

Submission on: He Ara Āwhina framework

March 2022



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Submission to He Ara Awhina Framework

Thank you for the opportunity to comment on the He Ara Āwhina framework, a framework that describes what an ideal mental health and addiction system looks like. This submission is made by Asian Family Services.

We would welcome further discussion on this submission and look forward to engaging with those working on the Strategy toward the Commission's objective to contribute to better and equitable mental health and wellbeing outcomes for people in New Zealand.

1. The focus of this submission

This submission has been prepared to inform He Ara Āwhina framework consultation. It summarises Asian Family Services' view on achieving equitable mental health and wellbeing outcomes for the Asian and ethnic minority populations. The feedback provided is based on over 20 years of experience serving the Asian and ethnic minority population in mental health and addiction to achieve the best wellbeing outcomes. It outlines several critical pieces of information that highlight the systemic barriers faced by Asian and ethnic minority populations to achieve equitable outcomes and suggest several solutions to ensure the He Ara Āwhina framework is inclusive to the Asian and ethnic minority population.

As the Asian Mental Health and Addiction service provider, our responsibility is to authentically represent the Asian population who suffer from mental health and addiction issues in silence, which unfortunately is not well understood by the general population. Many were unable to share their pain and frustration that was buried deep inside, leaving them to feel invisible at the time when their cultural needs were not being met, respected or understood by mental health and addiction services.

2. Asian Population

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

707,598 people identified as part of the Asian group at the 2018 New Zealand census, making up 15.1% of New Zealand's population. This is an increase of 235,890 people (50.0%) since the 2013 census and 353,046 people (99.6%) since the 2006 census. The Asian population is the fastest-growing population and will make up a quarter of the New Zealand population in 20 years.

The term Asian in New Zealand represents many cultures and ethnicities, from Afghanistan in the west, India, China, Japan in the east, and Indonesia in the south . Ethnic refers to MELAA, former refugees or asylum seekers.

Distinguished professor Paul Spoonley FRSNZ (Fellow of the Royal Society of New Zealand) reminds New Zealanders should consider the country's future regarding the disruptive consequences of the underway demographic transformation . We believe the bill has not taken into consideration such changes.

3. We Welcome the He Ara Āwhina framework

Asian Family Services' vision is that "All people of Asian heritage and background lead flourishing and fulfilling lives in an equitable Aotearoa, New Zealand". Hence, we are delighted to see a framework that emphasises "***A whānau dynamic mental health and addiction system. All whānau can navigate distress, reduce harm from substances and harm from gambling, and lead our wellbeing and recovery***". The emphasis on whanau that can navigate distress through the system to reduce harm

and to lead a life of wellbeing and recovery in the monitoring framework looks to be a step in the right direction.

Asian Family Services want to acknowledge the thinking and enormous effect that has gone into the analysis and outlined in the draft framework and is impressed with the Te Ao Maori Perspective and shared Perspective

Asian Family Services welcome the He Ara Awhina Framework focusing on Te Tiriti Waitangi, equity, decolonisation, informed trauma, and less on bio-medical care. Cultural safety, holistic and healing and authentic relationship-driven.

4. The Framework

4.1. Te Ao Maori Perspective

4.1.1. Mana Whakahaere

It is well established that Māori health outcomes are notably poorer than non-Māori, and they are also over-represented in the mental health and addiction system. Hence, Asian Family Services is pleased to see the Te Tiriti o Waitangi as the foundation to develop legislation and policy and used as a mechanism to reduce inequities across social determinants of health and achieve equitable wellbeing outcomes under the He Ara Awhine Framework.

Asian Family Services is delighted to see the framework included Whanau leading decision-making, determining workforce needs by applying matauranga Maori and where Whanau Maori feel culturally safe to facilitate restoration processes to address disparities inherent in criminal justice approaches.

Asian Family Services wished to see the Te Tiriti o Waitangi equally applies to all ethnicities in New Zealand, especially in addressing the inequitable wellbeing outcomes to reduce inequities.

4.1.2. Mana Motukahe

The whanau leadership in decision making, co-create services, leading strategies to protect the rights of Whanau, addressing institutional racism, service designs, feedback and policy improvements, trauma-responsive approach and strengthening resiliences are commendable in recognising whanau skills, wisdom and knowledge in the centre of leading their recovery and wellbeing. Asian Family Services welcome strengthening the Mana Motukahe.

4.1.3. Manawa Ora/Tumanako

Asian Family Services is pleased to see the emphasis on Whanau determining access and choosing that support mana Motuhake and Whanau for ourselves. Rangatiratanga is embraced in services, and hapu and iwi are enabled to respond to the experiences, aspirations, and needs of Maori, which are essential to the recovery journey.

4.1.4. Mana Tangata/ Tu Tangat Mauri Ora

Without coercive and punitive practices, Trauma-responsive services in Te ao Maori enable culturally safe, holistic healing and are free from prejudice, discrimination, and racism. Support for the wairuatanga physical wellbeing is essential in building resilience. The Mana Tangata/Tu Tangat Mauri Ora reflected on the submission provided by Asian Family Services of the Repealing and replacing the Mental Health Act that is *we want to see the new legislation have a strong 'recovery approach' and uphold people's human rights that are mana protected and enhanced, experience respect, engage in shared decision-making, and receive support to achieve their health and wellbeing goals, including the right to good health and health services for people in a vulnerable and distressed state. Collective*

culture is reflected where family or whānau also plays an essential role in a person's recovery and support to become and stay well.

4.1.5. Mana Whanau/Whanaungatanga

Asian Family Services is pleased to see the framework emphasis on authentic relationships, access to information and resources developed by Maori, for Maori reciprocal opportunities to contribute to pae ora, involving Whanau to contribute their insights in workforce training to eliminate bias extend workforce capability is encouraged.

4.1.6. Kotahitanga

Self-defined wellbeing and recovery are valued and respected, Maori knowledge and worldviews from Maori and others are valued, cultural assessments, approaches, and practises are valued and respected equally to clinical approach is paramount. Maori values are reflected, their strengths are illuminated, and they realise their full potential.

In 2018, the Asian New Zealand Foundationⁱ surveyed over 1400 Maori aged 15 and aimed to support an informed public conversation about Maori engagement with peoples of Asia backgrounds. It found that Te Ao Maori and Asia shared many similar worldviews (over 70% of cultural connections), and Māori recognises that they have shared cultural views and values with many Asian cultures. This is a trend regardless of Asia's level of knowledge or contact with people who identify as Asian.

- Valuing elders/kaumatua (over 83%) ;
- performing arts (over 79%) ;
- food customs/mahinga kai (77%) ;
- hosting guests/manaakitanga (74%) ; and
- valuing relationships/whanaungatanga (72%) ;
- maintaining mana 72%;
- whakapapa 70%;
- intergenerational living 70%.

Many of the shared values are centred around the importance of family. That appears to be the foundation of a shared understanding of the importance of whakapapa and the centrality of the extended family unit. It has been established that Māori tend to be collective in orientation, emphasising the importance of obligations towards embeddedness in and interconnectedness with the whānau (extended family) and the iwi (tribe).

Māori tended to identify a greater cultural connection with Asian countries. Japan, China, the Philippines and Indonesia were the countries where Māori saw the greatest cultural similarities. The survey identified that one-third of Maori have "a lot" to " a fair amount" to do with Asian peoples and most likely to occur at the workplace 67%, education 49%, home 35%, and church 10%.

4.2. Shared Perspective

4.2.1. Equity

Asian Family Services supports "all of Whanau and us" under equity, an inclusive language that emphasises "us". However, the narrative of "us" needs to be further elaborated, such as elaborating that "Asian and ethnic minority groups are part of New Zealand society". Often new immigrants, Asian

or ethnic minority groups struggle with the sense of belonging in New Zealand, especially when experiencing mental health, substance use or gambling harm.

Asian Family Services believe using vertical equity is a solution for addressing imbalanced social systems. According to the World Health Organization (WHO), equity is defined as

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

Making systemic changes to our health resources—including reallocation of long term funds, increased outreach toward Asian and ethnic minority groups, a more robust effort to address the language barrier, investment into Asian and ethnic minority group health workforce, and cultural competency with high-quality research of Asian and ethnic minority groups health —will be critical in delivering quality care to Asian and ethnic minority groups in a sustainable way for mental health, substance use and gambling harm. Hence, Asian Family Services believe vertical equity, where resources are distributed to the most vulnerable population regardless of their race or ethnicity, is key to ensuring equitable outcomes are achieved in New Zealand.

The Youth19 Rangatahi Smart Survey (Youth19), the latest in the Youth2000 series of health & wellbeing surveys with 7721 years 9-13 students, found East Asian students had higher mental health needs than South Asian students, with about a third experiencing significant depressive symptoms. East Asian students were also less likely to access health care (73%) and had higher unmet health care needs (21%).

The New Zealand Asian Wellbeing & Mental Health Report 2021 found that

- 44.4% of Asians showed symptoms of depression;
- 61.3% of Asians under 30 years have the highest risk of depression;
- whereas 23.4% of older Asians have the lowest riskⁱⁱ.

Another research conducted by the Asian Family Services identified a range of challenges encountered by Asian women and families during the perinatal period. Of the 17 Asian women interviewed, only two had ever used specialist maternal mental health services in New Zealand. One woman sought telephone counselling, and five sought help from GPs, midwives, and Plunket nurses for their mental health difficulties despite showing depressive symptomsⁱⁱⁱ.

Systemic racism and social exclusion exist within the New Zealand society for the Asian and ethnic minority groups when accessing mental health and substance abuse services. It is ingrained in nearly every aspect of how people move through societies, and it disproportionately affects Asian and ethnic minority groups.

Many studies suggested unconscious bias might play a part in decision-making when the socially dominant groups often have implicit bias or prejudice against subordinate groups, and individuals usually prefer members of a category to which they belong. These biases can be a significant factor in decision-making resulting in erroneous and harmful decisions.

It is critical to remember that social systems are naturally distributed inequitably— the structure is designed to reward specific demographics for so long that the system’s outcomes may appear unintentional but are rooted in discriminatory practices and beliefs.

4.2.2. Participation and Leadership

Tangata Whaiora and whanau have been advocating for Self-determine through distress, substance, or gambling harm to wellbeing and recovery. Therefore, it is encouraged to see the leadership of Tangata whaiora and whanau is recognised and emphasised in co-creating and co-producing mental health, addiction, and well-being policies are acknowledged. However, Asian Family Services also believe that this might create barriers for those whose English is not their first language and limited resources to support participation and leadership.

Asian Family Services hopes to see a system that values diverse views in the mental health, substance harm and gambling harm services where Tangata whaiora and whanau leadership are encouraged and inclusive of their preferred languages where interpreting services are available to enable active participation.

The stigma toward people with mental illnesses in New Zealand is a significant cause for concern; 98.7% of Asians believe the public holds negative stereotypes against people with mental illness. Consequently, Asians were much less likely to have accessed public mental health services over the five years when compared to other Asian groups^{iv}. An overseas study confirmed that Asian people with mental health needs are less likely to be receiving treatment. South Asian groups were less likely to have contacted a GP about their mental health within the last year^v.

4.2.3. Access and options

Asian Family Services strongly agrees with a meaningful choice in support when experiencing any level of distress, substance harm, or gambling harm, as do our friends and whanau. Many Asian and ethnic minority groups have limited knowledge of what services are available due to unfamiliar with New Zealand’s publicly funded health system. Language barriers and lack of mental health and substance harm responsive to their needs also play a crucial part in delayed help-seeking. Asian Family Services is the only provided for Minimising and Preventing Problem Gambling for Asians by Asians. The Asian mental health services are only available in Asian Health Services from Waitemata DHB. Asian Family Services also provide Access and Choice in primary mental health and addiction services through Health Improvement Practitioner and Health Coach in Apollo clinic. However, this is only available through the General Practice in Albany, Apollo clinic. Asian Family Services hope to see these services extended nationwide, where Asian and ethnic minority groups have access to those services. Unfortunately, peer-led, trauma-informed, and family-based support, substance harm reduction approaches, and access to community and home-based support is still extremely limited to the Asian and Ethnic Minorities population in New Zealand.

Asian peoples commonly encounter language and cultural barriers to appropriate healthcare. Some New Zealand doctors cannot effectively communicate with or provide culturally relevant care for Asian peoples.

- 47.9% of Asians could not access language and cultural support regularly when using health services in New Zealand;
- 49.2% cultural and social support;
- 39.7% free interpreting services;
- 39.5% culturally appropriate clinical services;

- 35.7% culturally appropriate psychological intervention;
- 32.5% translated health resources and
- 24.7% for ongoing updates and health-related articles^{vi}.

Asian Family Services hopes the framework will also include reporting in those areas of services available to the Asian and ethnic minority population. Hence, it is paramount to consider the measurement and benchmark the

- How communities are enabled to develop and deliver their own responses to distress, trauma, harm from alcohol, other drugs, or gambling
- How Asian and ethnic minority groups have provided resources to create an accessible 'first port of call', especially with non-biomedical and culturally grounded support.
- How many services have been created to access navigators and peer advocates to walk alongside Asian and ethnic minority groups' Tangata whaiora and whanau in their journeys?

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

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

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

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

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

4.2.4. Safety and Rights

According to the Asian Family Services Mental Health and Wellbeing survey in 2021

- 47.9% of Asians could not access language and cultural support regularly when using health services in New Zealand;

- 49.2% cultural and social support;
- 39.7% free interpreting services;
- 39.5% culturally appropriate clinical services;
- 35.7% culturally appropriate psychological intervention;
- 32.5% translated health resources and
- 24.7% for ongoing updates and health-related articles^{vii}.

Asian Family Services is pleased to see the framework prioritise a system that reflects a human rights-based and recovery approach to care, promotes supported decision-making, and eliminates compulsory care and coercion.

Unfortunately, Asian Family Services believe that an intentional and purposeful strategy for the Asian and ethnic minority groups workforce is needed to meet the current shortage of Asian and ethnic minority groups professionals in the mental health and addiction system.

Asian Family Services want to emphasise that there is a difference between being an Asian and ethnic minority people being employed and working for mainstream services vs Kaupapa Asian and ethnic minority groups services that are responsive to the needs of these populations. The latest will create a culturally and linguistically competency guided by group supervision and policies aligned with the values and beliefs of a collective culture where Asian and ethnic minority Tangata whaiora and whanau's mana are empowered and enhanced. It is a service that will value the collective cultures of whanau centric an individual and supports them navigating in a Western worldview that predominates on bio-medical models. Their languages, cultures, and values are acknowledged and encouraged during the recovery journeys that are meaningful to the Asian and ethnic minority Tangata whaiora and whanau.

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

Understanding that mental health, substance abuse and gambling harm and stigma are culturally based is essential when designing an effective social marketing strategy. Align a culturally specific worldview in addressing stigma is paramount to achieving behaviour change. Asian and ethnic minority groups understanding the experience of mental health, substance abuse and gambling harm and associated with the stigma in specific contexts will help Tangata whaiora and whanau seek early help.

Asian and ethnic minority groups have lower mental health, substance abuse and gambling harm literacy compared to Maori, Pacific people and Pākehā. Asians are less likely to engage with New Zealand mainstream media. The National Depression Initiative (NDI) campaign was funded by the Ministry of Health and managed through Te Hīringa Hauora. Featuring All Black Sir John Kirwan, who succeeded despite depression, had captured people's interest and broadened their understanding of mental distress. However, the study also found that Asian people are less likely to recall the adv campaigns compared to Pākehā, Māori and Pacific people.

In 2021, Asian Family Services commissioned Trace Research to find out Asians' perceptions about gamblers with addiction that can create barriers to getting early help for people with experience of gambling harm. 693 samples collected found that

- 78.9% of gamblers experience some form of self-stigmatisation.

- Stigma-related barriers make up two-thirds (67.3%) of all barriers to seeking gambling support.

Stigma-related barriers make up two-thirds (67.3%) of all barriers to seeking gambling support. At an individual level, stigma-related barriers fall within the top 7 barriers, which again points to its significance in preventing people from seeking help.

An analytical report commissioned by Working Together More Fund found a need to develop more Asian specific resources to improve public health promotion for Asian communities. Informative resources can help raise awareness around specific mental health and substance use issues for Asian and ethnic minority communities. More public health work should raise awareness using media and promotions that are more friendly to the Asian and ethnic minority audiences is equally crucial. The message and information of Intervention for Asians and ethnic minority groups should target the family, not only the individuals, when it comes to key focus. A CEO in the interview said that

“I think New Zealand’s really behind that game plan with the understanding that we’ve got a huge Asian population. The resources are hopeless” (CEO C, Gama).

The report also confirms that many mainstream services have limited knowledge/insights of Asian and ethnic minority groups:

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

Asian Family Services genuinely believe the success of He Ara Āwhina framework for Asian and ethnic minority groups lies in developing a culturally and linguistically responsive system. Many Asian and ethnic minority groups have difficulty accessing mental health and substance abuse resources whom English is a second language or a language they are not conversant.

Overall, Asian communities are less likely to be aware of services or programs for mental health, substance abuse and gambling harms than the general population. Barriers to accessing those services from Asians and ethnic minority groups can include: mistrust of authority figures, not being viewed as a health problem that requires intervention, language barriers, stigma, and privacy. As such, efforts should be made to decrease stigma in culturally and linguistically appropriate areas. By increasing literacy of mental health, substance abuse and gambling harm through culturally and linguistically appropriate information and resources Tangata Whaiora and Whanau may be more likely to reach out to access services and treatments.

4.2.5. Connected Care

Asian Family Services has been the frontline of advocating for Connected care for Asian and ethnic minority groups Tangata whaiora and whanau. At the Asian Family Services, we believe a Tangata whaiora and whanau should have easy access to health, social, and justice system supports that benefit the model’s social determinate of health.

Asian Family Services strongly believe that the Tangata whaiora and whanau should increase their choice-based models of support. We believe the framework can be adopted by the health, social and justice system and is inclusive for the Asian and ethnic minority groups Tangata whaiora and whanau.

Asian Family Services developed a Tree Model, a therapeutic framework when working with Asian and ethnic minority groups. The framework helps Tangata Whaiora and Whanau understand their journey as an immigrant and the vulnerability and struggle they experience.

Tree Model

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

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

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

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

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

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

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

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

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

One thing to emphasise in the story is the context. To David, he brings his learning and understanding of what gambling means from the context of China. Despite having services such as Asian Family Services, he would not understand "why", "how", and "What" the service can provide to him. He had never seen a counsellor or psychologist in his life. He was unsure how that support would benefit his experience in New Zealand and unfamiliar with the Western medical concept of

mental health and well-being. On the other hand, Simon has seen the campaign from John Kirwan about depression, participated in the Mental Health Awareness Week as the employee and human resource manager, and understood how stigma and discrimination could impact health-seeking behaviour.

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

Let's watch a short documentary from BBC News, **How trees secretly talk to each other** <https://www.youtube.com/watch?v=yWOgeyPIVRo> better understand what we live in.

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

4.2.6. Effectiveness

Self-defined well-being and recovery can differ from one culture to another, especially when supported by either a collective culture or individualistic culture worldview. It is with this notion that Asian Family Services is pleased to see the framework emphasises the services' effectiveness in contributing to the Tangata whaiora and whanau with holistic wellbeing, addressing wider causes of distress impacting, supporting Tangata whaiora and whanau to regain and maintain hope, purpose and value in their whanau and communities. Through such acknowledgment and support system, the Tangata whaiora and whanau can experience connection and belong to inclusive communities that celebrate their humanity, pride, diversity, and recovery stories.

Many newly immigrants, such as Asian and Ethnic minority groups, lack social and community support moving to New Zealand. On top of that, they also navigate social and cultural structures unfamiliar to them. These are most prominent for those who came from Asia countries.

The Maori model of mana-enhancing emphasises on empower Kaumatua and Kua. The concept of mana-enhancing for Asian and Ethnic Minority Groups will need to be designed and guided by an understanding of the population it serves to ensure its effectiveness. These ensure that Asian and ethnic minority groups of mental health, substance abuse and gambling harm services are empowered and well supported with sustainable long term investment in mind to create a system that lasts. Asian Family Services has serviced Asian and ethnic minority groups for over 24 years. It has developed one of its frameworks for clinical and public health work, the Tree Model when helping and supporting the Tangata whaiora and whanau navigate their recovery journey. It is not just providing therapeutic support but also an experience that enhances their mana where their language, culture, and values are acknowledged, embraced, and encouraged in Tangata whaiora and whanau journey of recovery that is important to them. Despite Maori, Pasifika and Asian and ethnic minority groups valuing the collective identity of individuals and better response to a holistic model of treatment, it is still not a one-seize fixed approach.

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

Our referrals have continued to increase since the outbreak of the COVID19 in New Zealand. To ensure the Asian communities are well supported, we have decided to expand our services to respond to the needs of the Asian population. Services currently provided include brief psychosocial intervention and social worker support to address social issues faced by Asian communities, from parenting workshops, family harm, employment support, suicide prevention and postvention support with relatively limited funding.

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

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

AFS is also concerned about the long-term mental health impact of the pandemic, which can persist long after the immediate threat of the virus. Mental health professionals anticipate that there will be a second and potentially large cohort of newly at-risk people due to the economic downturn and expected ongoing rise in unemployment^{ix}. Our AFS clinicians are also aware of an increasing number of newly at-risk young people, working-age adults, and older people who have mainly experienced wellness before the pandemic, now facing disruption in their lives and not knowing how to seek help. These newly at-risk people may use negative coping strategies such as gambling, alcohol, and drugs, resulting in additional issues, such as relationship problems, domestic violence, mental health issues, suicide, and self-harm.

5. Asian and ethnic minority groups

Asian and ethnic minority groups need to be identified as priorities in national health/mental health policies and action plans. The under-utilisation of primary health and mental health, substance abuse and gambling harm services for Asian and ethnic minority people gives the false impression that Asians and ethnic minority groups have better health than others. The result is little funding and policy support to improve current services for Asians. This pandemic has rapidly brought significant service gaps and unmet needs within Asian and ethnic minority communities to the fore. Breaking up this cycle should be a priority for reducing health inequalities and promoting the mental health and wellbeing of Asians during the recovery phase.

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

We acknowledge that the framework is set up to monitor mental health, substance abuse and gambling harm system, and the priorities groups are Maori and Pacific people. Consequently, the mental health, substance abuse and gambling harm public funding will be most likely to be the focus of these two priorities population. As a result, the services gaps will only be further widened when the support services for Asian and ethnic minority groups are already minimum. The incentive for mental health and substance abuse services for Asian and ethnic minority groups will not be flourished if the incentive to develop such services has no monetary benefit for service providers. Hence, Asian Family Services strongly believe that including Asian and ethnic minority populations as the priorities group will enable a culturally and linguistically system to enable everyone equitable access to and outcomes from government services regardless of their background.

Due to Covid-19, mental health issues continue to come to the forefront in our communities. Asian Family Services are being called upon to respond to this need with little or no financial support because cultural and linguistic services are limited in Asian communities. A lack of funding in the Asian communities for mental health counselling will lead those seeking help from their local services such as Asian Family Services.

6. About Us

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

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

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

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

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