Asian Family Services
Together enriching lives

2026 New Zealand Asian Well-being & Mental Health Report

- A National Cross-Sectional Tracking Study

August 2026

Dr Andrew Zhu | Director of Trace Research

Contents

Acknowledgement

- Asian Family Services gratefully acknowledges the support of the **Ethnic Communities Development Fund,** administered by **the Ministry for Ethnic Communities**, whose funding made the **2026 New Zealand Asian Well-being and Mental Health Survey** possible.
- This support has enabled Asian Family Services to continue **building a robust and evolving evidence base** on the well-being and mental health of Asians living in New Zealand. By **tracking changes** over time, the research provides an important opportunity to identify emerging challenges, understand shifts in community experiences and needs, and ensure that the voices of New Zealand's diverse Asian communities remain **visible** in public discussion and policy development.
- The continuation of this research is particularly valuable at a time when New Zealand's Asian population is growing and becoming increasingly diverse. Sustained tracking allows changes in well-being, mental health, belonging, discrimination, and access to support to be understood in context, rather than viewed as isolated findings at a single point in time. The evidence generated through this survey will continue to inform culturally responsive services, targeted well-being initiatives, public discourse, and advocacy for a more inclusive and equitable mental health system.
- We are especially grateful to the **1,018 people from diverse Asian backgrounds** who generously shared their time, experiences, and perspectives by participating in the 2026 survey. Their contributions are at the heart of this research and have helped strengthen a growing body of evidence on the experiences of Asian communities across Aotearoa New Zealand.
- Asian Family Services sincerely appreciates the support of all those who have contributed to the continuation of this important longitudinal research programme and looks forward to building on this evidence base in the years ahead.

From the CEO of Asian Family Services

Dr Kelly Feng MNZM

CEO of Asian Family Services

Asian Family Services (AFS) has supported and advocated for Asian communities in New Zealand for 28 years through culturally responsive services, education, advocacy and research. By combining frontline services with evidence-based research, we continue to strengthen mental health outcomes and inform policies that better meet the needs of our diverse communities.

The 2026 New Zealand Asian Well-being and Mental Health Survey, the second year of this national tracking study, shows that while the decline observed between 2021 and 2025 has stabilised, meaningful recovery has yet to emerge. More than half of respondents (54.5%) remained at risk of depression, with younger adults, students, unemployed respondents and New Zealand-born Asians continuing to experience the greatest mental health challenges.

The findings also highlight that discrimination remains a significant issue, with nearly one in four respondents (24.8%) reporting unfair treatment, most commonly due to race or ethnicity. At the same time, respondents identified strong demand for culturally responsive services, particularly culturally appropriate psychological and clinical support, cultural and social support, and interpreting services. These findings reinforce that effective mental health care must recognise the cultural diversity and lived experiences of Asian communities.

While there has been encouraging progress in improving access to culturally responsive support, important inequities remain. Continued investment in prevention, early intervention, mental health literacy and culturally appropriate services will be essential to achieving equitable mental health outcomes for all Asian communities.

We sincerely thank the 1,018 participants who shared their experiences, the Ethnic Communities Development Fund administered by the Ministry for Ethnic Communities for supporting this research, and our partners and stakeholders for their ongoing commitment. We hope this report provides valuable evidence to support policies and services that build a healthier and more inclusive Aotearoa New Zealand.

Warm regards,

Dr Kelly Feng, MNZM

CEO, Asian Family Services

2026 New Zealand Asian Well-being & Mental Health Survey

Key Findings at a Glance

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OVERALL WELL-BEING

Life Satisfaction

75.9%

▲ +0.8 pts

75.1% → 75.9%

Slight improvement since 2025, but still below the 2021 level (86.5%).

Life Worthwhileness

78.5%

▼ -0.7 pts

79.2% → 78.5%

Largely unchanged, suggesting overall well-being has stabilised rather than recovered.

MENTAL HEALTH

At Risk of Depression

54.5%

▼ -2.7 pts

57.2% → 54.5%

More than one in two Asians continue to experience depressive symptoms.

DISCRIMINATION

Experienced Discrimination

24.8%

▼ -2.8 pts

27.6% → 24.8%

Experiences of discrimination declined, but around one in four Asians still reported unfair treatment. Race or ethnicity remained the leading reason (81.7%).

DISCRIMINATION REASON

Race/Ethnicity as Main Reason

81.7%

▲ +1.4 pts

80.3% → 81.7%

Race or ethnicity remains the most common reason for discrimination.

ACCESS TO SUPPORT

Limited Access to Language & Cultural Support

38.1%

▼ -1.6 pts

39.7% → 38.1%

Access continues to improve, but important gaps remain.

NEW ZEALAND-BORN ASIANS REMAIN AT GREATER RISK

Compared with overseas-born Asians

At Risk of Depression

64.0%

vs. 51.6%

of overseas-born Asians

Experienced Discrimination

30.5%

vs. 23.0%

of overseas-born Asians

KEY POPULATION GROUPS AT GREATEST RISK

Young adults (18–29 years)	Women	Indian respondents	New Zealand-born Asians
Depression Risk	Depression Risk	Depression Risk	Depression Risk
65.5%	58.3%	60.4%	64.0%
Experienced Discrimination	Experienced Discrimination	Experienced Discrimination	Experienced Discrimination
28.1%	24.4%	28.2%	30.5%

These groups consistently reported the highest levels of depression risk and/or experiences of discrimination, highlighting persistent mental health inequalities.

TOP 5 BARRIERS TO SEEKING HELP

1	Limited knowledge of available services	43.6%
2	Privacy concerns	38.5%
3	Lack of awareness of mental disorders	37.0%
4	Uncertainty about service effectiveness	35.4%
5	Financial barriers	35.0%

Multiple barriers continue to prevent Asians from accessing the support they need.

TOP 4 AREAS OF LANGUAGE & CULTURAL SUPPORT NEEDED

1	Cultural and social support	38.1%
2	Culturally appropriate psychological support	36.4%
3	Culturally appropriate clinical services	35.3%
4	Free interpreting services	34.0%

Demand for culturally responsive services remains strong.

OVERALL MESSAGE

Stabilised Rather Than Recovered

Mental health, discrimination and access to culturally responsive support have all shown modest improvements since 2025. However, overall well-being has largely stabilised rather than recovered, and substantial disparities persist among young adults, women, Indian respondents and New Zealand-born Asians. Continued investment in culturally safe, accessible and responsive mental health services remains essential to reduce inequalities and improve well-being across Asian communities.

Note: Arrows indicate change since 2025. Arrows show direction of change only and are not a measure of statistical significance unless stated. | Base: Total sample (n=1,018 Asians in New Zealand) | Margin of error: ±3.1% at the 95% confidence level.

Executive Summary

- This report presents findings from the 2026 New Zealand Asian Well-being & Mental Health Survey, independently conducted by Trace Research for Asian Family Services. Conducted between 3 and 20 July 2026, the survey collected responses from **1,018** Asian adults across New Zealand using a nationally **representative** sample benchmarked to the 2023 New Zealand Census and the latest population estimates. The findings provide comprehensive evidence on the mental health, well-being, discrimination, and service access experiences of Asians living in New Zealand.
- Overall, the findings indicate that the well-being of Asians living in New Zealand has **stabilised rather than recovered**. Life satisfaction remained broadly stable, increasing only marginally from 75.1% to 75.9%, while life worthwhileness remained largely unchanged (79.2% to 78.5%), with both measures remaining well below 2021 levels (86.5% and 84.8%). Although depression declined slightly from 57.2% to 54.5%, more than one in two respondents (54.5%) remained at risk. Young adults (65.5%), women (58.3%), Indian respondents (60.4%), and New Zealand-born Asians (64.0% vs 51.6% overseas-born) continued to experience the poorest mental health outcomes.
- Discrimination also **declined modestly**, from 27.6% to 24.8%, yet race or ethnicity remained the leading cause (81.7%), with Indian respondents reporting the highest prevalence (28.2%). Encouragingly, the proportion reporting limited access to language and cultural support when using mental health services declined from 47.9% in 2021 to 39.7% in 2025 and 38.1% in 2026, indicating improved access to culturally responsive support. However, limited knowledge of available services remained the most common barrier (43.6%), and demand for culturally responsive services—including cultural and social support (38.1%), culturally appropriate psychological intervention (36.4%), clinical services (35.3%), and interpreting (34.0%)—remained substantial.
- One of the most important findings was the **persistent disparity between New Zealand-born and overseas-born Asians.** New Zealand-born Asians reported lower life satisfaction (74.7% vs 76.4%), lower life worthwhileness (73.9% vs 79.8%), higher depression risk (64.0% vs 51.6%), and higher discrimination (30.5% vs 23.0%), suggesting that mental health inequities extend beyond migration and language barriers to include broader issues of identity, belonging, and social inclusion.
- The findings demonstrate that while progress has been made in improving access to culturally responsive support, significant **inequities remain**. Continued government investment is needed to strengthen prevention and early intervention, improve mental health literacy and service visibility, expand culturally and linguistically appropriate services, and support community-led initiatives that promote inclusion, resilience, and equitable mental health outcomes. Sustained collaboration between government, health services, and ethnic communities will be essential to meeting the needs of New Zealand's growing and increasingly diverse Asian population.

Comparison of Well-being, Mental Health and Service Access between the 2025 and 2026 Surveys

Key Indicators	2025	2026	*Change*	Key Insight
Life Satisfaction	**75.1%**	**75.9%**	▲ *+0.8 pts*	Remained broadly stable, with no statistically significant change since 2025. Levels remain well below the 2021 benchmark.
Life Worthwhileness	**79.2%**	**78.5%**	▼ *-0.7 pts*	Remained largely unchanged, indicating little change in respondents' sense of purpose and meaning.
Risk of Depression (CES-D10)	**57.2%**	**54.5%**	▼ *-2.7 pts*	A slight decrease was observed, but the change was not statistically significant. More than half of the respondents remain at risk of depression.
Experienced Discrimination	**27.6%**	**24.8%**	▼ *-2.8 pts*	Reported discrimination remained broadly stable. Around one in four respondents continued to experience unfair treatment.
Race/Ethnicity as Main Reason for Discrimination	**80.3%**	**81.7%**	▲ *+1.4 pts*	Race and ethnicity remained the primary reason for discrimination, with no significant change since 2025.
Limited Access to Language & Cultural Support	**39.7%**	**38.1%**	▼ *-1.6 pts*	Access to culturally responsive services has continued to improve, suggesting ongoing investment is making a positive difference.

Overall Assessment	Overall Trend
Subjective Well-being	Stable (little change since 2025)
Mental Health (Depression)	Stable (slight improvement observed)
Discrimination	Stable (slight decline observed), but it remains widespread
Language & Cultural Support	Stable (little change) Continued improvement in access
Overall Conclusion	The findings indicate that wellbeing, mental health, discrimination, and access to culturally responsive services remained broadly stable between 2025 and 2026. Although several indicators moved in a favourable direction, none of the year-on-year changes were statistically significant. Overall, the results suggest that recovery has plateaued rather than substantially accelerated.

Note: Changes are percentage-point differences between the 2025 and 2026 surveys. **Green** ▲ indicates an increase, and **red** ▼ indicates a decrease from 2025. None of the year-on-year changes was statistically significant at the 95% confidence level ($p < 0.05$).

Key Findings: Life Satisfaction & Worthwhileness of Life

Stabilisation Rather Than Recovery: The mental well-being of Asians living in New Zealand remained broadly stable between 2025 and 2026. Life satisfaction **increased only marginally from 75.1% to 75.9%,** while perceptions of life's worthwhileness remained broadly stable (79.2% to 78.5%). Although life satisfaction reflects people's overall evaluation of their lives and worthwhileness reflects their sense of purpose and meaning, both measures **remain below the levels observed in the 2021 survey**, indicating that overall well-being has **stabilised but has yet to recover fully.**

- ***Ethnic Differences: Filipino*** *respondents continued to report the highest levels of both life satisfaction (**83.4%**) and worthwhileness (**83.5%**). **Chinese** respondents reported the lowest life satisfaction (**73.5%**), while **Korean** respondents reported the lowest perceptions of life's worthwhileness (**76.2%**), highlighting persistent differences in well-being across Asian communities.*
- ***Age Gradient:*** *Well-being continued to improve with age. Respondents aged **65 years and over** reported the highest life satisfaction (**89.6%**) and worthwhileness (**86.3%**), while younger adults reported comparatively lower levels. The largest improvement was observed among those aged **50–64 years**, whereas working-age adults aged **30–49 years** continued to report the lowest life satisfaction, reflecting ongoing pressures during mid-life.*
- ***Regional & Occupational Differences:*** *Respondents living in the **Rest of the North Island** reported the **highest perceptions of life's worthwhileness (84.4%)**, while Auckland residents continued to report comparatively lower life satisfaction and worthwhileness. **Retired respondents recorded the highest life satisfaction (85.3%) and worthwhileness (84.4%).** In contrast, respondents engaged in **unpaid activities** reported the **lowest life satisfaction (64.8%)**, while **unemployed respondents** recorded the **lowest perceptions of life's worthwhileness (57.4%).** Interestingly, despite their comparatively low life satisfaction, respondents engaged in unpaid activities continued to report relatively high worthwhileness, suggesting that **unpaid roles may still provide a strong sense of purpose**.*

Key Implications: The findings suggest that the mental well-being of Asian communities has **stabilised rather than recovered** over the past year. While many continue to report a strong sense of purpose and meaning in their lives, overall life satisfaction remains below the levels observed in 2021, indicating that external pressures continue to affect day-to-day well-being. Persistent disparities across age, ethnicity, employment status and region highlight the need for sustained investment in culturally responsive mental health promotion, community connectedness and early intervention programmes to support long-term well-being and resilience.

Key Findings: Asian Mental Health - Depression

Mental Health Stabilised, but Depression Remains High: Despite a modest improvement since 2025, depression continues to affect a substantial proportion of Asian communities. Overall, **54.5%** of respondents scored above the CES-D-10 threshold for depression, down from **57.2%** in 2025. The proportion reporting **no significant depressive symptoms** increased from **42.8%** to **45.5%**, while those **at risk of depression** declined from **36.4%** to **33.5%**. However, the proportion at **high risk of depression** remained virtually unchanged (**20.8%** to **21.0%**), indicating that those with the greatest mental health needs have experienced little improvement.

- ***Ethnic Disparities: Indian*** *respondents continued to report the highest overall risk of depression (**60.4%**) and the highest proportion at high risk (**27.6%**). **Chinese** respondents reported the lowest overall risk (**49.3%**) and the lowest proportion at high risk (**15.9%**). While depression risk among **Korean** respondents declined substantially compared with 2025, their overall risk (**51.9%**) remained higher than that of Chinese respondents.*
- ***Age & Gender Differences:*** *Depression risk remained highest among **young adults aged 18–29 years** (**65.5%**) and declined steadily with age, reaching **39.5%** among those aged **65 years and over**. **Females** continued to report a higher overall risk of depression than males (**58.3%** vs **50.5%**), reinforcing persistent gender disparities in mental health.*
- ***Regional Variation:*** *Depression risk varied across New Zealand, with **Wellington** reporting the highest overall prevalence (**60.4%**), followed by **Christchurch** (**58.4%**). In contrast, respondents living in the **Rest of the North Island** reported the lowest risk (**47.1%**) and the highest proportion with no significant depressive symptoms (**52.9%**), indicating that mental health outcomes continue to differ across regions.*
- ***Occupation & Birthplace: Unemployed*** *respondents remained the most vulnerable group, with **75.1%** at risk of depression, followed by **part-time employed** respondents (**68.0%**) and **students** (**64.8%**). **New Zealand-born Asians** reported substantially higher depression risk than overseas-born respondents (**64.0%** vs 51.6%), including a markedly higher proportion at high risk (30.8% vs **18.0%**).*

Key Implications: The findings indicate that the mental health of Asians living in New Zealand has **stabilised but has not yet recovered**. Although fewer respondents reported depressive symptoms than in 2025, more than **one in five** continue to experience depressive symptoms at a level associated with **high risk**, highlighting an ongoing need for intensive support. Persistent disparities across ethnicity, age, gender, employment status and birthplace demonstrate that depression is not experienced equally across Asian communities. These findings reinforce the importance of sustained investment in culturally responsive mental health services, targeted early intervention for vulnerable populations, and continued longitudinal monitoring to assess progress over time.

Key Findings: Discrimination

Discrimination remains a persistent public health concern: Although the proportion of Asian communities reporting discrimination declined from **27.6% in 2025 to 24.8% in 2026**, nearly one in four respondents still experienced unfair treatment during the past year. Among those affected, **race or ethnicity remained by far the leading reason (81.7%)**, indicating that visible identity continues to be the primary driver of discrimination despite the modest overall improvement.

- ***Ethnic Disparities:*** *Indians reported the highest prevalence of discrimination (28.2%), while Koreans reported the lowest (14.8%). Across all ethnic groups, race or ethnicity remained the dominant reason for discrimination (80–87%). Chinese and Other Asian respondents more frequently attributed discrimination to* ***language or accent*** *and* ***immigration status****, highlighting the continuing challenges faced by visible migrant communities.*
- ***Age Divide:*** *Younger adults (18–29 years) remained the most likely to experience discrimination (28.1%), while those aged 65 years and over reported the lowest levels (12.6%). Although race or ethnicity was consistently the leading reason across all age groups, younger respondents more often reported discrimination related to* ***religion****,* ***gender identity****, and* ***sexual orientation****. In contrast, older adults more frequently cited* ***age*** *and* ***language or accent****.*
- ***Gender & Birthplace:*** *Overall discrimination rates were similar for males and females, but the reasons differed. Females more frequently attributed discrimination to* ***gender identity****,* ***age****, and* ***religion****, while males more often identified* ***immigration status****. New Zealand-born Asians reported higher discrimination than overseas-born Asians (30.5% vs 23.0%), whereas overseas-born respondents more frequently cited* ***language*** *and* ***immigration status*** *as underlying reasons.*
- ***Regional Variation:*** *Christchurch recorded the highest prevalence of discrimination (31.5%), while respondents in other North Island regions reported the lowest (20.8%). Across regions, race or ethnicity remained the predominant cause, although the relative importance of* ***language****,* ***immigration status****, and* ***religion*** *varied, suggesting that local community contexts shape how discrimination is experienced.*

Key Implications: The decline in reported discrimination is encouraging, yet the underlying pattern has changed little. **Race and ethnicity continue to be the dominant reasons for discrimination**, while language, immigration status, age, and religion remain important secondary drivers for specific groups. These findings highlight the need for sustained anti-discrimination initiatives that combine broad public education with targeted support for communities facing distinct forms of exclusion.

Key Findings: Access to Mental Health Support and Cultural Responsiveness

Findings from this section indicate that although reported access to language and cultural support has **improved**, substantial barriers remain for Asians in NZ. Limited knowledge of available services, privacy concerns, language needs, and varying cultural expectations continue to affect equitable access. The results also demonstrate that support needs differ considerably across ethnic communities and demographic groups, reinforcing the importance of flexible, culturally responsive service delivery.

- ***Barriers to Access:*** *The most frequently reported barriers remain* ***limited knowledge of available services (43.6%), privacy concerns (38.5%), limited awareness of mental disorders (37.0%), uncertainty about service effectiveness (35.4%), and financial barriers (35.0%).*** *These findings suggest that improving mental health literacy and increasing awareness of available services remain critical priorities.*
- ***Ethnic Disparities:*** *Support needs vary substantially across population groups. Chinese respondents reported the greatest need for translated health resources (41.1%) and free interpreting services (50.8%), Koreans reported the highest privacy concerns (53.2%), while Filipinos were most likely to report financial barriers (42.4%).* ***Overseas-born Asians also reported greater demand than New Zealand-born Asians for cultural and social support*** *(40.6% vs 29.9%), free interpreting services (37.4% vs 23.0%), and translated health resources (28.6% vs 16.8%).*
- ***Gender & Age Divide: Females consistently expressed greater demand*** *than males for culturally appropriate psychological intervention (41.2% vs 31.7%), cultural and social support (40.8% vs 35.5%), and free interpreting services (37.2% vs 30.5%). Respondents aged 30–49 reported the strongest demand for culturally tailored services, including cultural and social support (41.7%) and culturally appropriate psychological intervention (39.5%). In comparison, adults aged 65 years and over reported the greatest need for free interpreting services (37.5%).*
- ***Support Needs:*** *The highest demand was for cultural and social support (38.1%), culturally appropriate psychological intervention (36.4%), culturally appropriate clinical services (35.3%), and free interpreting services (34.0%). AI-based non-human interaction services remained the least preferred option (22.1%), suggesting that respondents* ***continue to place greater value on culturally responsive, person-centred support than technology-based alternatives****.*

Key Implications: *Despite gradual improvements in access to culturally responsive support, important gaps remain. Strengthening mental health literacy, improving service visibility, and expanding culturally and linguistically appropriate care should remain priorities. Given the diverse needs identified across ethnicities and demographic groups, flexible, community-informed approaches will be essential to improving equitable access to mental health services.*

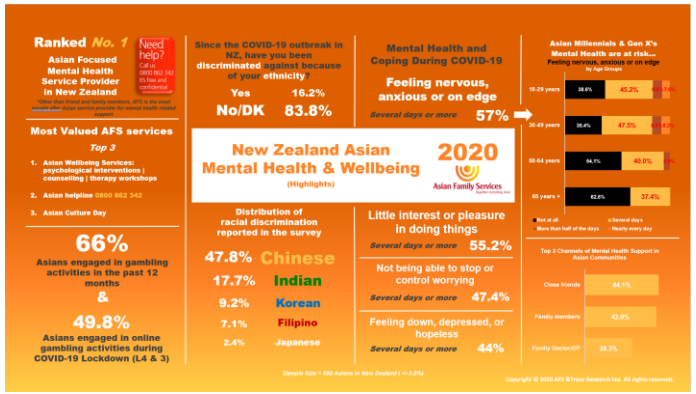
Section 1
Introduction & Methodology

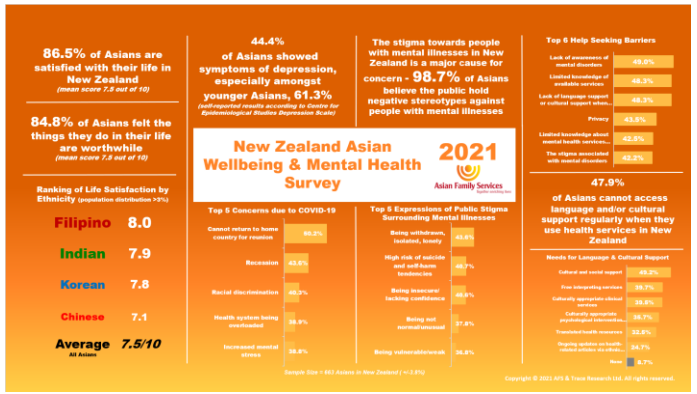
Introduction

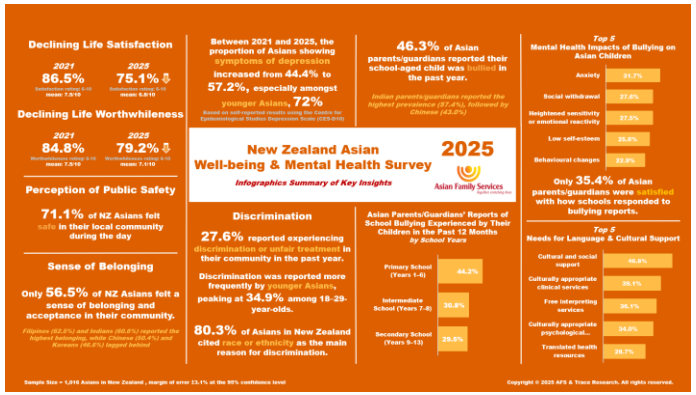
- Since 2020, Asian Family Services (AFS) has led national studies investigating the mental health and well-being of Asian communities in Aotearoa New Zealand. These studies were initiated in response to growing concerns about the underrepresentation of Asian populations in mental health research and 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, persistent stigma associated with mental illness, low utilisation of mental health services, and widespread experiences of discrimination. The findings also highlighted significant cultural and structural barriers to help-seeking and demonstrated the need for more culturally responsive approaches to mental health care.

- The evidence generated through these studies has informed a range of initiatives within AFS, including culturally and linguistically appropriate counselling services, multilingual helplines, community outreach programmes and public health education. Beyond service delivery, the findings have contributed to wider policy discussions and supported government efforts to improve mental health equity and the well-being of ethnic communities.

- Building on this foundation, the 2025 New Zealand Asian Well-being and Mental Health Survey established a comprehensive **baseline** for monitoring the well-being of Asians living in New Zealand. **The 2026 survey represents the second wave of this national tracking programme**, enabling meaningful comparisons over time while maintaining methodological consistency. Funded by the Ethnic Communities Development Fund, administered by the Ministry for Ethnic Communities, the study continues to strengthen the evidence base required for effective service planning, policy development and community advocacy.







Key Objectives

- Key areas of investigation include:
  - **Subjective well-being**, including life satisfaction and worthwhileness of life, measured using internationally recognised indicators aligned with OECD guidelines;
  - **Mental health outcomes**, assessed using the validated CES-D-10 (*Centre for Epidemiologic Studies Depression Scale*), with analysis by ethnicity, gender, age, occupation and birthplace;
  - **Experiences of discrimination**, particularly those related to race or ethnicity, language and immigration status;
  - **Language and cultural support needs** when accessing health services; and
  - **Emerging trends in the mental health and well-being of Asian communities**, enabling comparisons with findings from the 2025 survey.

- The 2026 survey includes **1,018 respondents** from across New Zealand and maintains methodological continuity with previous survey waves to support both cross-sectional and longitudinal analysis. This approach enables changes in key indicators to be monitored over time while providing greater insight into the experiences of different Asian communities and population subgroups.

- The outcomes of this research are intended to:
  - **provide robust evidence to support culturally responsive service planning and delivery;**
  - **monitor trends in the mental health and well-being of Asians living in New Zealanders over time;**
  - **strengthen advocacy for equitable and culturally appropriate mental health services; and**
  - **inform policy development across government agencies, including the Ministry for Ethnic Communities, Health New Zealand | Te Whatu Ora, the Ministry of Education, and other organisations working to improve health equity and social inclusion.**
- This report presents the findings of the **2026 New Zealand Asian Well-being and Mental Health Survey**, providing an updated assessment of the well-being of Asian communities while examining changes since the 2025 baseline. It reflects AFS's ongoing commitment to research-driven, culturally responsive and equity-focused mental health policy and practice.

Methodology

- This study is based on a national survey of **1,018 Asian adults** (aged 18 years and over) residing in Aotearoa New Zealand, conducted between **3 July and 20 July 2026**. The sample was designed to be nationally representative of New Zealand's Asian population using demographic benchmarks derived from the **2023 New Zealand Census** and the latest population estimates. A stratified sampling approach was employed to ensure proportional representation across key demographic variables, including ethnicity, age, gender and region. Where sampling quotas were not fully achieved, post-stratification weighting was applied to minimise potential sampling bias and improve the representativeness of the final dataset.
- The margin of error for a simple random sample of **1,018 respondents** is approximately **±3.1 percentage points** at the 95% confidence level.
- The survey was administered online to reflect contemporary communication behaviours and maximise participation across New Zealand's diverse Asian communities. Data were collected through Trace Research's proprietary New Zealand Asian/Chinese Research Panel and partner online research panels, providing broad coverage across different ethnic, age and regional groups. The use of multiple panel sources ensured high-quality data collection while maintaining consistency with previous survey waves.
    - *The online survey methodology is supported by evidence from Trace Research's **New Zealand Broadband and Online Video Streaming Survey**, which demonstrated that traditional landline-based telephone surveys are no longer an effective means of reaching Asian populations. The study found that the overwhelming majority of Asians living in New Zealand have access to broadband internet and smartphones, making online surveys the most efficient, accessible and inclusive method for conducting nationally representative research within these communities.*
- The questionnaire (see **Appendix 1** for structure) was jointly developed by Trace Research and Asian Family Services, building on previous survey waves to maintain comparability over time while incorporating minor refinements where appropriate. The survey included empirically validated measures widely used in mental health and social science research, such as the Centre for Epidemiologic Studies Depression Scale (CES-D-10), as well as internationally recognised indicators of subjective well-being aligned with the **OECD Guidelines on Measuring Subjective Well-being**.
- As the research was classified as low risk, it was approved for field implementation by Asian Family Services. Participation was voluntary, and all respondents provided informed electronic consent before commencing the survey.
- The final dataset includes respondents from across New Zealand, representing the country's major Asian ethnic communities, including Indian, Chinese, Filipino, Korean and other Asian populations. Participants reported countries and regions of origin spanning a diverse range of Asian nations, providing a broad and representative picture of the experiences of Asians living in New Zealand. The following section presents a detailed profile of the survey sample by ethnicity, region and other demographic characteristics

Sample Composition:

Gender[1]	%	Count
Male	49.4%	503
Female	50.4%	513
Other	0.2%	2
Total	**100%**	**1,018**

Ethnicity[2]	%	Count[3]
Indian	33.9%	345
Chinese	32.4%	330
Filipino	12.6%	128
Korean	4.5%	46
Malaysian	3.4%	34
Japanese	3.3%	33
Sri Lankan	1.5%	16
Singaporean	1.5%	15
Vietnamese	0.5%	5
Cambodian	0.4%	4
Thai	0.4%	4
Other Asian	5.7%	58
Total	**100%**	**1,018**

Age Groups	%	Count
18-29 years	23.2%	236
30-49 years	49.7%	506
50-64 years	17.0%	173
65 years +	10.1%	103
Total	**100%**	**1,018**

Location	%	Count
Auckland	61.5%	626
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%**	**1,018**

Job Status	%	Count
Retired	9.3%	94
Student	8.6%	87
Unemployed	6.1%	62
Unpaid Activities *(e.g., unpaid work in one's own home" or "looking after a child or ill person.")*	3.7%	38
Self-employed	10.7%	109
Full-time employed *(30+ hours/week)*	51.9%	528
Part-time employed *(less than 30 hours/week)*	9.8%	100
Total	**100%**	**1,018**

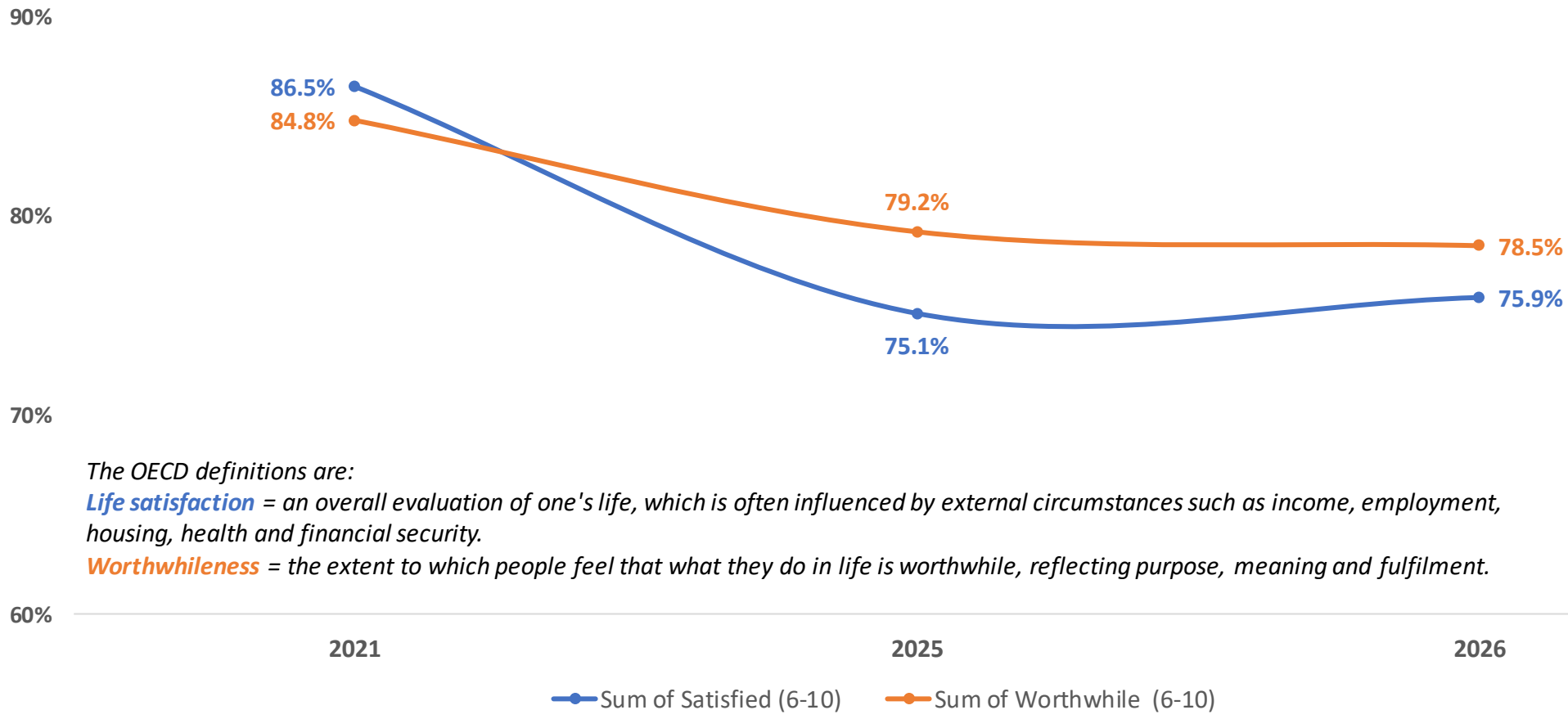
Birthplace	%	Count
New Zealand-born	23.5%	239
Overseas-born	76.5%	779
Total	**100%**	**1,018**

Note: 1. For reporting purposes, only gender groups comprising more than 4% of the sample are analysed and reported separately. Consequently, the "Other" gender category is not presented independently. 2. For reporting purposes, only ethnic groups comprising more than 4% of the sample are analysed and reported separately. Smaller ethnic groups are combined into the "Other Asian" category, which primarily comprises respondents from Southeast Asian backgrounds. 3. Weighted counts are presented throughout this report. Where sampling quotas were not fully achieved, post-stratification weighting was applied to minimise potential sampling bias and improve the representativeness of the survey results.

Section 2
Asian Well-being

Between 2025 and 2026, life satisfaction improved marginally (75.1% to 75.9%), while perceptions of life's worthwhileness remained broadly stable (79.2% to 78.5%). Life satisfaction reflects how people evaluate their lives overall, whereas worthwhileness captures whether they feel the things they do in life are meaningful and purposeful. The consistently higher level of worthwhileness suggests that although many Asians living in New Zealand continue to face pressures affecting their overall life satisfaction, they have largely maintained a strong sense of purpose and meaning in their lives.

Life Satisfaction[1] & Worthwhileness of Life[2] in New Zealand – Trend Over Time



The OECD definitions are:
***Life satisfaction** = an overall evaluation of one's life, which is often influenced by external circumstances such as income, employment, housing, health and financial security.*
***Worthwhileness** = the extent to which people feel that what they do in life is worthwhile, reflecting purpose, meaning and fulfilment.*

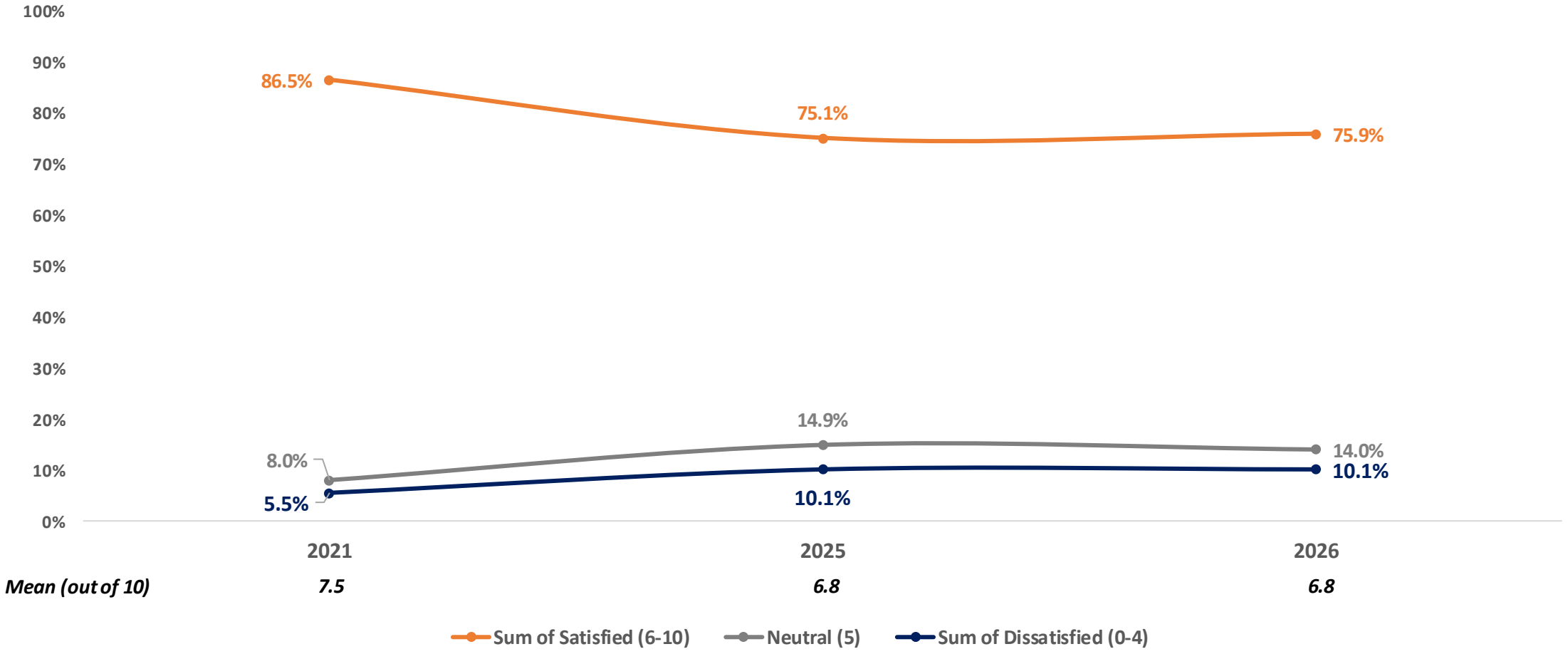
Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." 2: Q8 Overall, to what extent do you feel the things you do in your life are worthwhile in New Zealand? Please rate from 0 to 10, where 0 = "Not Worthwhile At All," and 5 = "Neutral,", and 10 = "Totally Worthwhile." Base: Total sample.

Section 2.1
Asian Well-being

Satisfaction of Life in New Zealand

Life satisfaction among Asians living in New Zealand declined markedly between 2021 and 2025 but remained stable in 2026. The proportion satisfied with their lives increased only marginally from 75.1% in 2025 to 75.9% in 2026, while the mean score remained unchanged at 6.8, compared with 7.5 in 2021. Neutral (14.0%) and dissatisfied (10.1%) responses also showed little change from 2025, suggesting overall life satisfaction has remained broadly stable.

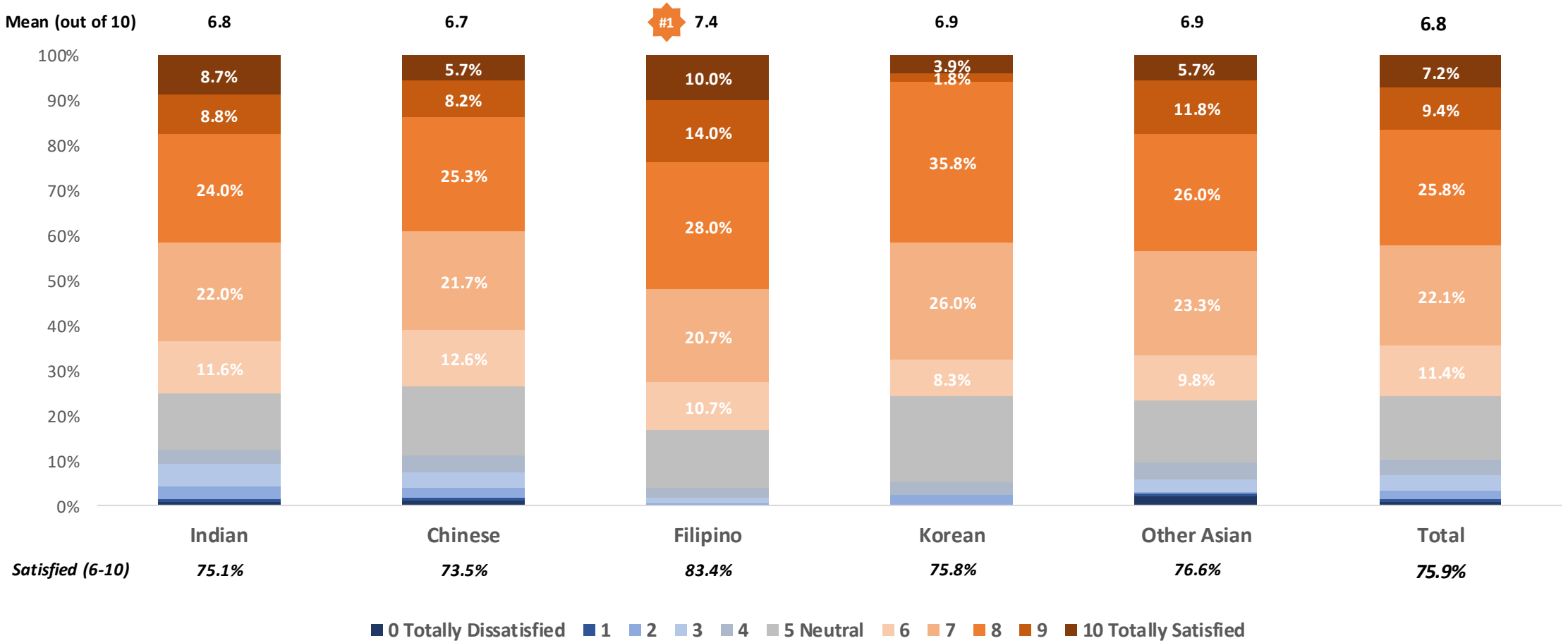
Life Satisfaction in New Zealand[1] – Trend Over Time



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.

Overall, three-quarters (75.9%) of Asian respondents reported being satisfied with their lives, indicating generally positive subjective well-being. While life satisfaction is consistently high across all major ethnic groups, Filipino respondents stand out as the most satisfied, recording both the highest mean score (7.4) and satisfaction rate (83.4%). By comparison, Chinese respondents report the lowest life satisfaction (mean 6.7, 73.5% satisfied), suggesting relatively lower levels of well-being within this group.

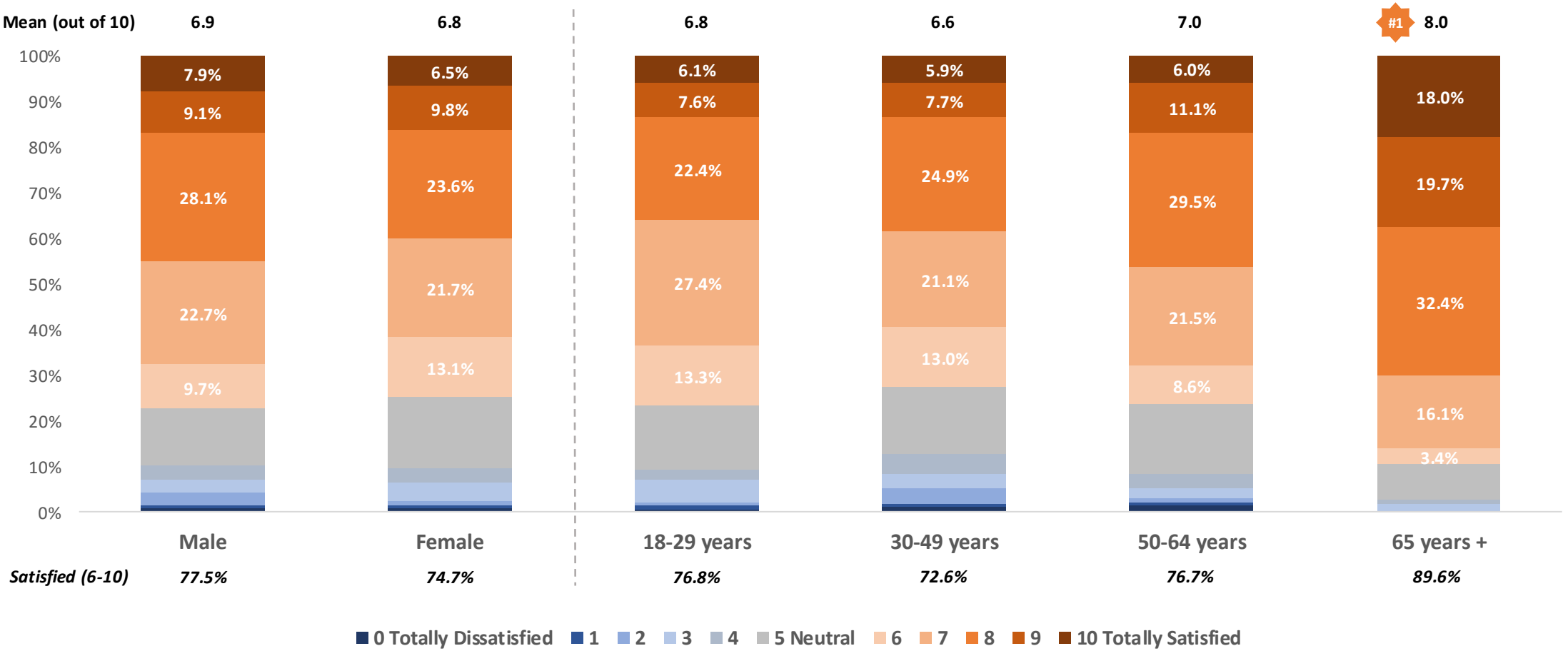
Life Satisfaction in New Zealand[1] By Ethnicity



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 reported slightly higher life satisfaction than females (77.5% vs. 74.7%; mean scores 6.9 and 6.8, respectively). Clear differences were also observed across age groups. Respondents aged 65 years and over were the most satisfied with their lives (89.6%, mean = 8.0), while those aged 30–49 years reported the lowest levels of life satisfaction (72.6%, mean = 6.6), suggesting that well-being varies considerably across different stages of life.

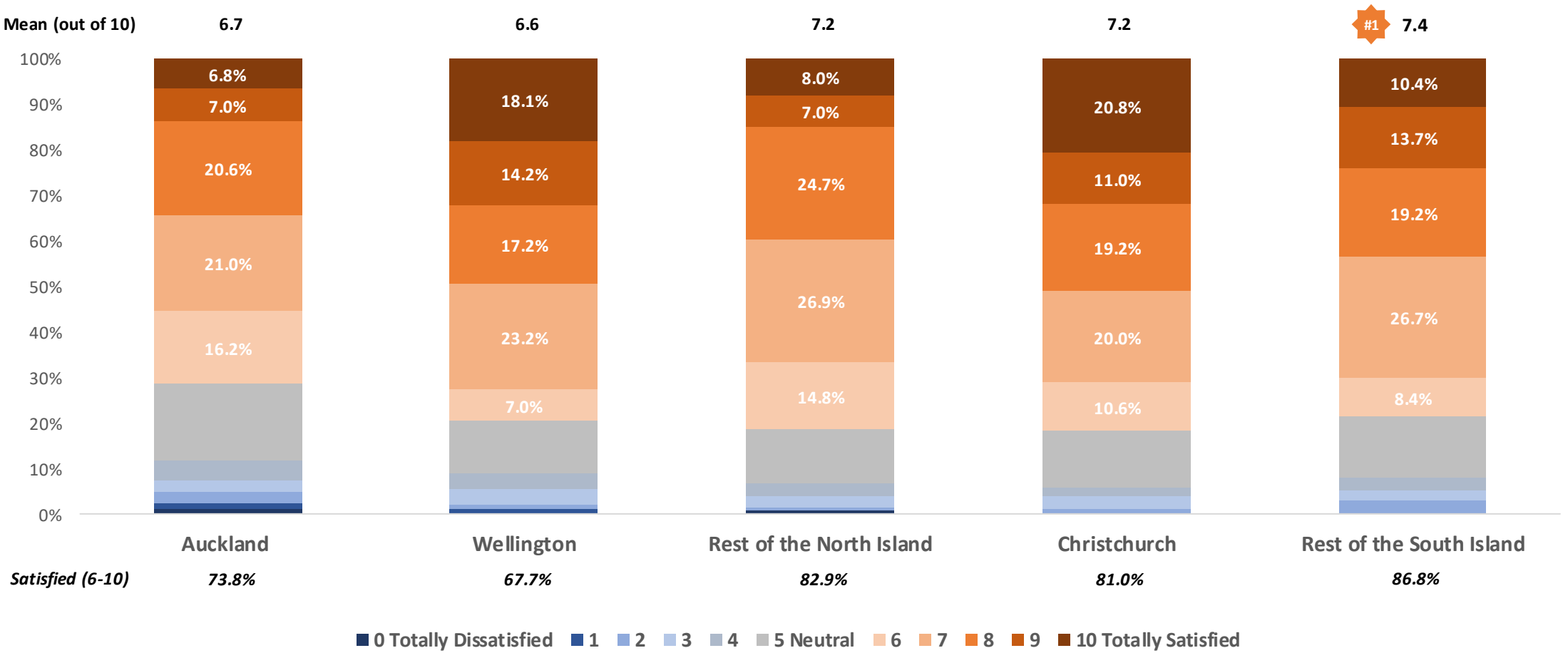
Life Satisfaction in New Zealand[1] by Gender & Age Group



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 identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Clear regional differences in life satisfaction were observed. Respondents living in the Rest of the South Island reported the highest level of life satisfaction (86.8%, mean = 7.4), whereas those living in Wellington reported the lowest (67.7%, mean = 6.6). Auckland also recorded comparatively lower life satisfaction (73.8%, mean = 6.7), while respondents in the Rest of the North Island (82.9%, mean = 7.2) and Christchurch (81.0%, mean = 7.2) reported relatively higher levels of satisfaction.

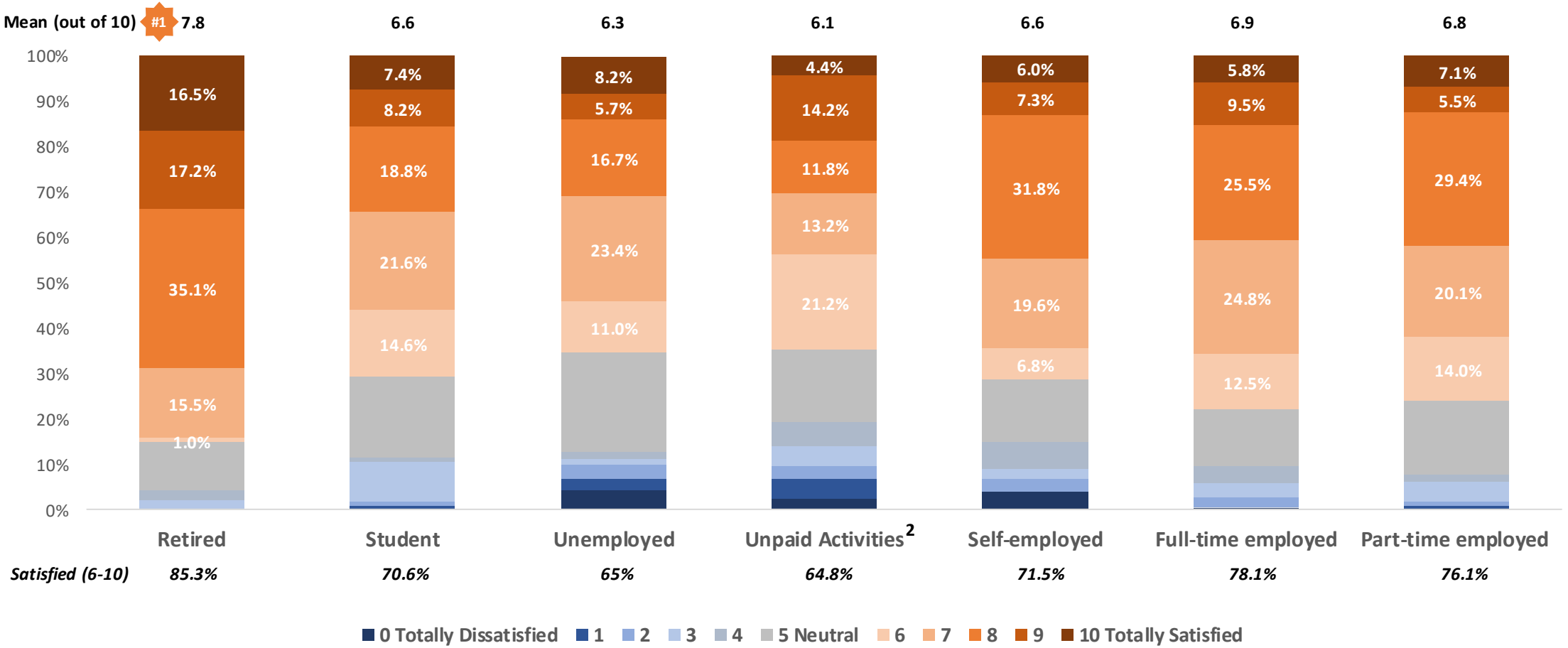
Life Satisfaction in New Zealand[1] by Region



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.

Clear differences in life satisfaction were observed across occupational groups. Retired respondents reported the highest level of life satisfaction (85.3%, mean = 7.8), followed by those employed full-time (78.1%, mean = 6.9) and part-time (76.1%, mean = 6.8). In contrast, respondents engaged in unpaid activities (64.8%, mean = 6.1) and unemployed respondents (65.0%, mean = 6.3) reported the lowest levels of life satisfaction, suggesting that employment status and financial security continue to influence overall well-being.

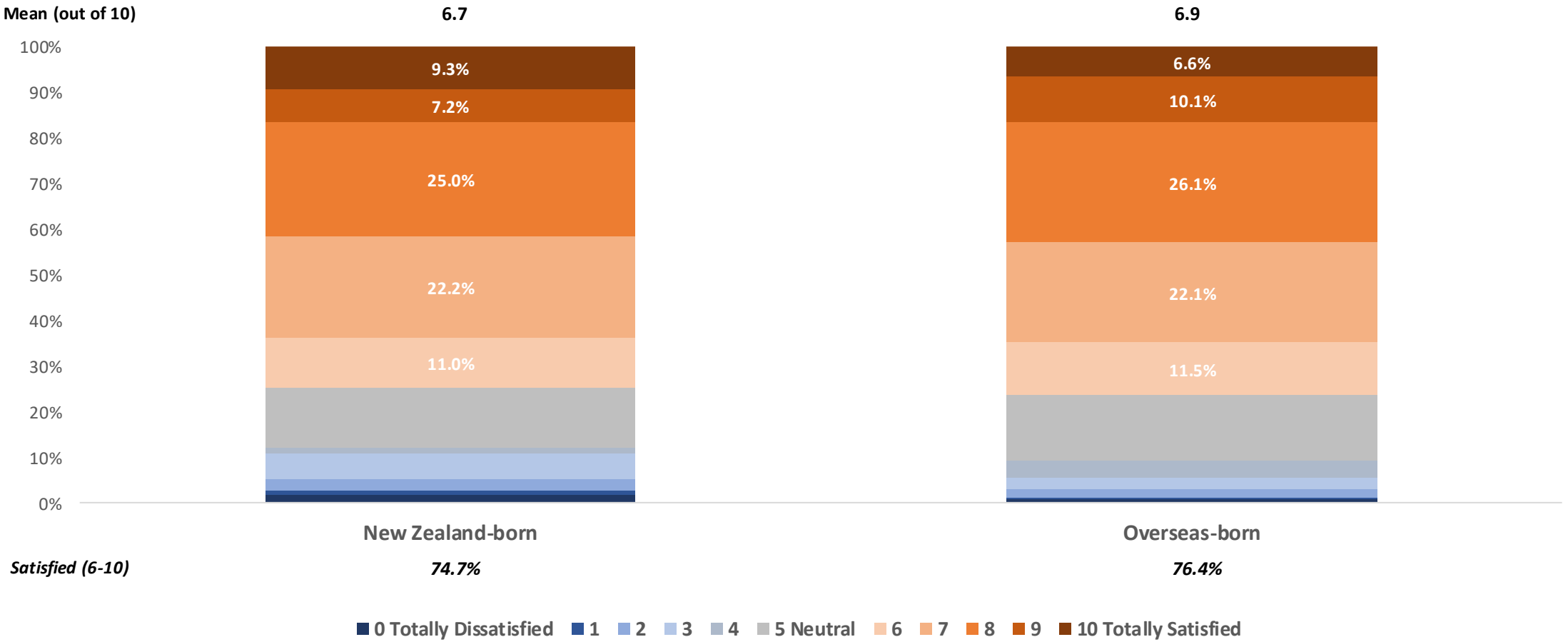
Life Satisfaction in New Zealand[1] by Occupation



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. 2. Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person)

Life satisfaction was broadly comparable between New Zealand-born and overseas-born respondents. Overseas-born respondents reported slightly higher life satisfaction (76.4%, mean = 6.9) than those born in New Zealand (74.7%, mean = 6.7), although the overall differences were modest.

Life Satisfaction in New Zealand[1] by Birthplace



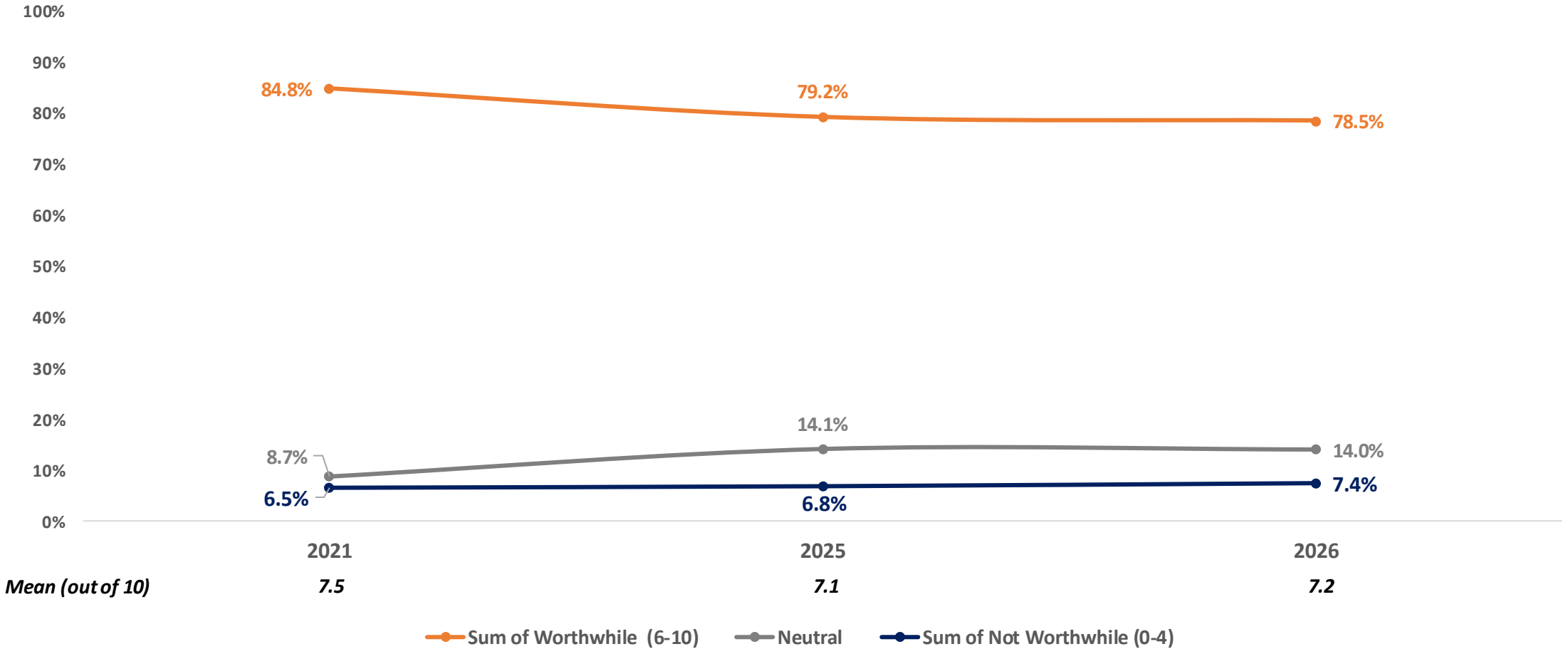
Note 1: Q7. Overall, how satisfied are you with your life in New Zealand as a whole these days? Please rate from 0 to 10, where 0 = "Totally Dissatisfied," and 5 = "Neutral,", and 10 = "Totally satisfied." Base: Total sample.

Section 2.2
Asian Well-being

Worthwhileness of Life in New Zealand

Perceptions of life worthwhileness declined between 2021 and 2025 but remained broadly stable in 2026. While the proportion rating their lives as worthwhile changed only marginally (79.2% to 78.5%), the mean score increased slightly from 7.1 to 7.2, reflecting a shift towards higher ratings within the worthwhile range, particularly an increase in respondents selecting a rating of 8. Neutral (14.0%) and not worthwhile (7.4%) responses also remained largely unchanged, indicating that overall perceptions of life's worthwhileness have stabilised over the past year.

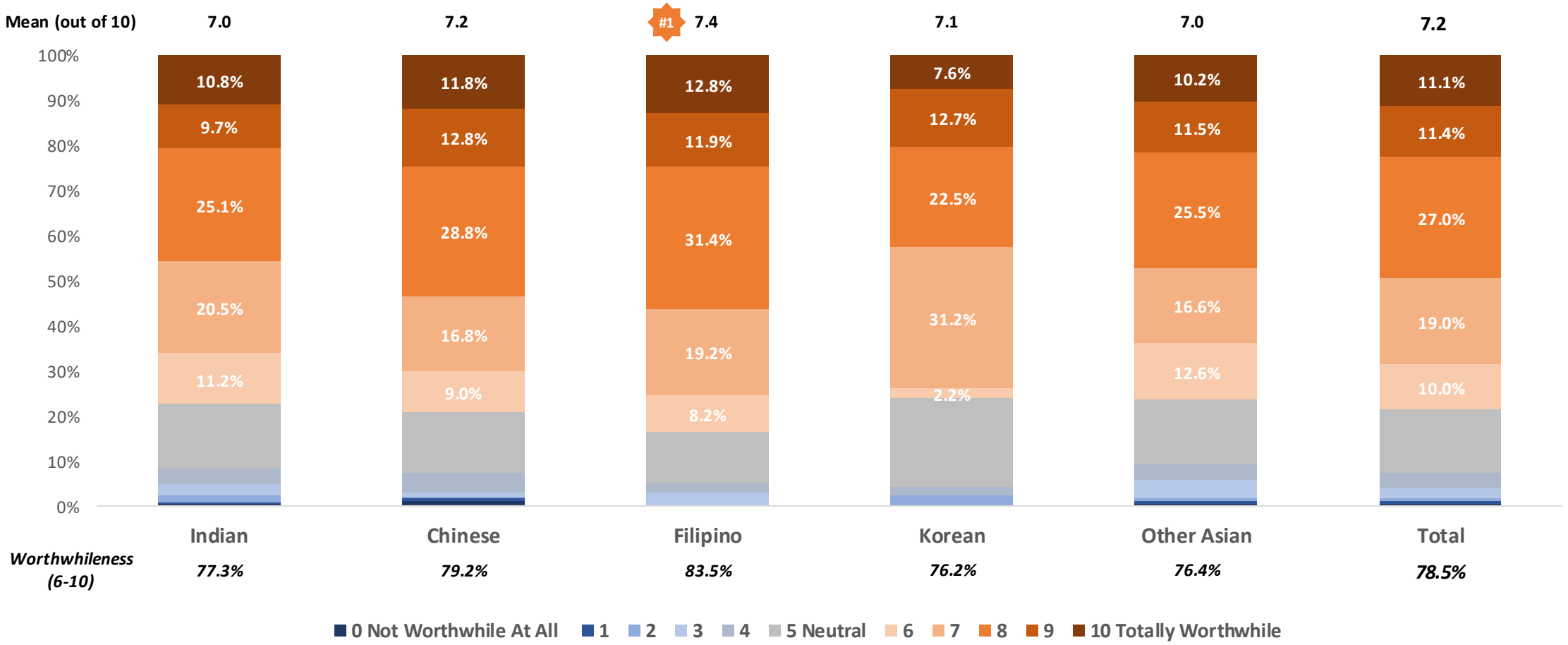
Worthwhileness of Life in New Zealand[1] – Trend Over Time



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.

Clear differences in perceptions of life's worthwhileness were observed across ethnic groups. Filipino respondents reported the highest proportion rating their lives as worthwhile (83.5%, mean = 7.4), while Korean respondents reported the lowest (76.2%, mean = 7.1). Chinese respondents (79.2%) reported slightly higher levels of worthwhileness than Indian (77.3%) and Other Asian respondents (76.4%), although these differences were relatively modest. Overall, the findings highlight variation in how different Asian communities perceive purpose and meaning in their lives

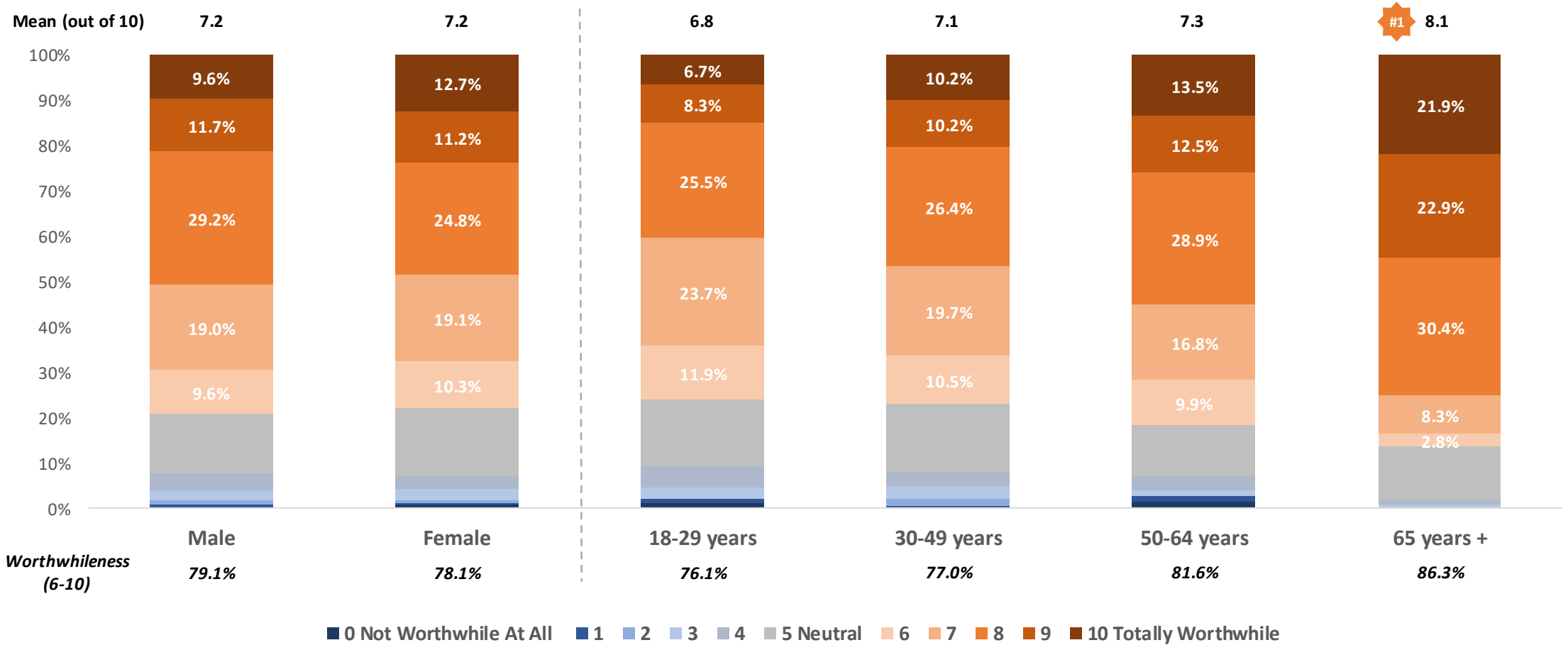
Worthwhileness of Life in New Zealand[1] By Ethnicity



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.

Only modest differences in perceptions of life's worthwhileness were observed by gender, with males reporting slightly higher worthwhileness than females (79.1% vs 78.1%; both mean = 7.2). More pronounced differences were evident across age groups, with perceptions of life's worthwhileness increasing steadily with age. Respondents aged 65 years and over reported the highest level of worthwhileness (86.3%, mean = 8.1), while those aged 18–29 years reported the lowest (76.1%, mean = 6.8), suggesting that older adults generally experience a stronger sense of purpose and meaning in life.

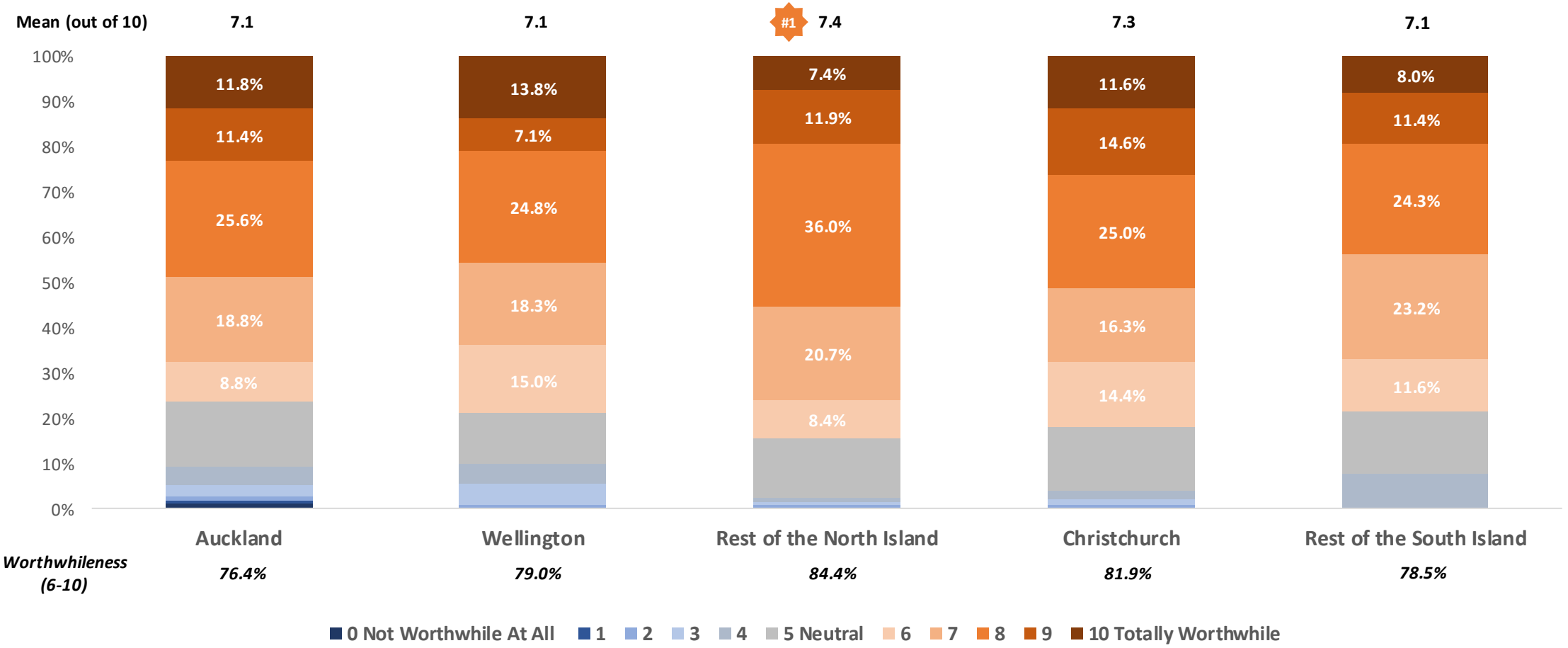
Worthwhileness of Life in New Zealand[1] by Gender & Age Group



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. Respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Regional differences were evident in perceptions of life's worthwhileness. Respondents living in the Rest of the North Island reported the highest level of worthwhileness (84.4%, mean = 7.4), followed by those in Christchurch (81.9%, mean = 7.3). In contrast, Auckland respondents reported the lowest level of worthwhileness (76.4%, mean = 7.1), while Wellington (79.0%) and the Rest of the South Island (78.5%) reported broadly comparable levels.

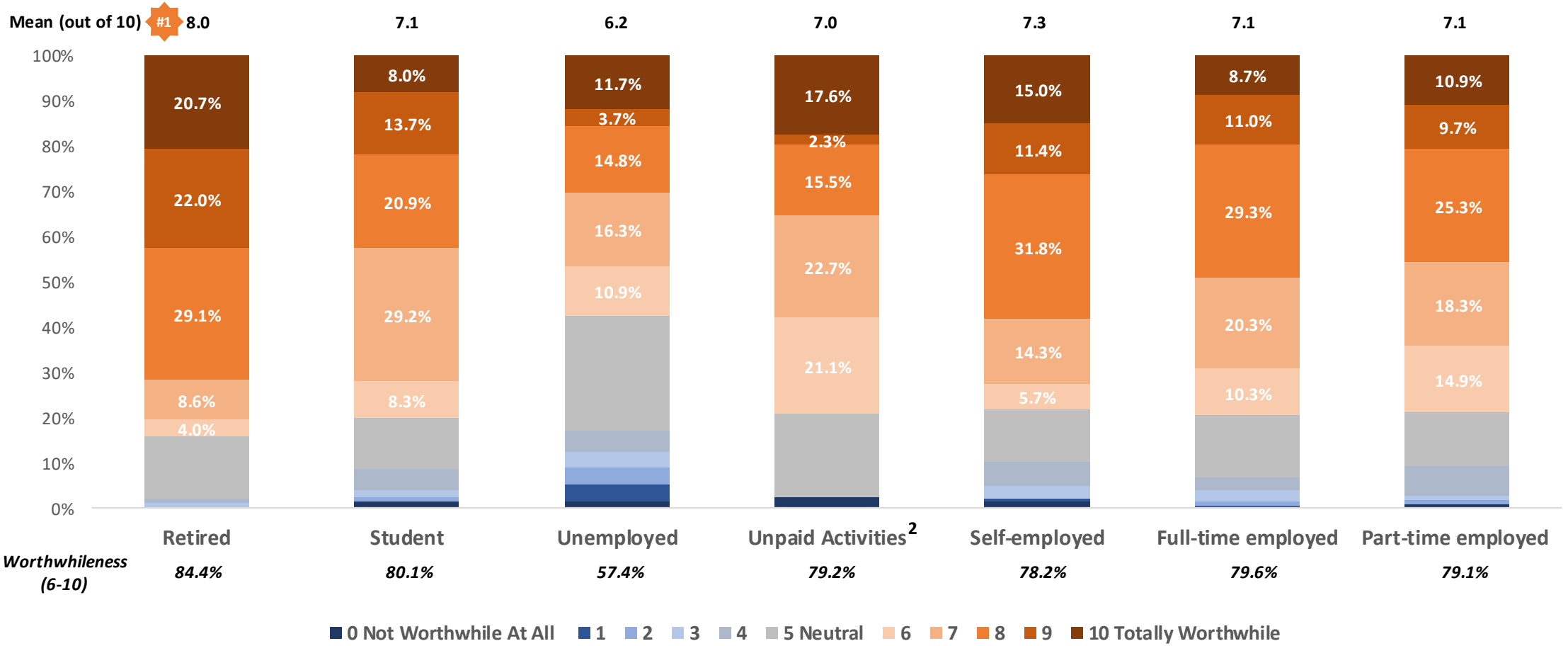
Worthwhileness of Life in New Zealand[1] by Region



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.

Clear differences in perceptions of life's worthwhileness were observed across occupational groups. Retired respondents reported the highest level of worthwhileness (84.4%, mean = 8.0), while unemployed respondents reported the lowest (57.4%, mean = 6.2). Respondents engaged in unpaid activities reported comparatively strong worthwhileness (79.2%, mean = 7.0), despite recording much lower life satisfaction in the earlier analysis, suggesting that unpaid roles may provide a sense of purpose even when overall satisfaction with life is lower.

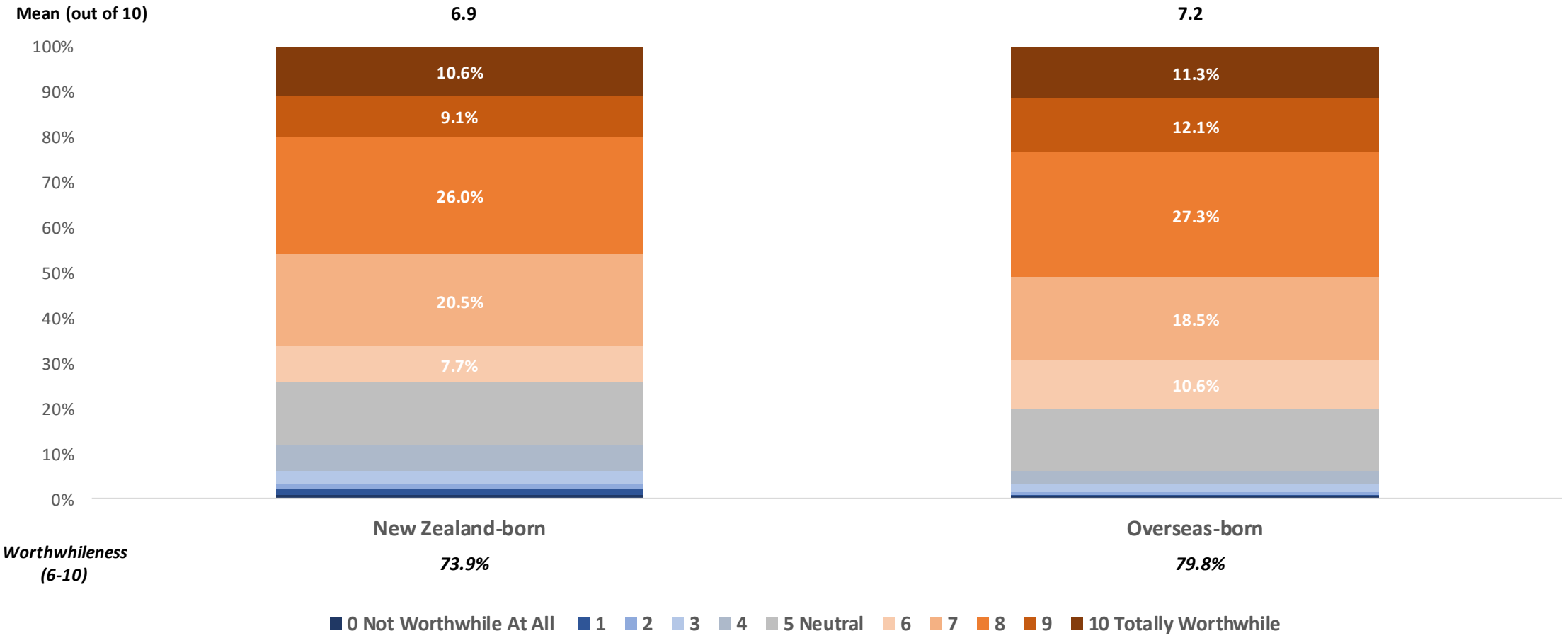
Worthwhileness of Life in New Zealand[1] by Occupation



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. 2. Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person)

Differences in perceptions of life's worthwhileness were evident by birthplace. Overseas-born respondents were more likely than New Zealand-born respondents to rate their lives as worthwhile (79.8% vs 73.9%) and also reported a higher mean score (7.2 vs 6.9). These findings suggest that overseas-born Asians reported a somewhat stronger sense of purpose and meaning in their lives.

Worthwhileness of Life in New Zealand[1] by Birthplace



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.

Section 3
Asian Mental Health

Depression

The most commonly reported depressive symptoms were feeling that everything was an effort (84.0%), experiencing restless sleep (77.1%), being bothered by things that usually did not bother them (74.5%), and difficulty concentrating (72.5%). These findings suggest that fatigue, sleep disturbance and reduced cognitive functioning remain the most prevalent manifestations of psychological distress among Asians living in New Zealand, reinforcing the need for culturally responsive mental health support and early intervention.

Asian Family Services
Together enriching lives

Centre for Epidemiological Studies Depression (CES-D10)[1]

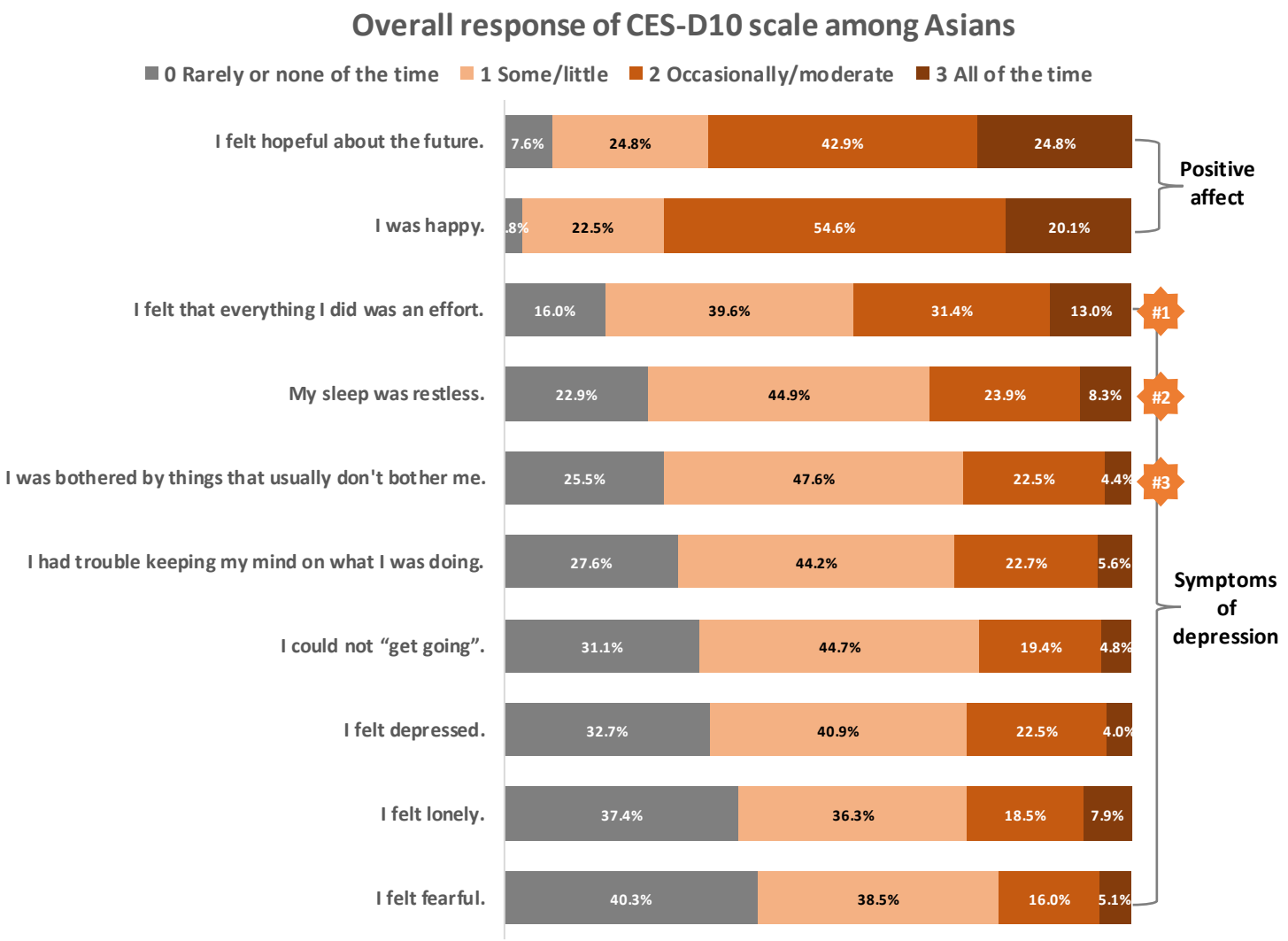
This study employed the 10-item short form of the Centre for Epidemiological Studies Depression Scale (CES-D10) to assess depressive symptoms among Asian respondents in New Zealand. The CES-D10 has been widely used as a reliable screening instrument across general and older adult populations. Each item 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-D-10 yields a continuous score ranging from 0 to 30. It is commonly dichotomised using a cut-off score of 10 or above (≥10) to identify individuals with clinically significant depressive symptoms (approximately equivalent to a score of 16 or above on the original 20-item CES-D). The CES-D-10 is a validated screening instrument for population-level research but is not intended to provide a clinical diagnosis of depression.

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:

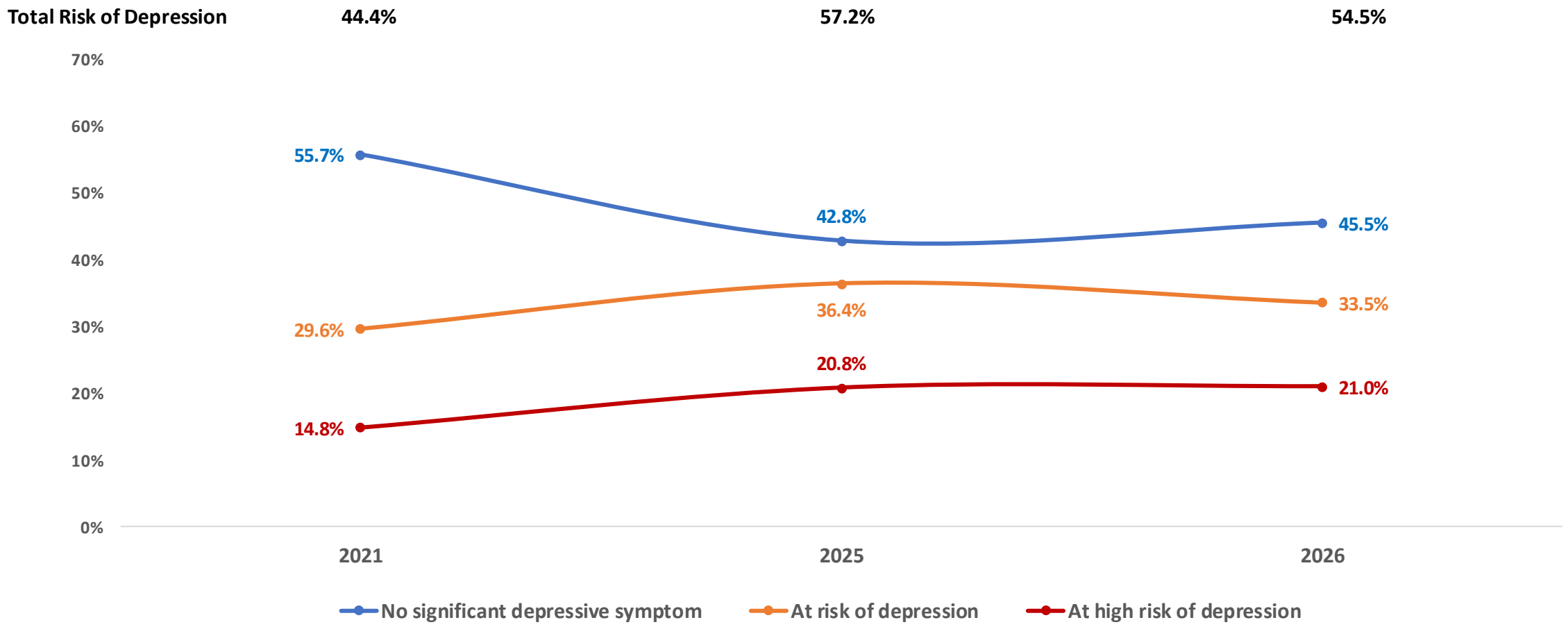
- ***0–9: No significant depressive symptoms; 10–15: At risk of depression; 16 or above: High risk of depression***



Note: 1. 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.

Between 2025 and 2026, the overall risk of depression declined modestly from 57.2% to 54.5%. The proportion of respondents reporting no significant depressive symptoms increased from 42.8% to 45.5%, while those at risk of depression declined from 36.4% to 33.5%. The proportion at high risk of depression remained virtually unchanged (20.8% to 21.0%), indicating that although overall depressive symptoms have eased slightly, a substantial proportion of Asian communities continue to experience clinically relevant levels of psychological distress. All three indicators remain less favourable than those observed in the 2021 survey.

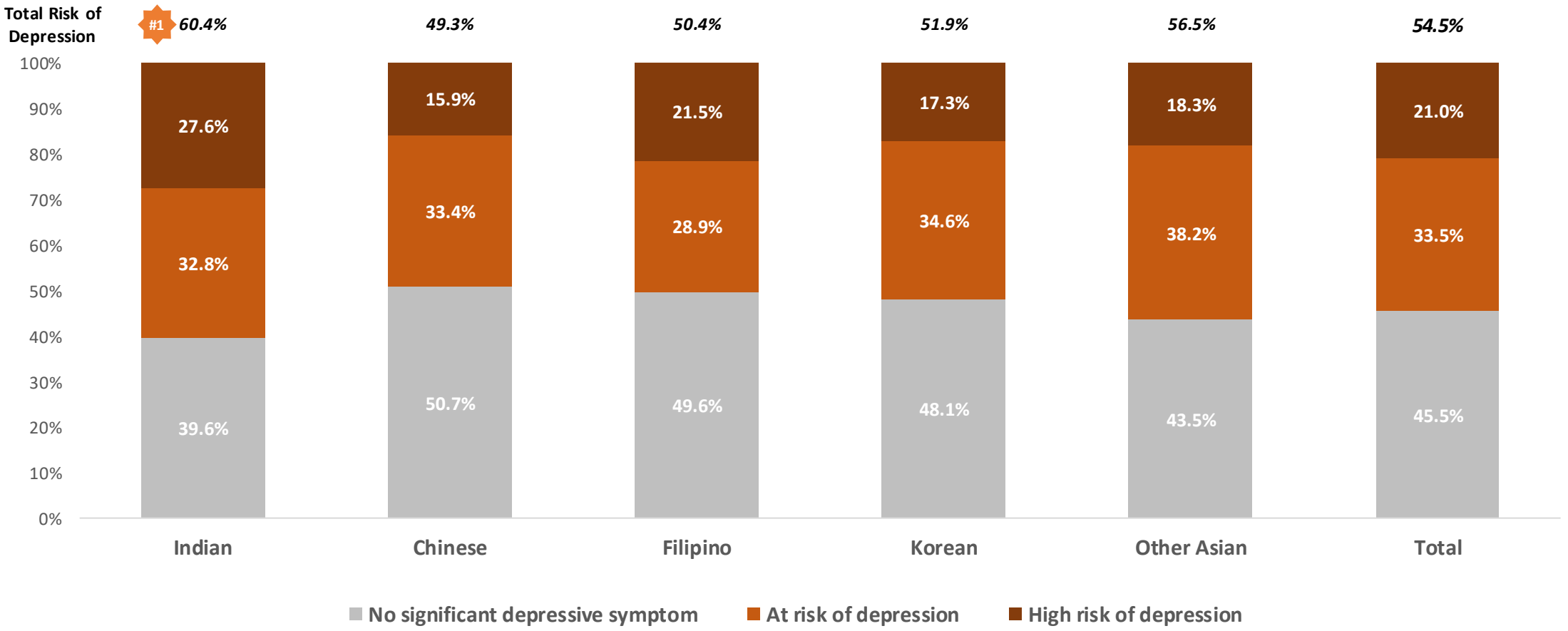
Risk of Depression amongst Asians[1] – Trend Over Time



Note 1: Q9. 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.

Marked differences in the risk of depression were observed across Asian ethnic communities. Indian respondents reported the highest overall risk of depression (60.4%), including the highest proportion at high risk (27.6%). In comparison, Chinese respondents reported the lowest overall risk (49.3%) and the lowest proportion at high risk (15.9%). Filipino (50.4%) and Korean (51.9%) respondents reported intermediate levels of depression risk, whereas Other Asian respondents also recorded an elevated overall risk (56.5%). These findings highlight persistent ethnic disparities in mental health and reinforce the importance of culturally responsive and targeted mental health interventions.

Risk of Depression amongst Asians[1] by Ethnicity



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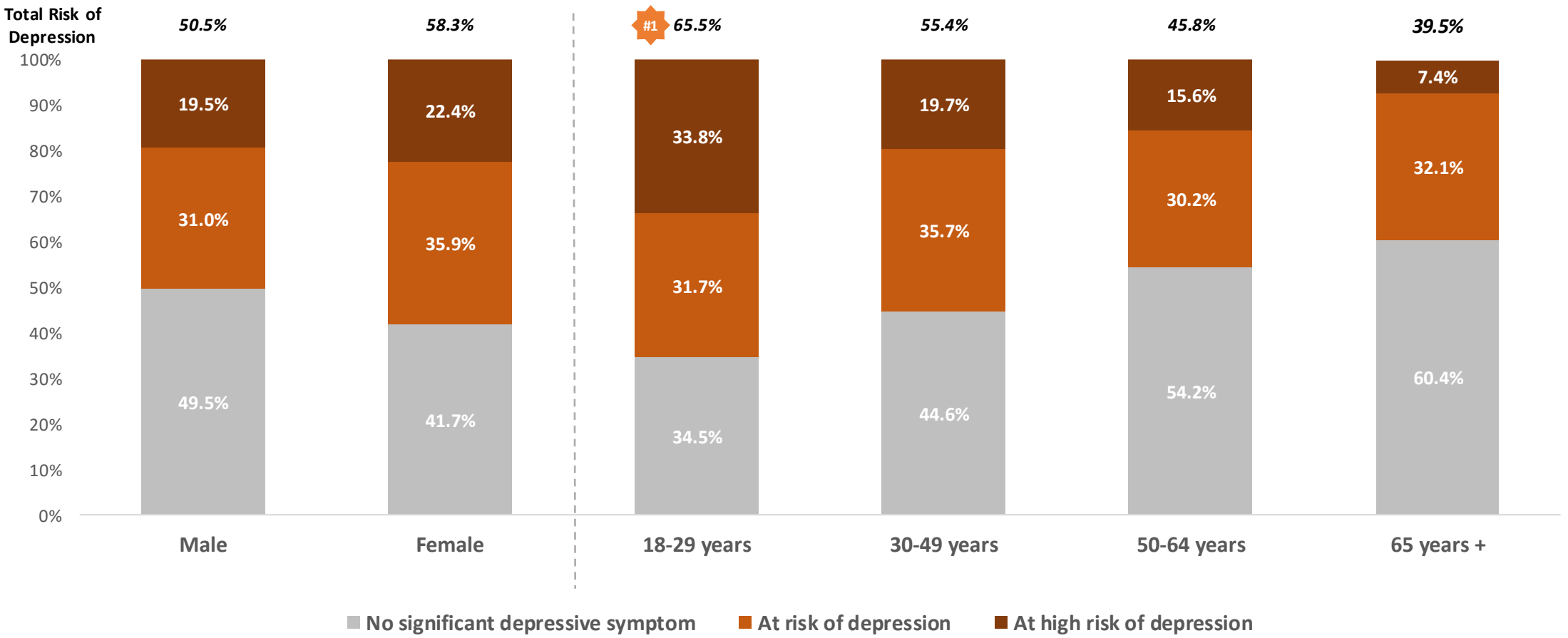
Females reported a higher overall risk of depression than males (58.3% vs 50.5%), including a greater proportion at high risk (22.4% vs 19.5%). Depression risk also declined progressively with age, with respondents aged 18–29 years reporting the highest overall risk (65.5%) and those aged 65 years and over the lowest (39.5%). These findings indicate that women and younger adults continue to experience a disproportionate burden of depressive symptoms, highlighting the importance of targeted prevention and early intervention initiatives.

Risk of Depression amongst Asians[1] by Gender & Age Group



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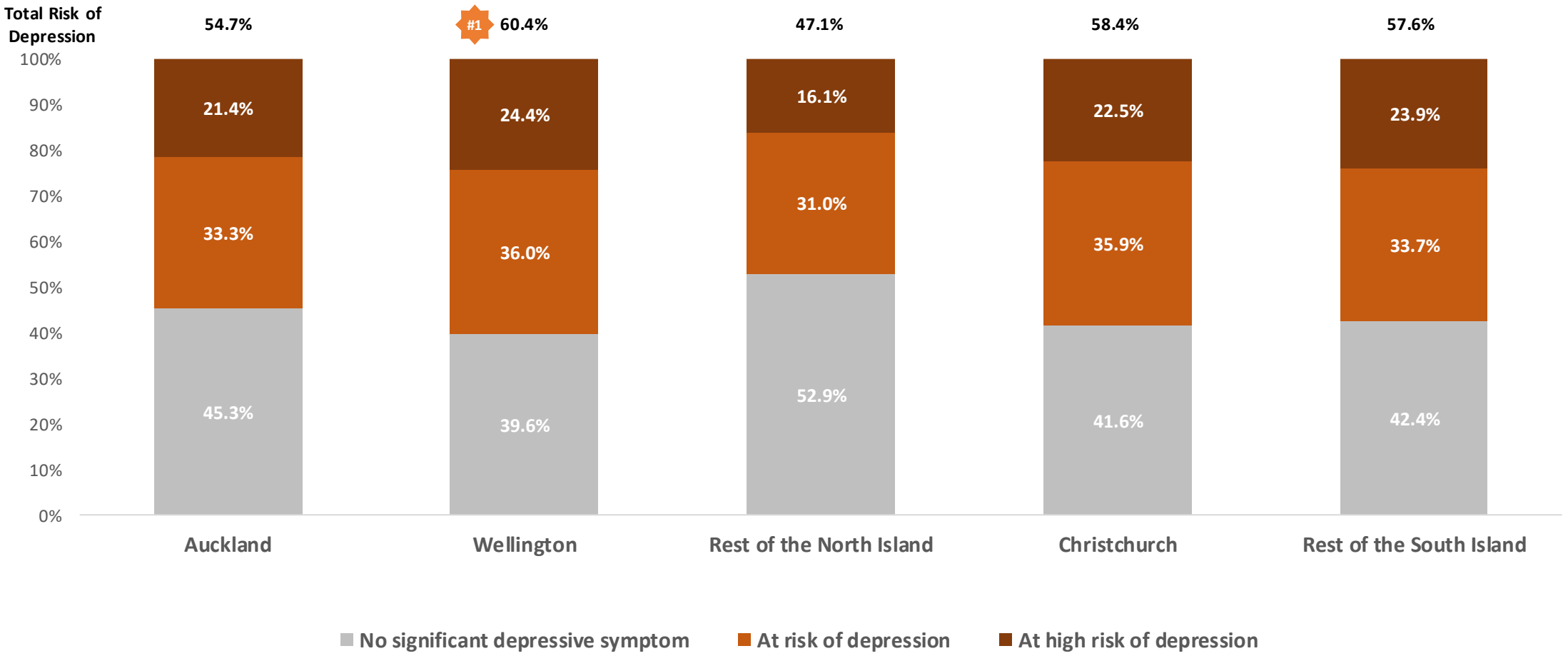
Respondents living in Wellington reported the highest overall risk of depression (60.4%), followed by Christchurch (58.4%) and the Rest of the South Island (57.6%). In contrast, respondents in the Rest of the North Island reported the lowest overall risk (47.1%) and the highest proportion with no significant depressive symptoms (52.9%). These findings suggest that mental health outcomes continue to vary across regions, highlighting the importance of regionally responsive mental health services and support.

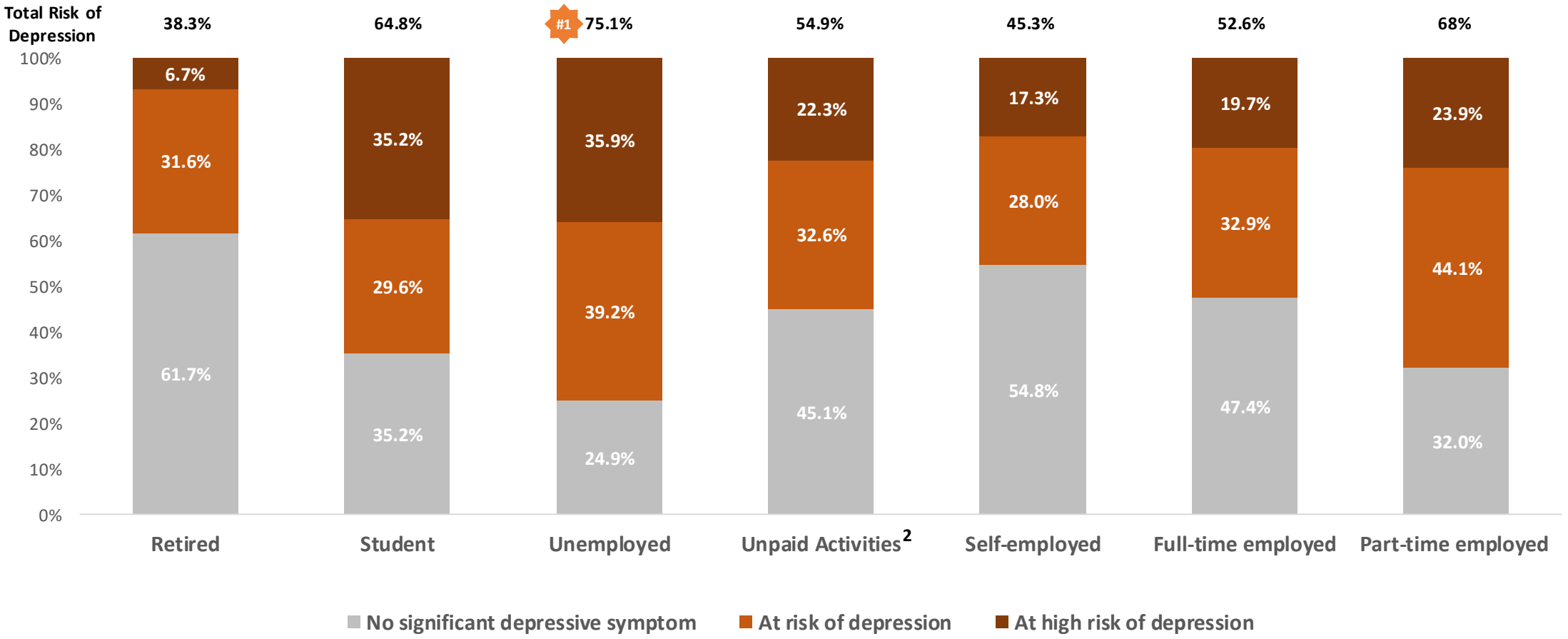
Risk of Depression amongst Asians[1] by Region



Note 1: Q9. 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.

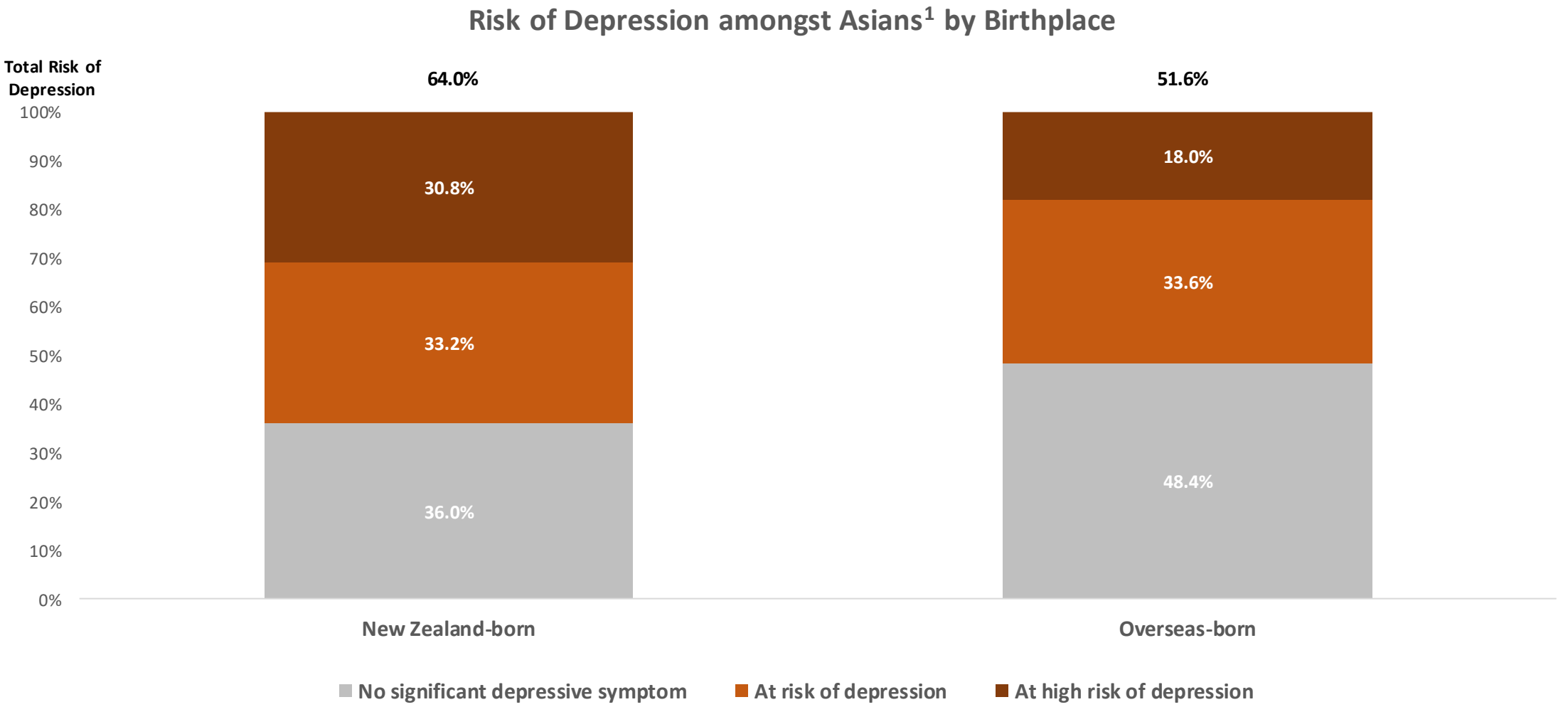
Unemployed respondents reported the highest overall risk of depression (75.1%), including the highest proportion at high risk (35.9%), followed by part-time employed respondents (68.0%) and students (64.8%). In contrast, retired respondents reported the lowest overall risk (38.3%) and the highest proportion with no significant depressive symptoms (61.7%). These findings highlight employment status as an important factor associated with mental well-being, with unemployed, student and part-time employed respondents appearing particularly vulnerable to depressive symptoms.

Risk of Depression amongst Asians[1] by Occupation



Note 1: Q9. 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." 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.) Base: Total sample.

New Zealand-born respondents reported a substantially higher overall risk of depression than overseas-born respondents (64.0% vs 51.6%), including a markedly higher proportion at high risk (30.8% vs 18.0%). Conversely, overseas-born respondents were more likely to report no significant depressive symptoms (48.4% vs 36.0%). These findings suggest that New Zealand-born Asians continue to experience a disproportionately greater burden of depressive symptoms, highlighting the need for targeted mental health support for this population.

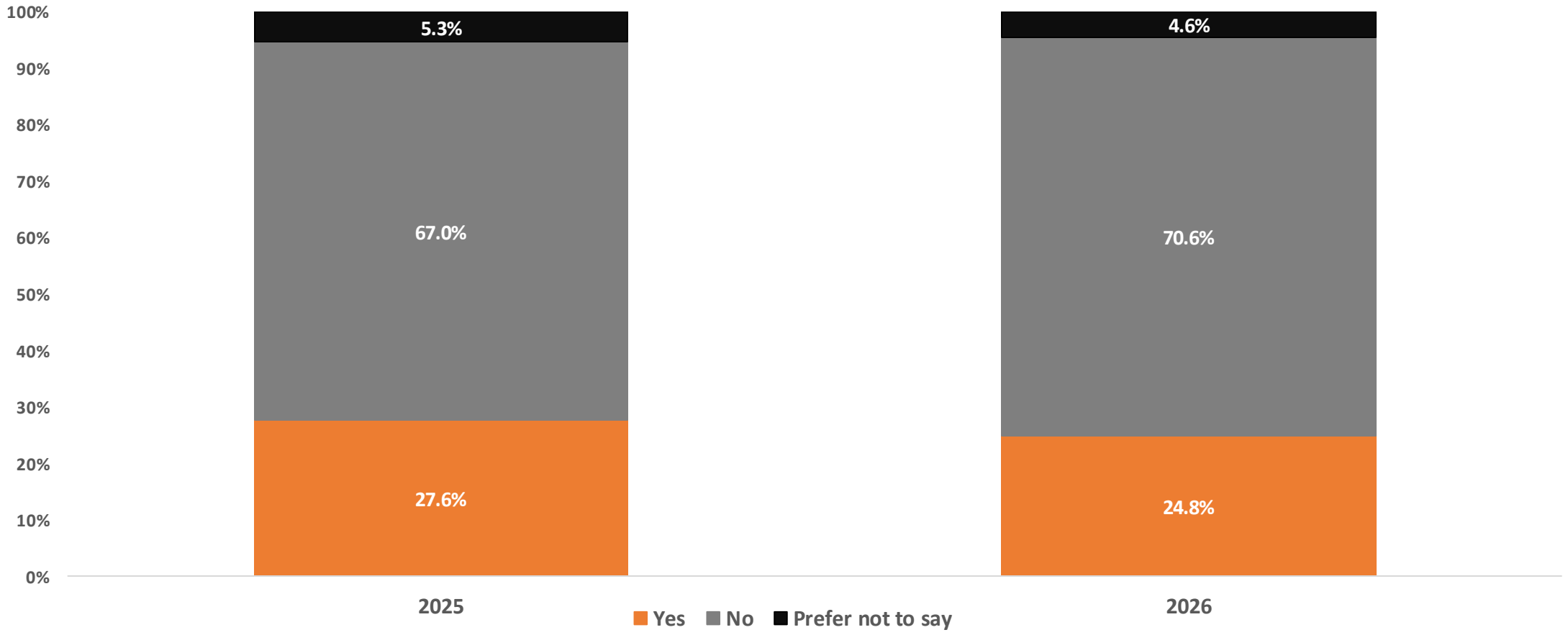


Note 1: Q9. Below is a list of feelings and behaviours people may experience daily. Over the past 12 months, how often have you felt or experienced each of the following? Please rate from 0 to 3, where 0 = "rarely or none of the time", 1="some/little", 2="occasionally/moderate" and 3 = "all of the time." Base: Total sample.

Section 4
Discrimination

The proportion of Asian respondents reporting discrimination declined modestly from 27.6% in 2025 to 24.8% in 2026. Although these findings suggest a small improvement over the past year, nearly one in four Asians living in New Zealand continues to experience discrimination, indicating that unfair treatment remains a significant challenge for many Asian communities.

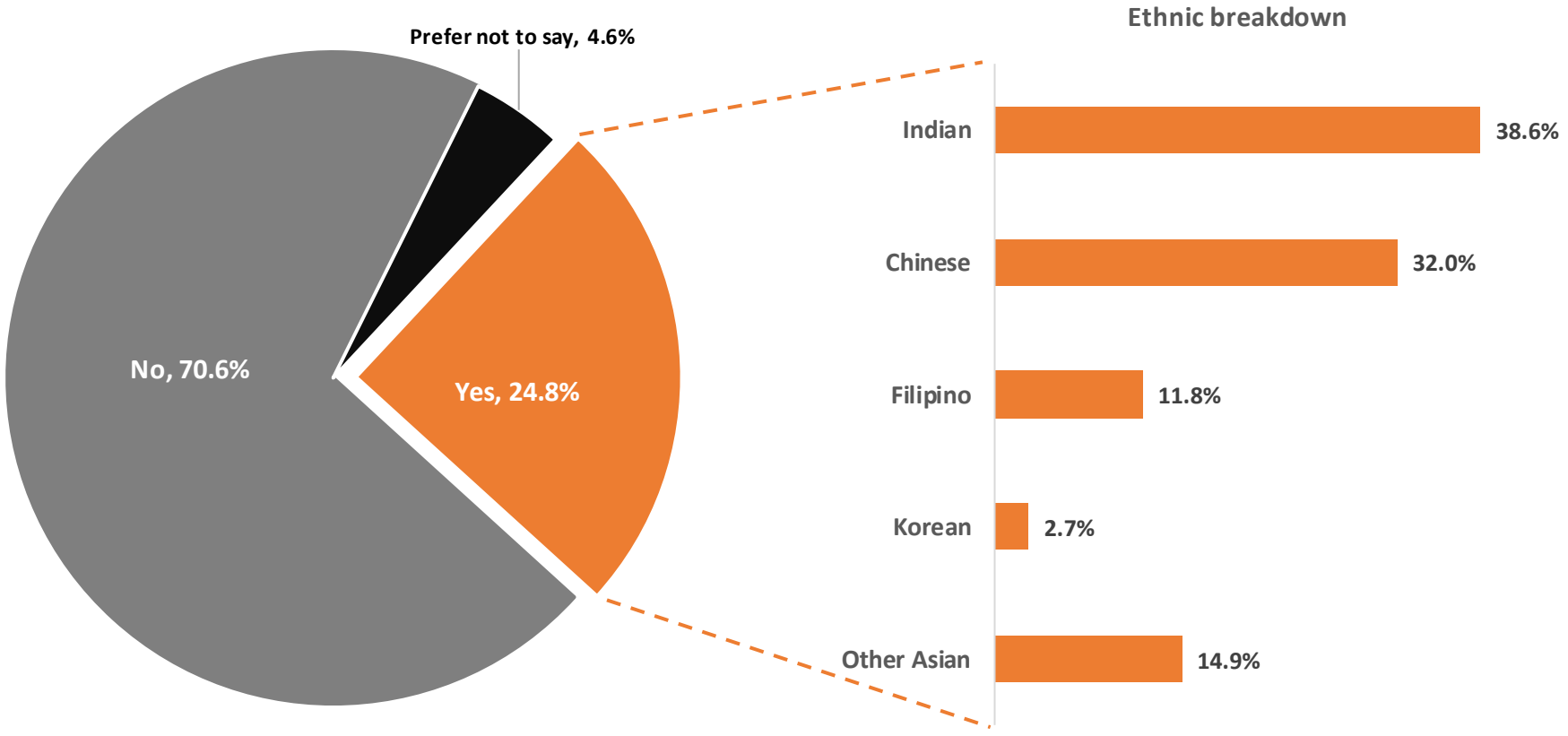
Discrimination Experienced by Asians in New Zealand[1] – Trend Over Time



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

Overall, 24.8% of Asian respondents reported experiencing discrimination or unfair treatment in their community during the past 12 months. Among respondents who reported discrimination, Indian (38.6%) and Chinese (32.0%) respondents together accounted for over two-thirds of reported cases, reflecting their larger representation within New Zealand's Asian population. Other Asian respondents accounted for 14.9%, followed by Filipino (11.8%) and Korean (2.7%) respondents. These findings demonstrate that discrimination continues to affect people across all major Asian communities and remains an important issue for social inclusion and community well-being.

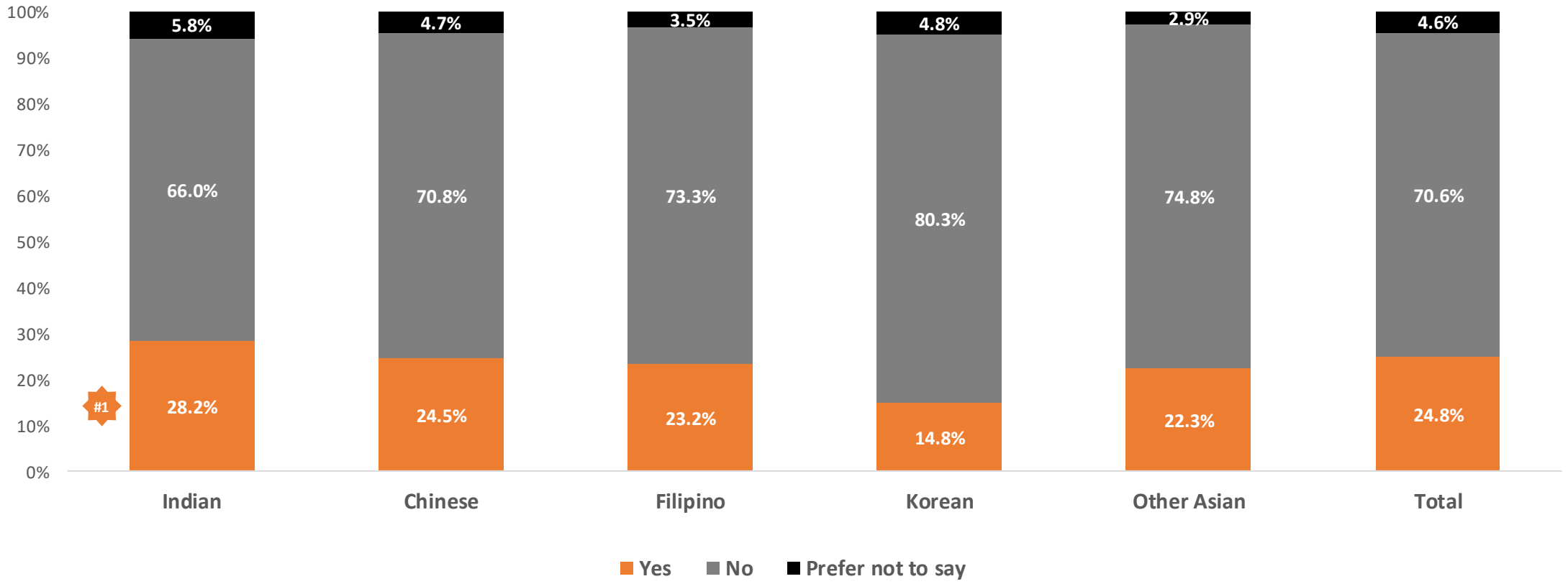
Discrimination Experienced by Asians in New Zealand[1]



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

The prevalence of discrimination varied moderately across Asian ethnic groups. Indian respondents reported the highest rate of discrimination (28.2%), slightly above the overall average (24.8%), while Korean respondents reported the lowest (14.8%). Chinese (24.5%), Filipino (23.2%), and Other Asian (22.3%) respondents reported similar levels of discrimination, close to the overall average. These findings suggest that experiences of discrimination are widespread across all major Asian communities, although the extent of these experiences differs between ethnic groups, highlighting the importance of culturally responsive and community-specific approaches to reducing discrimination.

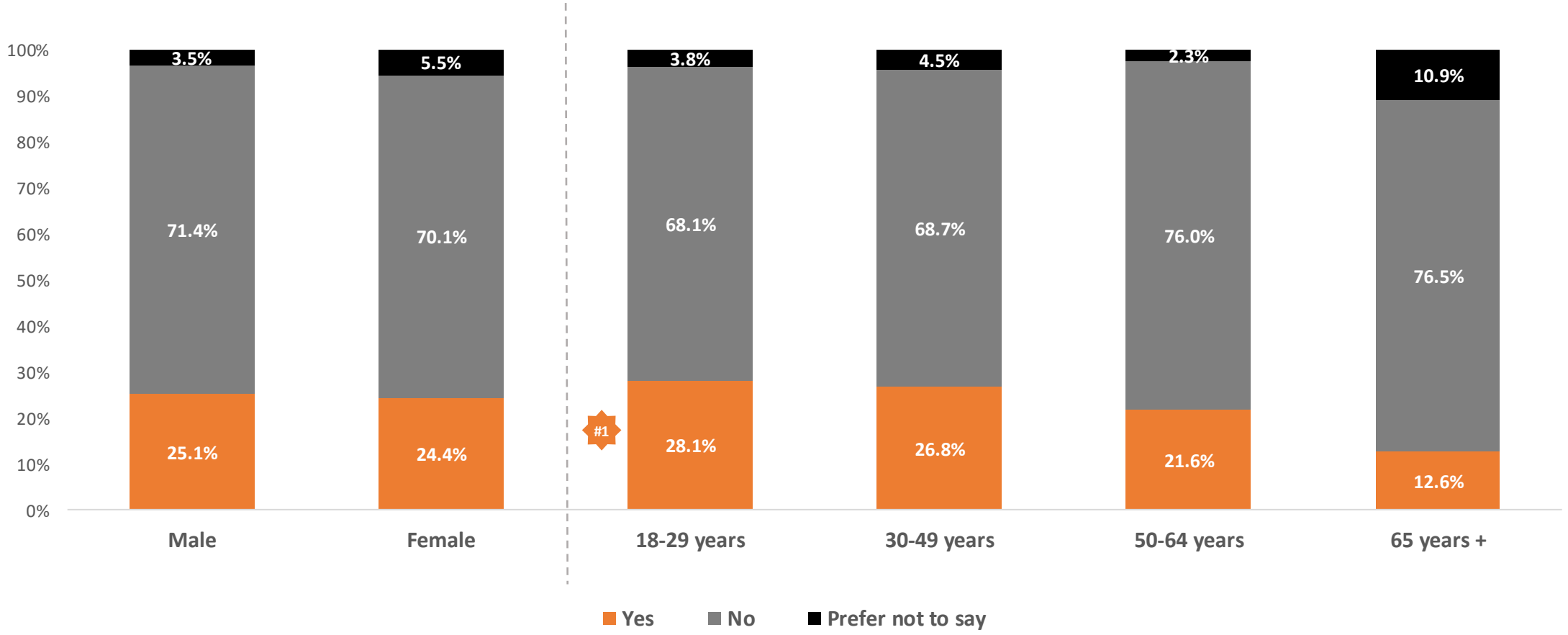
Discrimination Experienced by Asians in New Zealand[1] by Ethnicity



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

Experiences of discrimination were broadly similar between males (25.1%) and females (24.4%), indicating little gender difference. In contrast, discrimination was reported more frequently by younger respondents, with 18–29-year-olds reporting the highest prevalence (28.1%), followed closely by those aged 30–49 years (26.8%). The prevalence declined with age, reaching 21.6% among those aged 50–64 years and 12.6% among respondents aged 65 years and over. These findings suggest that younger Asian sub-groups are more likely to experience or perceive discrimination, highlighting the importance of targeted initiatives to promote inclusion and address discrimination among younger generations.

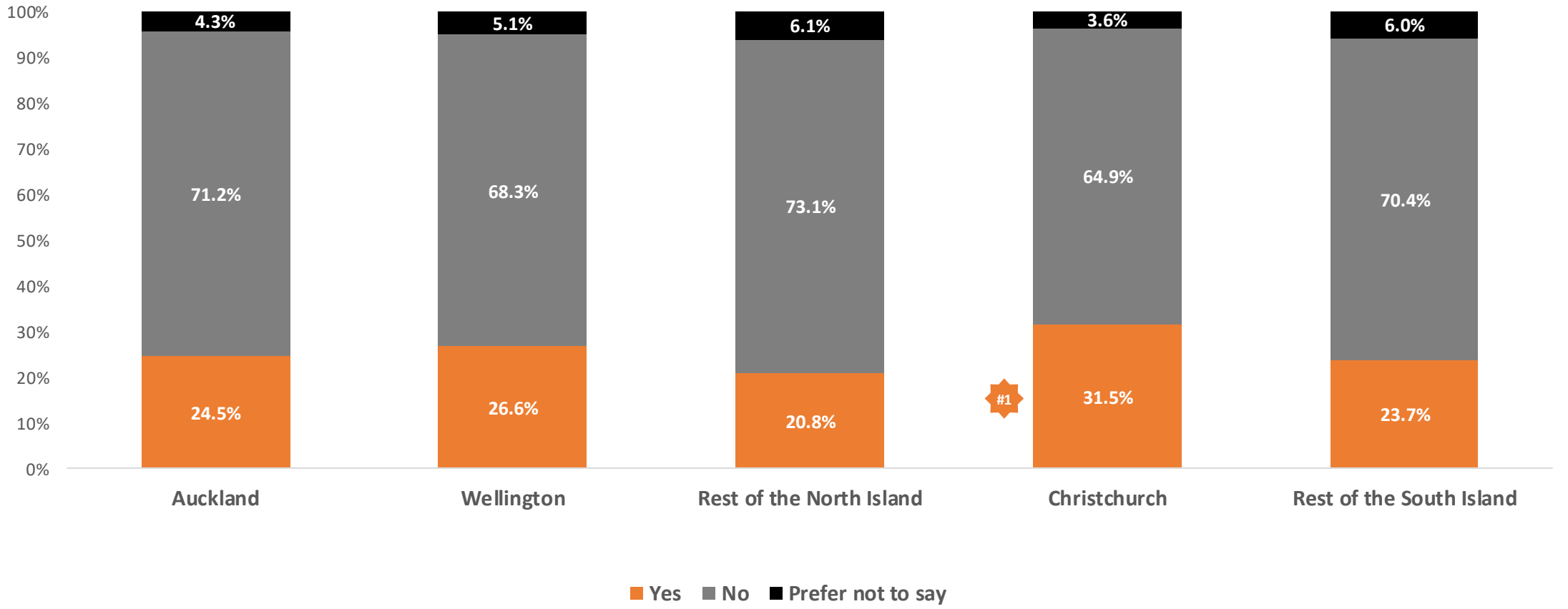
Discrimination Experienced by Asians in New Zealand[1] by Gender & Age Group



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample. Respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Christchurch reported the highest prevalence of discrimination (31.5%), noticeably above the national average (24.8%). By comparison, respondents living in the Rest of the North Island reported the lowest prevalence (20.8%). In comparison, Auckland (24.5%), Wellington (26.6%), and the Rest of the South Island (23.7%) were all close to the national average. These findings suggest that experiences of discrimination differ across regions, highlighting the importance of understanding local community contexts when developing initiatives to promote inclusion and reduce discrimination.

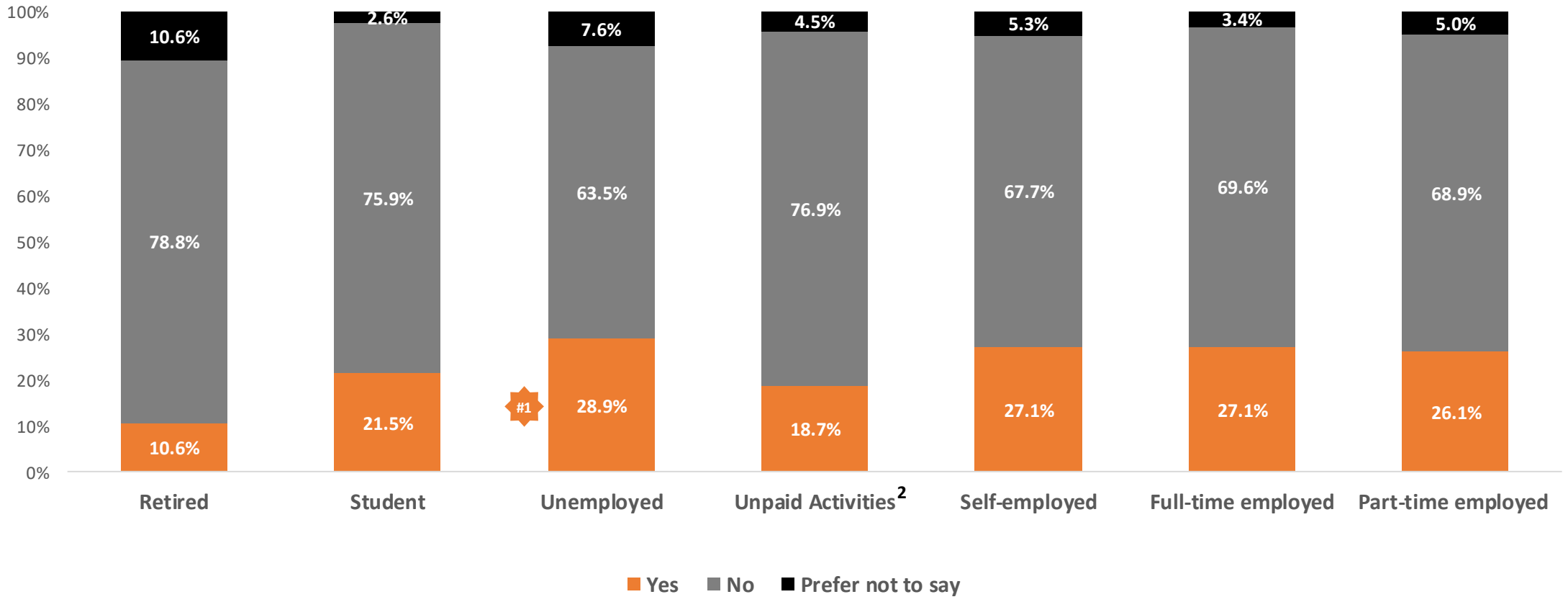
Discrimination Experienced by Asians in New Zealand[1] by Region



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

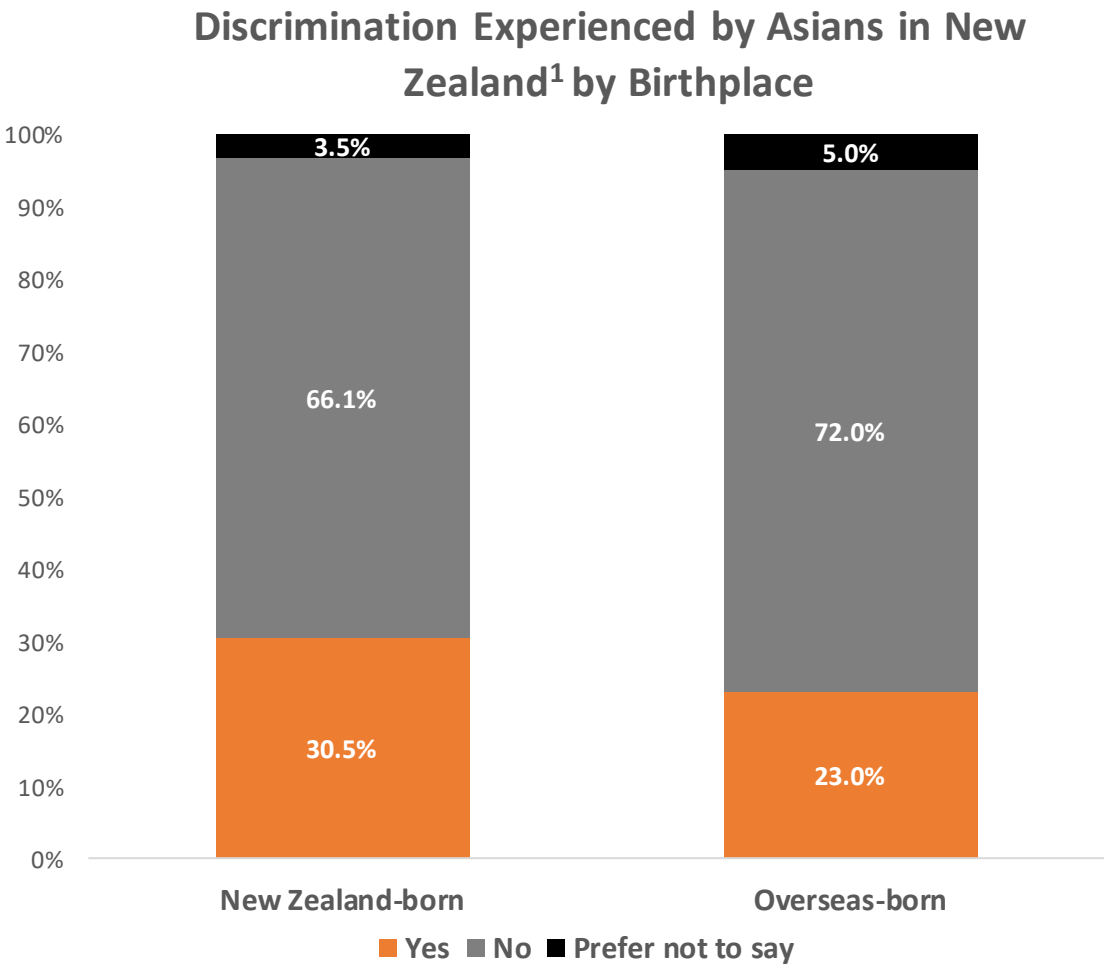
Unemployed respondents reported the highest prevalence of discrimination (28.9%), followed by self-employed and full-time employed respondents (both 27.1%), while part-time employed respondents also reported a relatively high prevalence (26.1%). In contrast, retired respondents reported the lowest prevalence (10.6%), less than half the national average (24.8%). These findings suggest that working-age adults, particularly those who are unemployed or actively engaged in the workforce, are more likely to experience discrimination than retired respondents, highlighting the need for continued efforts to promote inclusion in workplaces and the wider community.

Discrimination Experienced by Asians in New Zealand[1] by Occupation



Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.) Base: Total sample.

Discrimination was reported more frequently by New Zealand-born Asians than those born overseas (30.5% vs 23.0%). This difference was reflected consistently across other well-being indicators, with New Zealand-born Asians also reporting lower life satisfaction (74.7% vs. 76.4%), lower life worthwhileness (73.9% vs. 79.8%), and a substantially higher risk of depression (64.0% vs. 51.6%). The consistency of these findings suggests that New Zealand-born Asians may face distinct social and psychological challenges, highlighting the importance of culturally responsive mental health and inclusion initiatives that recognise the differing experiences of New Zealand-born and overseas-born Asian communities.

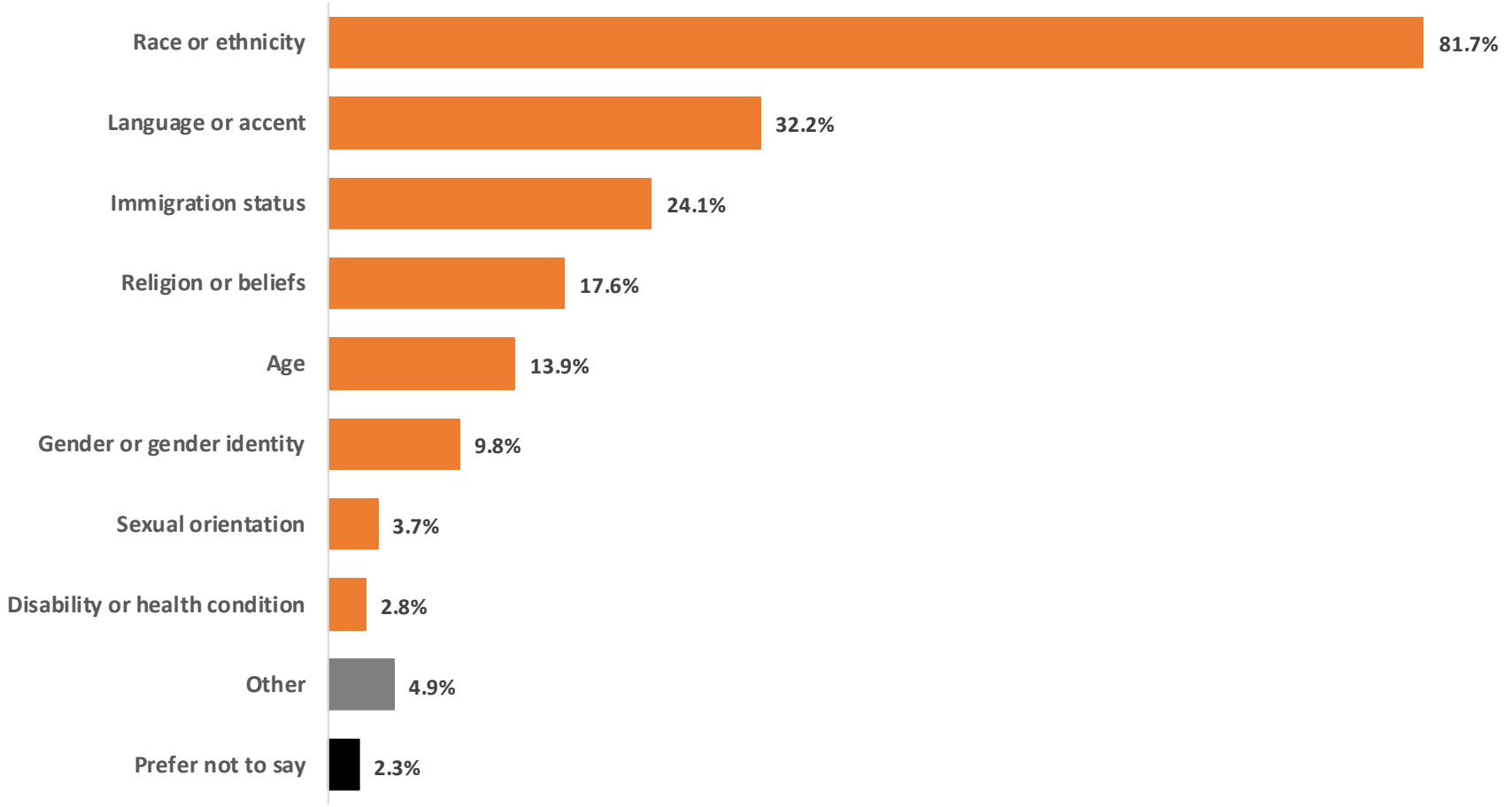


Indicator	New Zealand-born	Overseas-born
Life satisfaction	74.7% Lower	76.4% Higher
Life worthwhileness	73.9% Lower	79.8% Higher
Depression risk	64.0% Significantly Higher	51.6% Significantly Lower
Discrimination	30.5% Significantly Higher	23.0% Significantly Lower

Note 1: Q10. In the past 12 months, have you experienced discrimination or unfair treatment in your community? Base: Total sample.

Among Asians in New Zealand, race or ethnicity remains by far the most commonly perceived reason for discrimination (81.7%), highlighting that visible ethnic identity continues to be the primary driver of discriminatory experiences. Language or accent (32.2%) and immigration status (24.1%) are the next most frequently reported reasons, suggesting that cultural and migrant-related characteristics remain important contributors to exclusion. By comparison, religion (17.6%), age (13.9%) and gender identity (9.8%) are reported less frequently, indicating that discrimination is experienced primarily through ethnic and cultural identity rather than other personal characteristics.

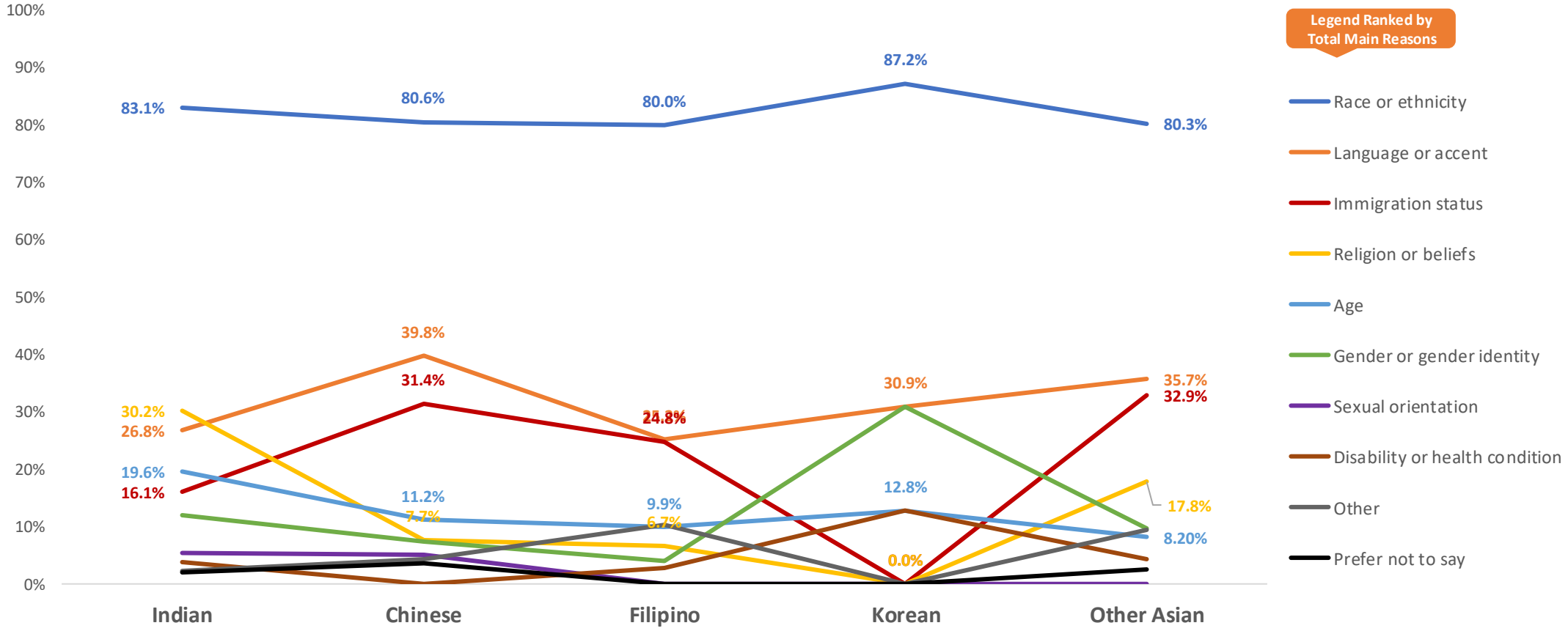
Perceived Reasons for Discrimination among Asians in New Zealand[1]



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252

While race or ethnicity is consistently identified as the primary reason for discrimination across all Asian ethnic groups (80–87%), the secondary reasons vary considerably, reflecting different lived experiences. Language or accent is particularly prominent among Chinese (39.8%) and Other Asian (35.7%) respondents, while immigration status is more frequently reported by Chinese (31.4%) and Other Asian (32.9%) respondents. Religious discrimination is notably higher among Indians (30.2%), whereas gender or gender identity is reported most often by Koreans (30.9%). These findings suggest that although ethnicity remains the dominant driver of discrimination, different Asian communities experience distinct forms of exclusion that require culturally tailored responses.

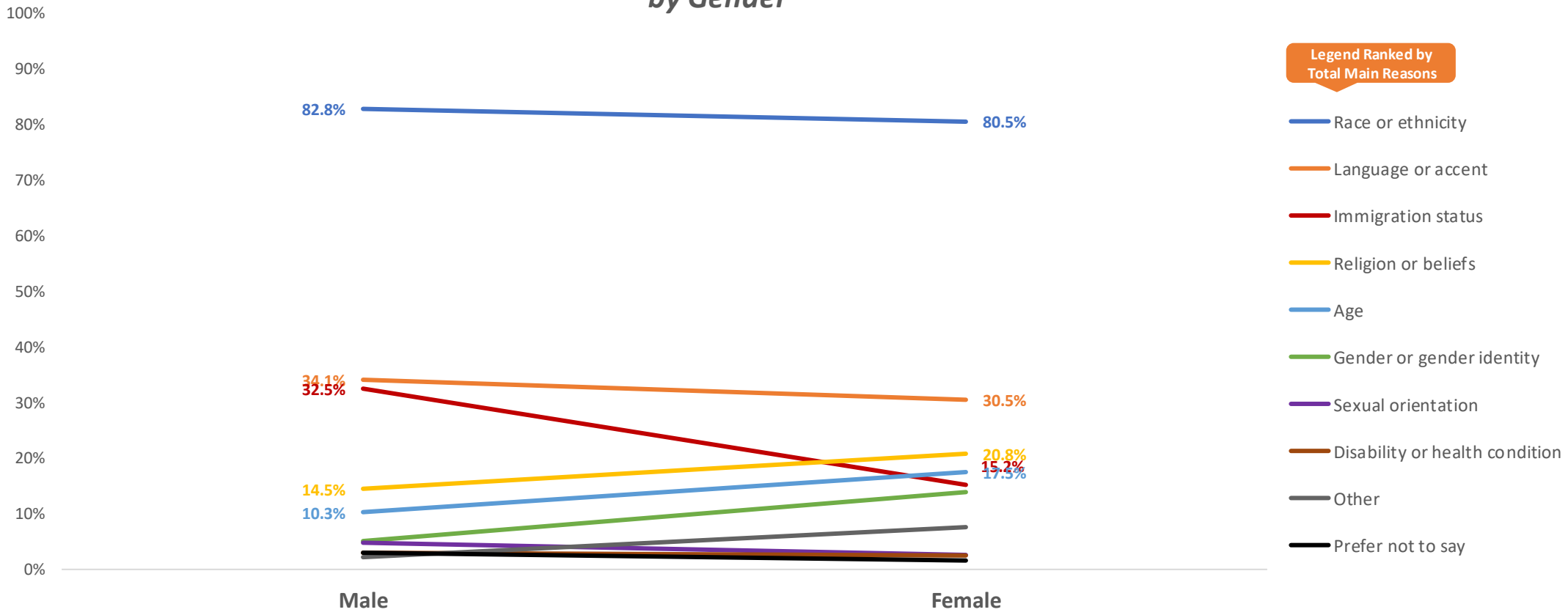
Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Ethnicity*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252

Race or ethnicity was the dominant perceived reason for discrimination among both males and females (82.8% and 80.5%, respectively), while language or accent was also reported at similar levels (34.1% vs 30.5%). Clearer gender differences emerged for other reasons: males were more likely to identify immigration status (32.5% vs 15.2%), whereas females more frequently reported religion or beliefs (20.8% vs 14.5%), age (17.5% vs 10.3%), and gender or gender identity (13.9% vs 5.1%). These findings suggest that while ethnicity remains the shared primary basis of discrimination, the secondary forms experienced differ between men and women.

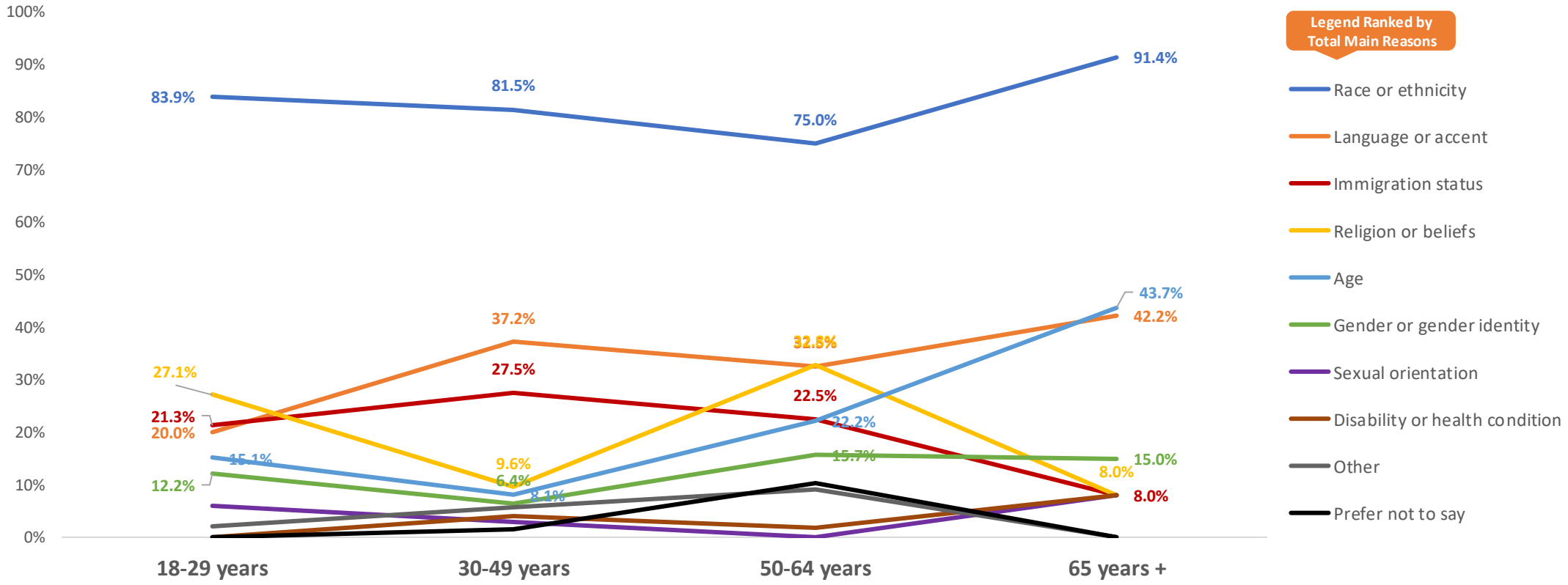
Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Gender*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252; respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Race or ethnicity remained the dominant perceived reason for discrimination across all age groups, ranging from 75.0% among those aged 50–64 to 91.4% among those aged 65 and over. However, the secondary reasons varied substantially by age. Younger adults (18–29 years) were more likely to attribute discrimination to religion or beliefs (27.1%), immigration status (21.3%), and gender or gender identity (12.2%). At the same time, respondents aged 65+ most frequently identified age (43.7%) and language or accent (42.2%). These findings suggest that although ethnicity underpins discrimination across the life course, the nature of discriminatory experiences changes with age, reflecting different social and cultural challenges faced by each generation.

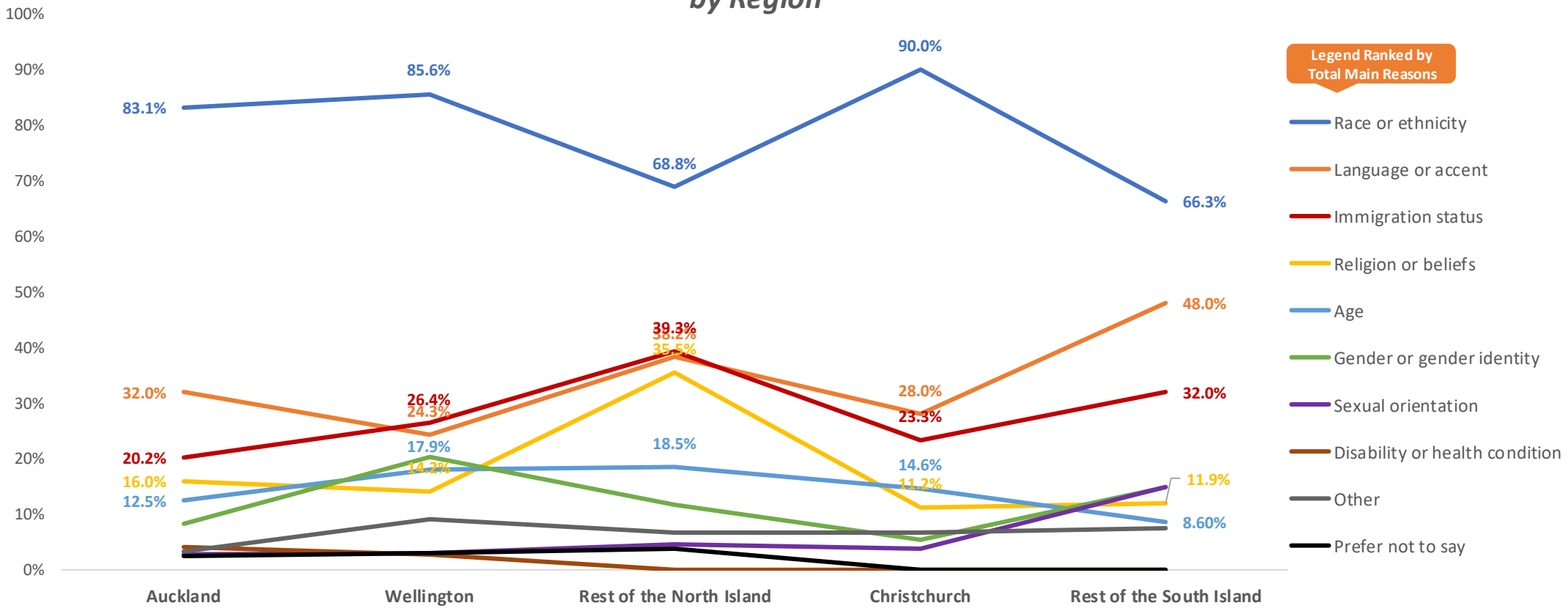
Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Age Group*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252

Race or ethnicity remained the leading reason for discrimination across all regions, peaking in Christchurch (90.0%). However, secondary reasons varied geographically. Language or accent was reported most frequently in the rest of the South Island (48.0%). In comparison, immigration status and religion or beliefs were more commonly cited in other North Island regions (39.3% and 35.5%, respectively). These findings suggest that the nature of discrimination differs across regions, reflecting local community and demographic contexts.

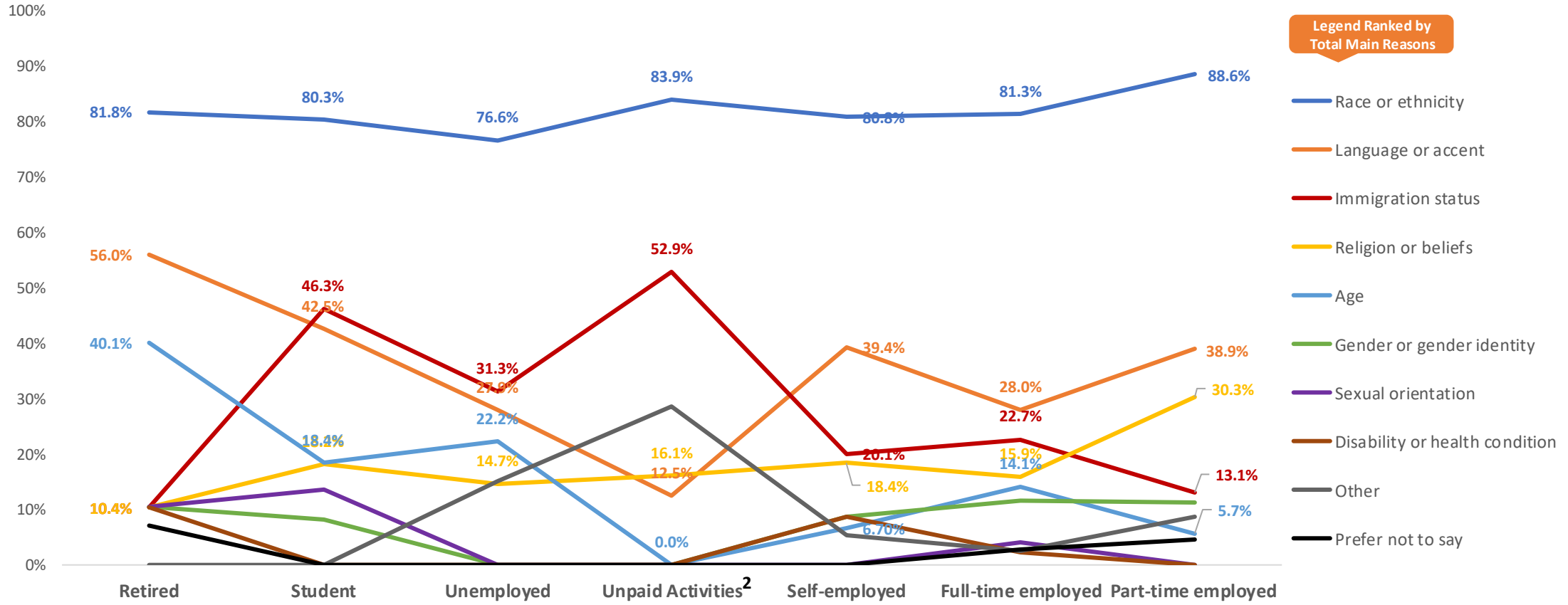
Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Region*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252

Race or ethnicity remained the leading perceived reason for discrimination across all occupation groups, ranging from 76.6% among unemployed respondents to 88.6% among part-time employees. Beyond ethnicity, the reasons varied considerably by employment status. Language or accent was cited most frequently by retirees (56.0%), while immigration status was particularly prominent among those undertaking unpaid activities (52.9%), students (46.3%), and unemployed respondents (31.3%). Age-related discrimination was reported most often by retirees (40.1%), reflecting the distinct forms of discrimination experienced across different employment groups.

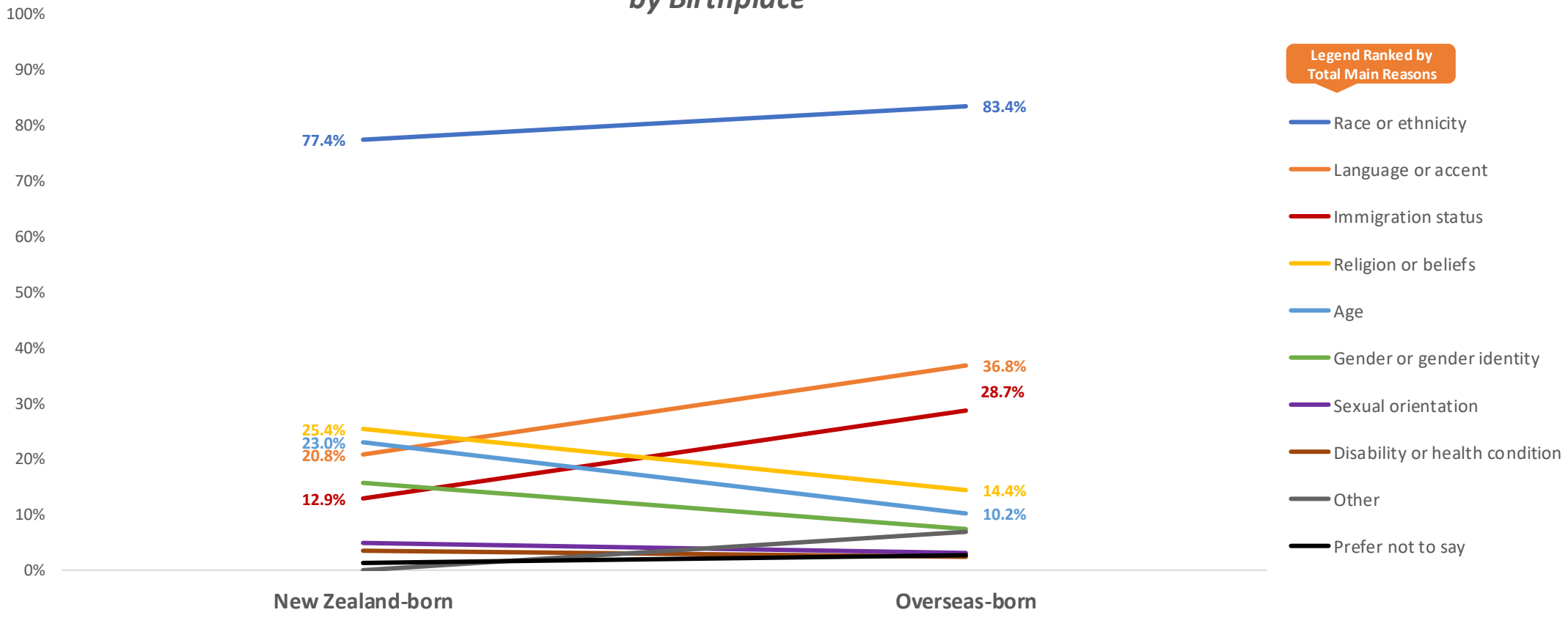
Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Occupation*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.) Base: n=252

Among respondents who experienced discrimination, race or ethnicity remained the leading perceived reason for both New Zealand-born (77.4%) and overseas-born Asians (83.4%). Overseas-born respondents were also more likely to attribute discrimination to language or accent (36.8%) and immigration status (28.7%), whereas New Zealand-born Asians more frequently identified religion or beliefs (25.4%), age (23.0%), and gender or gender identity (15.7%). These findings suggest that overseas-born Asians are more likely to experience discrimination related to visible migrant characteristics. At the same time, New Zealand-born Asians report a broader range of identity-based forms of discrimination.

Perceived Reasons for Discrimination among Asians in New Zealand[1] *by Birthplace*



Note 1: Q11. What do you believe was the main reason for the discrimination you experienced? Multiple responses. Base: n=252

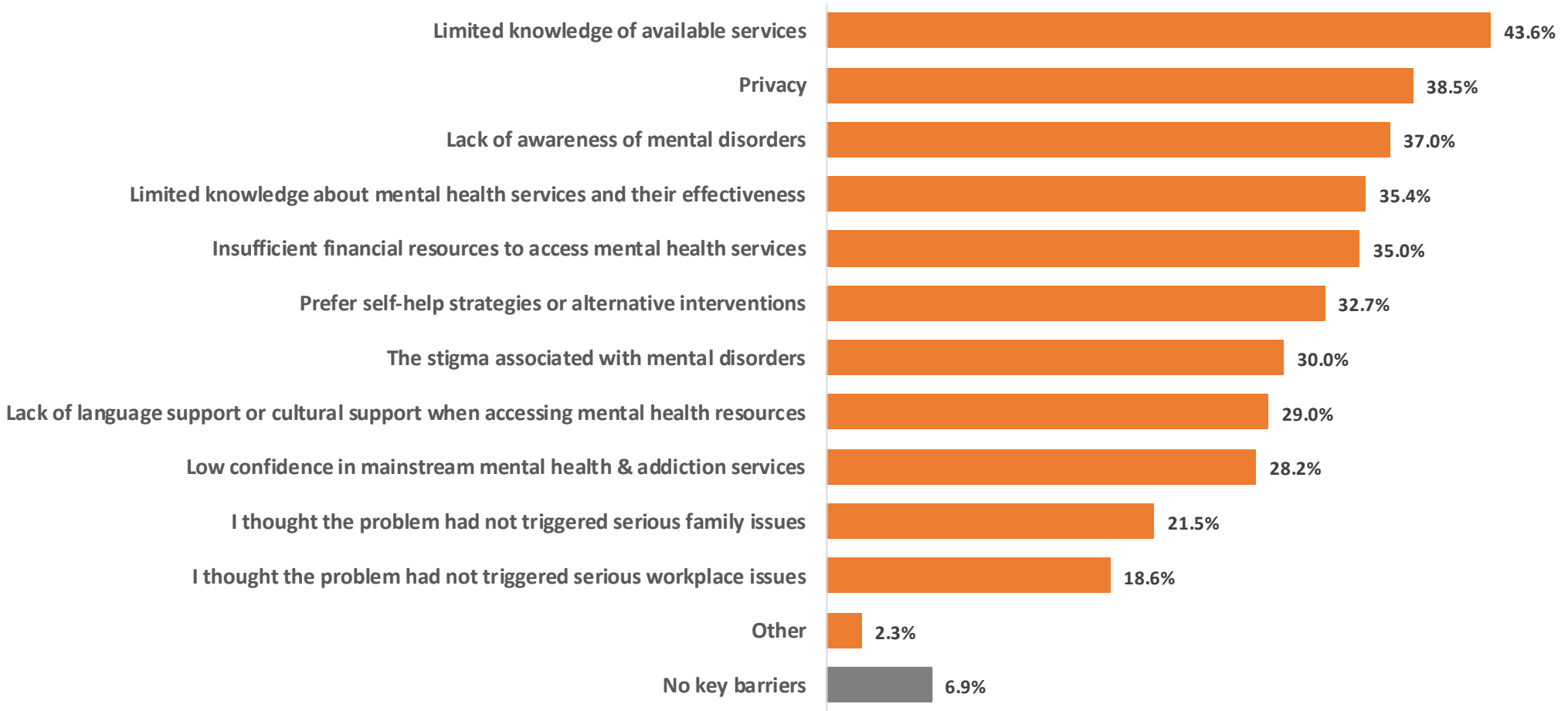
Section 5
Asian Mental Health Support

Section 5.1
Asian Mental Health Support

Perceived Barriers for Seeking Mental Health Support

Seeking professional mental health support remains hindered by a combination of informational, financial, and cultural barriers. Limited knowledge of available services (43.6%) was the most commonly reported obstacle, followed by privacy concerns (38.5%), lack of awareness of mental disorders (37.0%), limited understanding of treatment effectiveness (35.4%), and financial constraints (35.0%). Nearly three in ten respondents (29.0%) also identified language or cultural support as a barrier, highlighting that improving access requires both greater mental health literacy and continued investment in culturally responsive services.

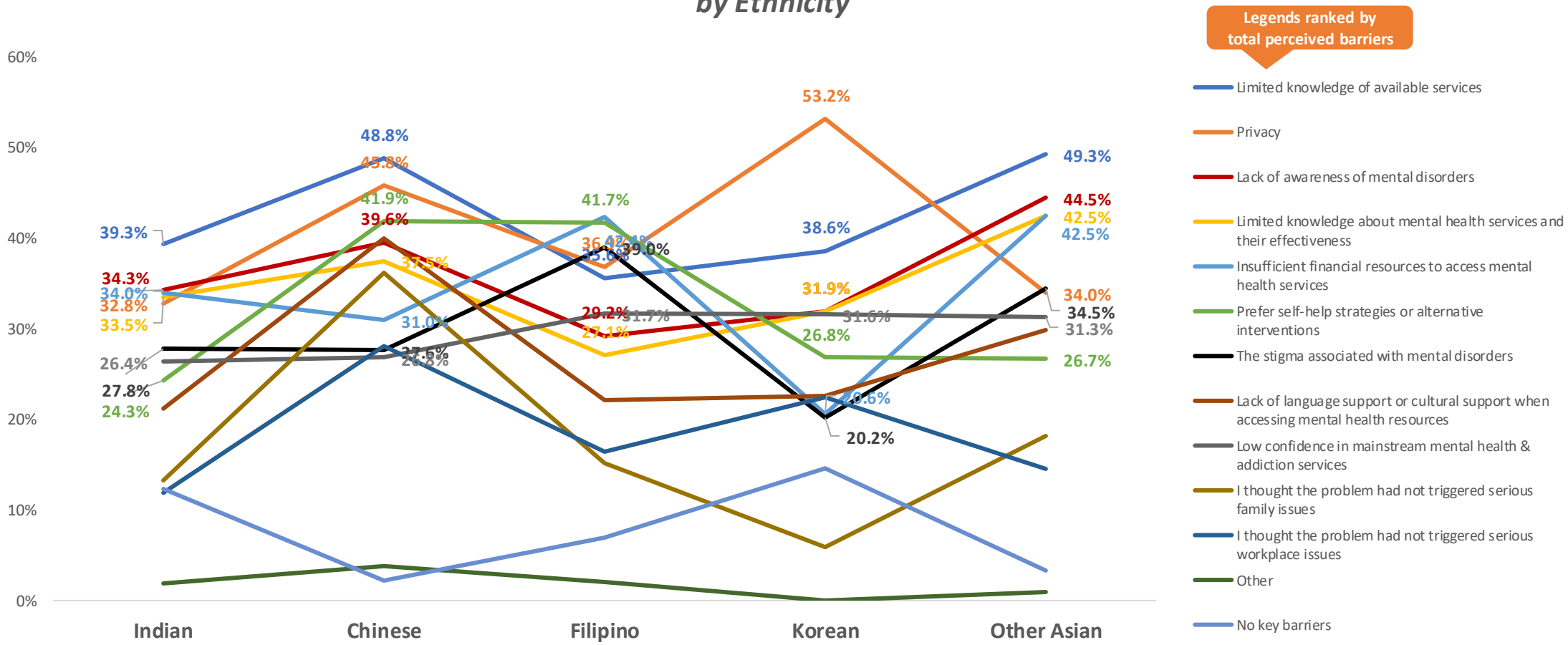
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1]



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample

Chinese respondents reported the greatest knowledge gap about available services (48.8%) and language or cultural support barriers (40.0%). Koreans expressed the strongest privacy concerns (53.2%), while Filipinos were more likely to identify financial barriers (42.4%), self-help preferences (41.7%), and stigma (39.0%). These findings reinforce the need for culturally tailored approaches that address the distinct barriers experienced by different Asian communities.

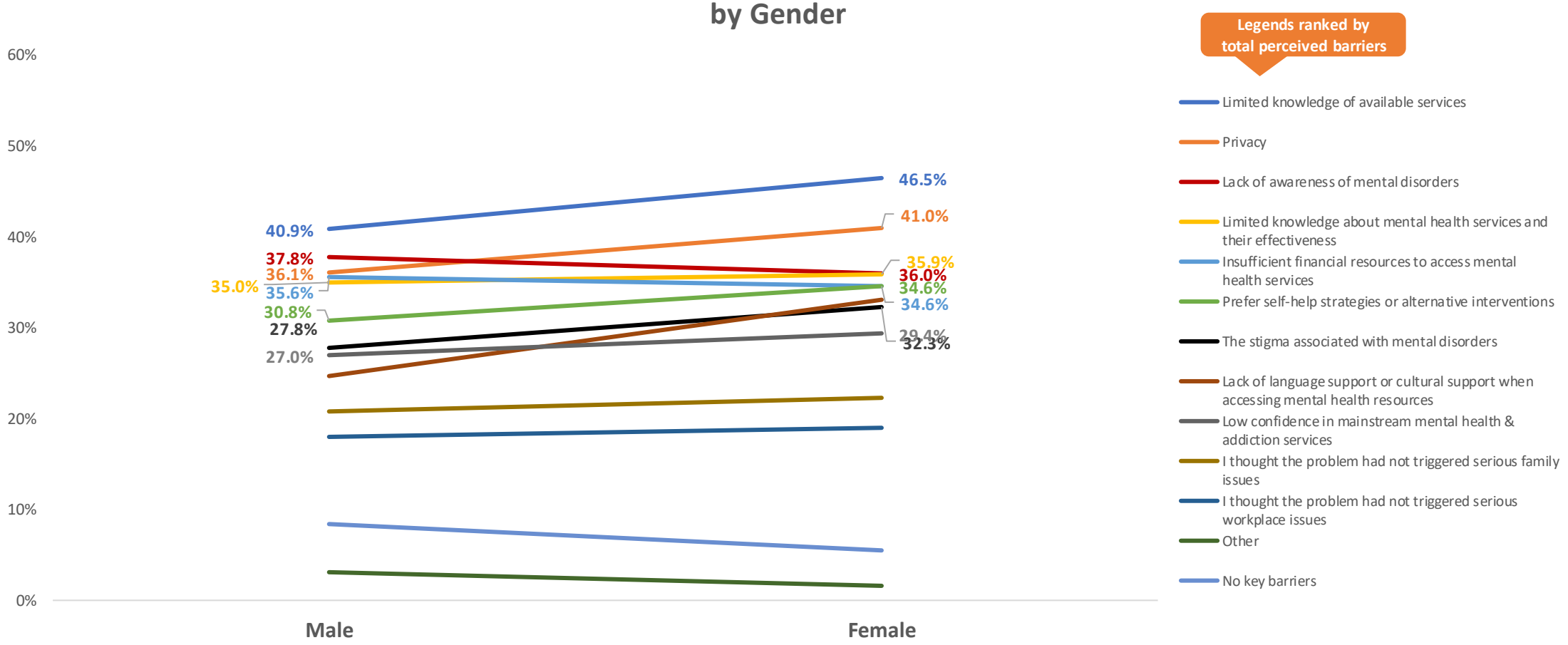
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1] *by Ethnicity*



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample

Female respondents reported higher perceived barriers across several key areas, including limited knowledge of available services (46.5% vs 40.9%), privacy concerns (41.0% vs 36.1%), language or cultural support (33.1% vs 24.7%), self-help preferences (34.6% vs 30.8%), and stigma (32.3% vs 27.8%). In contrast, financial barriers were reported at similar levels by males (35.6%) and females (34.6%). Overall, females appear to perceive greater informational, cultural, and psychological barriers to accessing professional mental health support.

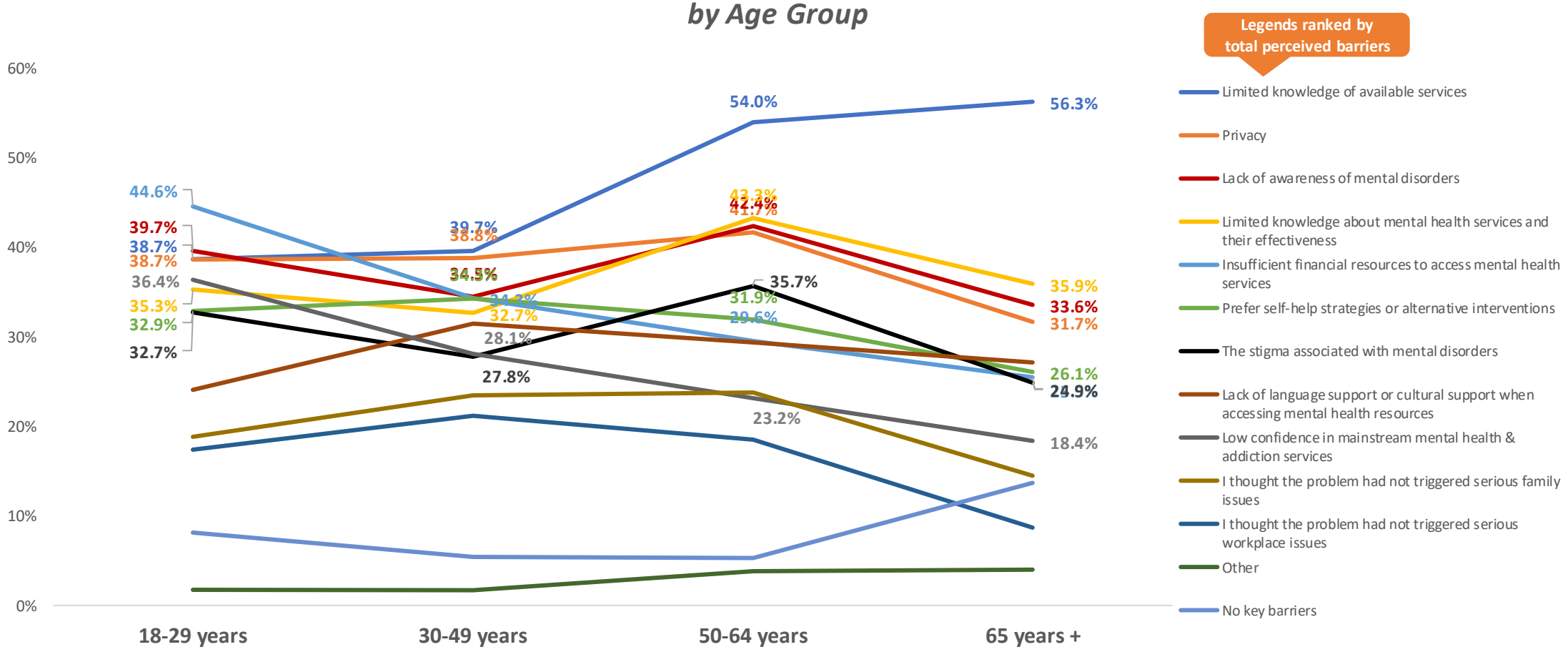
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1] by Gender



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample. Respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Perceived barriers differ across age groups. Older Asians (50–64 and 65+) were more likely to report knowledge-related barriers, particularly limited knowledge of available services (54.0% and 56.3%). Younger Asians (18–29) more often identified financial barriers (44.6%) and lower confidence in mainstream services (36.4%), while those aged 50–64 reported the greatest concerns about privacy (41.7%), awareness of mental disorders (42.4%), and stigma (35.7%). These findings highlight the need for age-specific mental health engagement strategies.

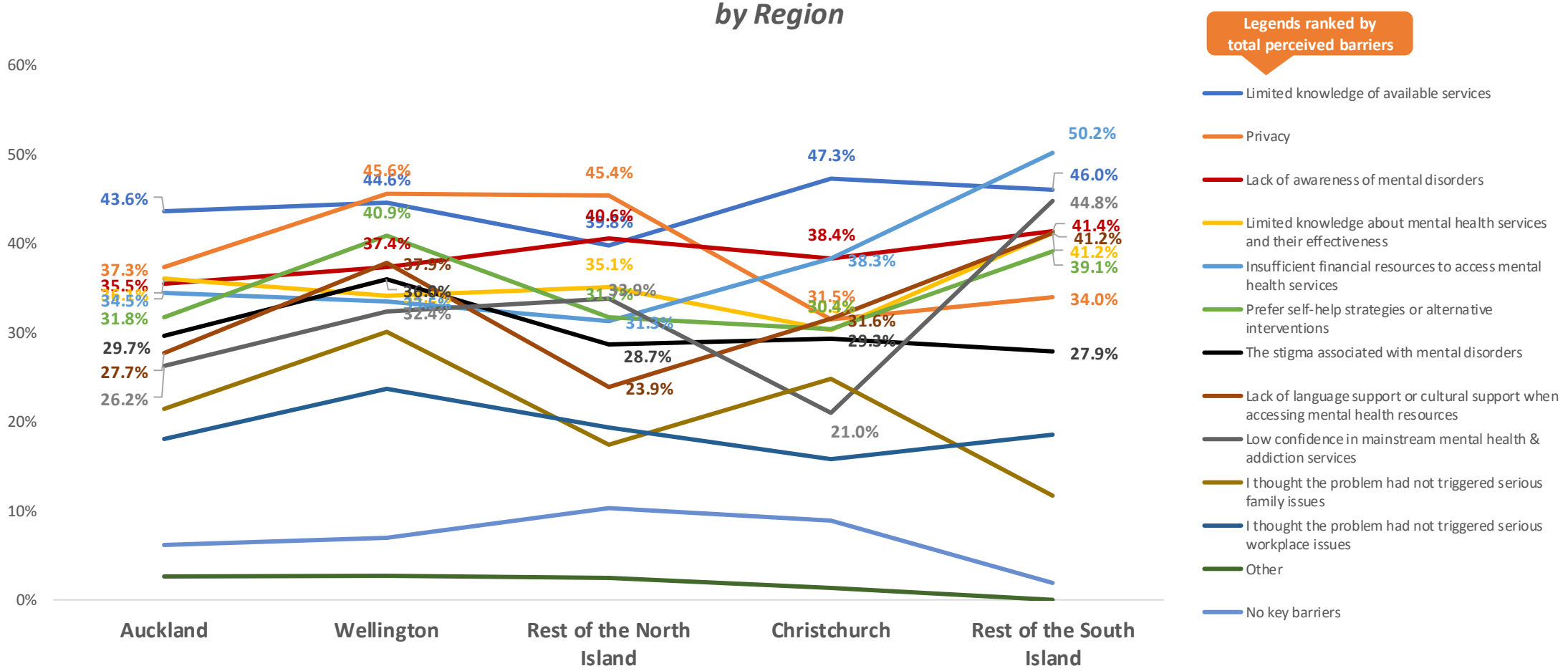
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1] *by Age Group*



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample

Christchurch and the rest of the South Island reported greater knowledge and access barriers, while Wellington respondents expressed stronger privacy concerns (45.6%) and self-help preferences (40.9%). The rest of the South Island also reported the lowest confidence in mainstream services (44.8%) and the greatest need for language or cultural support (41.2%), highlighting the value of regionally responsive mental health services.

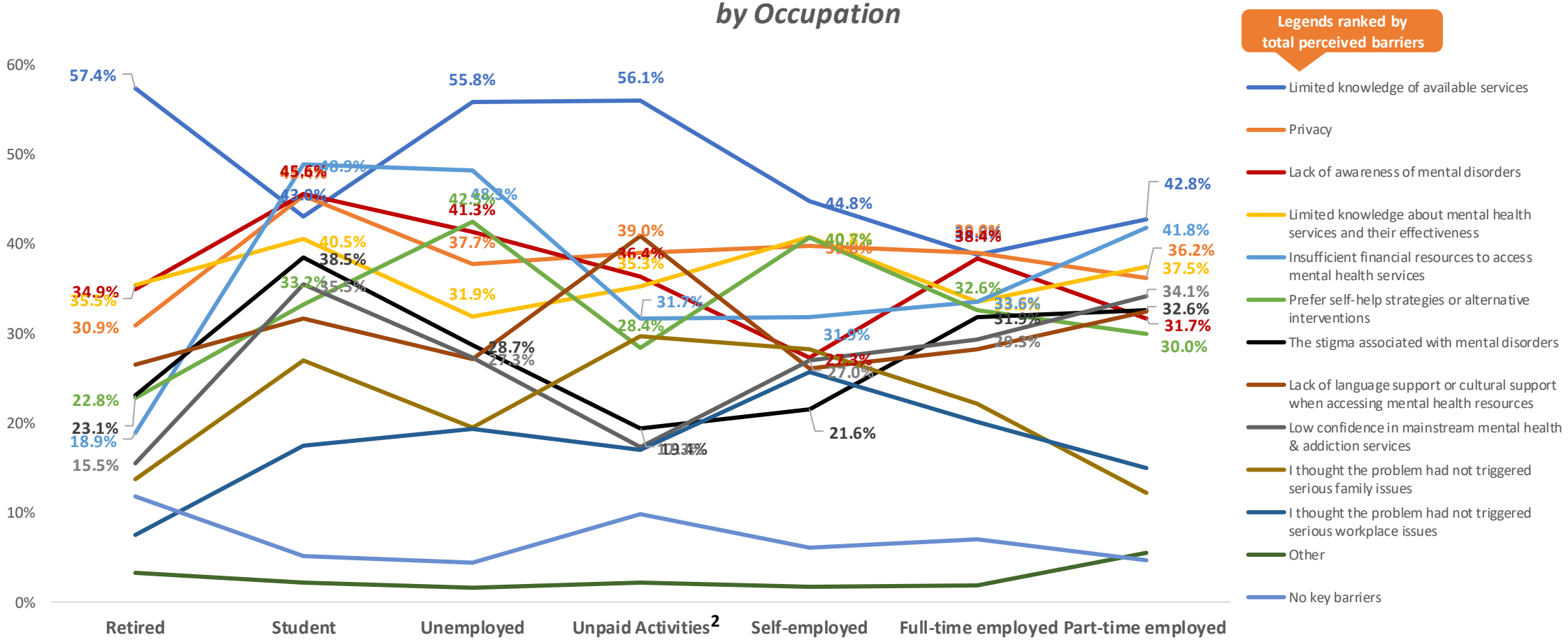
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1] *by Region*



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample

Perceived barriers differ by employment status. Retired, unemployed, and unpaid respondents reported the greatest knowledge gaps about available services (57.4%, 55.8%, and 56.1%), while students and unemployed respondents more frequently identified financial barriers (48.9% and 48.3%). Unpaid respondents also reported the highest need for language or cultural support (40.9%). These findings highlight the importance of tailoring mental health engagement strategies to different occupational groups.

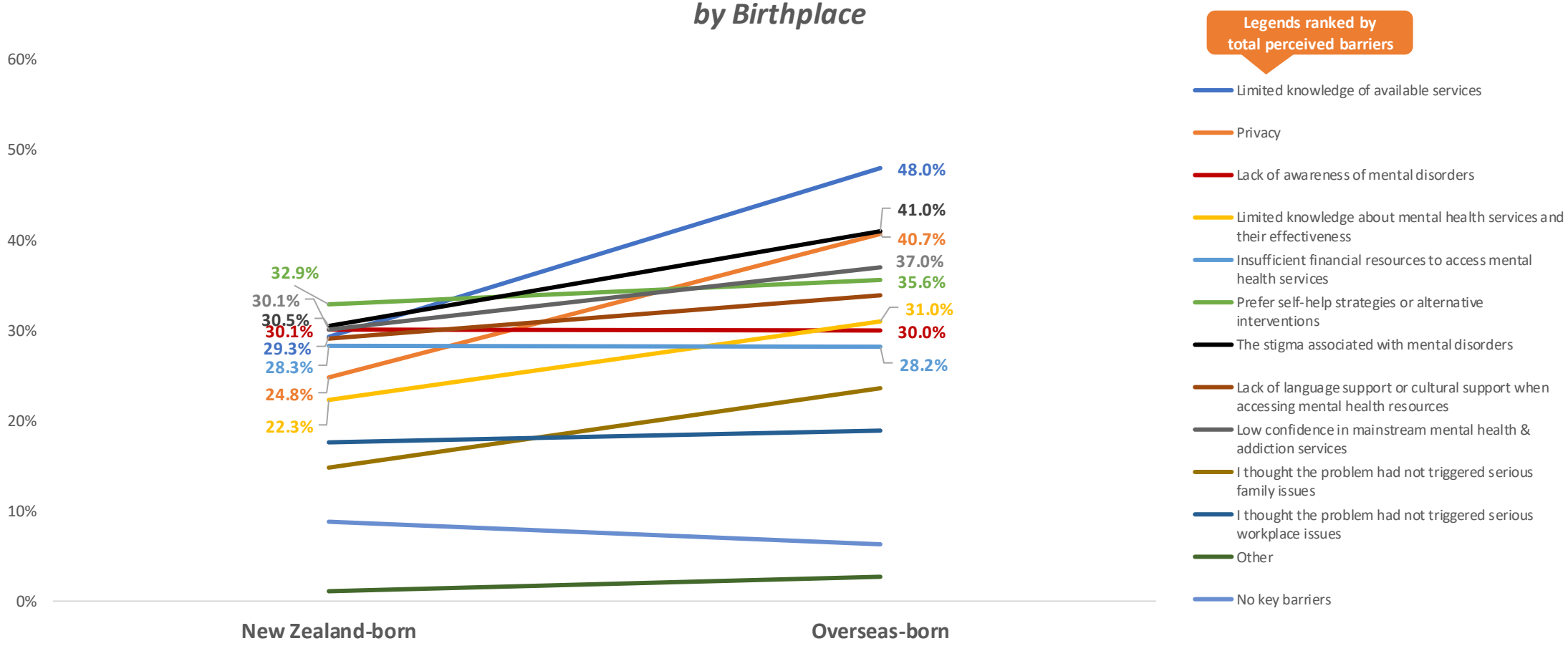
Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1] *by Occupation*



Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.) Base: Total sample.

Overseas-born Asians consistently reported higher perceived barriers to seeking professional mental health support than New Zealand-born Asians. The greatest differences were in knowledge of available services (48.0% vs 29.3%), privacy (40.7% vs 24.8%), stigma (41.0% vs 30.5%), and confidence in mainstream services (37.0% vs 30.1%). These findings highlight the continued importance of culturally responsive services and targeted community engagement for migrant populations.

Perceived Barriers for Seeking Professional Mental Health Support in the Asian Community[1]
by Birthplace



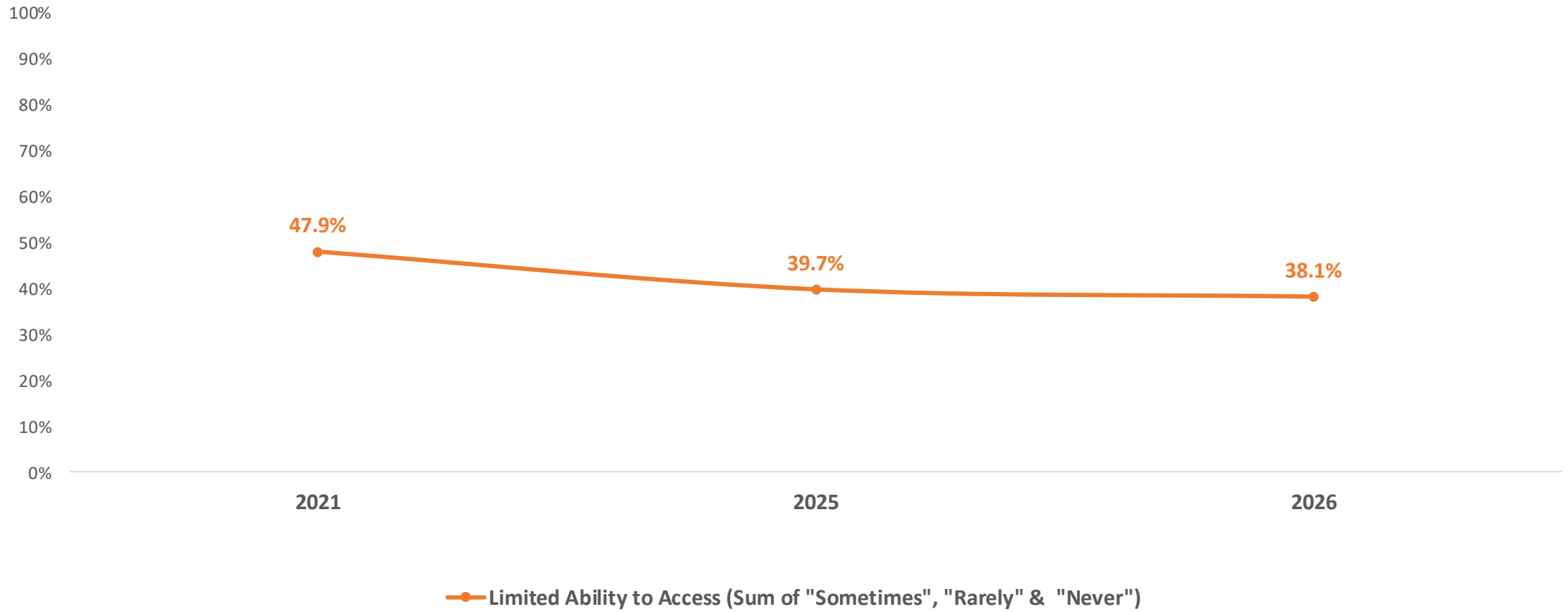
Note 1: Q12. Which of the following do you believe to be key barriers to seeking professional help for mental health problems? Multiple responses. Base: Total sample

Section 5.2
Asian Mental Health Support

Access to Language & Cultural Support

Barriers to accessing language and/or cultural support have continued to decline since the COVID-19 pandemic, decreasing from 47.9% in 2021 to 39.7% in 2025 and 38.1% in 2026. This trend suggests a gradual improvement in respondents' reported ability to access culturally and linguistically appropriate mental health support. However, nearly four in ten Asians in New Zealand still reported limited access, highlighting the ongoing need to strengthen equitable access to culturally responsive mental health services.

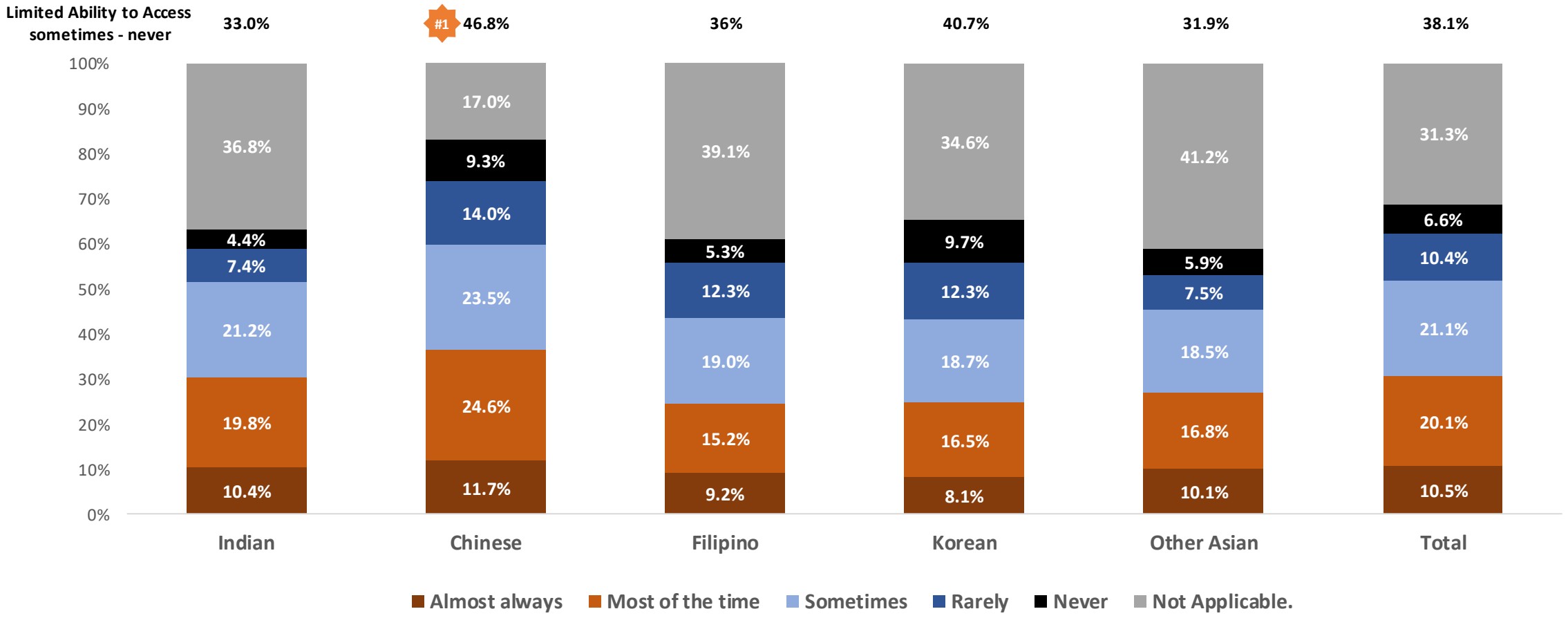
Access language and/or cultural support in New Zealand[1] – Trend Over Time



Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample

Chinese (46.8%) and Korean (40.7%) respondents reported the greatest difficulties accessing support, compared with 33.0% of Indian respondents and 31.9% of Other Asian respondents. While culturally responsive services have continued to improve in New Zealand, these findings indicate that access remains uneven and could be further strengthened for communities with the greatest need.

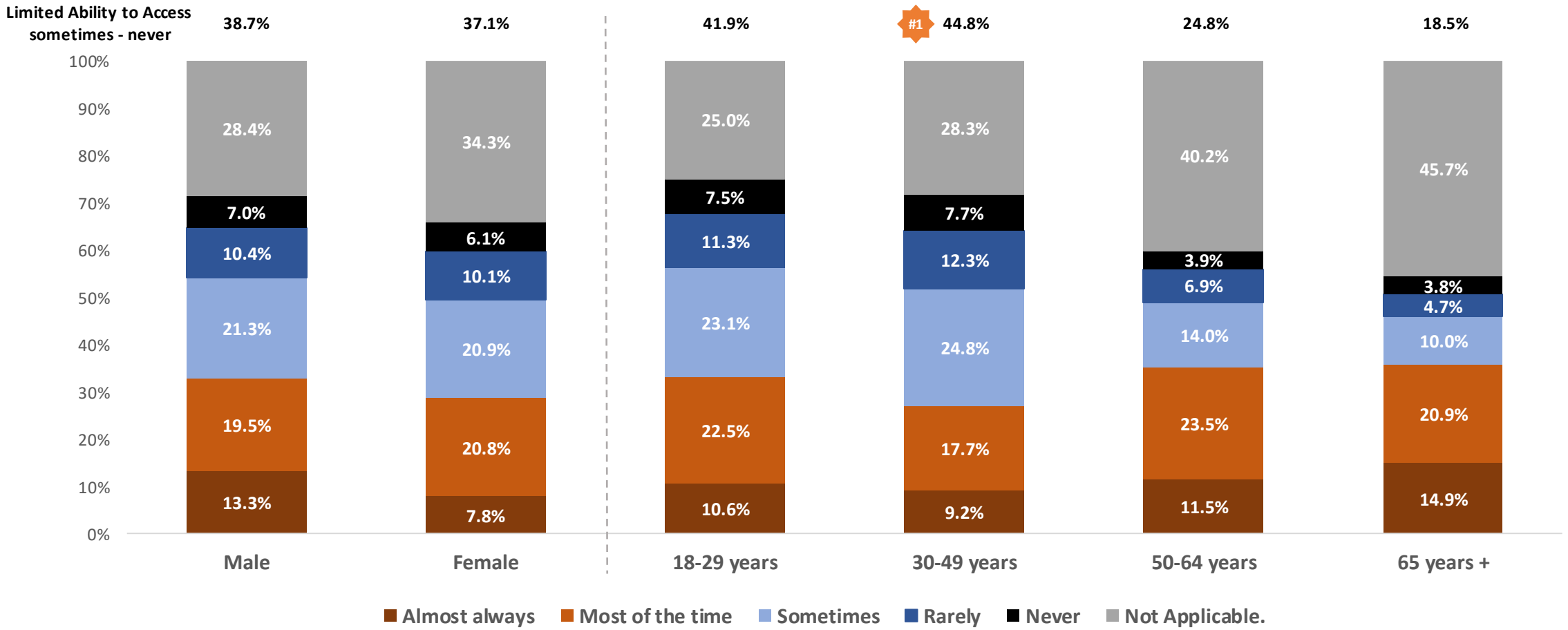
Access language and/or cultural support in New Zealand[1] by Ethnicity



Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample

Gender differences are modest, with males (38.7%) reporting slightly greater difficulty accessing language and/or cultural support than females (37.1%). However, access barriers are considerably higher among younger Asians aged 18–29 (41.9%) and 30–49 (44.8%) than those aged 50–64 (24.8%) and 65+ (18.5%), highlighting the need for more accessible and culturally responsive support for younger adults.

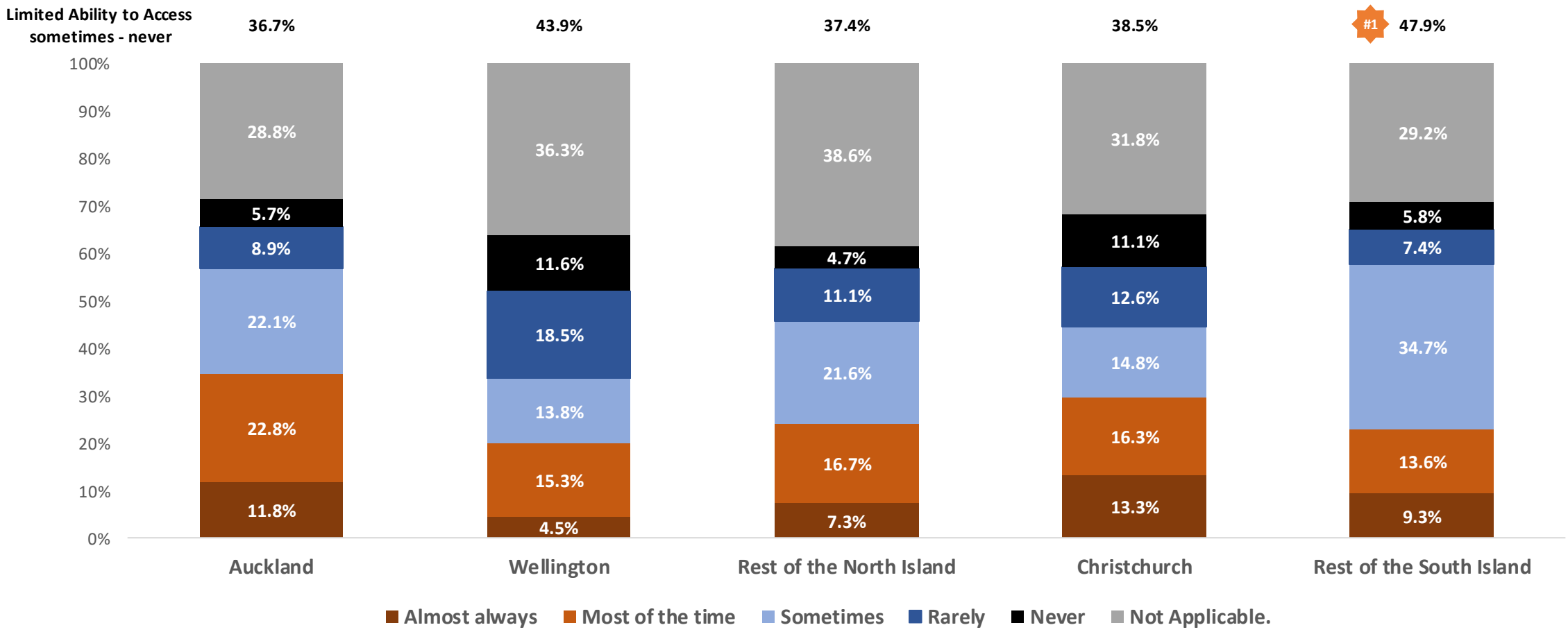
Access language and/or cultural support in New Zealand[1] by Gender and Age Group



Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample. Respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Regional differences in access to language and/or cultural support remain evident. Nearly half of respondents in the rest of the South Island (47.9%) and over two in five in Wellington (43.9%) reported inconsistent access, compared with around one-third in Auckland (36.7%), the rest of the North Island (37.4%), and Christchurch (38.5%).

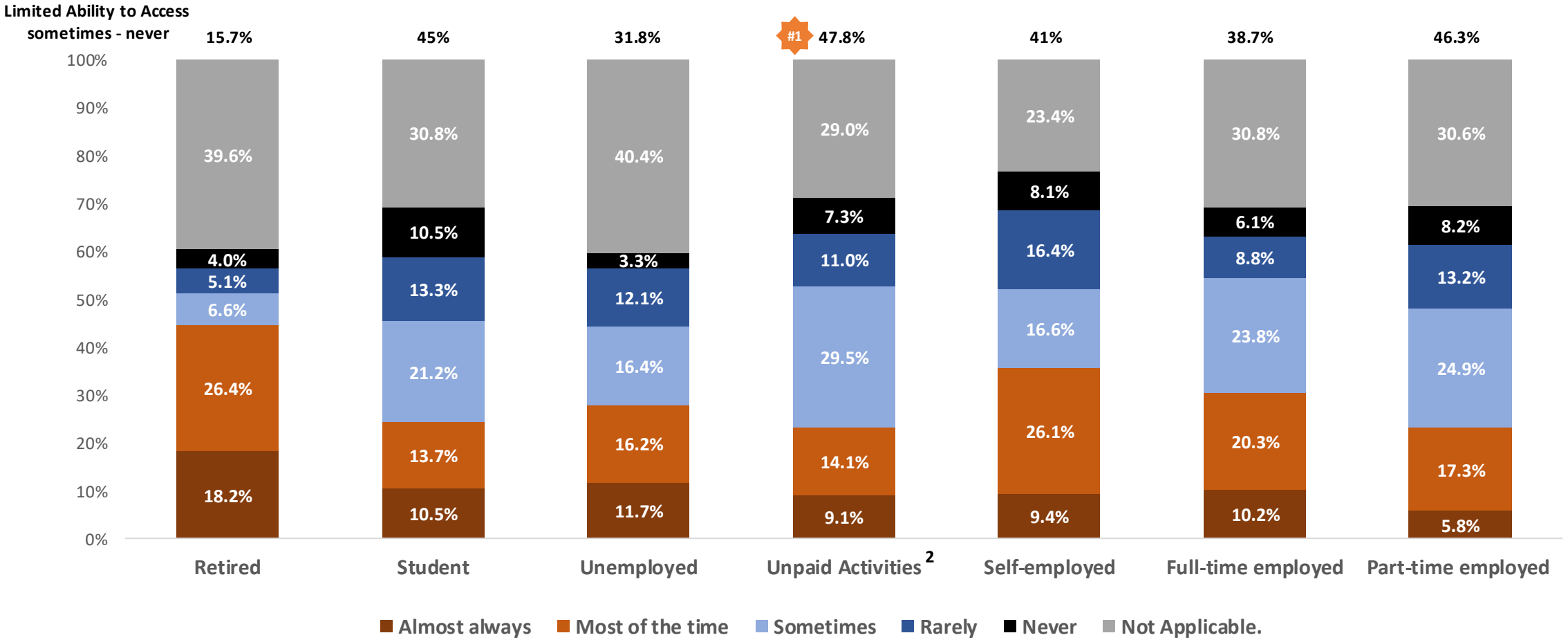
Access language and/or cultural support in New Zealand[1] by Region



Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample

Respondents undertaking unpaid activities (47.8%), part-time employment (46.3%), and students (45.0%) reported the greatest difficulties accessing support, while retired respondents reported the fewest barriers (15.7%). These findings highlight the need for flexible, culturally responsive services that better accommodate the diverse circumstances of working-age Asians in NZ.

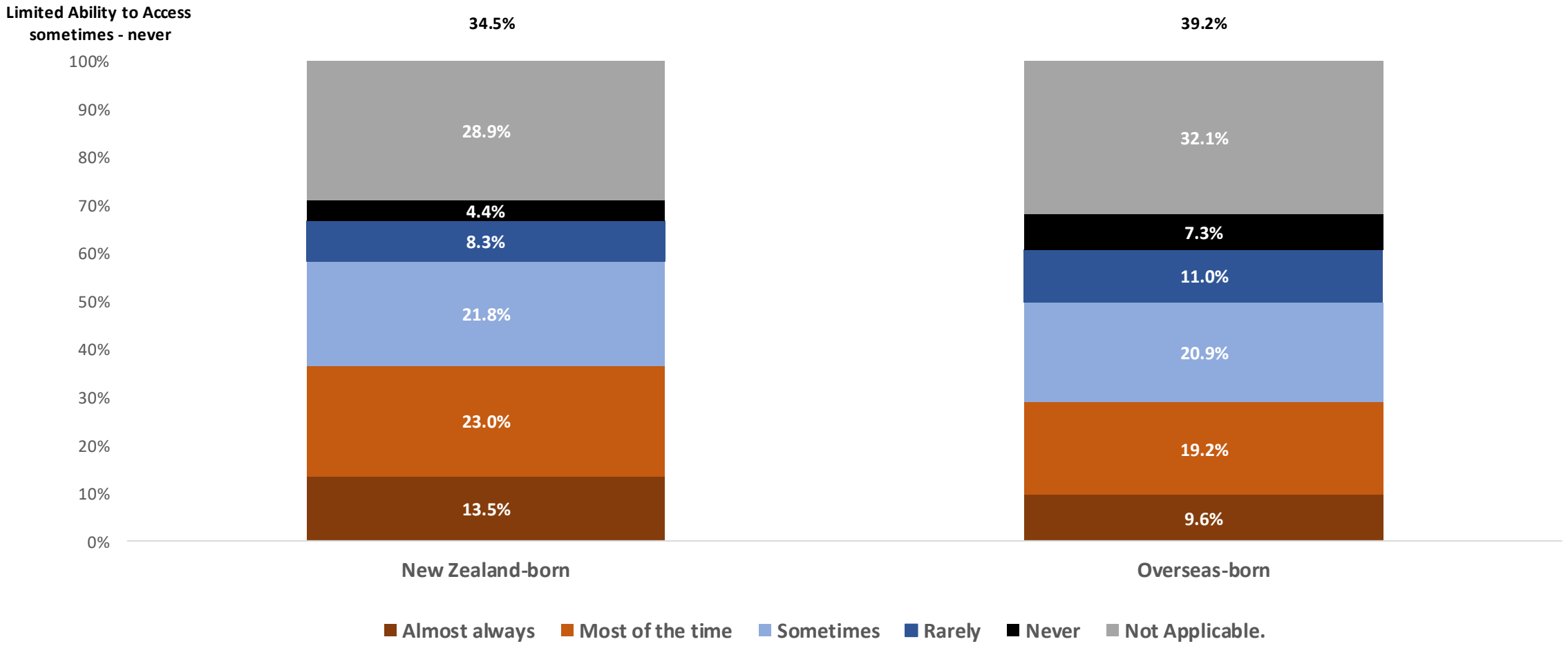
Access language and/or cultural support in New Zealand[1] by Occupation



Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.) Base: Total sample.

Access to language and/or cultural support is generally similar across birthplace groups, although overseas-born Asians report slightly greater difficulty than New Zealand-born Asians (39.2% vs 34.5%). These findings suggest that culturally and linguistically appropriate services remain particularly important for supporting migrant communities while benefiting Asians in NZ more broadly.

Access language and/or cultural support in New Zealand[1] by Birthplace



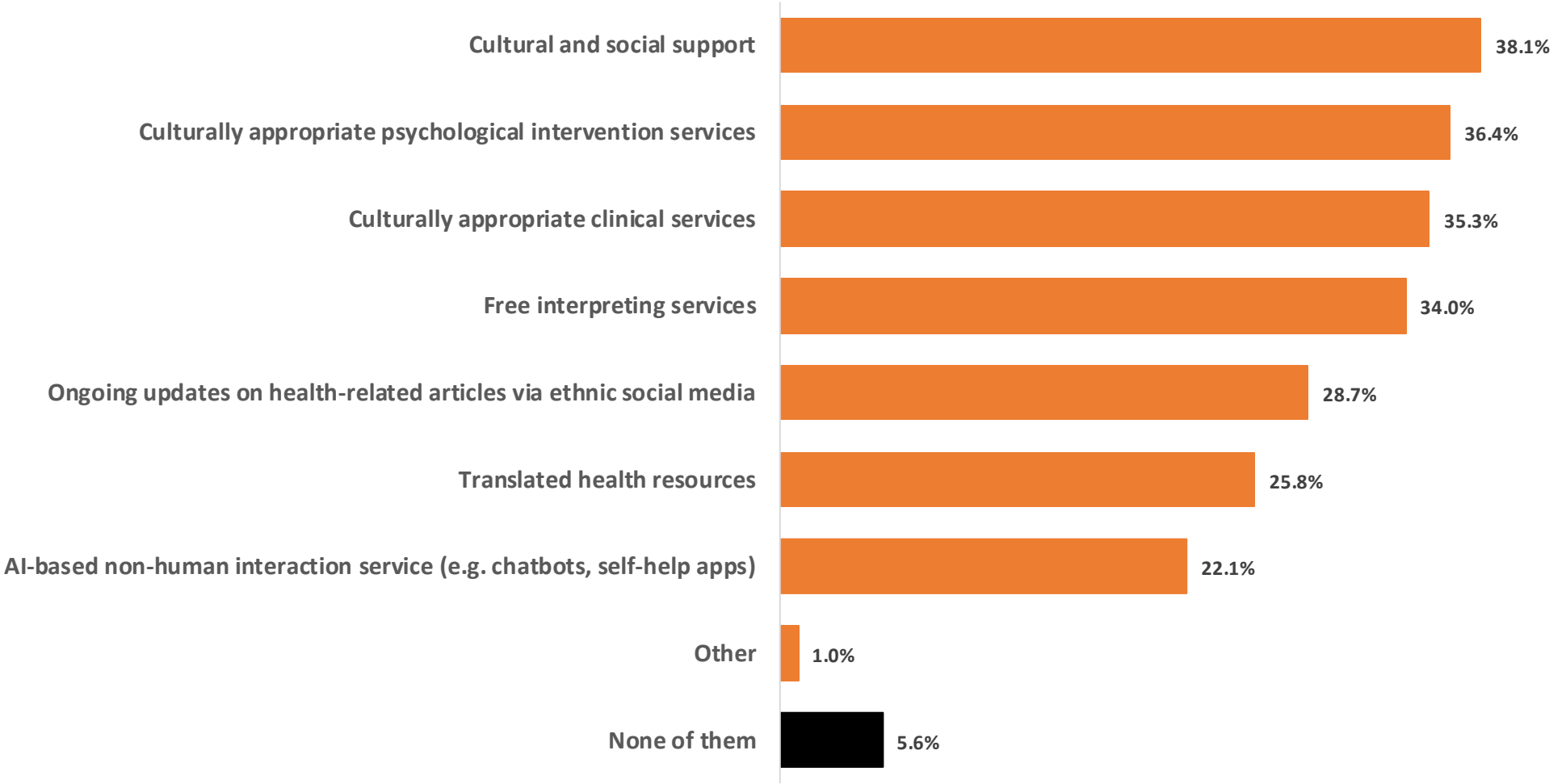
Note 1: Q13. Are you able to access language and/or cultural support when you use mental health services in New Zealand? Base: Total sample

Section 5.3
Asian Mental Health Support

Cultural and Language Support Needs

Demand for culturally responsive support remains strong among Asians in NZ. Cultural and social support is the most requested service (38.1%), followed by culturally appropriate psychological intervention (36.4%), clinical services (35.3%), and free interpreting services (34.0%). Compared with information resources and AI-based tools (22.1%), respondents show a clear preference for person-centred, culturally tailored support.

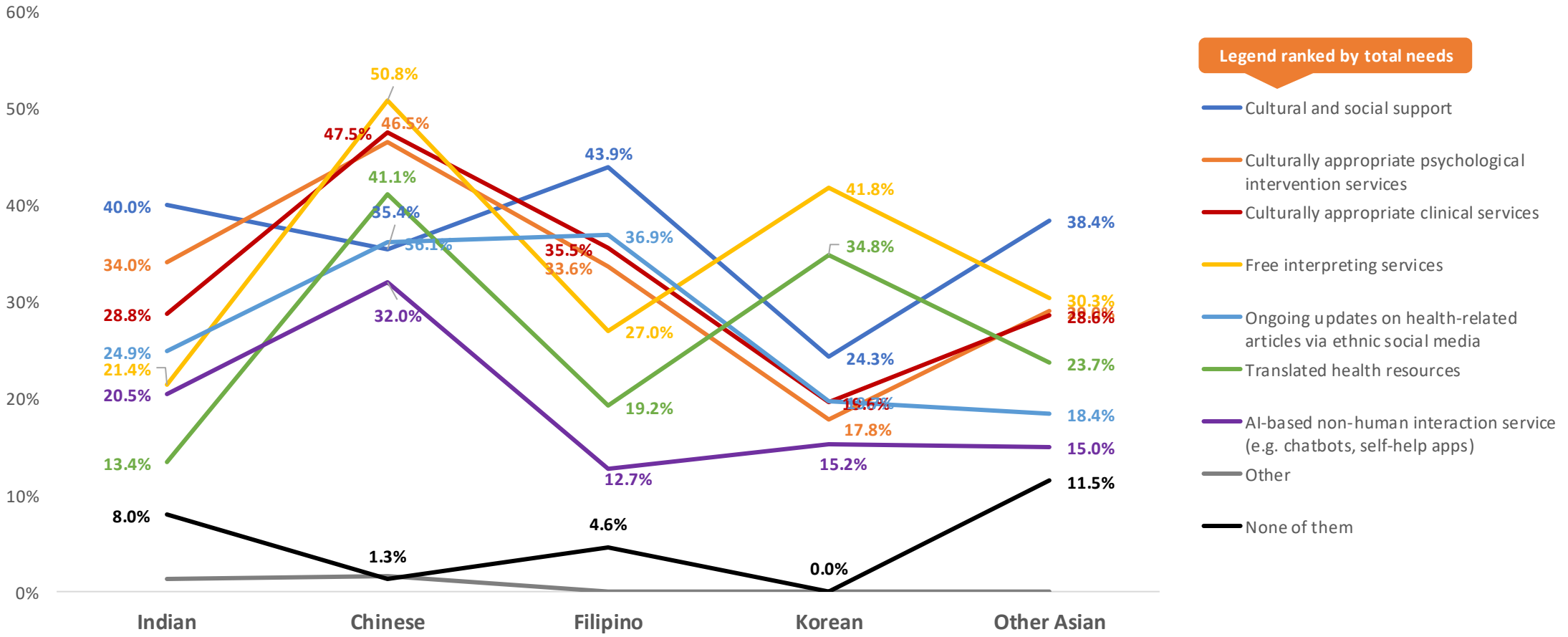
Cultural and Language Support Needs for Accessing Health Services in the Asian Community[1]



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample

Chinese respondents report the highest demand across several support types, including free interpreting services (50.8%), culturally appropriate clinical services (47.5%), psychological intervention services (46.5%), translated health resources (41.1%), and AI-based support (32.0%)—the highest of any ethnic group. Filipinos show the greatest need for cultural and social support (43.9%), while Koreans report particularly strong demand for free interpreting (41.8%) and translated health resources (34.8%), reflecting ongoing language access needs.

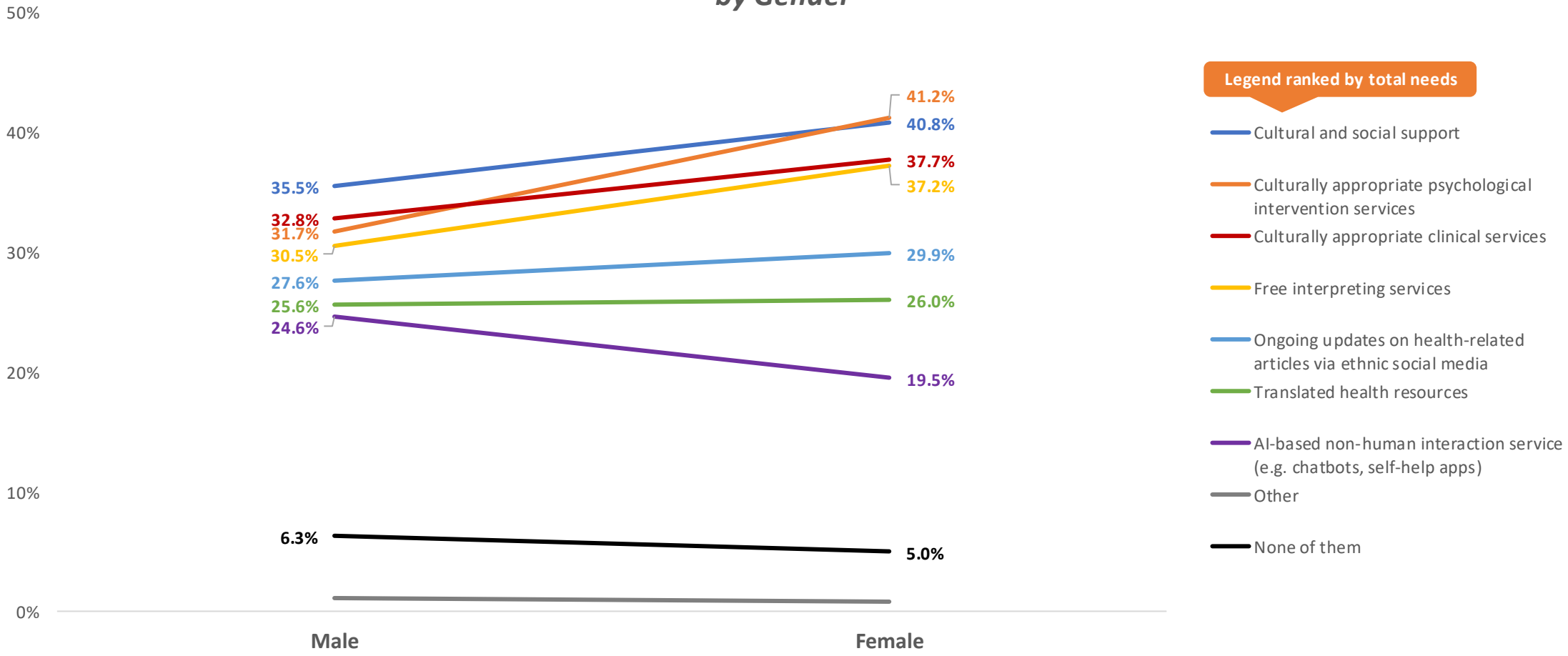
Cultural and Language Support Needs for Accessing Health Services[1] *by Ethnicity*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample

Support needs are similar across genders, but females report consistently stronger demand for culturally tailored services, particularly psychological intervention (41.2%), cultural and social support (40.8%), clinical services (37.7%), and interpreting (37.2%). Males are relatively more receptive to AI-based support (24.6% vs 19.5%), suggesting value in combining culturally responsive human services with digital support options.

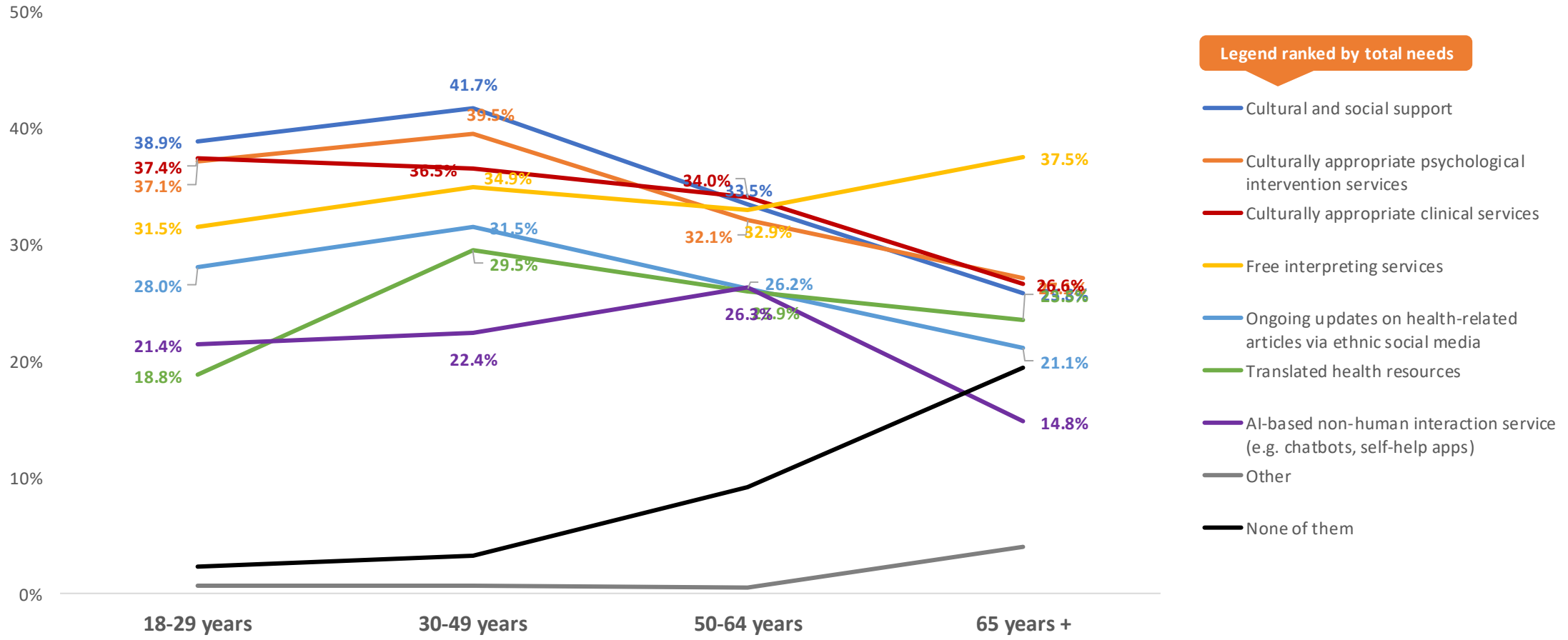
Cultural and Language Support Needs for Accessing Health Services[1] *by Gender*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample. Respondents identifying as another gender were excluded from the gender comparison because the sample size was insufficient for reliable statistical analysis.

Support needs vary across the life course. Respondents aged 30–49 report the strongest demand for culturally tailored services, including cultural and social support (41.7%) and culturally appropriate psychological intervention (39.5%). Those aged 65+ show the greatest need for free interpreting services (37.5%) but lower demand for most other support types, while 19.4% indicate they require none of these services, highlighting more diverse preferences among older Asians in NZ.

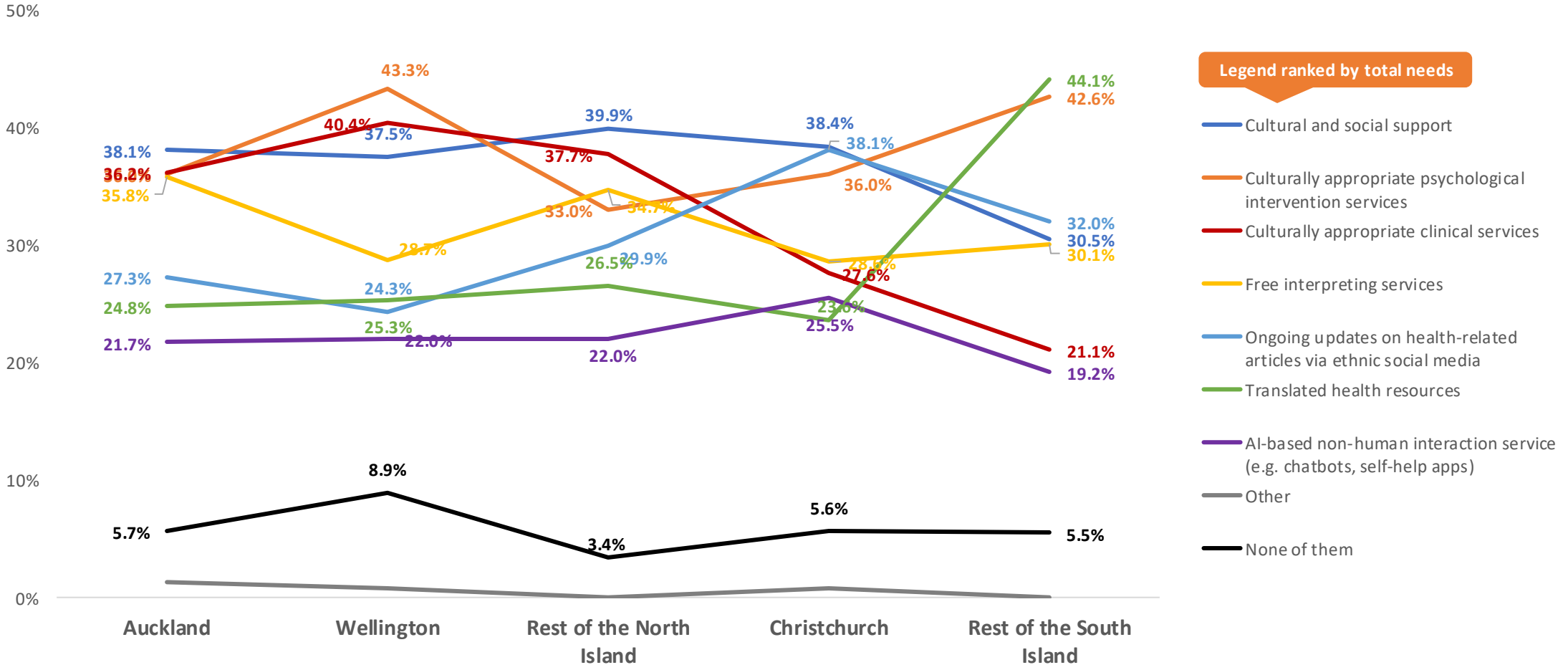
Cultural and Language Support Needs for Accessing Health Services[1] *by Age Group*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample

Support needs are broadly similar across regions, but priorities vary. Wellington reports the highest demand for culturally appropriate psychological intervention (43.3%) and clinical services (40.4%), while the Rest of the South Island shows the greatest need for translated health resources (44.1%). Christchurch records the highest demand for health information via ethnic social media (38.1%), highlighting the value of regionally tailored approaches to culturally responsive service delivery.

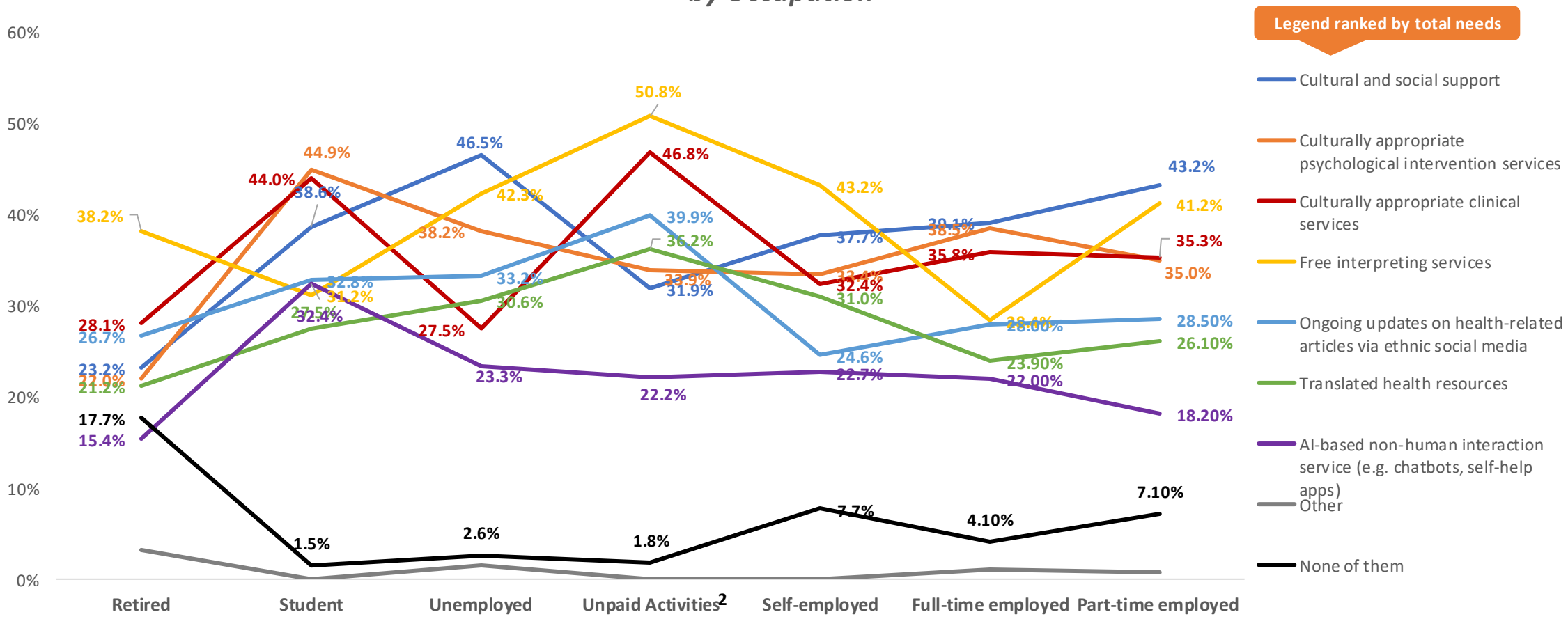
Cultural and Language Support Needs for Accessing Health Services[1] *by Region*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample

Support needs differ markedly by employment status. Respondents undertaking unpaid activities report the greatest need for culturally responsive support, particularly free interpreting services (50.8%) and culturally appropriate clinical services (46.8%). Unemployed respondents report the highest demand for cultural and social support (46.5%), while students show comparatively stronger interest in culturally appropriate psychological intervention (44.9%) and AI-based support (32.4%). Retirees generally report lower support needs, with 17.7% indicating no additional support is required.

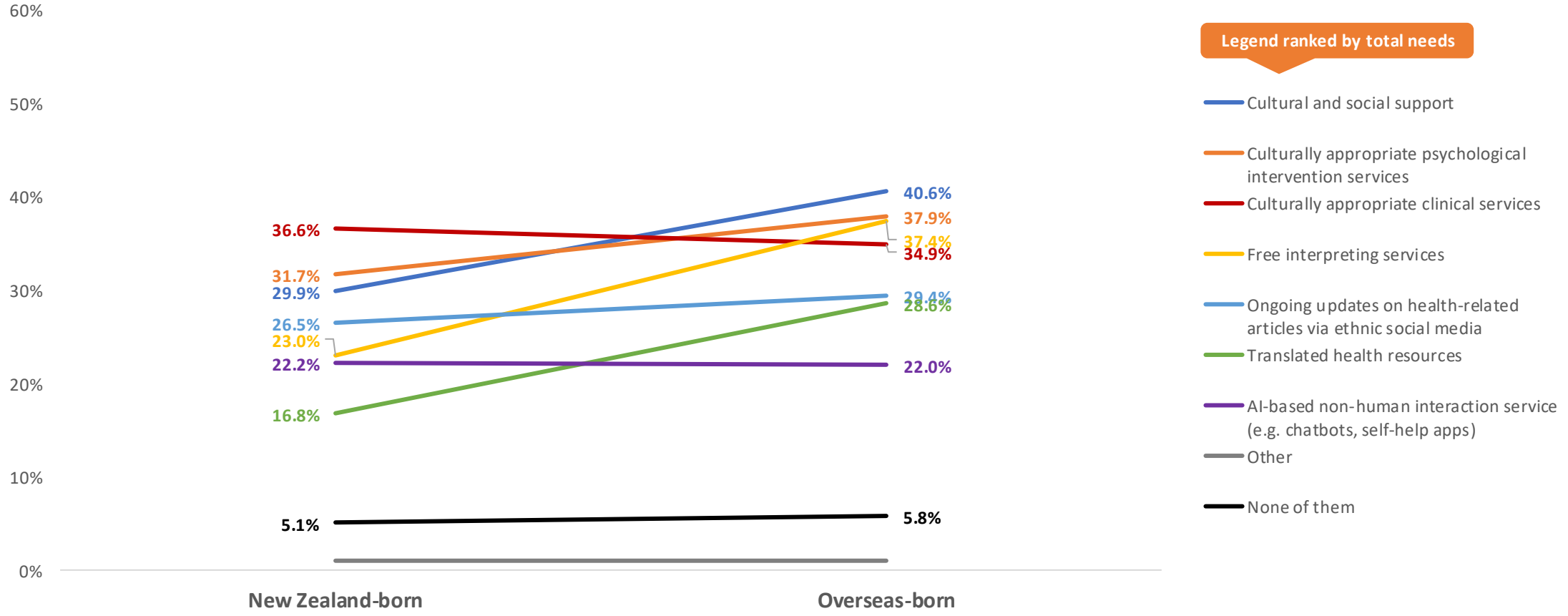
Cultural and Language Support Needs for Accessing Health Services[1] *by Occupation*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. 2: Unpaid Activities (e.g., unpaid work in one's own home or looking after a child or ill person.)Base: Total sample.

Overseas-born Asians report greater demand for culturally and linguistically appropriate support than New Zealand-born Asians. The largest differences are seen in free interpreting services (37.4% vs. 23.0%), cultural and social support (40.6% vs. 29.9%), translated health resources (28.6% vs. 16.8%), and culturally appropriate psychological intervention (37.9% vs. 31.7%). In contrast, demand for culturally appropriate clinical services and AI-based support is broadly similar across birthplace groups.

Cultural and Language Support Needs for Accessing Health Services[1] *by Birthplace*



Note 1: Q14 Which area of language and/or cultural support might be needed for you to access New Zealand health services? Multiple responses. Base: Total sample

Appendix 1: Survey Structure

The **2026 New Zealand Asian Well-being & Mental Health Survey** builds on the 2021 and 2025 survey waves to monitor trends in the mental health, well-being, discrimination, and service access experiences of Asians in New Zealand. The questionnaire was jointly developed by **Trace Research** and **Asian Family Services (AFS)** to maintain comparability with previous survey waves while incorporating refinements that reflect emerging priorities in culturally responsive mental health care and service delivery.

- **Survey Design and Content:** The questionnaire comprised **17 questions** organised into four thematic sections:
- **Demographics:** This section collected key background information, including birthplace, ethnicity, region of residence, gender, age, and employment status, enabling analysis across major Asian population groups and demographic characteristics.
- **Overall Well-being:** Overall well-being was measured using two internationally recognised OECD subjective well-being indicators: life satisfaction and life worthwhileness. These measures have been retained since the 2021 survey to enable trend analysis and international comparability.
- **Mental Health and Experiences of Discrimination:** Mental health was assessed using the **Centre for Epidemiologic Studies Depression Scale – Short Form (CES-D-10)**, a widely validated screening instrument for depressive symptoms in population research. The questionnaire also examined respondents' experiences of discrimination during the previous 12 months and the perceived reasons for those experiences, including race or ethnicity, language, religion, gender identity, age, disability, and immigration status.
- **Barriers, Cultural Responsiveness and Mental Health Support:** The final section examined barriers to seeking professional mental health support, respondents' ability to access language and cultural support when using mental health services, and the types of culturally responsive services most needed to improve access. It also measured awareness of Asian Family Services and explored the level of interest in AFS services among respondents who were previously unaware of the organisation, providing insights into both current service accessibility and future demand

Cultural Relevance and Questionnaire Development

Where standardised instruments were not available, questionnaire items were developed collaboratively by researchers at Trace Research and clinicians, service managers, and cultural advisors at Asian Family Services. This collaborative approach ensured that survey content remained culturally appropriate, community-informed, and aligned with contemporary mental health service delivery, while maintaining consistency with previous survey waves to support longitudinal comparisons.

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: Trace Research - Company Profile

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

Headquartered in Auckland, Trace Research 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 market/social research expert who also chairs an academic advisory group 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 Insurance, Huawei, UnionPay International, IAG, and all major Chinese banks, 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.

This research was commissioned by **Asian Family Services**, funded by the **Ethnic Communities Development Fund (Ministry for Ethnic Communities)**, and independently conducted **by Trace Research Ltd.**

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: NZ Chinese/Asian Research Credentials

Asian Family Services
Together enriching lives

Trace established the first and currently holds the largest New Zealand Chinese Immigrants Research Panel (as of July 2026, there are approximately 28,898 members, equivalent to around *11.6% 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
- 2017 - New Zealand Asian Leaders Political Poll
- 2017 - NZ Chinese Constituent Opinion Poll
- 2017 - Chinese Immigrants Life & Work Survey
- 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
- 2019 - Trace & Ipsos - Chinese Immigrants' Radio Listenership Survey
- 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
- 2021 - New Zealand Asian Community COVID-19 Social Response Survey
- 2021 - New Zealand Asian Responsible Gambling Perception Survey
- 2021 - New Zealand Asian Well-being and Mental Health Survey
- 2021 - New Zealand Chinese - Postpartum Depression Survey
- 2021 - New Zealand Chinese Post-COVID-19 International Travel Survey
- 2022 - New Zealand Asian Responsible Online Gambling Perception Survey
- 2022 - New Zealand Chinese - Retirement Living Plan Survey
- 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
- 2025 – New Zealand Asian Well-being & Mental Health Survey
- 2025 - New Zealand Asian Life Insurance Consumer Journey Study

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