guardians of school-aged children who had experienced bullying at school in the past 12 months. The findings provide a comprehensive view of the types of bullying, their impacts, and parental response capacity within New Zealand's Asian communities.

- Prevalence and Nature of Bullying: 46.3% of Asian parents/guardians reported that their school-aged child experienced bullying in the past year. Indian parents/guardians reported the highest prevalence (57.4%), followed by Chinese (43.0%). The most common types of bullying reported were verbal (71.8%), social (36.9%), and physical bullying (34.6%). Primary and intermediate school students were most affected, indicating an early onset of bullying behaviours.
- Impacts of Bullying on Children: Bullying significantly impacted children's mental health, causing anxiety (31.7%), social withdrawal (27.6%), and emotional sensitivity (27.5%), etc.
- Reporting to Schools and Response Satisfaction: Overall dissatisfaction (very dissatisfied + dissatisfied) remained high, at 35.6% for Indians and 28.5% for Chinese, highlighting concerns about school responsiveness and trust in reporting processes.
- Parental Confidence in Responding to Bullying: Parents were confident providing emotional support (67.8%), but notably less confident accessing professional help (33.8%) or approaching the bully's parents (23.7%). Confidence was higher among Filipino parents and younger parents (18–29), whereas Chinese parents and female guardians expressed lower confidence, especially in formal actions

Key Implications:

Bullying among Asian youth is frequent, notably verbal and socially motivated, with severe emotional and mental health impacts. Parents/guardians are emotionally supportive but generally lack formal knowledge and confidence to engage effectively with schools or external support services. Significant dissatisfaction with school responses persists, highlighting a critical trust and responsiveness gap. Policymakers and Asian Family Services should implement ethnically responsive anti-bullying strategies, expanding culturally and linguistically accessible resources for parents. Schools should also embed bicultural liaison roles and enhance teacher training in cultural responsiveness and trauma-informed interventions.

Key Findings: Access to Mental Health Support and Cultural Responsiveness



Findings from this section highlight persistent barriers and critical unmet needs in accessing mental health services among Asian communities in Aotearoa New Zealand. Widespread knowledge gaps, limited language support, and insufficient cultural alignment continue to prevent equitable service access, especially for high-risk ethnic groups and younger populations.

- Barriers to Access: The most common barriers are limited knowledge of available services (48.6%), uncertainty about service effectiveness (41.1%), and a lack of awareness of mental disorders (39.8%). Privacy concerns (37.8%) and stigma (36.1%) remain prominent, particularly among Chinese and Korean respondents.
- Ethnic Disparities: Chinese respondents face the greatest challenges across multiple dimensions—reporting the highest need for interpreting, translated resources, and culturally appropriate clinical services. Koreans show similar trends. In contrast, Indian respondents report lower support needs, likely due to their stronger English proficiency and greater familiarity with services.
- Gender & Age Divide: Females consistently report higher support needs than males, especially in psychological and clinical services. Respondents aged 18–49 identify more barriers and express stronger needs for culturally responsive care, while those aged 65 and above show the lowest engagement, potentially due to lower awareness or perceived stigma.
- Cultural Responsiveness Gaps: Only 26.4% report consistently receiving cultural or language support when using mental health services. Nearly 40% experience inconsistent access, while 33.9% indicate the question was not applicable, suggesting either disengagement from services or a lack of awareness about available support.
- Support Needs: The top areas of support needed include cultural and social support (46.8%), culturally appropriate clinical services (39.1%), interpretation (36.1%), and psychological intervention services (34.0%). AI-based tools are the least preferred overall (21.5%), although they are slightly more popular among younger respondents and those in Wellington.

Key Implications:

To address the persistent disparities in mental health access, health services must expand cultural competency training, diversify the workforce, and develop culturally aligned care pathways, particularly for Chinese and Korean communities. Public education and outreach are crucial for enhancing service visibility, reducing stigma, and fostering trust. Younger adults' openness to digital tools presents an opportunity to co-design e-mental health initiatives. Increased funding is also needed for culturally appropriate services in high-demand areas, such as Auckland and Wellington, as well as under-resourced regions, including Christchurch and the wider South Island. A systemic equity approach is required, embedding culturally responsive, intersectional care models to address both structural and attitudinal barriers.





Contents

		Slide
	Infographic Summary Executive Summary Key Findings	5-11
Section 1	Introduction & Methodology	13-16
Section 2	Asian Well-being Satisfaction Worthwhileness Public Safety Sense of Belonging	17-37
Section 3	Asian Mental Health Depression	38-43
Section 4	Discrimination Trend Patterns	44-53
Section 5	School Bullying Rates and Disparities Type and Mental Health Impacts Parental Insights and Challenges	54-81
Section 6	Asian Mental Health Support Barriers Language and Cultural Support	82-97
Appendix 1	Survey Structure	98
Appendix 2	Research Company Background	99
Appendix 3	Chinese/Asian Immigrants Research Credentials	100



Section 1 Introduction & Methodology



Introduction



Since 2020, Asian Family Services (AFS) has led national studies investigating the mental health and well-being of Asian communities in Aotearoa New Zealand. These efforts were initiated in response to growing concerns about the underrepresentation of Asian populations in mental health research and service design, despite their status as one of the fastest-growing demographic groups in the country. The 2020 and 2021 surveys revealed substantial mental health disparities, including elevated levels of psychological distress, significant stigma associated with mental illness, low rates of service utilisation, and widespread experiences of discrimination. These findings also underscored persistent cultural and structural barriers to help-seeking, as well as a limited alignment between mainstream mental health services and the complex, culturally nuanced needs of Asian individuals.

The results of these initial studies informed a range of targeted interventions within AFS, including the implementation of culturally and linguistically tailored counselling services, language-specific helplines, and community outreach programmes. Beyond service delivery, these data have contributed to broader public policy discussions and have been referenced in the development of government strategies related to mental health and migrant well-being.

Building on this empirical foundation, the **2025 New Zealand Asian Well-being and Mental Health Survey** was designed to further expand the evidence base, focusing on disaggregated, subgroupspecific data. Funded by the Ethnic Communities Development Fund, this survey aims to enhance the granularity and policy relevance of mental health research in Asian populations. Key areas of investigation include:

- Subjective well-being indicators, including life satisfaction, worthwhileness of life, perceived public safety, and sense of belonging, measured using validated instruments aligned with OECD standards;
- Wental health outcomes across ethnic subgroups, disaggregated by age, gender, and migrants' ethnic background;
- Perceived discrimination, particularly that which is rooted in race/ethnicity, language, and immigration status;
- School-based bullying experiences among Asian youth, in response to concerns raised by the Ministry of Education regarding the impact of bullying on educational and psychological outcomes;
- Help-seeking behaviour, including structural barriers to accessing mental health services and levels of demanded services.

The 2025 survey targets a sample size of over 1,000 respondents and integrates updated psychometric tools, including the CES-D-10 (Centre for Epidemiologic Studies Depression Scale), to support both cross-sectional and longitudinal analysis. This methodological continuity enables the tracking of temporal changes in mental health outcomes while allowing for the exploration of emergent issues such as intergenerational tensions, youth vulnerability, and the intersectionality of cultural identity and well-being.

The anticipated outcomes of this research include:

- The provision of robust, disaggregated data to support evidence-based service planning and delivery within AFS;
- The generation of empirical evidence to inform advocacy efforts for culturally responsive and equitably resourced mental health services;
- The development of policy recommendations relevant to multiple government stakeholders, including the Ministry for Ethnic communities, Ministry of Health, the Ministry of Education, the New Zealand Police, and the Office of the Children's Commissioner, and the integration of Asian perspectives into national initiatives concerning suicide prevention, youth mental health, and anti-discrimination strategies.

This report presents the findings of the 2025 survey, aiming to advance both public understanding and practical responses to the mental health needs of New Zealand's Asian communities. It reflects AFS's continued commitment to research-driven, culturally competent, and equity-focused mental health systems.



Methodology



- This study is based on a national survey of 1,016 Asian adults (aged 18 and over) residing in Aotearoa New Zealand, conducted between 2 May and 21 May 2025. The sample was designed to be nationally representative of New Zealand's Asian population, using demographic benchmarks from the 2023 New Zealand Census. A stratified sampling technique was employed to ensure proportional representation across key variables, including ethnicity, age, gender, and region. Where sampling quotas were not fully met, post-stratification weighting was applied to adjust for potential sampling bias and ensure representativeness of the results.
- The margin of error for a simple random sample of 1,016 respondents is approximately ±3.1% at the 95% confidence level.
- The survey was administered online to recognise contemporary shifts in communication behaviours. Trace Research Ltd. collected data from its proprietary New Zealand Asian/Chinese Research Panel and partner online panels. Supplementary recruitment was conducted through targeted social media campaigns among younger demographics.
 - This mode of data collection is grounded in evidence from Trace Research's 2019 New Zealand Broadband and Online Video Streaming Survey, which found that 62% of Asian respondents—and 76% of ethnic Chinese—could no longer be reached via landline. This undermines the validity of traditional telephone-based household surveys for this demographic. The same study reported that 96.8% of Asian New Zealanders had access to home broadband and 4G/5 G-enabled smartphones, indicating that online surveys are the most effective and inclusive method for reaching this population.
- Trace Research and Asian Family Services jointly developed the survey instrument (see Appendix 1), incorporating empirically validated scales widely used in mental health and social science research. Key measures include the CES-D-10 for depressive symptoms and items aligned with OECD indicators on subjective life satisfaction, well-being, belonging, and community safety.
- Step As the research was classified as low risk, it was approved for field implementation by Asian Family Services. All participants provided informed electronic consent before commencing the survey.
- The final dataset includes responses from individuals across more than 17 New Zealand regions. Respondents self-identified with a wide range of Asian ethnicities. They reported countries and regions of origin spanning more than 15 Asian nations, including (but not limited to) India, China, the Philippines, South Korea, Vietnam, Sri Lanka, Malaysia, Thailand, and Japan. The subsequent section provides a detailed breakdown of sample composition by ethnicity, region, and demographic characteristics.

Sample Composition:



Gender	%	Count
Male	49.5%	503
Female	50.5%	513
Total	100%	1,016
Ttheisity/	%	Count ²
Ethnicity ¹		
Indian	33.8%	343
Chinese	32.4%	329
Filipino	12.7%	129
Korean	4.5%	46
Japanese	3.5%	36
Vietnamese	0.3%	3
Sri Lankan	1.3%	14
Thai	0.2%	2
Singaporean	1.7%	18
Malaysian	5.2%	53
Other Asian	4.3%	44
Total	100%	1,016
Age Groups	%	Count
18-29 years	23.2%	236
30-49 years	49.7%	505
50-64 years	17.0%	173
65 years +	10.1%	103
Total	100%	1,016



Location	%	Count
Auckland	61.5%	625
Wellington	8.8%	89
Rest of the North Island	15.5%	158
Christchurch	10.0%	102
Rest of the South Island	4.2%	43
Total	100%	1,016
Job Status	%	Count
Retired	8.5%	86
Student	6.6%	67
Unemployed	6.7%	68
Unpaid Activities (e.g., unpaid work in one's own home" or "looking after a child or ill person.")	3.8%	39
Self-employed	11.0%	112
Full-time employed (30+ hours/week)	54.8%	557
Part-time employed (less than 30 hours/week)	8.6%	87
Total	100%	1,016



Note: 1. Including 193 NZ-born Asians (19%). For reporting purposes, only those groups with a sample size over 4% are analysed and reported independently. Other minorities are combined under "Other Asians" (mainly from Southeast Asia). 2. For the weighted count, where sampling quotas were not fully met, post-stratification weighting was applied to adjust for potential sampling bias and ensure representativeness.





Section 2 Asian Well-being



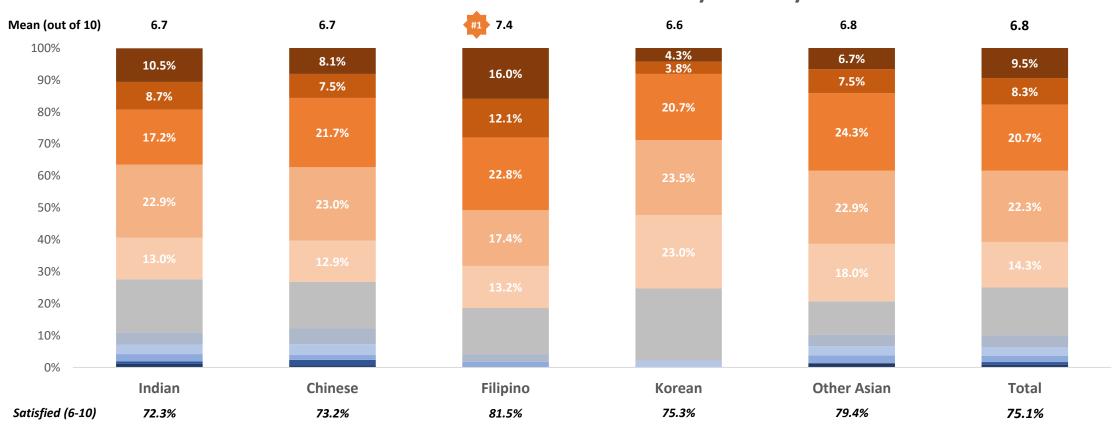




Satisfaction of Life in New Zealand



Overall, Asians are generally satisfied with their life in New Zealand (75.1%). Across different ethnicities, Filipinos report the highest level of life Asian Family Services satisfaction (81.5%, mean=7.4), while Indians report the lowest (72.3%, mean=6.7), followed closely by Chinese (73.2%, mean=6.7).



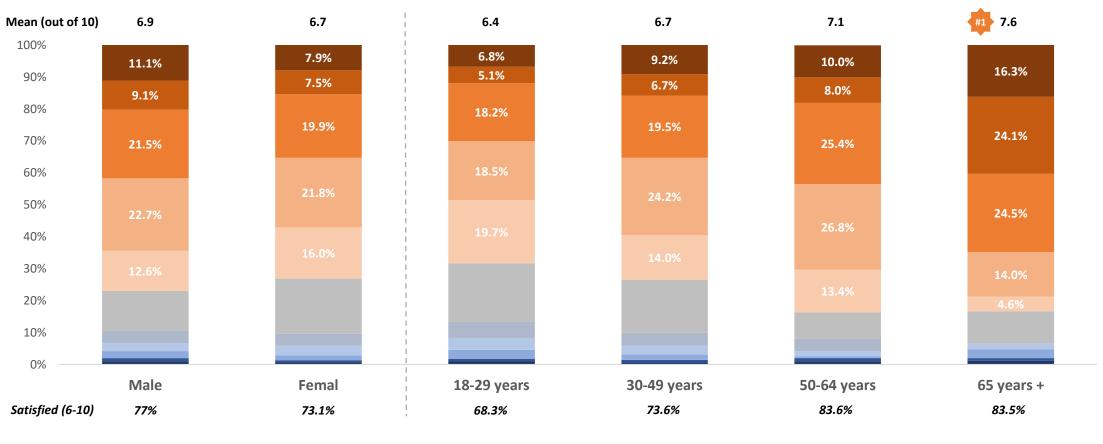
Life Satisfaction in New Zealand¹ By Ethnicity

■ 0 Totally Dissatisfied ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Satisfied

tiace

Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." Base: Total sample. Ethnic groups with a sample size of fewer than 30 have been combined into "Other Asians" in the report.

Males report slightly higher life satisfaction (77.0%, mean = 6.9) than females (73.1%, mean = 6.7). Satisfaction increases with age, peaking among Asian Family Services those 65 and older (83.5%, mean = 7.6), while the 18–29 group reports the lowest satisfaction (68.3%, mean = 6.4).



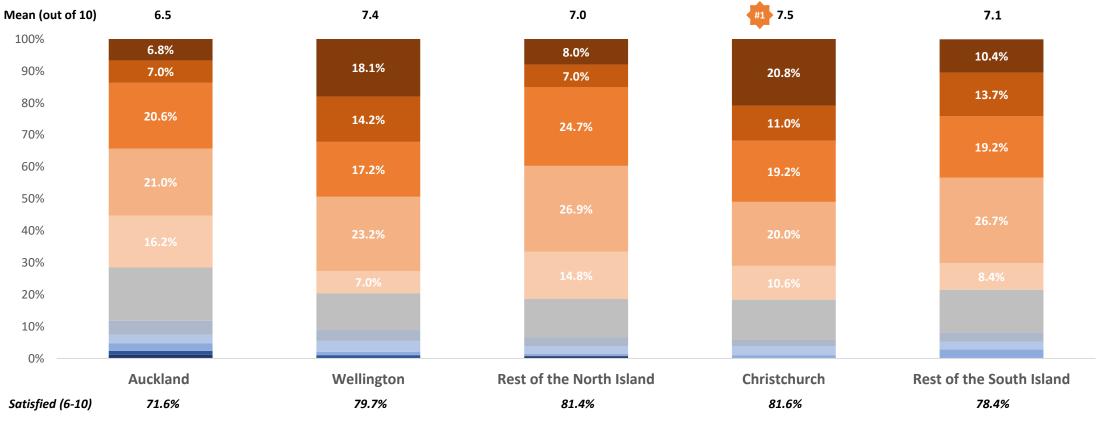
Life Satisfaction in New Zealand¹ by Gender & Age Group

■ 0 Totally Dissatisfied ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Satisfied



Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." Base: Total sample.

Respondents in Christchurch (mean = 7.5, 81.6% satisfied) report the highest satisfaction, followed by those in Wellington (mean = 7.4, 81.4%). In Asian Family Services contrast, Auckland residents report the lowest satisfaction (mean = 6.5, 71.6%).



Life Satisfaction in New Zealand¹ by Region

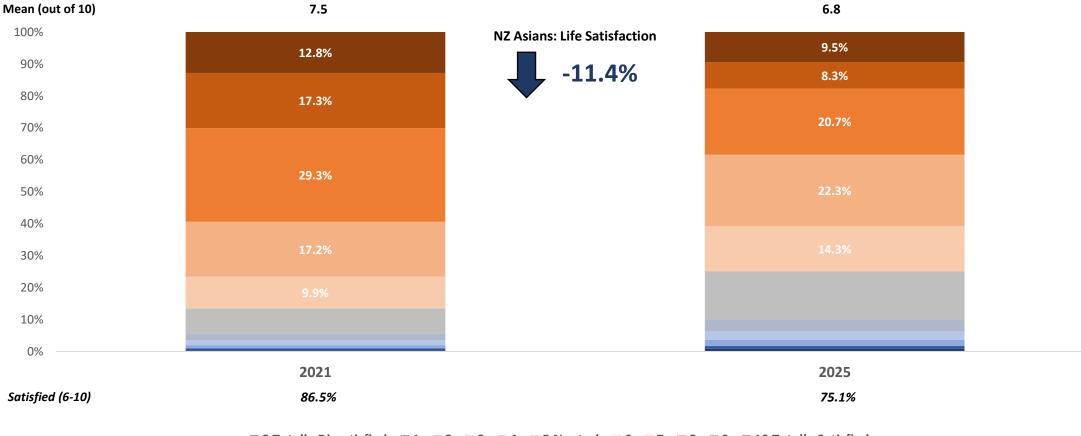
■ 0 Totally Dissatisfied ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Satisfied



Life satisfaction among NZ Asians has declined from 2021 to 2025. The mean score dropped from 7.5 to 6.8, and the proportion of those satisfied (rating 6–10) decreased from 86.5% to 75.1%. High satisfaction ratings saw the sharpest fall: those rating 9 or 10 dropped from 30.1% (12.8% + 17.3%) in 2021 to just 17.8% (9.5% + 8.3%) in 2025, indicating reduced top-end well-being. Meanwhile, neutral responses (rating 5) rose from 9.9% to 14.3%, suggesting more Asians are uncertain about their life satisfaction. This decline signals a concerning shift in overall well-being among NZ Asians, potentially linked to changing social, economic, or migration-related pressures.



Life Satisfaction in New Zealand¹ – 2021 vs. 2025



■ 0 Totally Dissatisfied ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Satisfied



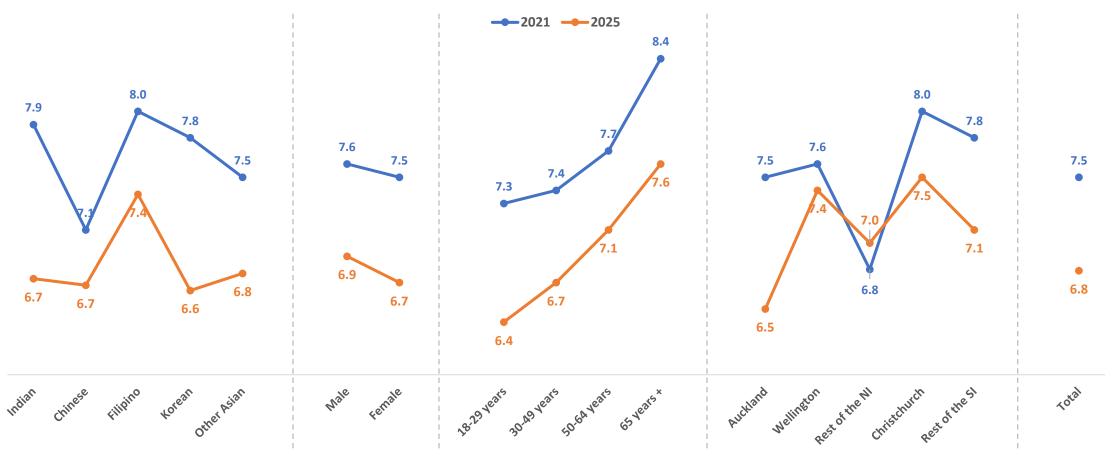
Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." Base: Total sample.

The drop was consistent across all demographics, but some groups experienced sharper declines. By ethnicity, Indians showed the largest drop (from 7.9 to 6.7), while the Chinese remained the lowest in both years (from 7.1 to 6.7). By gender, males (7.6 to 6.9) and females (7.5 to 6.7) experienced declines, with males maintaining slightly higher satisfaction. By age, satisfaction increased with age in both years. Youth aged 18–29 reported the lowest satisfaction in 2025 (6.4), while those aged 65 and above remained the highest (7.6), despite a drop from 8.4. By region, satisfaction was lowest in Auckland (6.5) and highest in Christchurch (7.5) in 2025. These patterns suggest that younger Asians and respondents based in Auckland are particularly affected and may benefit from targeted well-being initiatives.



Changes in Life Satisfaction¹ (Mean Score)

Among NZ Asians by Ethnicity, Gender, Age, and Region (2021 vs. 2025)





Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." Base: Total sample.

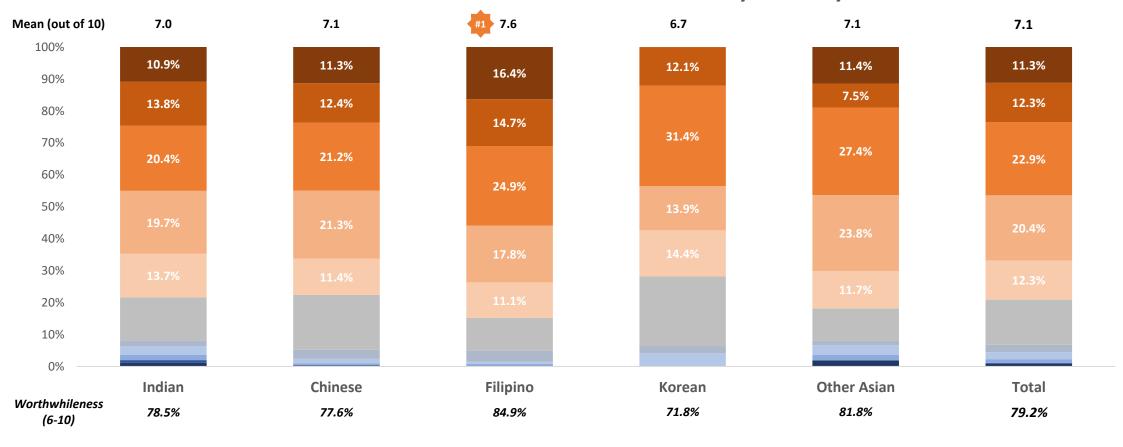




Worthwhileness of Life in New Zealand



Overall, 79.2% of Asians in New Zealand feel their life is worthwhile, while 6.8% do not. Filipinos report the highest sense of worthwhileness (84.9%), followed by Other Asians (81.8%), with Indians (78.5%) and Chinese (77.6%) closely aligned. Koreans report the lowest score (71.8%) and the highest neutrality (21.8%), suggesting a possible lack of fulfilment or cultural fit.



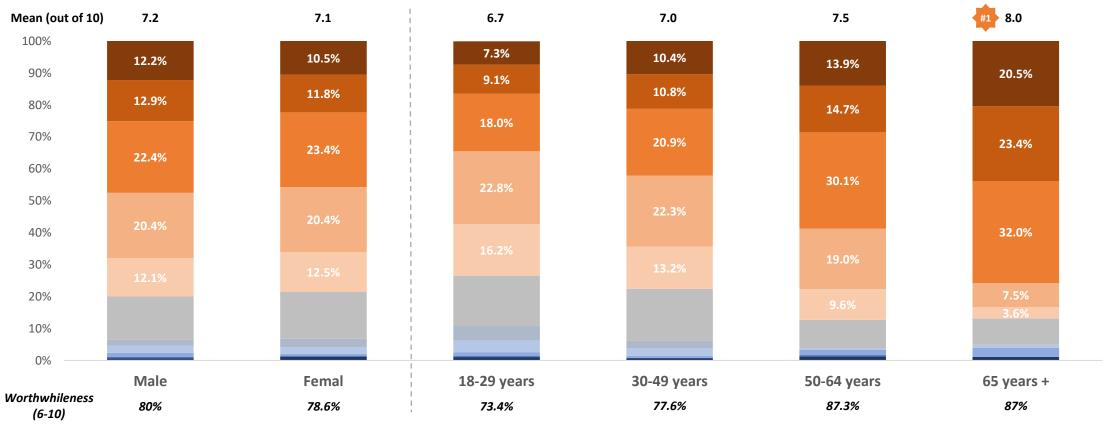
Worthwhileness of Life in New Zealand¹ By Ethnicity

■ 0 Not Worthwhile At All ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Worthwhile





Males (80.0%) report slightly higher life worthwhileness than females (78.6%). Worthwhileness increases with age, from 73.4% among 18–29-yearolds to 87.0% for those aged 65 and above. Younger groups also report lower "Totally Worthwhile" scores, showing an age-related pattern in perceived life meaning.



Worthwhileness of Life in New Zealand¹ by Gender & Age Group

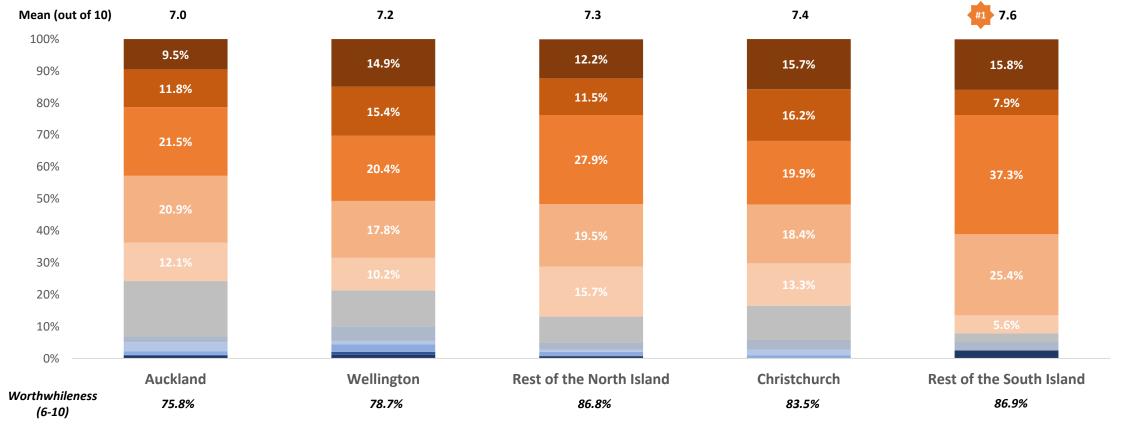
■ 0 Not Worthwhile At All ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Worthwhile



Asian Family Services

Life worthwhileness tends to be higher in less populated regions. Respondents from the South Island outside Christchurch report the highest scores (92.0%, mean = 7.6), followed by North Island regions outside Auckland and Wellington (86.8%). In contrast, Auckland shows the lowest (75.8%, mean = 7.0), highlighting a regional disparity.





■ 0 Not Worthwhile At All ■ 1 ■ 2 ■ 3 ■ 4 ■ 5 Neutral ■ 6 ■ 7 ■ 8 ■ 9 ■ 10 Totally Worthwhile

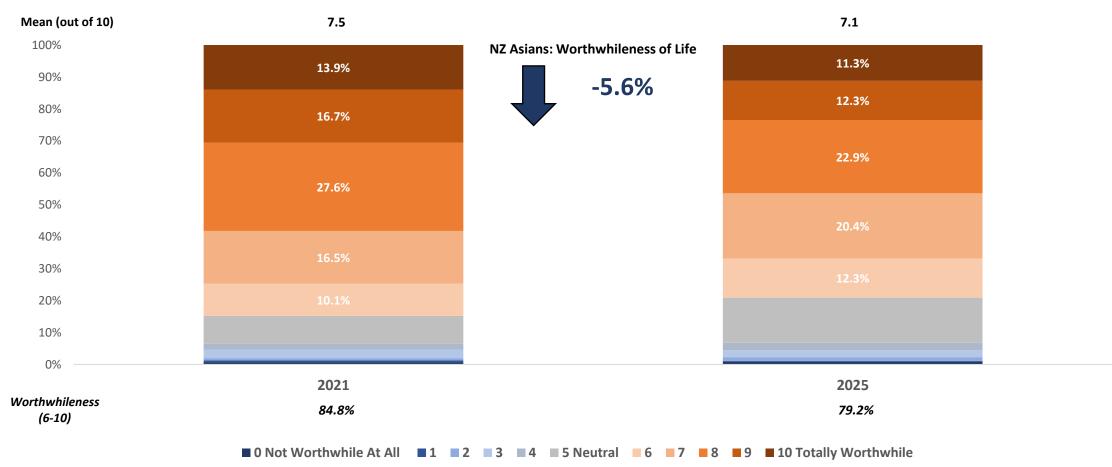




Between 2021 and 2025, perceived life worthwhileness among Asians in New Zealand declined from 84.8% to 79.2%, while neutrality rose from 8.7% to 14.1%. Fewer respondents rated life as "Totally Worthwhile" in 2025 (11.3% vs 13.9%), suggesting a shift toward more uncertainty and reduced fulfilment.



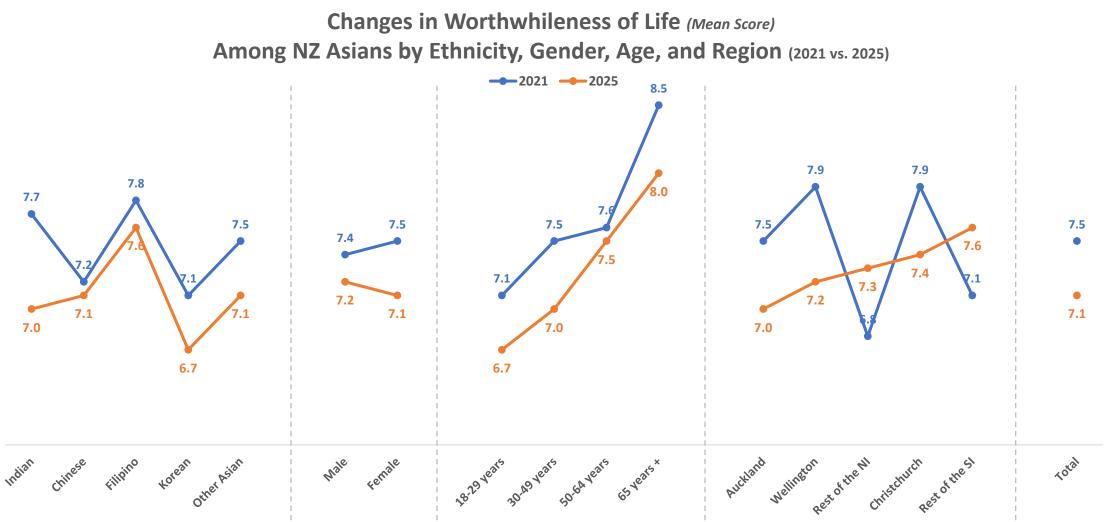
Worthwhileness of Life in New Zealand¹ – 2021 vs. 2025





From 2021 to 2025, the mean worthwhileness score among NZ Asians declined from 7.5 to 7.1. The largest drops were observed among Indians (-0.7) and Koreans (-0.4). Scores declined across all genders and age groups, most notably among young adults (18-29 years old: from 7.1 to 6.7). Regionally, Auckland and Wellington saw the sharpest declines (-0.5 and -0.7). In contrast, the Rest of the North Island saw a rise (from 6.8 to 7.3), and the Rest of the South Island improved slightly (from 7.1 to 7.6), indicating regional resilience outside major urban centres.







Note 1: Q8 Overall, to what extent do you feel the things you do in your life are worthwhile in New Zealand? Please rate from 0 to 10, where 0 = "Not Worthwhile At All," and 5 = "Neutral,", and 10 = "Totally Worthwhile." Base: Total sample.

29





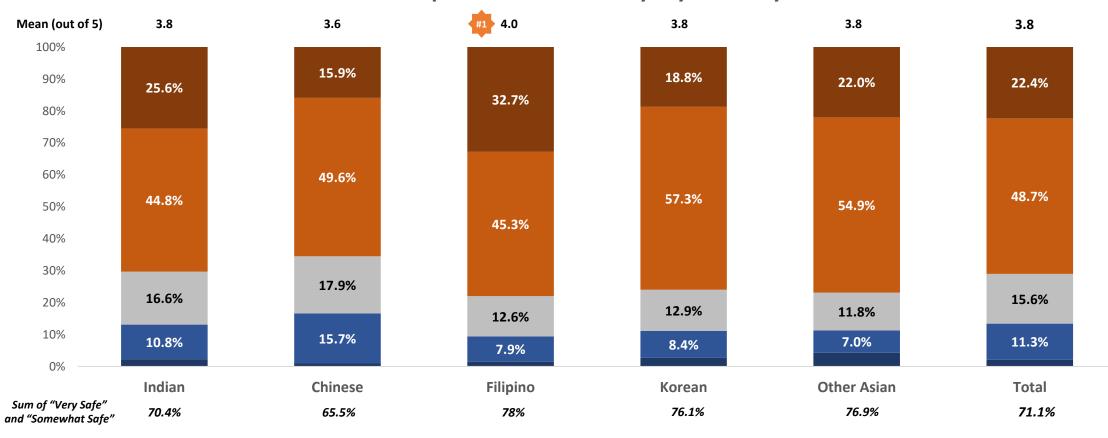
Section 2.3 Asian Well-being

Perception of Public Safety



Most NZ Asians feel safe in their local community during the day (71.1%). Filipinos (78.0%), Other Asians (76.9%), and Koreans (76.1%) report the highest safety levels, while Chinese respondents feel least safe (65.5%). Indians report moderate safety (70.4%) but also show higher concern (10.8% somewhat unsafe).





Perception of Public Safety¹ By Ethnicity

■ 1 Very unsafe ■ 2 Somewhat unsafe ■ 3 No

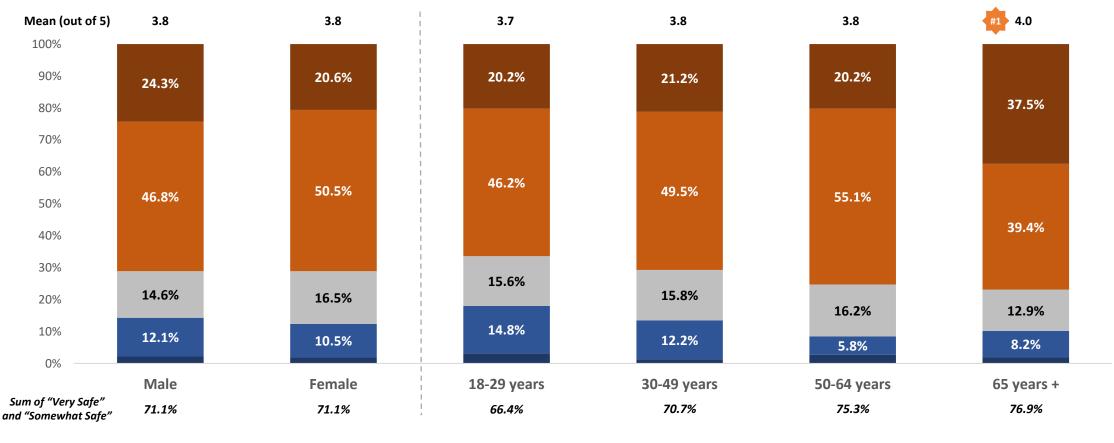
■ 3 Neither safe nor unsafe ■ 4 Somewhat safe

5 Very safe



Perceived safety among NZ Asians is consistent by gender, with males and females reporting 71.1% overall safety. However, women feel slightly less "very safe" (20.6%) than men (24.3%). Safety perception improves with age: only 66.4% of 18–29-year-olds feel safe, compared to 76.9% among those aged 65 and above, who also report the highest "very safe" rating (37.5%), indicating an increased sense of security with age.





Perception of Public Safety¹ by Gender & Age Group

■ 1 Very unsafe ■ 2 Somewhat unsafe ■ 3 M

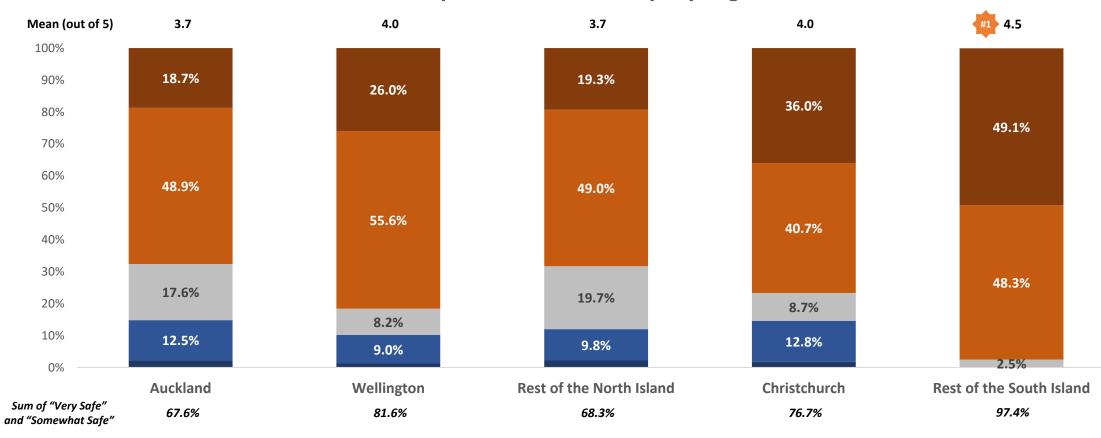
■ 3 Neither safe nor unsafe ■ 4 Somewhat safe

5 Very safe

Note 1: Q9 How safe do you feel in your local community during the day? Base: Total sample.

Perceived safety varies notably by region. Asians living in the South Island, outside Christchurch, report the highest safety levels (97.4%, mean = 4.5), followed by Wellington (81.6%) and Christchurch (76.7%). Auckland residents report the lowest safety level (67.6%), with lower "very safe" ratings (18.7%) and higher neutrality and concern. This pattern suggests that Asians in less populated or smaller regions feel significantly safer in their local communities compared to those in major urban centres.





Perception of Public Safety¹ by Region

■ 1 Very unsafe ■ 2 Somewhat unsafe

3 Neither safe nor unsafe **4** Somewhat safe

5 Very safe







Sense of Belonging



Overall, only 56.5% of Asian respondents in New Zealand agree they feel a sense of belonging in their community, suggesting a moderate but not strong level of inclusion. Filipinos (62.5%) and Indians (60.6%) report the highest sense of belonging, while Chinese (50.4%) and Koreans (46.6%) lag behind. Notably, 33.7% remain neutral and nearly 10% disagree, indicating ambivalence or exclusion, particularly among Chinese and Korean groups. These findings indicate a clear need for more targeted, culturally inclusive community-building efforts.



Perceived Sense of Belonging¹ by Ethnicity

Mean (out of 5) 3.7 3.4 3.5 3.5 3.5 3.6 100% 4.1% 5.3% 8.7% 9.2% 11.8% 14.3% 90% 80% 42.5% 45.1% 70% 47.3% 49.3% 48.8% 48.2% 60% 50% 40% 30% 39.4% 46.1% 33.7% 31.7% 28.0% 32.9% 20% 10% 9.7% 7.2% 9.2% 8.3% 7.3% 3.8% 0% Indian Chinese Filipino Korean **Other Asian** Total Sum of "Agree" and 60.6% 50.4% 62.5% 46.6% 58% 56.5% "Strongly Agree"

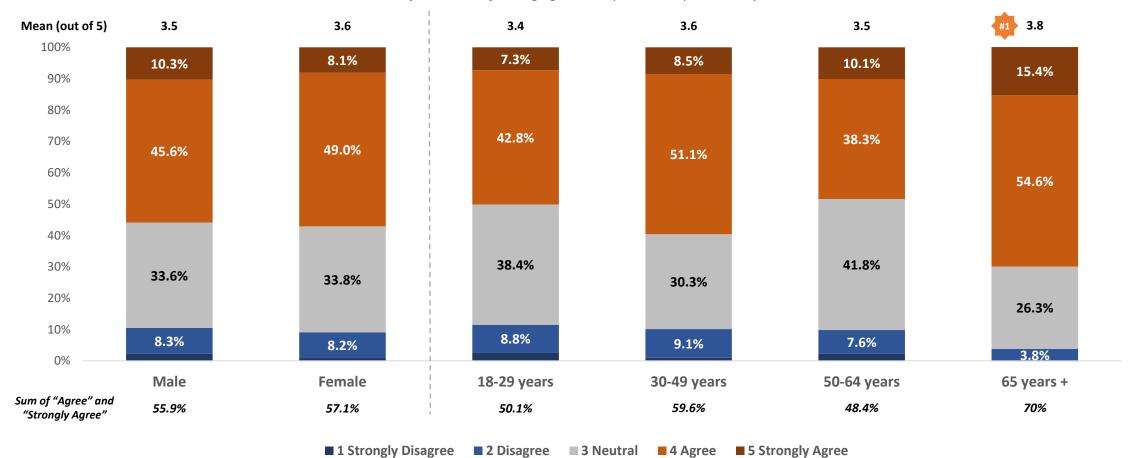
"I feel a sense of belonging and acceptance in my community."

■ 1 Strongly Disagree ■ 2 Disagree ■ 3 Neutral ■ 4 Agree ■ 5 Strongly Agree

Women (57.1%) report a slightly higher sense of belonging than men (55.9%). The most notable differences appear across age groups: those aged 65 and above feel the strongest sense of belonging (70%), followed by the 30–49 age group (59.6%). In contrast, young adults (18–29) report the lowest sense of belonging (50.1%), with the highest level of neutrality (38.4%). Those aged 50–64 also show lower belonging (48.4%) and high neutrality (41.8%). These findings suggest that older Asians (especially those aged 65 and above) feel more integrated, while younger and mid-aged adults may face greater challenges in community connection.



Perceived Sense of Belonging¹ by Gender & Age Group



"I feel a sense of belonging and acceptance in my community."

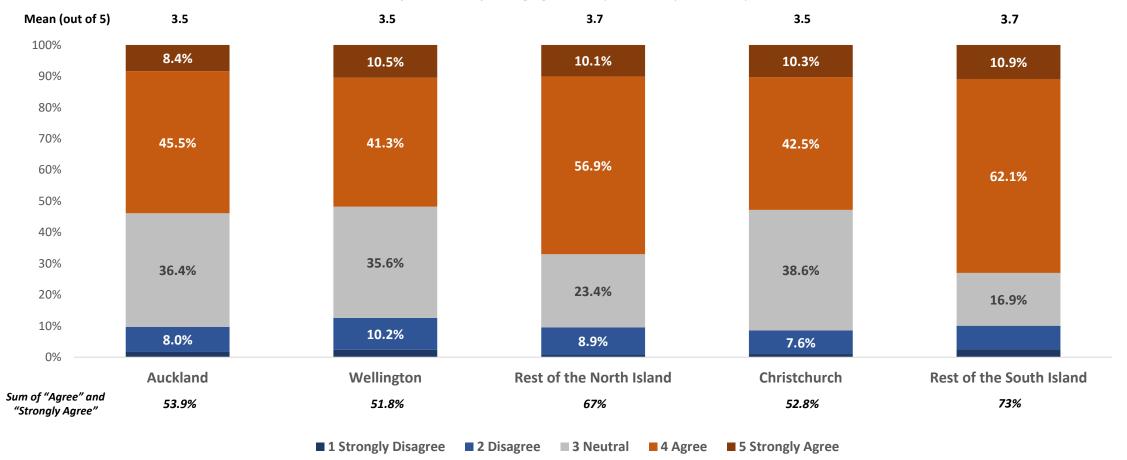
Note 1: Q10 To what extent do you agree with the statement, "I feel a sense of belonging and acceptance in my community." Base: Total sample.

Respondents from the rest of the South Island regions (73%) and the rest of the North Island regions (67%) reported the highest levels of belonging. In contrast, Wellington (51.8%), Christchurch (52.8%), and Auckland (53.9%) showed lower agreement rates, with over a third of respondents in these main cities remaining neutral. This suggests that Asians living in smaller or less urbanised regions may feel more accepted and connected to their communities than those in major urban centres.



Perceived Sense of Belonging¹ by Region

"I feel a sense of belonging and acceptance in my community."







Section 3 Asian Mental Health

Depression



The most reported depressive symptoms were feeling that everything was an effort (83.8%), experiencing restless sleep (75.2%), and difficulty concentrating (72.1%). These highlight widespread emotional and cognitive fatigue - signs of chronic stress and burnout - underscoring the urgent need for culturally responsive mental health support.



Centre for Epidemiological Studies Depression (CES-D10)¹

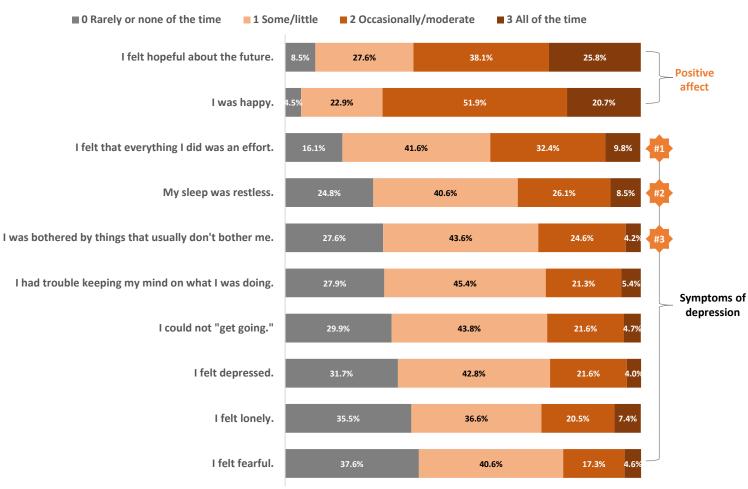
This study employed the 10-item short form of the Centre for Epidemiological Studies Depression Scale (CES-D10) to assess depressive symptoms among Asian respondents in New Zealand. The CES-D10 has been widely used as a reliable screening instrument across general and older adult populations. Each item is scored using a four-point Likert scale (0–3), with eight items measuring depressive symptom frequency and two assessing positive affect, which are **reverse-coded**.

The CES-D10 yields a continuous score and is typically dichotomised at a threshold of 8 points (comparable to 16 on the full CES-D scale) to identify individuals with clinically relevant depressive symptoms. *While this scale is effective for population-level screening, it is not intended for clinical diagnosis.*

Given that the focus of this research is to classify Asian subpopulations by their levels of depressive symptoms, advanced statistical analyses are not presented in this report.

Interpretation of CES-D10 scores:

- ⋓ 0−9: No significant depressive symptoms
- 10–15: At risk of depression
- I6 or above: High risk of depression

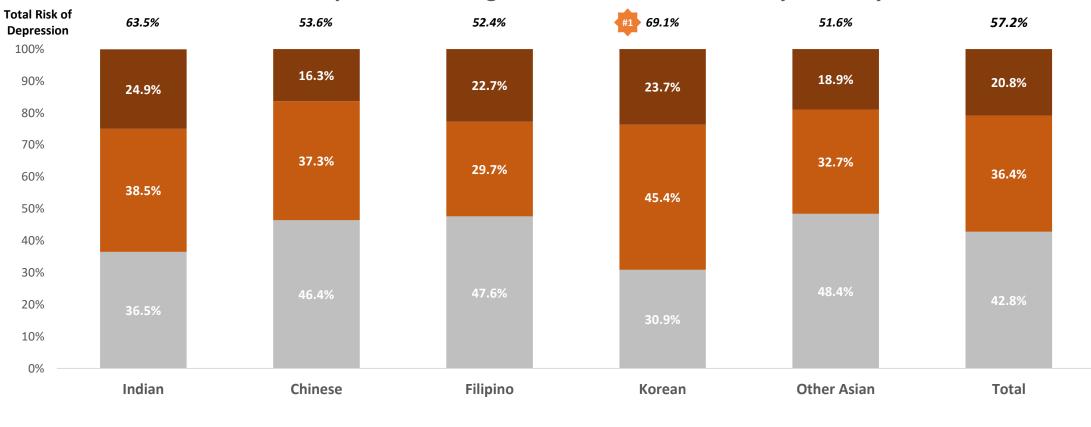


Overall response of CES-D10 scale among Asians



Over half (57.2%) of Asian respondents scored above the CES-D10 cut-off for depression, with Koreans (69.1%) and Indians (63.5%) most affected. Chinese showed the lowest high-risk rate (16.3%). These results reflect significant ethnic disparities in mental health vulnerability across New Zealand's Asian communities.



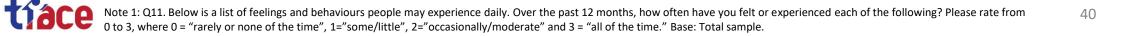


Risk of Depression amongst Asians in New Zealand¹ by Ethnicity

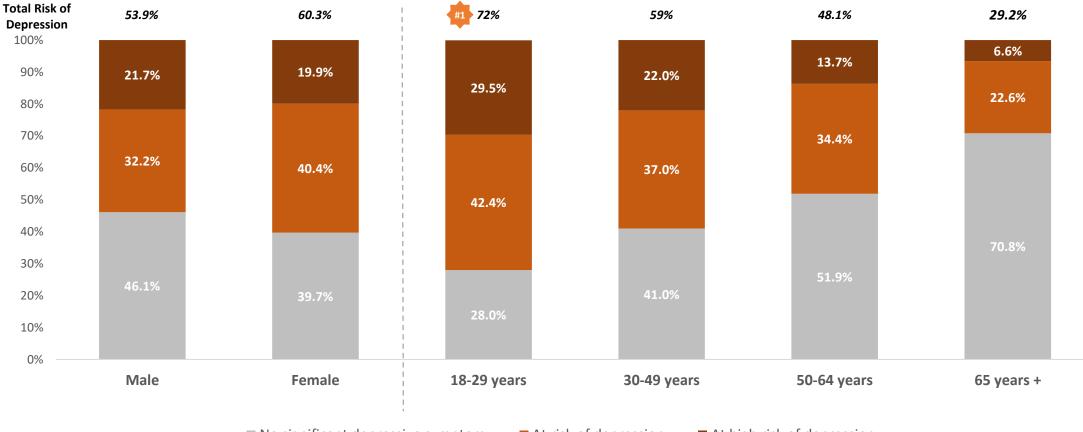
■ No significant depressive symptom

At risk of depression

High risk of depression







Risk of Depression amongst Asians in New Zealand¹ by Gender & Age Group

No significant depressive symptom

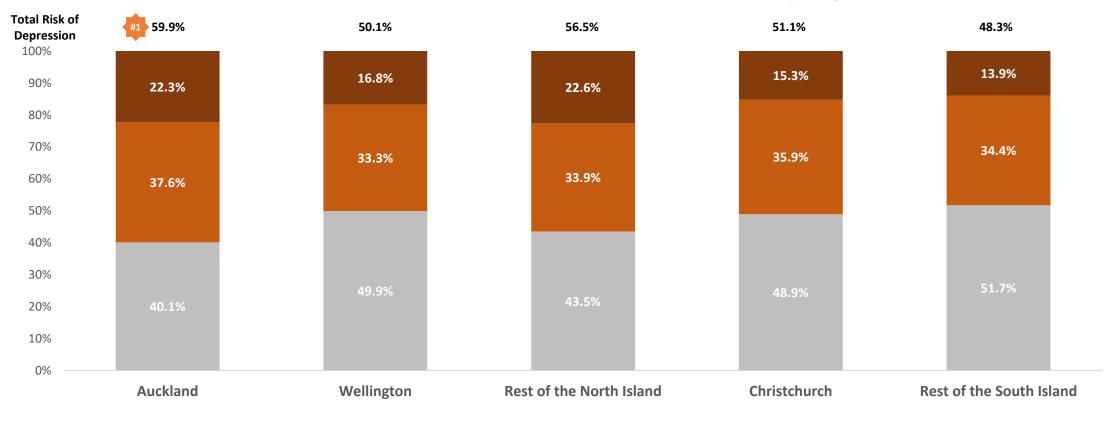
At risk of depression

At high risk of depression

Note 1: Q11. Below is a list of feelings and behaviours people may experience daily. Over the past 12 months, how often have you felt or experienced each of the following? Please rate from 0 to 3, where 0 = "rarely or none of the time", 1="some/little", 2="occasionally/moderate" and 3 = "all of the time." Base: Total sample.

Depression rates varied significantly by region. The highest was in Auckland (59.9%), followed by the rest of the North Island regions (56.5%). In contrast, the rest of the South Island regions (48.3%) and Wellington (50.1%) showed lower rates. This suggests urban centres, especially Auckland, may pose greater mental health challenges for Asian communities.





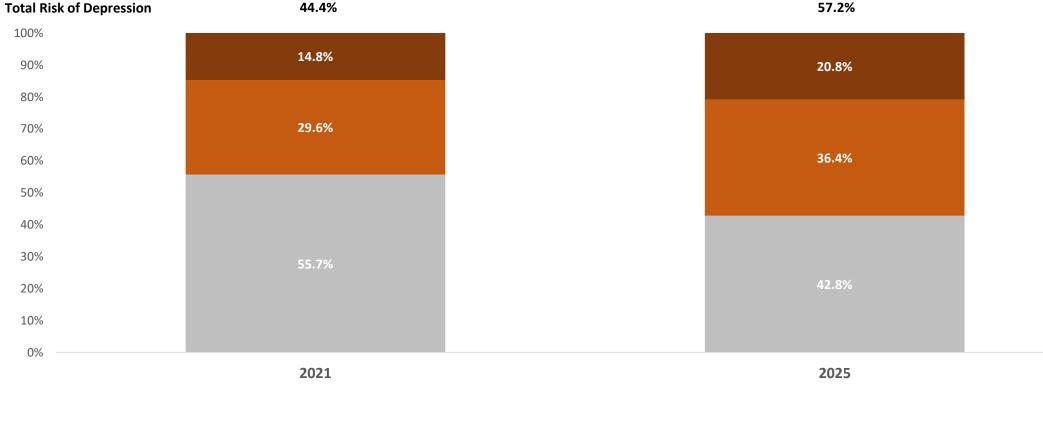
Risk of Depression amongst Asians in New Zealand¹ by Region

No significant depressive symptom At risk of depression

At high risk of depression

tiace Note 1: Q11. Below is a list of feelings and behaviours people may experience daily. Over the past 12 months, how often have you felt or experienced each of the following? Please rate from 0 to 3, where 0 = "rarely or none of the time", 1="some/little", 2="occasionally/moderate" and 3 = "all of the time." Base: Total sample. 42 Between 2021 and 2025, the proportion of Asians with no significant depressive symptoms declined from 55.7% to 42.8%, while those at high risk rose from 14.8% to 20.8%. Notably, the 2021 survey was conducted during the COVID-19 pandemic, when New Zealand's strong pandemic response may have offered a sense of security and protection. In contrast, the 2025 findings likely reflect broader concerns about social integration, belonging, and future prospects amid growing uncertainty. Decreases in life satisfaction and other measures of subjective well-being further evidence this decline in mental well-being.





Risk of Depression amongst Asians in New Zealand¹ – 2021 vs. 2025

■ No significant depressive symptom ■ At risk of depression ■ At high risk of depression

Note 1: Q11. Below is a list of feelings and behaviours people may experience daily. Over the past 12 months, how often have you felt or experienced each of the following? Please rate from 43 0 to 3, where 0 = "rarely or none of the time", 1="some/little", 2="occasionally/moderate" and 3 = "all of the time." Base: Total sample.



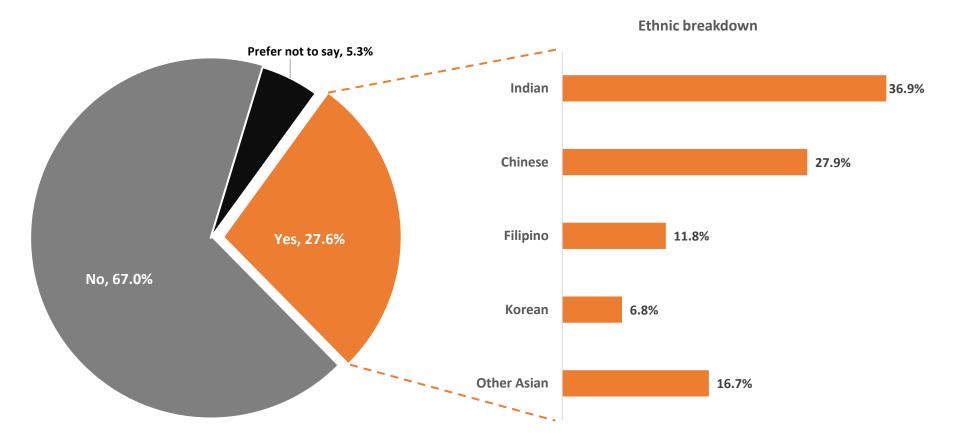




Just over a quarter of Asian respondents (27.6%) reported experiencing discrimination or unfair treatment in their community in the past year. Among those who reported discrimination, Indian respondents accounted for the largest share (36.9%), followed by Chinese (27.9%) and Other Asian (16.7%) groups. Filipino (11.8%) and Korean (6.8%) participants were less represented. These figures suggest that Indian and Chinese communities are more likely to experience or report community-level discrimination, warranting targeted inclusion and anti-discrimination efforts.



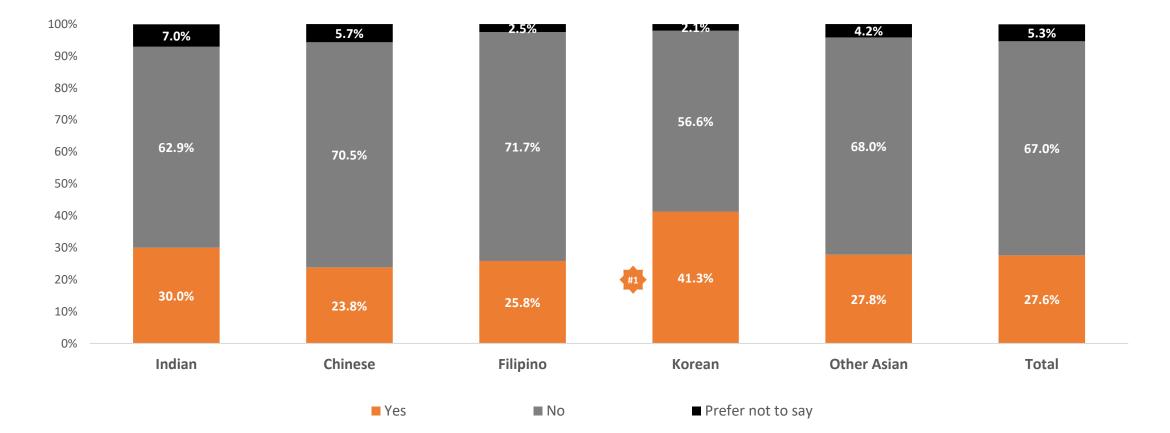
Discrimination Experienced by Asians in New Zealand¹



Among ethnic groups, Koreans reported the highest rate of discrimination (41.3%), significantly above the overall average (27.6%). In contrast, Chinese (23.8%) and Filipinos (25.8%) reported lower rates. These differences suggest ethnic-specific vulnerabilities and highlight the need for tailored anti-discrimination initiatives.

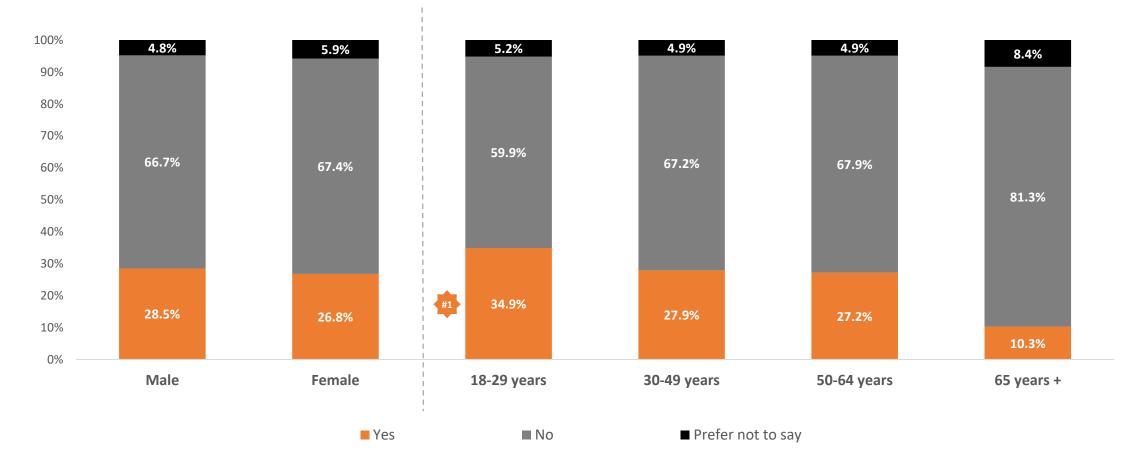


Discrimination Experienced by Asians in New Zealand¹ by Ethnicity



Discrimination was reported more frequently by younger Asians, peaking at 34.9% among 18–29-year-olds, compared to just 10.3% among those 65+. This generational gap may reflect heightened exposure, awareness, or differing expectations of inclusion, highlighting a need for youth-focused anti-discrimination and inclusion strategies.





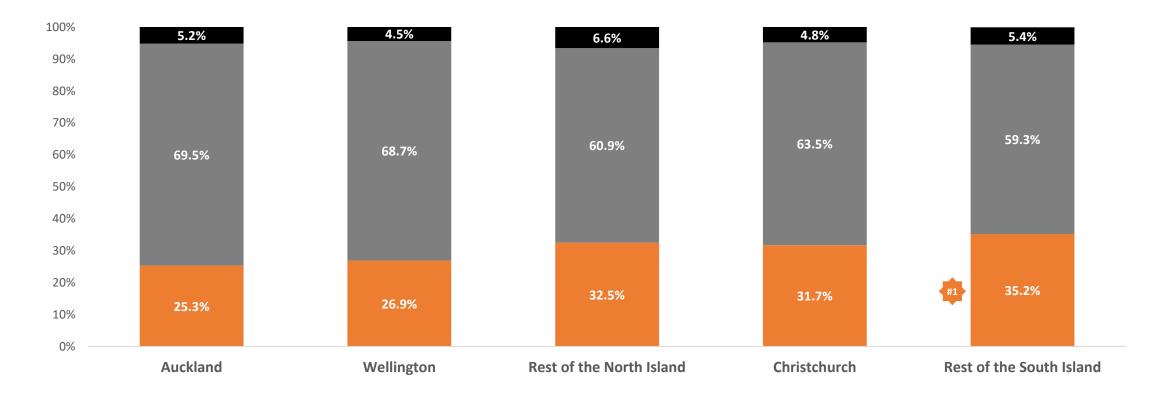
Discrimination Experienced by Asians in New Zealand¹ by Gender & Age Group

Note 1: Q12. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

Regionally, discrimination was most reported in the rest of the South Island regions (35.2%), followed by the rest of the North Island (32.5%) and Christchurch (31.7%). Auckland and Wellington reported lower rates (25.3% and 26.9% respectively). This suggests that Asians in less urbanised areas may face greater community exclusion or visibility-based bias.



Discrimination Experienced by Asians in New Zealand¹ by Region



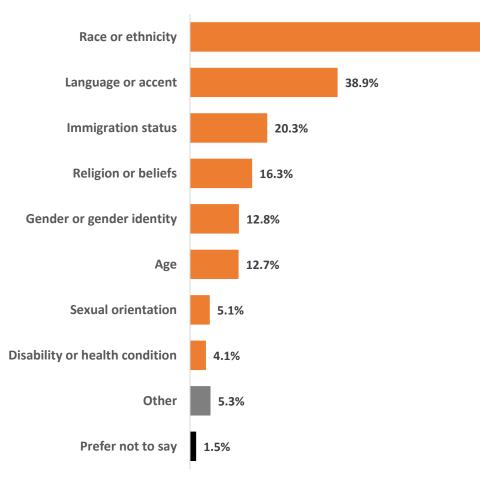
■ Yes ■ No ■ Prefer not to say

Race or ethnicity was the dominant reason for discrimination among Asians in New Zealand (80.3%), followed by language or accent (38.9%) and immigration status (20.3%). These findings underscore how visible markers of difference—especially cultural and ethnic identity—remain key drivers of exclusion and bias.

80.3%



Main Reasons for Discrimination¹



In the 2021 Massey University survey - Social Response to COVID-19 in New Zealand: Obligations and Stigmatisation Survey², **22.7%** of Asians reported experiencing racial discrimination since the COVID-19 outbreak. In comparison, this survey found that 27.6% of Asians experienced discrimination in the past 12 months, and 80.3% of those cases were race-related, equating to approximately **22.2%** of total respondents experiencing race-based discrimination.

This alignment across two independent studies suggests a *persistent baseline of racial discrimination toward Asians in New Zealand*, both during and after the COVID-19 pandemic. It highlights that racism remains a deeply embedded issue beyond crisis periods, requiring long-term, systemic interventions.



Perceptions about China and the pandemic played a part in Asian New Zealanders' experiences of discrimination according to research (photo: U Lin/Ureplash)



Note 1: Q13. What do you believe was the main reason for the discrimination you experienced? Multiple responses. 2. Liu LS, Jia X, Zhu A, Ran GJ, Siegert R, French N, Johnston D. Stigmatising and Racialising COVID-19: Asian People's Experience in New Zealand. J Racial Ethn Health Disparities. 2023 Dec;10(6):2704-2717. doi: 10.1007/s40615-022-01448-7. Epub 2022 Nov 11. PMID: 36369460; PMCID: PMC9651882. Base: n=280

Discrimination patterns vary notably by ethnicity. Koreans (90.5%) and Chinese (88.1%) most frequently report race as the main reason, followed closely by Filipinos (77.5%) and Indians (78.9%). Language or accent is a common factor for Chinese (45.1%), Filipinos (43.7%), and Other Asians (45.9%). Immigration status is more prominent among Chinese (30.6%) and Other Asians (21.0%), while religion is significant for Indians (25.3%) and Other Asians (17.9%). Gender identity discrimination is highest among Koreans (20.8%) and also notable for Other Asians (17.9%).



90.5% Legend Ranked by 88.1% **Total Main Reasons** 77.5% -----Race or ethnicity 78.9% ----- Language or accent 68.2% -----Immigration status 45.1% 43.7% 42.3% 45.9% 30.6% 29.0%

Main Reasons for Discrimination¹ by Ethnicity

60% 50% ----- Gender or gender identity 40% -----Age 30% -----Sexual orientation 25.3% 20.8% 17.5% Disability or health condition 21.0% 20% 17.90% 11.8% 15.0% 10.2% 17.9% -Other 11.9% 6.5% 10% -----Prefer not to say 0% Indian Chinese Filipino Korean **Other Asian**

100%

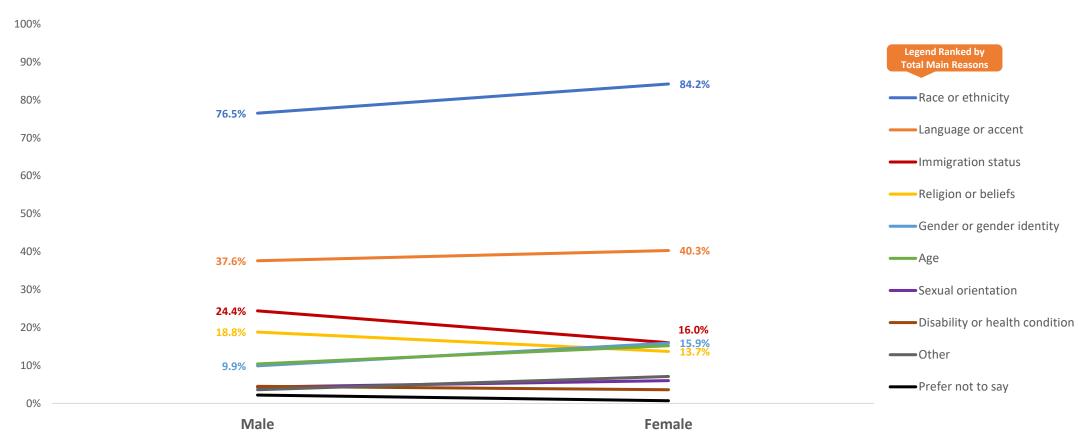
90%

80%

70%

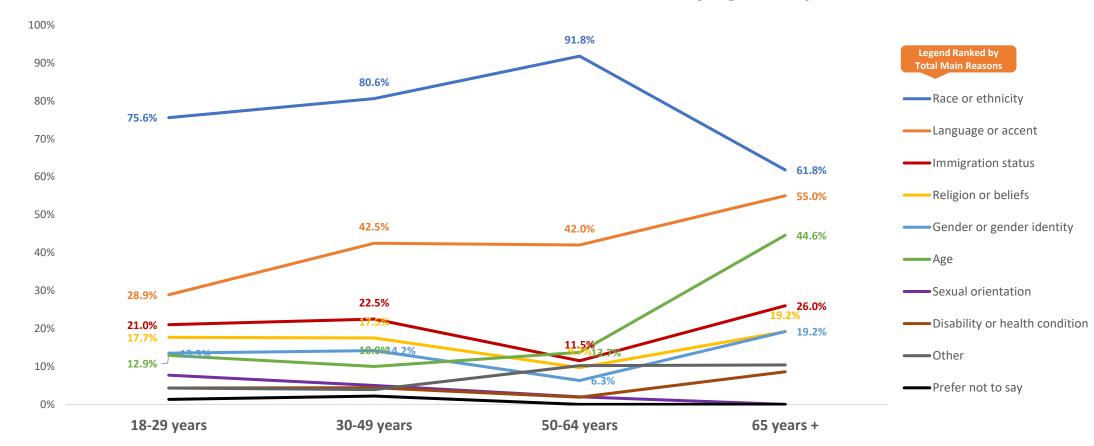
Females report higher discrimination due to race or ethnicity (84.2%) than males (76.5%), and also more often cite gender identity (15.9% vs 9.9%) and age (15.2% vs 10.4%). Males more frequently identify immigration status (24.4% vs 16.0%) and religion or beliefs (18.8% vs 13.7%) as reasons for discrimination. Language and accent affect both genders similarly.





Main Reasons for Discrimination¹ by Gender

Race or ethnicity is the leading cause across all age groups, with the highest prevalence among 50–64-year-olds (91.8%) and the lowest among those 65 and older (61.8%). Younger Asians (18–29) report more discrimination based on gender (13.5%), religion (17.7%), and sexual orientation (7.7%). In contrast, those aged 65+ most frequently cite age discrimination (44.6%), followed by language or accent (55%) and immigration status (26%). Notably, perceptions of discrimination based on immigration status and language tend to increase with age, peaking in older age groups. This pattern suggests a shift from identity-based to structural or systemic factors with age, while youth face more intersectional and identity-driven challenges.

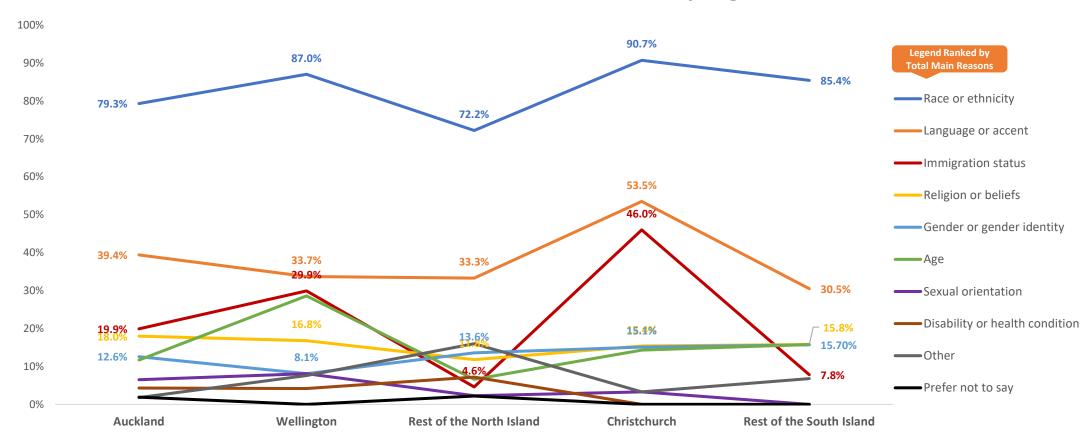


Main Reasons for Discrimination¹ by Age Group



Race-based discrimination is highest in Christchurch (90.7%) and Wellington (87.0%), while immigration status issues peak in Christchurch (46.0%). Language-related bias is most reported in Christchurch (53.5%) and Auckland (39.4%). Wellington shows the highest age-related discrimination (28.6%). Urban centres report more identity- and immigration-related bias, whereas smaller regions show lower but diverse exclusion patterns.





Main Reasons for Discrimination¹ by Region





Section 5 School Bullying



Review of School Bullying in New Zealand



Overall Prevalence, OECD Ranking and Longitudinal Trends

- New Zealand has consistently ranked among the highest in the OECD for school bullying. According to the 2018 PISA results, 18% of New Zealand students reported being frequently bullied, ranking New Zealand second among OECD countries (OECD, 2019). While there has been a slight decrease in reported bullying since 2018, the rates remain concerning. For example, the proportion of students reporting that others spread nasty rumours about them decreased from 13% in 2018 to 8% in 2022 (OECD, 2023).
- According to the PISA 2022 Results: Volume I by the OECD, approximately 29% of New Zealand students reported experiencing bullying at least a few times a month, compared to the OECD average of 20% (OECD, 2023)¹. Specifically, 25% of girls and 32% of boys in New Zealand reported being victims of bullying acts at least a few times a month (OECD, 2023).

Bullying Among Asian Students

Asian students in New Zealand experience disproportionately high rates of bullying and discrimination. The Youth19 Rangatahi Smart Survey (for students in years 9– 13) found that approximately 32% of Asian students reported experiencing bullying (University of Auckland, 2021). Furthermore, about 10% of Asian youth reported being bullied because of their ethnic or religious background (University of Auckland, 2021). Additionally, one in four Asian students reported unfair treatment by teachers due to their ethnicity or cultural background (University of Auckland, 2021).

Impacts on Mental Health and Educational Outcomes

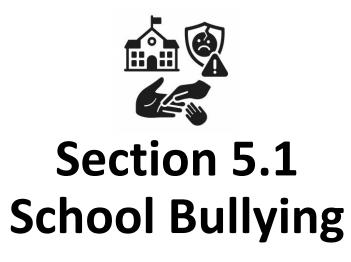
The psychological toll of bullying and racism on Asian students can lead to increased risks of anxiety, depression, and identity conflict. The Education Review Office (ERO) notes that students who experience bullying report poorer well-being, reduced school attendance, and lower academic achievement (ERO, 2019). These challenges are compounded for marginalised ethnic groups, such as Asian students, who may also face pressures to succeed academically and assimilate culturally.

Response and Gaps in Policy

While the Ministry of Education has implemented guidelines for bullying prevention and response, targeted strategies for ethnic minority students remain limited. Reports indicate a lack of teacher training on cultural competency, unconscious bias, and racism-informed intervention strategies (ERO, 2019). Moreover, there is limited disaggregated data on the bullying experiences of specific Asian subgroups, hindering the development of tailored support measures.







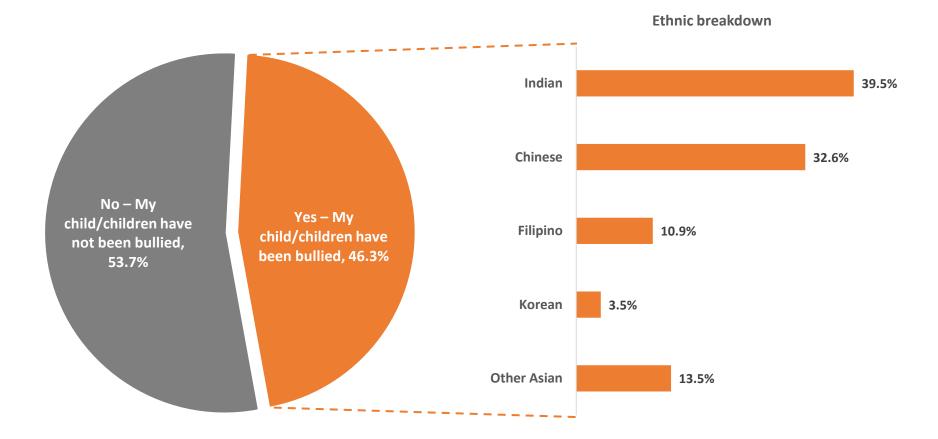
Rates and Disparities



Among households with school-aged children (n = 424), 46.3% of Asian parents/guardians reported that their child or children had experienced bullying at school in the past 12 months. Among those who reported bullying, the majority of cases came from Indian (39.5%) and Chinese (32.6%) families. This high prevalence indicates that nearly half of Asian households are impacted, underscoring the urgent need for schools to adopt culturally responsive anti-bullying strategies, strengthen parental engagement, and create safer, more inclusive learning environments for Asian students in Aotearoa New Zealand.



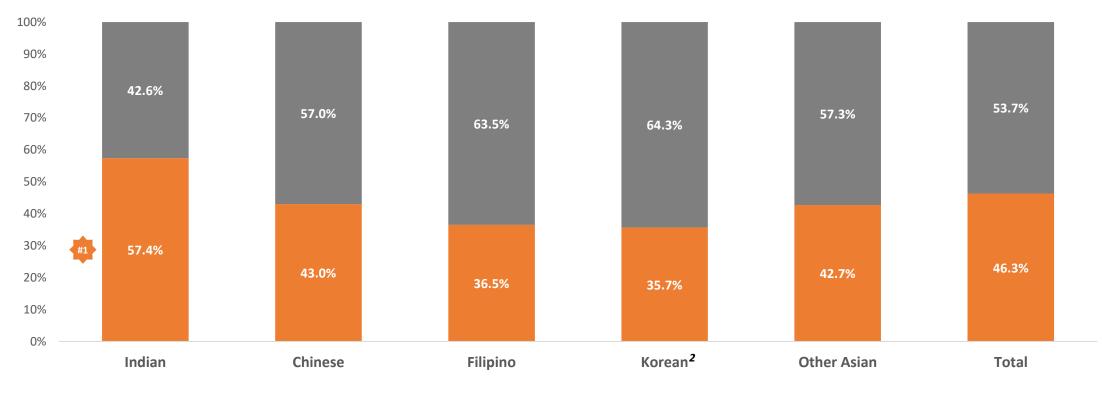
Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹



Based on parents/guardians' reported data, school bullying experiences among Asian children in New Zealand show notable ethnic disparities. Indian parents/guardians reported the highest prevalence (57.4%), followed by Chinese (43.0%) and Other Asian (42.7%) households. Reports were lower among Filipino (36.5%) and Korean (35.7%) parents/guardians. These variations may reflect differing levels of awareness, reporting tendencies, or school environments across ethnic groups.

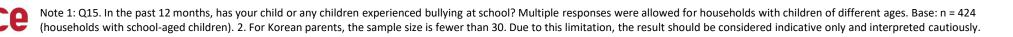


Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹ by Ethnicity



Yes – My child/children have been bullied

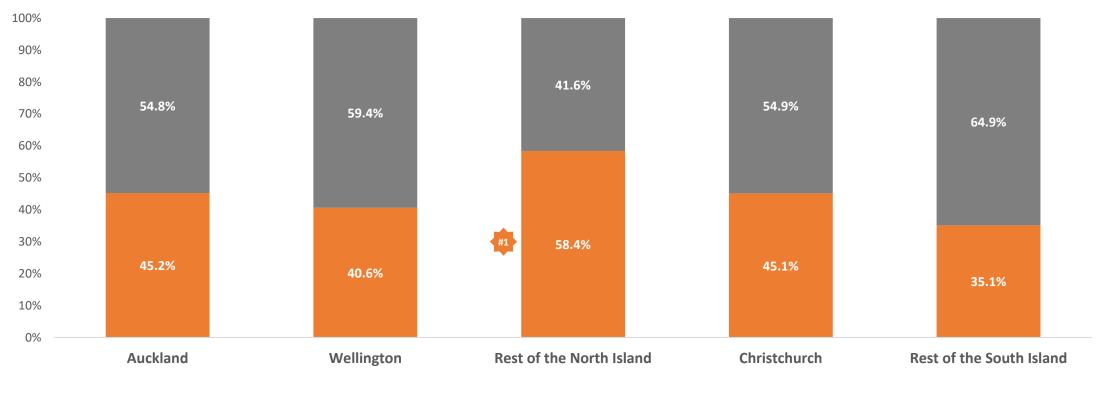
■ No – My child/children have not been bullied



Bullying rates reported by Asian parents/guardians vary regionally. The highest was in the rest of the North Island (58.4%), indicating a pressing concern outside major urban centres. Auckland (45.2%) and Christchurch(45.1%) followed closely. Wellington (40.6%) showed slightly lower rates, while the rest of the South Island (35.1%) had the lowest.

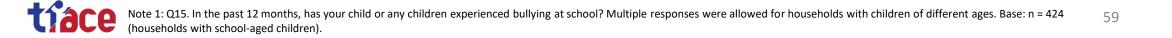


Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹ by Region



Yes – My child/children have been bullied

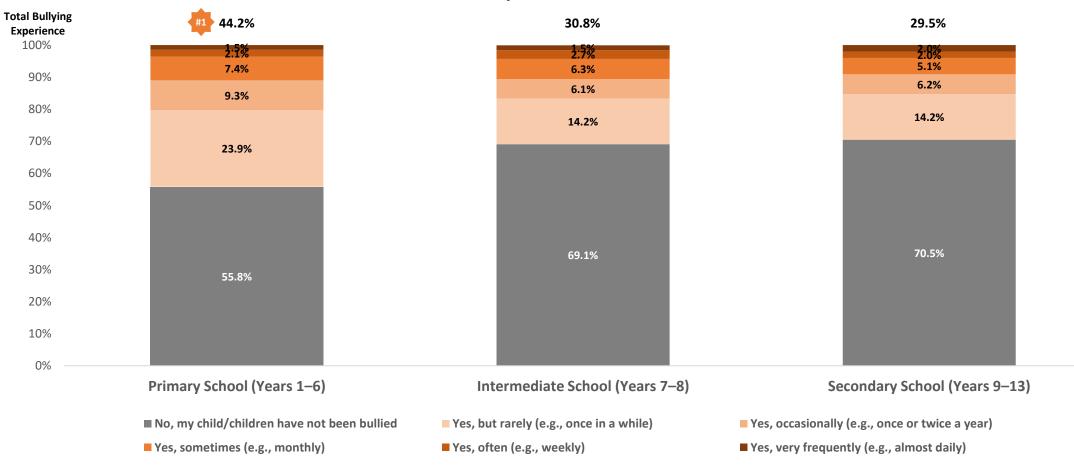
■ No – My child/children have not been bullied



Parents/guardians-reported bullying is most prevalent in Primary School (Years 1–6), where 44.2% of children are reported to have experienced bullying in the past year. This rate declines to 30.8% in Intermediate and 29.5% in Secondary School, suggesting that younger children are more vulnerable to peer-related harm. In primary settings, bullying is more often described as "rare" (23.9%) or "occasional" (9.3%), but over one in ten children still experience it monthly or more frequently. Although frequent bullying (weekly or daily) is relatively consistent across school levels, the elevated overall prevalence in primary school highlights the importance of early intervention, social-emotional learning, and school-wide prevention programmes tailored to the unique developmental needs of younger students.



Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹



by School Years



Note 1: Q15. In the past 12 months, has your child or any children experienced bullying at school? Multiple responses were allowed for households with children of different ages. Base: n = 424 60 (households with school-aged children).

Bullying prevalence in primary school varies significantly across Asian ethnic groups. Indian children face the highest rate of bullying at 57.0%, followed by Other Asian (45.7%), Chinese (39.0%), and Korean (38.5%). Filipino children experience the lowest reported rate at 30.0%. Notably, Indian parents/guardians report higher frequencies across all categories, including monthly (11.5%), weekly (3.7%), and daily (0.9%) bullying. While Chinese and Korean parents/guardians report lower frequent bullying, they still reflect concerning levels of rare to occasional experiences. Filipino parents/guardians report the highest rate of children not being bullied (70%), suggesting comparatively safer environments or lower reporting likelihood. These ethnic differences highlight the need for ethnically responsive, school-based bullying prevention and support strategies, especially for Indian and Other Asian communities.



Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹ *Primary School (Years 1–6) by Ethnicity*

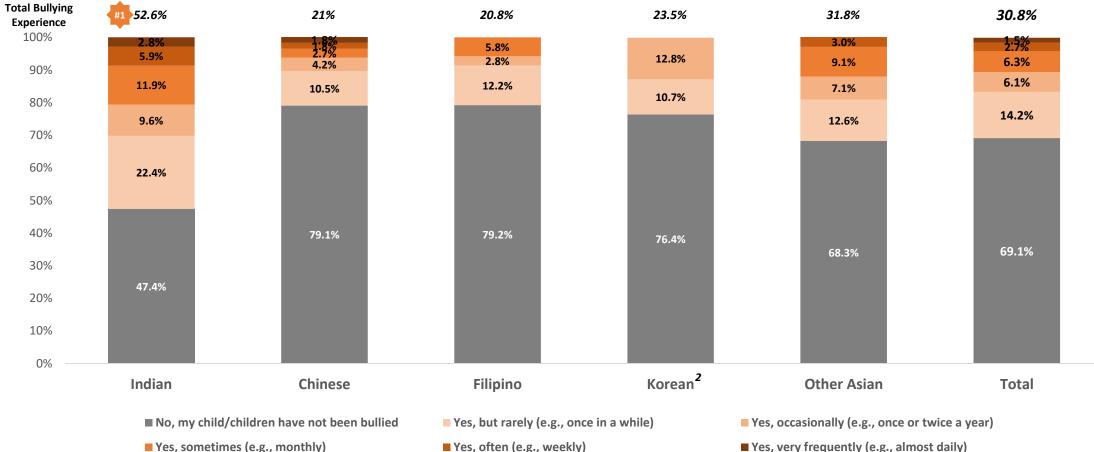


cautiously.

Note 1: Q15. In the past 12 months, has your child or any children experienced bullying at school? Multiple responses were allowed for households with children of different ages. Base: h = 337 (households with Primary School-aged children). 2. For Korean parents, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted

61

Building on the primary school findings, Asian parents/guardians' self-reports show that bullying remains a concern in Intermediate School, though at lower levels. Indian students continue to be most affected (52.6%), followed by Other Asians (31.8%), while Chinese, Filipino, and Korean groups report lower rates (20–23%).



Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹ Intermediate School (Years 7–8) by Ethnicity

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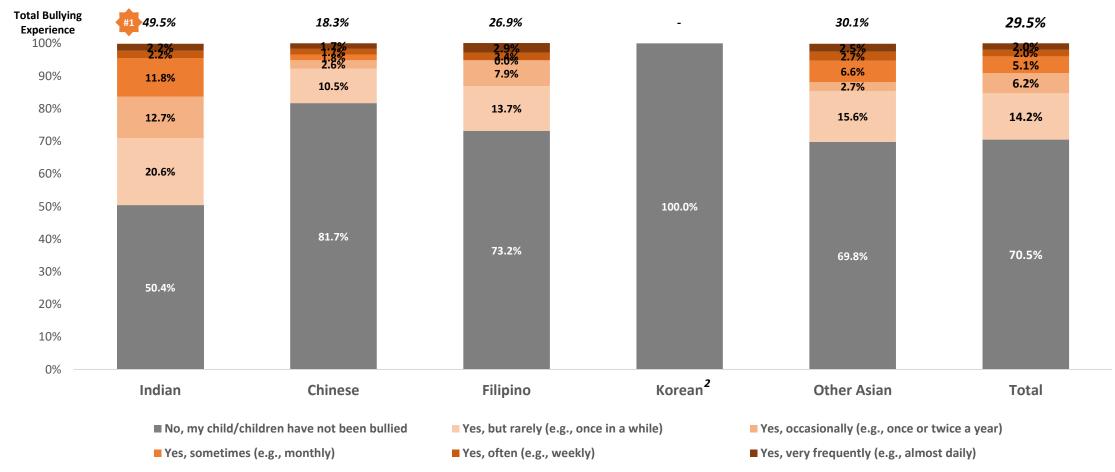
Note 1: Q15. In the past 12 months, has your child or any children experienced bullying at school? Multiple responses were allowed for households with children of different ages. Base: n = 262 (households with Intermediate School-aged children). 2. For Korean parents, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

Asian Family Services

Nearly half of Indian parents/guardians (49.5%) reported bullying of their secondary school children, the highest among all groups. This contrasts with Chinese (18.3%) and Filipino (26.9%) families, while Other Asians (30.1%) were close to the total average (29.5%). Compared to the Youth19 Rangatahi Smart Survey (University of Auckland, 2021), which found that 32% of Asian Year 9–13 students reported being bullied, this study's parent-reported rate (29.5%) is broadly aligned, though slightly lower. However, the higher rate among Indian families suggests continued vulnerability and underscores the need for targeted support.



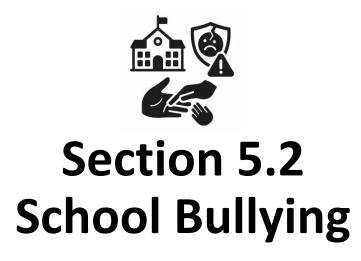
Asian Parents/Guardians' Reports of School Bullying Experienced by Their Children in the Past 12 Months¹ Secondary School (Years 9–13) by Ethnicity





Note 1: Q15. In the past 12 months, has your child or any children experienced bullying at school? Multiple responses were allowed for households with children of different ages. Base: n = 295 (households with Secondary School-aged children). 2. For Korean parents, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.





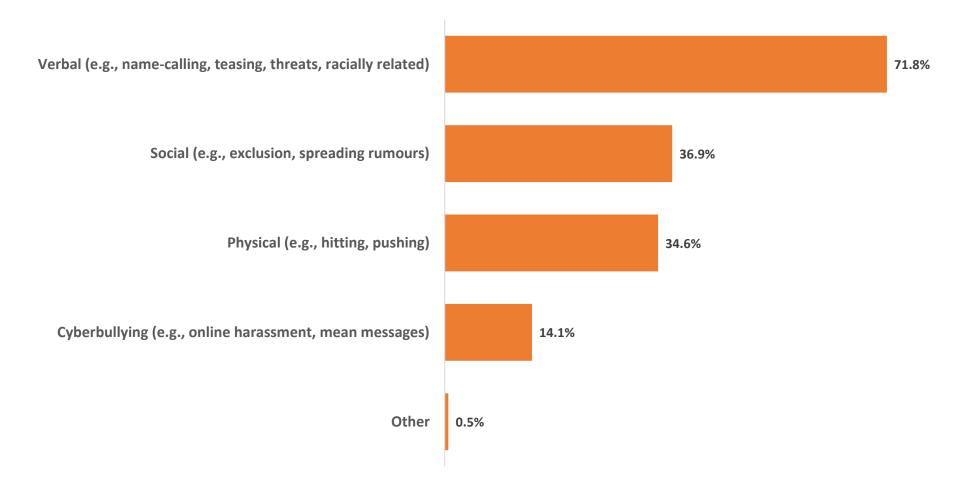
Type and Mental Health Impacts of Bullying on Asian Children



Among children who experienced bullying, verbal abuse was the most common form reported by parents/guardians (71.8%), including namecalling, teasing, and racial slurs. This was followed by social bullying (36.9%), including exclusion and spreading rumours, and physical bullying (34.6%). Cyberbullying affected 14.1% of respondents, indicating a smaller but significant digital threat. The high prevalence of verbal and social bullying highlights the need for school-wide behaviour policies and intercultural education. At the same time, the presence of physical and cyberbullying reinforces the importance of both online safety measures and emotional support systems.



Types of Bullying Experienced by Asian Children, as Reported by Parents/Guardians¹

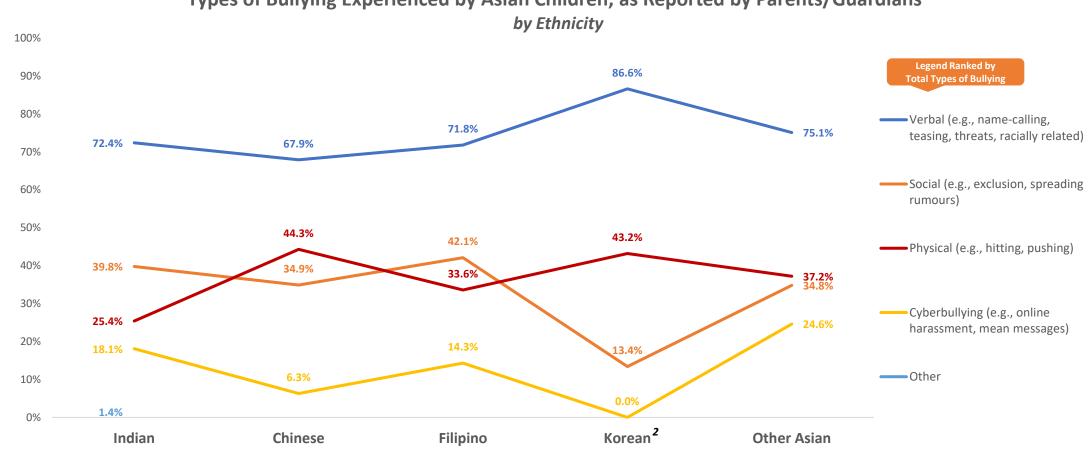




Note 1: Q16. You mentioned that your child/children have experienced bullying; what type of bullying have he/she/they faced? Multiple Responses. Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months).

Verbal bullying was the most commonly reported type across all ethnicities, especially among Korean (86.6%), Other Asian (75.1%), Indian (72.4%), and Filipino (71.8%) families. Social bullying was more prevalent among Filipino (42.1%) and Indian (39.8%) children, while Chinese (44.3%) and Korean (43.2%) families reported higher rates of physical bullying. Cyberbullying was notably higher among Other Asian (24.6%) and Indian (18.1%) children. These patterns reflect differing vulnerabilities and underscore the need for ethnicity-specific anti-bullying strategies.





Types of Bullying Experienced by Asian Children, as Reported by Parents/Guardians¹

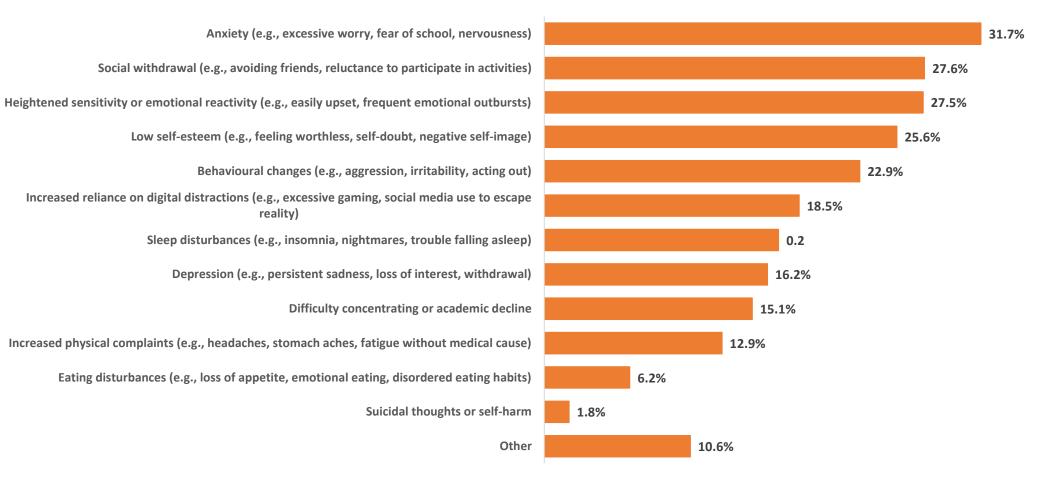


Note 1: Q16. You mentioned that your child/children have experienced bullying; what type of bullying have he/she/they faced? Multiple Responses. Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For Korean parents, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.



Bullying had a significant emotional toll on Asian children. The most commonly reported impacts were anxiety (31.7%), social withdrawal (27.6%), and heightened emotional sensitivity (27.5%). Over one in four also experienced low self-esteem (25.6%) and behavioural changes (22.9%). Other notable impacts included reliance on digital distractions (18.5%), sleep disturbances (17.0%), and depression (16.2%). While less common, 1.8% reported suicidal thoughts or self-harm, indicating serious concerns for a minority. These findings point to the broad psychological consequences of bullying and reinforce the need for integrated mental health support across school and community settings.

Mental Health Impacts of Bullying on Asian Children, Parents/Guardians-Reported Outcomes¹

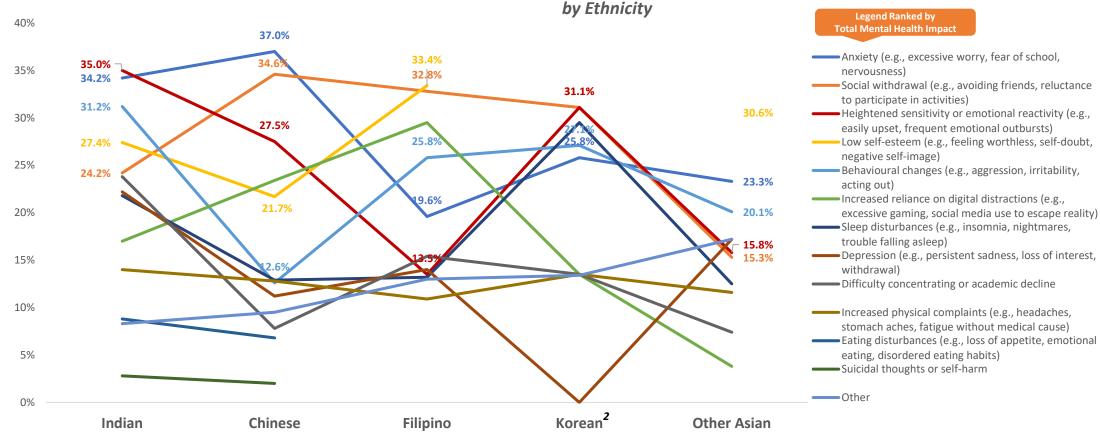




Mental health impacts from bullying varied significantly across ethnic groups. Chinese and Indian children showed the highest rates of anxiety (37.0% and 34.2%) and emotional reactivity (27.5% and 35.0%). Filipino children were most affected by low self-esteem (33.4%) and digital reliance (29.5%), while Korean children exhibited high levels of sleep disturbance (29.5%) and behavioural change (27.1%). Reports of depression were highest among Indian (22.2%) and Other Asian (17.2%) families. Though rare overall, suicidal thoughts or self-harm were most reported by Indian (2.8%) and Chinese (2.0%) parents. These variations highlight the importance of ethnicity-specific, trauma-informed responses in bullying recovery programmes.

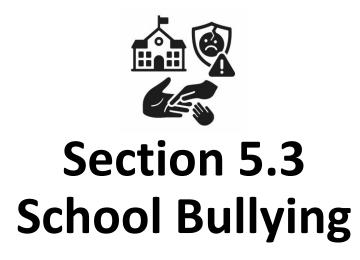


Mental Health Impacts of Bullying on Asian Children, Parents/Guardians-Reported Outcomes¹



Note 1: Q17. As a result of the bullying, has your child experienced any of the following mental health impacts? Multiple Responses. Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For Korean parents, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.





Navigating School Bullying: Parental Insights and Challenges



Parents/guardians demonstrate strong emotional support for their children, with over 64% expressing confidence in listening and comforting them during bullying incidents. However, confidence markedly drops in areas requiring formal knowledge, such as reporting procedures, escalation pathways, or accessing professional services, with agreement falling below 50%. Notably, the highest total disagreement (31.4%) relates to knowing where to access professional support. This highlights a critical gap and underscores the need for culturally responsive education and accessible professional support to empower families beyond emotional reassurance.



Total Agree (%) I feel confident talking to my child about bullying 12.5% 67.8% .6% 38.6% 29.2% I know how to support my child emotionally if they are bullied. 64.5% 4.6% 9.0% 38.6% 25.9% 52.5% I feel confident advising my child on how to respond to bullying. 2.6% 14.1% 32.6% 19.9% I know the appropriate steps to report bullying within the school. 47% 5.9% 16.2% 30.6% 16.4% I am aware of when and how to escalate bullying issues to external authorities (e.g., Ministry 37.7% 8.1% 19.8% 20.0% 17.7% of Education, police) 37.7% I understand the options available for changing my child's school environment if needed. 6.0% 20.1% 21.5% 16.2% 33.8% I know where to access professional support (e.g., counselling, therapy) for my child or family. 6.1% 11.3% 25.3% 22.5% 30.5% I do not feel confident or informed enough to take any action. 11.6% 11.2% 23.2% 7.3% 23.7% I know how to approach the bully's parents in a constructive way. 10.7% 8.5% 18.5% 15.2%

Asian Parents/Guardians' Confidence and Knowledge in Responding to School Bullying: Agreement Levels Across Key Support Areas¹

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree



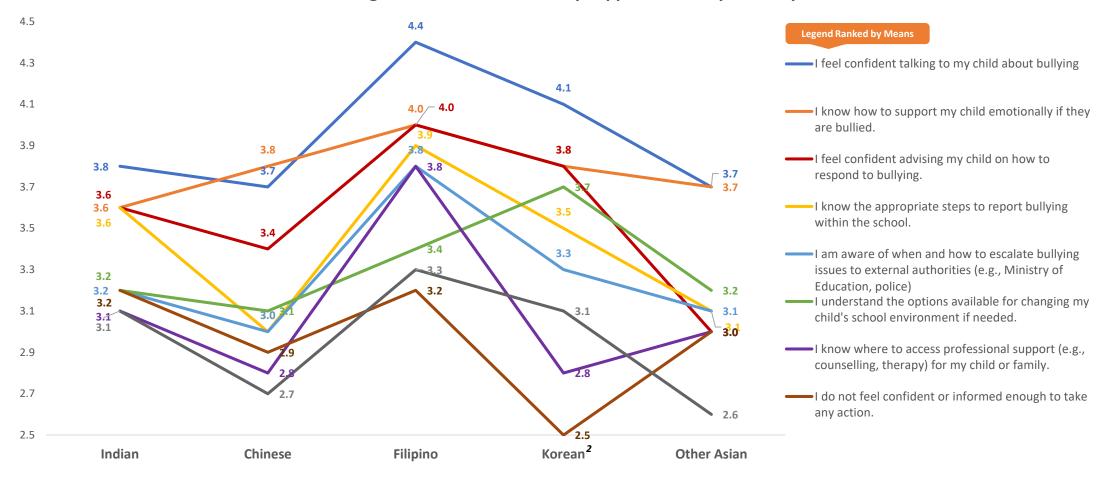
Note 1: Q18. As a parent, how much do you agree or disagree with the following statements about your confidence and knowledge in dealing with your child's experience of bullying at school? Please rate from 1 to 5, where 1 = "Strongly Disagree," 2="Disagree", 3 = "Neutral", 4 = "Agree" and 5 = "Strongly Agree." Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months).

70

Filipino parents consistently reported the highest confidence across all bullying-related items, especially in emotional support and school engagement (mean = 3.3 - 4.4). Indian and Korean parents showed mixed levels of confidence, ranging from 3.1 to 3.8 and 2.5 to 4.1, respectively. Chinese parents had lower scores on key items, including reporting procedures (3.0) and accessing professional help (2.8). This suggests that Chinese families may need more structured guidance and culturally appropriate resources to navigate formal school and mental health systems.



Asian Parents/Guardians' Confidence and Knowledge in Responding to School Bullying: Agreement Levels Across Key Support Areas¹ by Ethnicity



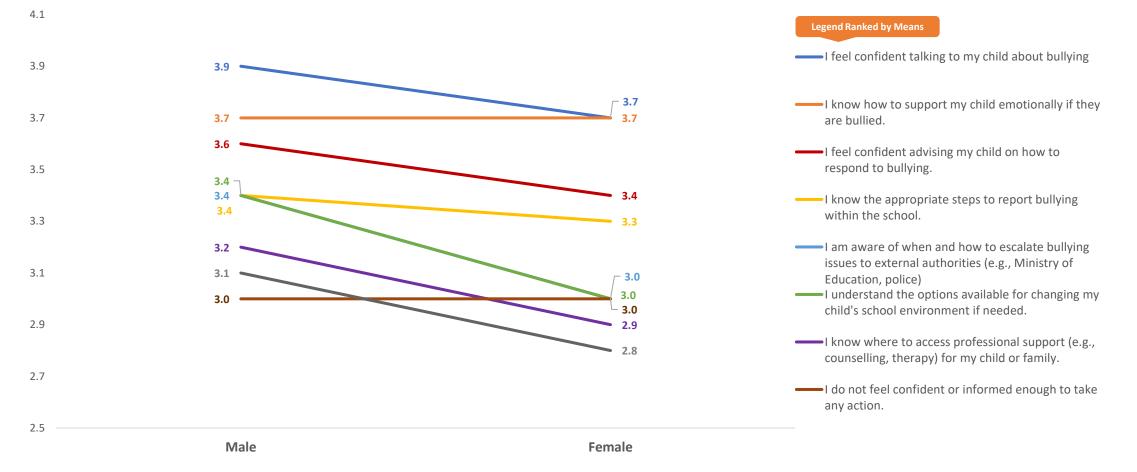
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Note 1: Q18. As a parent, how much do you agree or disagree with the following statements about your confidence and knowledge in dealing with your child's experience of bullying at school? Please rate from 1 to 5, where 1 = "Strongly Disagree," 2="Disagree", 3 = "Neutral", 4 = "Agree" and 5 = "Strongly Agree." Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For Korean parents/guardians, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

Overall, male parents/guardians reported slightly higher confidence than females, particularly in accessing professional support (3.2 vs. 2.9) and constructively approaching the bully's parents (3.1 vs. 2.8). While differences are modest, they suggest female guardians may feel less equipped to take formal or confrontational actions. Targeted outreach and support may help close this confidence gap and better empower all caregivers in responding to bullying.



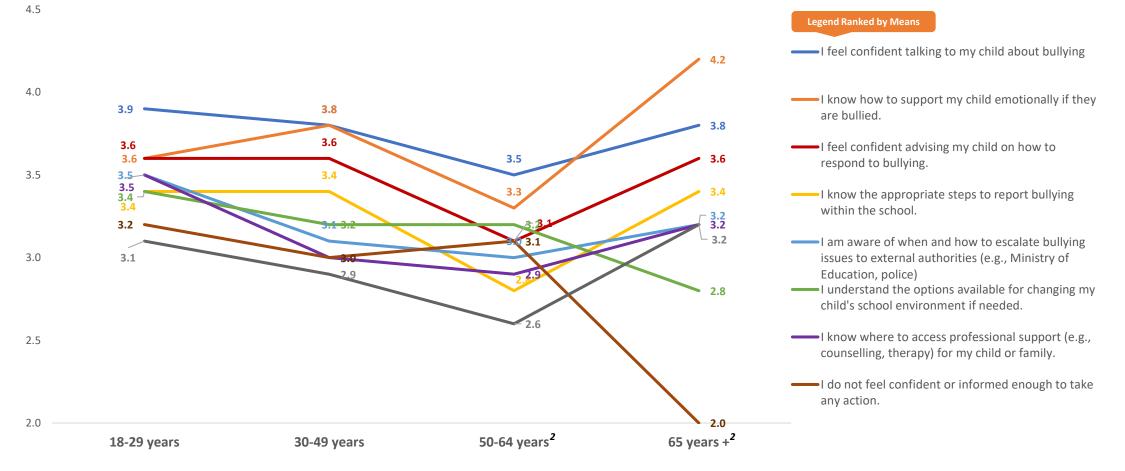
Asian Parents/Guardians' Confidence and Knowledge in Responding to School Bullying: Agreement Levels Across Key Support Areas¹ by Gender



Note 1: Q18. As a parent, how much do you agree or disagree with the following statements about your confidence and knowledge in dealing with your child's experience of bullying at school? Please rate from 1 to 5, where 1 = "Strongly Disagree," 2="Disagree", 3 = "Neutral", 4 = "Agree" and 5 = "Strongly Agree." Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). Parents/guardians aged 18–49 show relatively consistent confidence across most items (means mostly between 3.0 and 3.9). Younger parents (18–29) appear slightly more confident in accessing professional support (3.5) and escalation (3.5). Scores from those aged 50–64 and 65+ vary more, with some high confidence (e.g., emotional support = 4.2) and lower awareness in action areas. Due to small sample sizes (n < 30), the results for these older groups are indicative only and should be interpreted cautiously.



Asian Parents/Guardians' Confidence and Knowledge in Responding to School Bullying: Agreement Levels Across Key Support Areas¹ by Age Group



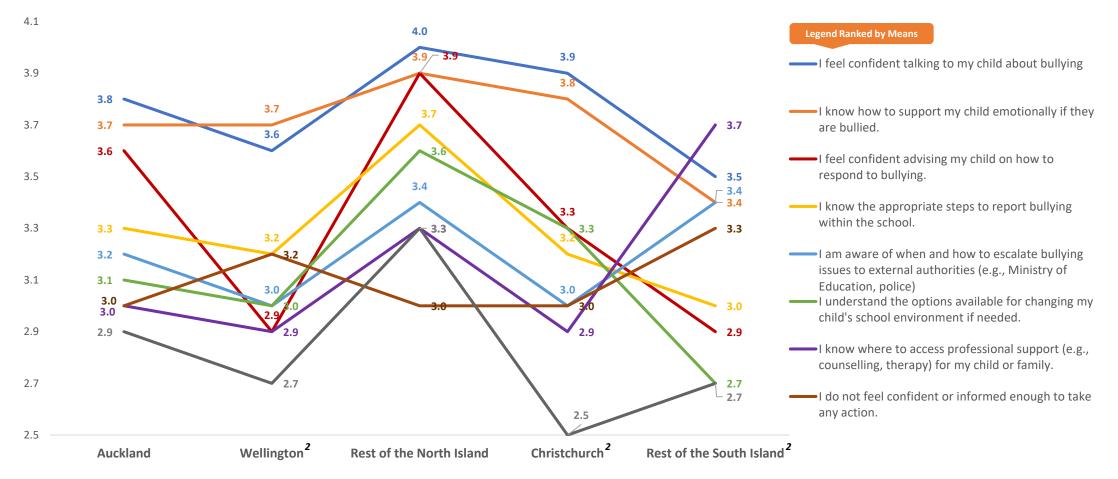
Note 1: Q18. As a parent, how much do you agree or disagree with the following statements about your confidence and knowledge in dealing with your child's experience of bullying at school? Please rate from 1 to 5, where 1 = "Strongly Disagree," 2="Disagree", 3 = "Neutral", 4 = "Agree" and 5 = "Strongly Agree." Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For 50-64 years and 65 years+ parents/guardians, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

73

Parents/guardians in Auckland reported moderate confidence overall, particularly in emotionally supporting their children (3.7) and discussing bullying (3.8), but scored lower on formal actions, such as engaging with the bully's parents (2.9). Those in the rest of the North Island showed higher confidence in formal actions, such as reporting (3.7) and advising on response (3.9). Results from other regions are based on fewer than 30 respondents and should be considered indicative only.



Asian Parents/Guardians' Confidence and Knowledge in Responding to School Bullying: Agreement Levels Across Key Support Areas¹ by Region



Note 1: Q18. As a parent, how much do you agree or disagree with the following statements about your confidence and knowledge in dealing with your child's experience of bullying at school? Please rate from 1 to 5, where 1 = "Strongly Disagree," 2="Disagree," 2="Disagree", 3 = "Neutral", 4 = "Agree" and 5 = "Strongly Agree." Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. Regions 74 with a sample size of fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

Only 35.4% of Asian parents/guardians were satisfied (either satisfied or very satisfied) with how schools responded to bullying reports. Filipino parents/guardians showed the highest satisfaction (40.1%), while Indian parents/guardians reported the lowest (34.7%). Overall dissatisfaction (very dissatisfied and dissatisfied) remained high, at 35.6% for Indians and 28.5% for Chinese, highlighting concerns about school responsiveness and trust in reporting processes. Non-reporting rates were highest among Chinese (10.7%) and Other Asian (7.2%) parents or guardians.



Sum of "Satisfied" 34.7% 40.1% 35.4% 37.4% 37.6% 100% 2.5% 4.8% 5.1% 9.4% 11.4% 90% 27.1% 32.2% 80% 30.3% 32.6% 28.2% 28.7% 70% 60% 25.8% 25.4% 23.4% 22.9% 44.7% 50% 32.4% 40% 30% 24.7% 25.4% 25.5% 26.4% 20% 16.1% 17.9% 3.1% 7.6% 10% 6.8% 9.2% 5.2% 12.2% 10.7% 7.2% 6.9% 4.4% 3.8% 0% Korean² Indian Chinese Filipino **Other Asian** Total Very dissatisfied Dissatisfied Did not report Neutral Satisfied Very satisfied

Asian Parents/Guardians' Satisfaction with School Responses to Bullying Incidents¹ By Ethnicity

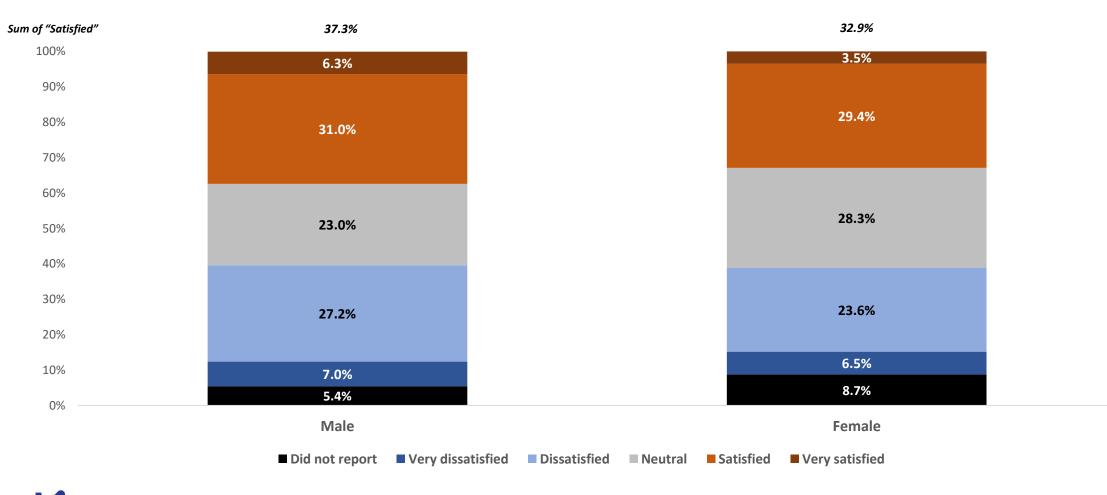


Note 1: Q19. How satisfied were you with the school's response to the bullying incidents? Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For Korean parents/guardians, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

Male parents/guardians reported slightly higher satisfaction (37.3%) than female parents/guardians (32.9%) with how schools handled bullying. However, dissatisfaction remained high across both groups, at 34.1% for males and 30.1% for females. Non-reporting was more prevalent among female parents/guardians (8.7% vs. 5.4%), suggesting possible gendered differences in perceived school engagement or confidence in raising bullying concerns.



Asian Parents/Guardians' Satisfaction with School Responses to Bullying Incidents¹ By Gender

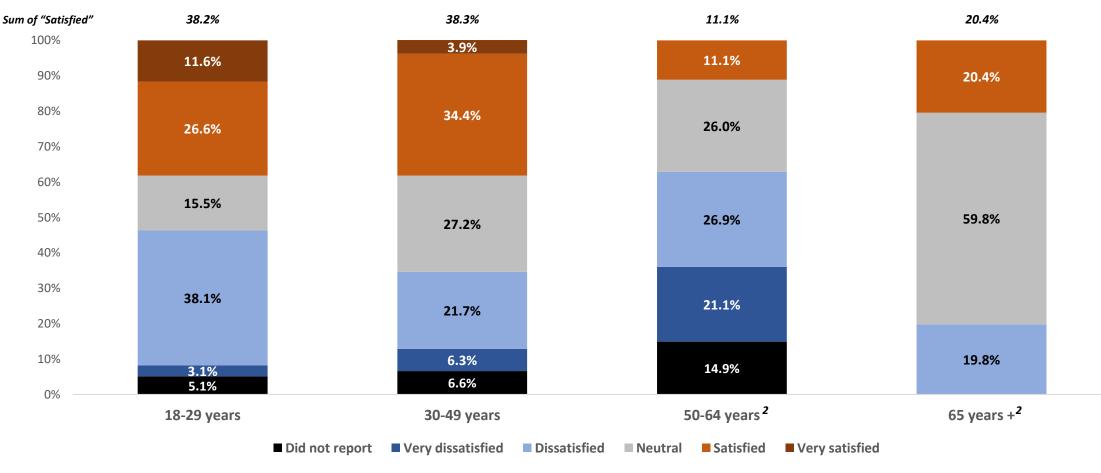


ace Note 1: Q19. How satisfied were you with the school's response to the bullying incidents? Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 76 months).

Despite younger parents/guardians (18–29 and 30–49 years) reporting 38.2% and 38.3% satisfaction rates, they also expressed the highest overall dissatisfaction, 41.2% and 38.0% respectively, above the total average (32.3%). This indicates a polarised response: while some younger caregivers are satisfied, a significant proportion remain discontented with school responses to bullying incidents. Dissatisfaction was most pronounced among the 50–64 age group (48.0%), with only 11.1% satisfied. The 65+ group showed extreme skew (59.8% neutral), but results are indicative only due to the small sample size.



Asian Parents/Guardians' Satisfaction with School Responses to Bullying Incidents¹ By Age Group



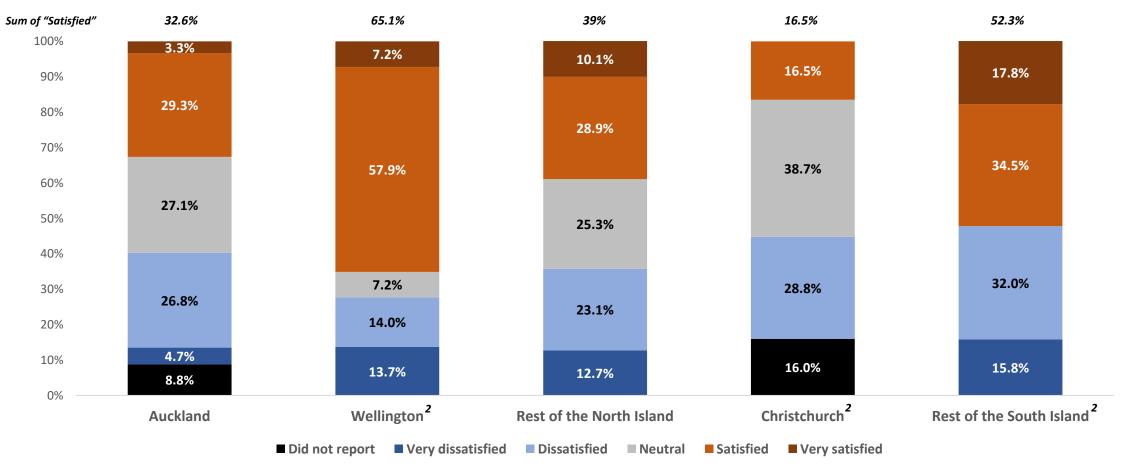


Note 1: Q19. How satisfied were you with the school's response to the bullying incidents? Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 months). 2. For 50-64 years and 65 years+ parents/guardians, the sample size is fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.



Focusing on regions with more robust sample sizes, both Auckland and the rest of the North Island showed moderate satisfaction levels (32.6% and 39.0%, respectively). However, dissatisfaction was also substantial, at 31.5% in Auckland and 35.8% in the rest of the North Island. These figures highlight that a considerable proportion of parents/guardians in these regions remain unsatisfied with school responses to bullying.

Asian Parents/Guardians' Satisfaction with School Responses to Bullying Incidents¹ By Region





Note 1: Q19. How satisfied were you with the school's response to the bullying incidents? Base: n = 196 (households with school-aged children who experienced school bullying in the past 12 78 months). 2. Regions with a sample size of fewer than 30. Due to this limitation, the result should be considered indicative only and interpreted cautiously.

School Bullying: Key Challenges



Persistently High Bullying Rates in New Zealand, With Asian Youth Disproportionately Affected

New Zealand ranks among the highest in the OECD for school bullying, with 29% of students experiencing bullying monthly, well above the OECD average of 20%. Asian students face disproportionate exposure: the *Youth19* survey found 32% of Asian Year 9–13 students reported being bullied, and 10% cited ethnic or religious reasons. Parent-reported data from the 2025 AFS survey confirms this pattern, **with nearly half (46.3%) of Asian parents/guardians reporting their child was bullied in the past 12 months.** Indian students appear particularly vulnerable across all school levels.

Mental Health Impacts and Identity Strain

Bullying, especially when racially motivated, has severe consequences. AFS data shows **verbal abuse is most common (71.8%), followed by** social (36.9%) and physical bullying (34.6%). Emotional impacts include anxiety (31.7%), social withdrawal (27.6%), low self-esteem (25.6%), and even suicidal ideation (1.8%). These align with OECD and ERO findings that bullying leads to poor attendance, reduced academic achievement, and long-term psychological harm, especially for marginalised ethnic groups, balancing academic expectations and cultural identity conflict.

Gaps in Parental Confidence and Knowledge

While 64–68% of Asian parents/guardians feel confident offering emotional support, fewer than half feel capable of navigating formal school processes. Only 33.8% know where to access professional support, and fewer than 24% feel confident engaging the bully's parents. Chinese parents and guardians report the lowest confidence across almost all indicators. This suggests a systemic knowledge gap and cultural hesitancy, leaving families disempowered to advocate for their children.

Systemic Inaction and Lack of Ethnic Responsiveness

Despite Ministry of Education guidelines, **bullying prevention lacks targeted responses for ethnic minority students**. AFS and ERO evidence point to **insufficient teacher training in cultural competency, racism-informed intervention, and unconscious bias**. Compounding this is a lack of disaggregated data on Asian subgroups, which hinders the development of tailored policies and school-level interventions.

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School Bullying: Recommendations - Policy and Government-Level Interventions



Establish a National Anti-Bullying Strategy with Ethnic Sensitivity

New Zealand consistently ranks among the highest in the OECD for bullying prevalence, with 29% of students experiencing bullying at least monthly (OECD, 2023). Asian students face heightened risks, particularly ethnic-based bullying (University of Auckland, 2021).

- Develop and enforce nationally consistent, culturally responsive bullying prevention guidelines, including multilingual materials and culturally relevant scenarios.
- Mandate **ethnicity-disaggregated data collection** in schools to enable visibility of patterns, especially among Indian and Chinese students, who show significantly divergent experiences in AFS data.

Fund Asian-Led Community Navigators in Schools

AFS survey findings show that only 33.8% of Asian parents know how to access professional support, and fewer than 24% feel confident addressing the bully's parents.

• Embed bicultural liaison officers in schools with high Asian enrolment to assist families in navigating school processes, language barriers, and escalation pathways.

Mandate Bullying Prevention in Teacher Training

ERO (2019) highlighted the lack of training in cultural competence and racism-informed practices among school staff.

• Require mandatory teacher education to include trauma-informed, intercultural bullying modules, addressing unconscious bias and ethnic discrimination.

Improve Accessibility to Mental Health Services

With **57.2% of Asian respondents at risk of depression** and bullying identified as a key trigger (AFS 2025), mental health support must be integrated early.

 Fund bilingual and bicultural school-based mental health staff and ensure services provide culturally tailored psychological resources for Asian youth.

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School Bullying: Recommendations - Service Delivery Enhancements (Led by AFS)



Develop a Parent Empowerment Toolkit

AFS data reveals that while **67.8% of parents feel confident talking to their child**, confidence plummets when it comes to formal action.

• Create language-specific toolkits and interactive workshops that teach how to report bullying, escalate issues appropriately, and navigate systems such as the Ministry of Education.

Launch Peer Support and Mentorship Networks

• Establish community-based peer groups for Asian parents and students to share their lived experiences, reduce stigma, and foster collective problem-solving.

Promote Early Prevention Through Cultural Education

 Partner with schools to introduce anti-racism and intercultural awareness programmes, reducing the stereotyping that often precedes bullying. These should be embedded in both primary and secondary settings, where AFS data shows bullying begins early and disproportionately affects Indian and Filipino students.

Partner With Schools on "Courage to Speak" Campaigns

• Co-design student-led campaigns that **normalise reporting bullying and highlight Asian youth voices**, especially from underrepresented ethnicities.

Asian students in Aotearoa New Zealand face a dual burden: **disproportionately high rates of bullying** and **limited cultural responsiveness in school systems.** Parents and guardians, while emotionally engaged, often **feel disempowered in navigating institutional procedures.** These recommendations call for a **coordinated, intersectional approach**—led jointly by government, schools, Asian Family Services, and ethnic communities—to shift from reactive responses to **inclusive, preventive, and culturally grounded solutions**.

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Section 6 Asian Mental Health Support







Section 6.1 Asian Mental Health Support

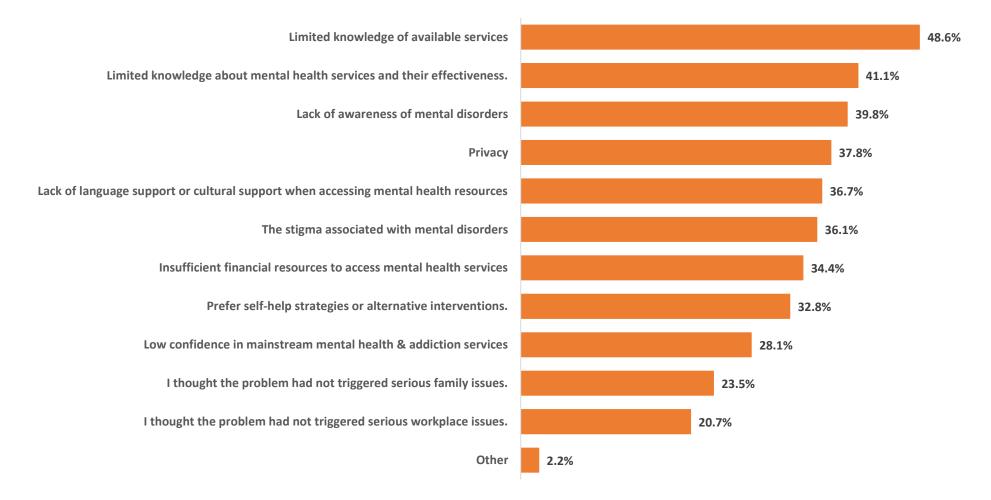
Perceived Barriers for Seeking Mental Health Support



The top five barriers to seeking mental health support among Asians in New Zealand are: limited knowledge of services (48.6%), limited understanding of mental health and treatment effectiveness (41.1%), lack of awareness of mental disorders (39.8%), privacy concerns (37.8%), and lack of language or cultural support (36.7%). These findings reflect significant informational, cultural, and structural access issues that require targeted intervention.



Ranking of Perceived Barriers for Seeking Mental Health Support in the Asian Community¹



Chinese and Korean respondents report the highest barriers across most categories, especially limited-service knowledge (54.0% and 54.8%) and language support (50.8% and 35.8%). Filipinos show a strong preference for self-help (44.9%) and greater stigma concerns (41.5%). Indians report fewer language barriers (24.6%) but higher stigma (36.7%) and financial concerns (34.1%). Other Asians report the highest service knowledge gap (57.9%) and strong privacy concerns (41.2%).



Legends ranked by 60% total perceived barriers 57.9% 54.8% 54.0% Limited knowledge of available services **49.6%** 48.2% 49.3% 50.8% 50% Limited knowledge about mental health services and 47.0% their effectiveness. 42.5% <u>42-7</u>% Lack of awareness of mental disorders 40.1% **41.2%** 40% 38.2% 38.1% 36.7% 35.6% Privacy **38.3% 35.8% 32.5%** 36.4% Lack of language support or cultural support when 35.1 33.4% **34.9%** 31.9% accessing mental health resources 33.4% 33.9 34.1% 30% The stigma associated with mental disorders 27.6% nsufficient financial resources to access mental health 24.6% services 21.4% 20% Prefer self-help strategies or alternative interventions. Low confidence in mainstream mental health & addiction services 10% I thought the problem had not triggered serious family issues. I thought the problem had not triggered serious workplace issues. Other 0% Indian Chinese Filipino Korean **Other Asian**

Perceived Barriers for Seeking Mental Health Support in the Asian Community¹ by Ethnicity

Note 1: Q20. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Base: Total sample

Females report higher barriers than males across all top categories, particularly in limited knowledge of services (54.3% vs. 42.9%), mental health understanding (45.2% vs. 36.9%), and lack of awareness of disorders (45.0% vs. 34.5%). They also express greater concern for privacy (40.5% vs. 35.1%) and language or cultural support (40.1% vs. 33.3%), indicating a greater perceived need for access and cultural fit challenges.



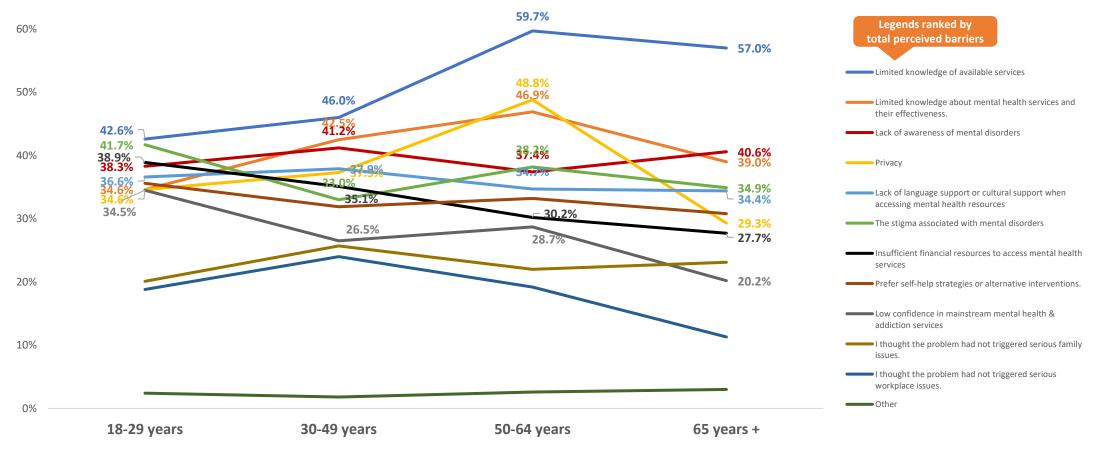
Legends ranked by 60% total perceived barriers 54.3% Limited knowledge of available services 50% Limited knowledge about mental health services and their effectiveness. 45.2% 45.0% Lack of awareness of mental disorders 42.9% 40.5% 40% 40.2% Privacy 40.1% 36.9% 39.9% 35.1% 34.5% Lack of language support or cultural support when 33.3% accessing mental health resources 30% 31.9% 28.8% The stigma associated with mental disorders 29.1% 27.0% Insufficient financial resources to access mental health services Prefer self-help strategies or alternative interventions. 20% Low confidence in mainstream mental health & addiction services I thought the problem had not triggered serious family 10% issues. I thought the problem had not triggered serious workplace issues. Other 0% Male Female

Perceived Barriers for Seeking Mental Health Support in the Asian Community¹ by Gender

Viace Note 1: Q20. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Base: Total sample

Older Asians (65+) report the highest barriers in knowledge of services (57.0%) and awareness of disorders (40.6%), suggesting significant informational gaps. Those aged 50–64 express the greatest concerns about privacy (48.8%) and scepticism about treatment effectiveness (46.9%). Younger Asians (18–29) show higher stigma sensitivity (41.7%) and a stronger preference for self-help (35.6%), indicating generational differences in help-seeking behaviour.



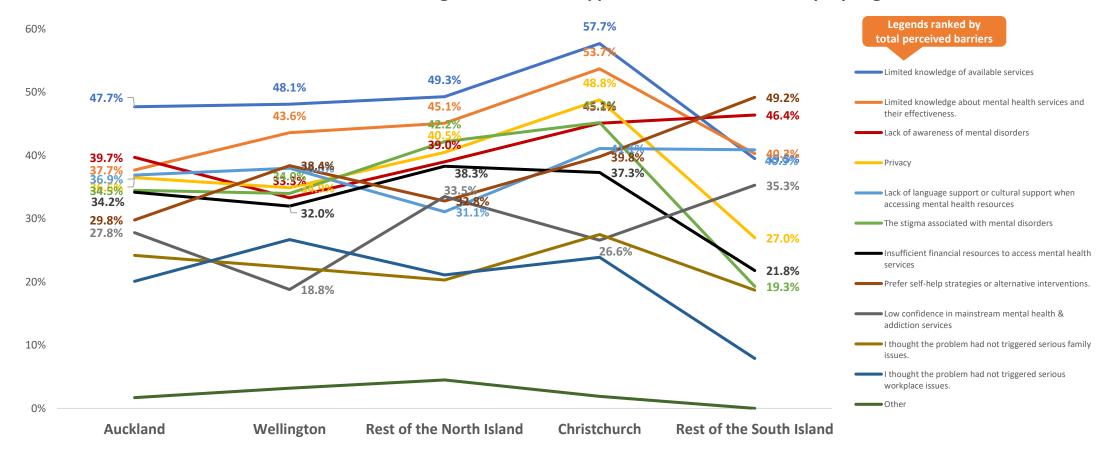


Perceived Barriers for Seeking Mental Health Support in the Asian Community¹ by Age Group

Note 1: Q20. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Base: Total sample

Christchurch shows the highest barriers in knowledge of services (57.7%) and effectiveness of treatment (53.7%). Language and cultural support are major issues in Christchurch (41.1%) and the rest of the South Island regions (40.9%). Wellington reports the highest concerns regarding privacy (48.8%) and stigma (45.2%). Auckland's barriers are closer to the national average, while the rest of the North Island regions report lower awareness of disorders (33.3%) but high financial concerns (38.3%).





Perceived Barriers for Seeking Mental Health Support in the Asian Community¹ by Region

Viace Note 1: Q20. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Base: Total sample





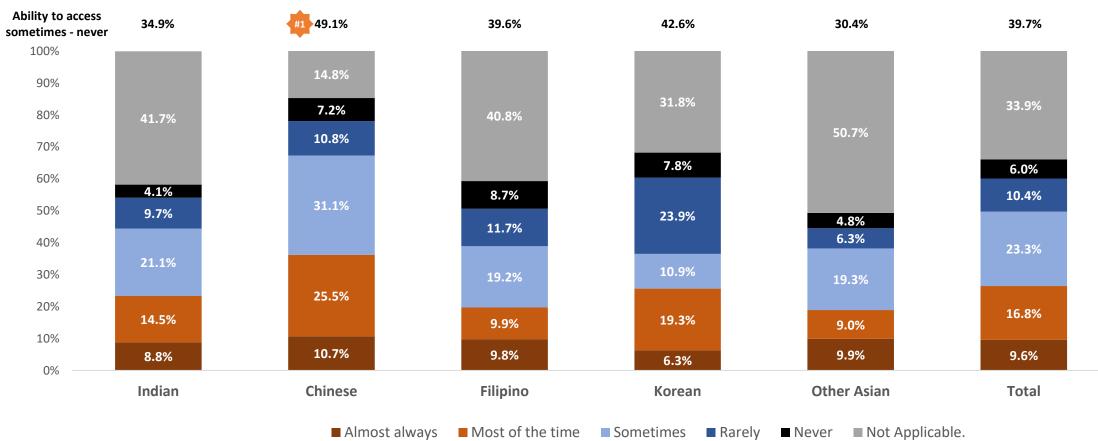
Section 6.2 Asian Mental Health Support

Language & Cultural Support



Overall, 39.7% of Asian respondents report inconsistent access to language or cultural support when using mental health services in New Zealand. At the same time, 33.9% indicated that the question was not applicable, suggesting that there was no perceived need for such support. Chinese (49.1%) and Koreans (42.6%) face the greatest access challenges, highlighting a need for more tailored, culturally appropriate services.

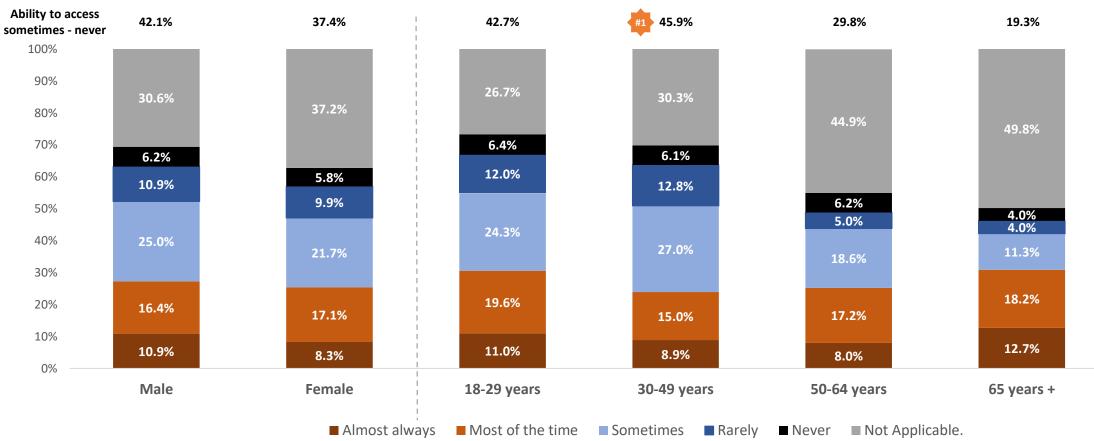




Access language and/or cultural support in New Zealand¹ by Ethnicity

Viace Note 1: Q21. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample

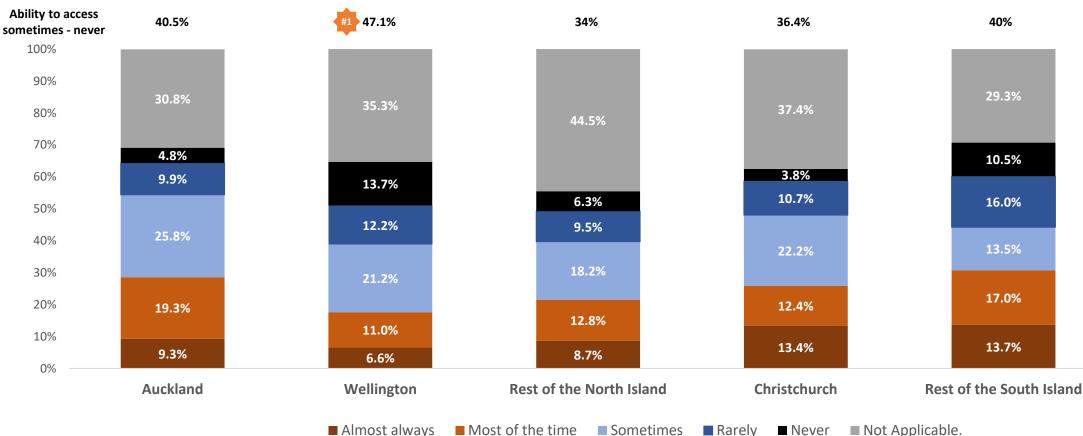




Access language and/or cultural support in New Zealand¹ by Gender and Age Group

Regionally, Wellington shows the highest proportion of respondents reporting inconsistent access to language or cultural support (47.1%), followed by the rest of the South Island regions (40.0%) and Auckland (40.5%). The rest of the North Island regions report fewer issues (34.0%), while Christchurch shows slightly below-average difficulty (36.7%).





Access language and/or cultural support in New Zealand¹ by Region

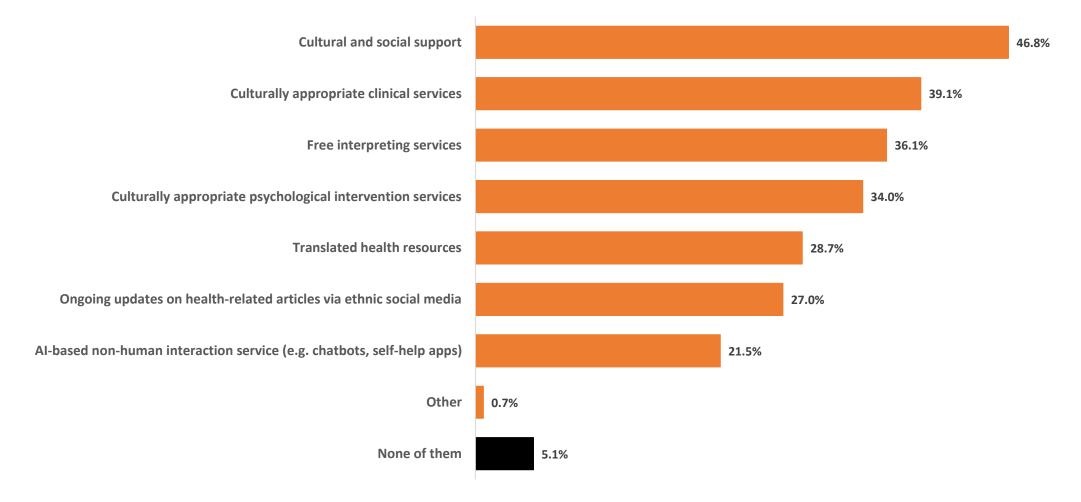
■ Most of the time ■ Sometimes ■ Rarely Never

■ Not Applicable.

Cultural and social support is the most needed area (46.8%), followed by culturally appropriate clinical services (39.1%) and free interpreting services (36.1%). One-third seek culturally tailored psychological interventions (34.0%), while 28.7% need translated health resources. Only 21.5% prefer AI-based tools, such as chatbots. These results reflect strong demand for human-centred, culturally safe health communication and care pathways.

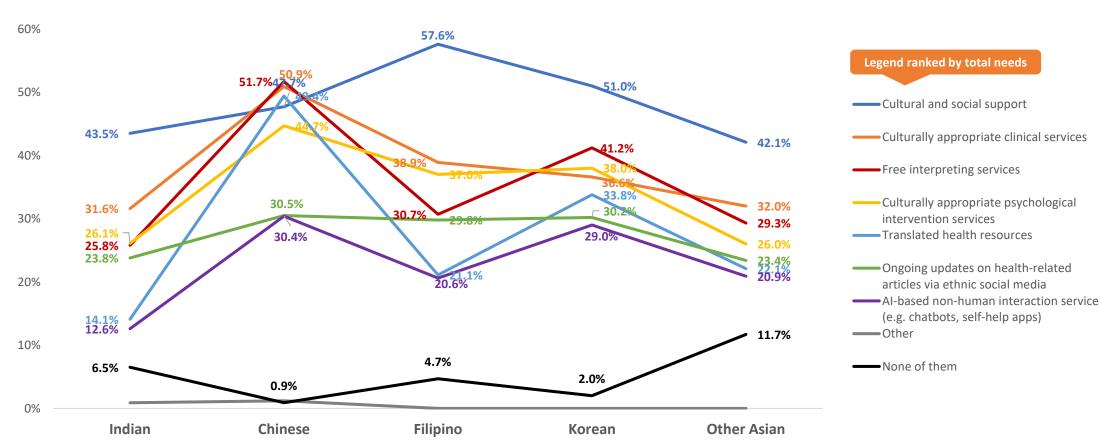


Ranking Cultural and Language Support Needs for Accessing Health Services in the Asian Community¹



Filipinos (57.6%), Koreans (51.0%), and Chinese (47.7%) are the groups most often seeking cultural and social support. Chinese respondents report the highest need for interpreting, translated resources, and clinical services. Koreans and Chinese show greater openness to AI-based tools. Indians report lower support needs overall, while Other Asians show more diverse responses, with 11.7% selecting "none."

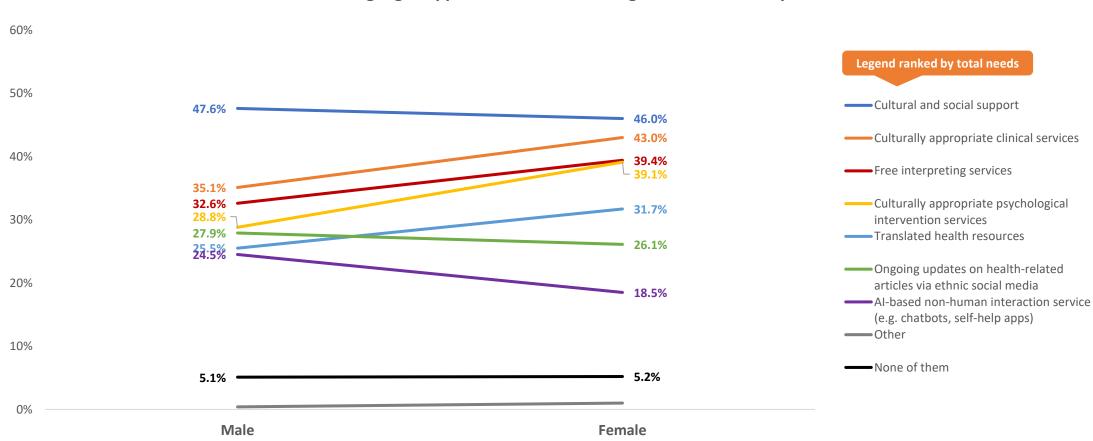




Cultural and Language Support Needs for Accessing Health Services¹ by Ethnicity

Females report higher needs than males across all key areas, particularly for culturally appropriate clinical services (43.0% vs. 35.1%), psychological interventions (39.1% vs. 28.8%), and translated resources (31.7% vs. 25.5%). Males are slightly more open to AI-based tools (24.5% vs. 18.5%). Overall, females show a stronger demand for human-centred, culturally aligned healthcare support.





Cultural and Language Support Needs for Accessing Health Services¹ by Gender

Viace Note 1: Q22. Which area of language and/or cultural support might be needed for you to access New Zealand health services? Base: Total sample

Younger age groups report higher needs across most support areas. Those aged 30–49 show the highest demand for cultural and social support (50.2%) and clinical services (41.1%). 18–29-year-olds lead in preference for AI-based tools (22.8%) and interpreting services (37.7%). In contrast, respondents aged 65 and above show the lowest needs across all categories and the highest "none of them" response (17.9%).

60%

18-29 years



Legend ranked by total needs 50.2% 50% 48.1% 42.9% 41.1% 42.2% 43.2% 40% 37.4% ----- Free interpreting services 37.7% 35.6% ¬ 34.9% **34.0%** 34.Z7 33.5% - Culturally appropriate psychological 33.4% 31.1% 31.6% 30% intervention services 27.9% 27.8% 28.1% 25.3% - 27.4% 25.2% 25.3% 22.8% 24.3% Ongoing updates on health-related 23.0% 20% articles via ethnic social media 18.7% 15.5% (e.g. chatbots, self-help apps) ----Other 10% 0%

50-64 years

65 years +

Cultural and Language Support Needs for Accessing Health Services¹ by Age Group

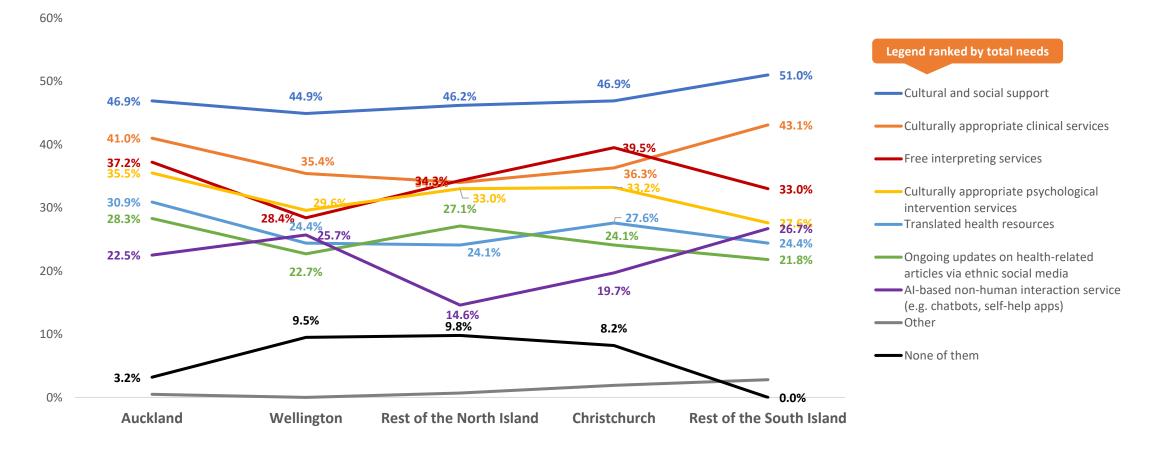
Note 1: Q22. Which area of language and/or cultural support might be needed for you to access New Zealand health services? Base: Total sample

30-49 years

Respondents in Auckland consistently show high needs across all categories, particularly in interpreting (37.2%) and psychological support (35.5%). Wellington reports the highest need for translated health resources (49.4%) and AI tools (25.7%). The rest of the South Island regions show strong needs for cultural support (51.0%) and clinical services (43.1%), with the lowest "none of them" response (0%), indicating high engagement with support needs.



Cultural and Language Support Needs for Accessing Health Services¹ by Region



Appendix 1: Survey Structure



The **2025 New Zealand Asian Well-being and Mental Health Survey** builds upon insights from the 2020 and 2021 waves to further explore mental health and well-being experiences among New Zealand's growing and diverse Asian communities. The survey was co-developed by researchers and clinicians at Asian Family Services (AFS), integrating validated measurement tools and culturally tailored items reviewed by internal experts to ensure relevance, accessibility, and rigour.

Survey Design and Content: The survey comprises 42 items and six thematic sections.

- **Demographics:** This section captures essential background data, including age, gender, ethnicity, migration history, residency status, and region of residence.
- Overall Well-being: Respondents are asked to evaluate their general life satisfaction, self-perceived mental health status, and cultural acceptance in Aotearoa. These items are based on internationally recognised measures of subjective well-being and have been adapted for the New Zealand context¹. Measures participants' sense of safety in their neighbourhoods and feelings of social connection. These items were refined based on frameworks developed and evaluated by AFS clinical experts.
- Mental Health Depressive Symptoms: Mental health status is assessed using the CES-D-10 (Centre for Epidemiologic Studies Depression Scale short form), a widely used and validated screening tool for identifying depressive symptomatology in population-based research. The tool's reliability and cultural suitability for diverse populations have been well established.
- Experiences of Discrimination: This section explores experiences of bias or discrimination across multiple domains (e.g., appearance, language, ethnicity), the perceived impact of such experiences on mental well-being, and responses to these stressors. While informed by previous iterations, items were updated based on community consultations and reviewed internally by AFS cultural advisors.
- Youth and Family Dynamics School Bullying: Targets the experiences of Asian youth and their families, particularly about bullying, emotional distress, and intergenerational communication. Questions were informed by Ministry of Education guidelines and reviewed by AFS's youth and whānau support specialists.
- Help-Seeking Behaviour and Mental Health Literacy: This section explores respondents' familiarity with mental health services, prior help-seeking behaviour, perceived service accessibility, and perceived barriers to support (e.g., stigma, language, and cost). Some items draw on existing literature (e.g., Rickwood et al., 2005), while others were culturally tailored and reviewed by the AFS clinical and service delivery teams. Respondents are invited to comment on the most needed changes to support mental well-being in their communities. This section includes scaled and opentext responses to help guide strategic direction, advocacy, and future programme design.

Cultural Relevance and Review Process

Where standardised scales were unavailable, survey items were developed and reviewed collaboratively by internal teams at AFS, including registered clinicians, cultural advisors, and researchers. This ensured the inclusion of culturally safe, inclusive, and community-informed language.



Note: 1. OECD. (2013). *OECD Guidelines on Measuring Subjective Well-being*. OECD Publishing. https://doi.org/10.1787/9789264191655-en; 2. Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1(3), 385–401. https://doi.org/10.1177/014662167700100306; Andresen, E. M., Malmgren, J. A., Carter, W. B., & Patrick, D. L. (1994). Screening for depression in well older adults: Evaluation of a short form of the CES-D. American Journal of Preventive Medicine, 10(2), 77–84; 3. Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. Australian e-Journal for the Advancement of Mental Health, 4(3), 218–251. https://doi.org/10.5172/jamh.4.3.218

Appendix 2: Research Company Background



Asian Research Expertise and Social Impact: Led by Dr Andrew Zhu

Headquartered in Auckland, Trace Research Ltd (NZ) is an independent market research and consultancy firm with a distinctive strength in Asian market insights and social research. The company is led by Dr Andrew Zhu, a highly regarded marketing research expert who also chairs an academic advisory board that supports the firm with conceptual and methodological rigour.

In its formative years, Trace Research primarily provided contract-based research and consultancy services to leading domestic agencies and businesses. Under Dr Zhu's leadership, the company has since expanded to serve international clients, including Chevron/Caltex, AIA, Huawei, UnionPay International, IAG, and Volkswagen, reflecting the global relevance of its capabilities.

Dr Zhu holds a PhD in Marketing from the University of Auckland Business School and brings a rare combination of academic excellence and commercial experience. Since 2005, he has delivered over 300 research projects for more than 100 clients across diverse sectors, including energy, food and beverage, infant formula, finance, telecommunications, social media, tourism, and tertiary education. Trace Research was behind the TV3 Newshub Political Poll for over a decade, which gained significant media and public attention.

In addition to commercial research, Trace Research has made critical contributions to social research and public policy. In 2016, driven by growing concerns around safety in the Chinese community, Dr Zhu conducted New Zealand's first-ever large-scale Chinese community poll, surveying 11,675 ethnic Chinese residents. This landmark project received widespread media coverage, cited by over 20 domestic and international news outlets, and significantly influenced national discourse and policymaking. It also established New Zealand's first Chinese/Asian research panel, solidifying Trace Research's role as a leader in ethnic-focused social research.



The views expressed in this report are those of the researcher and **DO NOT represent the views of Asian Family Services or the Ministry for Ethnic Communities.**

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Appendix 3: Chinese/Asian Immigrants Research Credentials



Trace established the first and currently holds the largest New Zealand Chinese Immigrants Research Panel (as of May 2025, there are approximately 28,558 members, equivalent to around *11.5% of the entire Chinese adult population in New Zealand*). The company has conducted many research projects targeted at Chinese/Asian immigrants in New Zealand, for example:

- 2016 Chinese Immigrants' Safety Perception of NZ Survey
- 2016 China New Zealand Agribusiness Investment and Trade Survey
- 2016 Chinese Immigrants' Health Insurance Survey
- o 2017 New Zealand Asian Leaders Political Poll
- 2017 NZ Chinese Constituent Opinion Poll
- 2017 Chinese Immigrants Life & Work Survey
- o 2017 Chinese Immigrants Manuka Honey Brand Perception Survey
- 2017 Chinese International Students Well-being Survey
- 2018 Chinese Immigrants Domestic Travel Survey
- 2018 Chinese Immigrants Cross-border E-commerce Survey
- 2018 Chinese Immigrants Air Passengers Survey
- 2019 Chinese Immigrants' Daigou Survey
- 2018-19 Chinese International Students Kia Topu project
- o 2019 Trace & Ipsos Chinese Immigrants' Radio Listenership Survey
- o 2019 Trace & Reid NZ Chinese Constituent Opinion Poll
- 2020 Impact of COVID-19 on New Zealand Chinese Businesses Survey (1st COVID-19-related survey in NZ)
- 2020 New Zealand Asian Mental Health & Well-being Survey
- 2020 New Zealand Chinese Immigrants' Shopping Behaviour Survey
- 2020 New Zealand Chinese Immigrants' Media Consumption Survey
- 2020 New Zealand Chinese Immigrants' Retail Banking Customer Satisfaction Survey
- o 2021 New Zealand Asian Community COVID-19 Social Response Survey
- 2021 New Zealand Asian Responsible Gambling Perception Survey
- o 2021 New Zealand Asian Well-being and Mental Health Survey
- o 2021 New Zealand Chinese Postpartum Depression Survey
- o 2021 New Zealand Chinese Post-COVID-19 International Travel Survey
- 2022 New Zealand Asian Responsible Online Gambling Perception Survey
- o 2022 New Zealand Chinese Retirement Living Plan Survey
- o 2022 New Zealand Asian Property Investment Market Outlook Survey
- 2022 China Chamber of Commerce in New Zealand Vision 2023 Survey
- 2023 New Zealand Asian Drug and Alcohol Consumption Survey
- 2023 NZ Chinese Constituent Opinion Poll
- 2023 China Chamber of Commerce in New Zealand Vision 2024 Survey
- 2024 NZ Asians' Journeys to Problematic Gambling & Recovery Survey

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Trace Research has turned a range of research findings into media publications and created significant business and social influence. To list a few...

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business headlines

Chinese immigrants prefer working for non-Chinese firms, survey shows

C RNZ Home News Radio Podcasts & Series Topics Pacific

BUSINESS

New Zealand World Politics Pacific Te Ao Mãori Sport Business Country Local Democracy Reportin

Calls for help for Chinese businesses affected by coronavirus

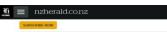
Chinese businesses affected by the Covid-19 outbreak are calling for more help from the govenment



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Chinese Kiwis spend \$315m a year exploring their new home





Poll: National will be back in Government if Chinese voters had their way



More than half of Chinese living in New Zealand feel unsafe: survey

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New Zealand World Politics Pacific Te Ao Mãori Sport Business Country Local De

NEW ZEALAND / COVID-19

Survey shows high anxiety and depression among Asian Kiwis





According to new research the Covid-19 pandemic and subsequent lockdown has been tough on the mental wellbeing of Asian New Zealanders.