

GAPS, CHALLENGES AND PATHWAYS TO IMPROVE ASIAN MENTAL WELLBEING

Analytical report for the Working Together More
Fund Project

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1. Executive Summary

Asian Family Services (AFS) and Platform Trust were funded to conduct a study to explore ways in which mainstream mental health and addiction (MH&A) providers and Asian specific MH&A providers can work together to better respond to the needs of Asian people in New Zealand.

Sixteen interviews were conducted with 17 participants between December 2020 and February 2021. Interview data were thematically analysed to identify key gaps and challenges, and strategies to improve service delivery, workforce development, health promotion and Asian advocacy.

The findings on service gaps and challenges indicate:

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

The second part of the study is to find strategic pathways to improve Asian mental wellbeing. There are several valuable insights provided by our participants.

Firstly, to improve MH&A services for Asians, it is important that

- 1) the mainstream staff receive support in learning about diverse Asian experiences, reducing stereotypes and racism in service delivery
- 2) language and cultural support are provided to better serve the Asian communities; Telehealth interpreting is a more viable and better option
- 3) service delivery design and interventions provided should be able to engage the family, not just the individuals

Secondly, to improve workforce development, we advocate for targeted cultural competency programmes for Asian staff. It suggests that most cultural competency training is too generic and does not include an introduction about the Asian culture and norms, and engagement knowledge with Asian clients. Also, for mainstream services with a large Asian customer base, building a larger Asian workforce is a solution.

Thirdly, in terms of improving public health promotion, our findings also revealed that there is a need to develop more Asian specific resources. Two kinds of resources are needed:

- 1) Informative resources that can help raise awareness around specific MH&A issues for Asian communities, and
- 2) resources for the mainstream workforce around cultural competency in relation to different Asian groups.

Alongside that, more public health work should be focused on raising awareness using media and promotion that are more friendly to the Asian audience. Clinical leaders and frontline staff acknowledged that providing intervention for Asians should target the family, not individuals.

Finally, there are four reported strategic pathways to improve advocacy for our Asian people:

- 1) We identified that there is keen interest for further collaboration with other organisations to more effectively influence policy
- 2) Asians are needed on the mainstream Board to inform and influence at a service level
- 3) Asian services should seek more partnerships for additional resources and flexibility
- 4) Asian services need more autonomy in decision making.

The findings from this study will form the basis for future collaboration between AFS and Platform Trust to better support Asian people with their MH&A needs.

2. Introduction

The Asian population represents the third largest ethnic group in New Zealand and is the fastest growing population group. It is also made up of diverse communities, which includes a wide range of ethnicities, languages, cultural practices, settlement experiences and religions. However, the mental health and addiction (MH&A) needs of Asian peoples are often hidden and not prioritised.

Asian Family Services (AFS) and Platform Trust worked together through the Working Together More Fund (WTMF) project to better understand existing gaps in current MH&A services and explore ways to respond to the needs of Asian people living in New Zealand.

We interviewed 17 CEOs, leaders, policy makers and frontline staff from eight organisations from the MH&A sector.

In our interviews, we were able to establish new connections or strengthen existing connections with all participating organisations. This involved learning about each other's services and what each organisation can offer to the Asian population. This has led to increased referrals between AFS and interviewed organisations, which helped to address some existing service gaps that people from our Asian communities have been experiencing.

Through this project, we were able to use our collective strengths and skills to explore ways to address the MH&A needs of Asian people. For example, AFS provided important insight around Asian people, culture and Kaupapa, which helped inform the rationale and design of our study. Platform Trust provided access to their extensive networks and engaged key stakeholders, which was critical for the recruitment of our study. The eight organisations we interviewed also benefited from our collaboration by either establishing new connections or reaffirming existing connections with both AFS and Platform Trust.

This research has given AFS and Platform confidence in our ability to collaborate and work successfully with other organisations. We hope to collaborate with more organisations in the future using the learnings/insights we gained from this project.

3. Research methodology and participant summary

We incorporated the goal of better understanding existing gaps in current MH&A services and exploring paths to respond to the needs of Asian people into the research design. This helped us to guide the direction, scope and participant selection of our project.

Our study had three key scopes to develop comprehensive understandings around:

- 1) Current services available to Asian people,
- 2) Key challenges and gaps experienced by organisations when providing for Asian clients, and
- 3) Strategies to improve collaboration with Asian-specific providers (e.g. AFS).

Around the three scopes, we have designed the interview guides for the strategic and operational participants separately (see Appendix).

We conducted semi-structured interviews with organisational-level (e.g. CEOs or General Managers) and provider-level participants (e.g. frontline staff) of mental health services across New Zealand. Interview questions were developed using Donabedian’s (2005) quality of care model, which considered three levels of health service assessments: Structure, Process and Outcomes.

In total, 16 interviews were conducted with 17 participants from December 2020 to February 2021 with staff from eight mainstream MH&A organisations. Further details about our participating organisations are detailed in Table 1.

Table 1: composition types of participating organisations

Types of Organisations (N=8)	N
NGO	4
Charity	2
General Practice/PHO	1
Government	1

Of our 17 participants, 4 participants were in top leadership positions (i.e., CEOs and GMs), 5 were in middle-level managerial positions (e.g., operation managers, team leaders, project leads) and 8 participants were frontline staff (e.g. counsellors, community support workers, and social workers).

Of our 17 participants, 6 participants discussed advocacy, 12 shared ideas on Asian public health promotion and 9 talked about clinical practices (see table 2).

Table 2: Topic coverage of participants

Advocacy (N=6)	Health promotion (N=12)	Intervention (N=9)
-Providing strategic recommendations	-Campaigns	-Mental health services
-Monitoring and advocating for improvement in services	-Seminars/webinars	-Early intervention and community support
-Partnership forming and	-Family/community sessions	-Addiction services
-Leadership development, etc	-Referral to other services	-Treatment

All interviews were transcribed, and interview data were analysed using Braun and Clarke's (2006) thematic analysis. In the quotes' presentation, to protect the privacy of our respondents, the details regarding the participants and organisations are masked; in which we used upper-case English alphabets to label the participants and lower-case Greek ones to indicate organisations instead (see Appendix C for the corresponding relationship table).

Through our thematic analysis, five areas of findings were identified:

- Key gaps and challenges
- Strategies to improve service delivery
- Strategies to improve workforce development
- Strategies to improve health promotion
- Strategies to improve advocacy for Asian people

The findings related to service gaps and challenges are reported in Section 4. Findings/implications around strategic pathways are reported in Section 5.

4. Findings – gaps and challenges

Key gaps and challenges related to Asian people’s mental health and addiction needs are identified in three aspects.

4.1 Recognising the diverse needs of Asian people

” “Asian” people encompass multiple ethnicities and languages, which makes it difficult to find the “right” approach to cater to all Asian people.

I would imagine for Asian, similarly for Pacific, it's very convenient for people to just lump people together into “Asian”, “Pacific”...They're not actually understand the nuances and the differences, it's just not one big amorphous whole as Asian. (CEO E, Delta)

Because it's not like Pacific because Pacific. I think it's still...you need to acknowledge someone on Tonga, Nuie...they are different, but they are all part of Pacific islands whereas Asian...There is very little...very little in common between somebody who's Indian or Srilanka and somebody who's Chinese. I think there's a bigger difference between Chinese and Sri Lanka than there is between Chinese and...Maori. (CEO J, Eta)

There was a lack of recognition and understanding around Asian needs in particular, especially those with intersectional identities, such as those who are from the 1.5 or 2nd generation, queer, and refugee backgrounds.

Asian older people’s needs:

...the Korean woman who is in her 70 or 60. her family, the children are also very shameful to put them...their mom and their father into the rest home...It's difficult to manage some housing.. the family things, the children and the grandchildren...and then her husband, all different culture mixed up. In the house. (Staff N, Eta)

I heard about the same challenge for older Chinese people moving into rest homes and not wanting to eat the Asian food, or going into hospital. Oh sorry, not wanting to eat the Pakeha food in the hospital. (Staff H, Delta)

Asian 1.5 generation and 2nd generation’s needs:

I have my friends who are having kids now and they're part of that 1.5 second generation. And they're like, “how do I show my culture to them without them, my children, becoming too Kiwi”. Like you don't want to lose touch with that, but then also because we weren't as connected, there's like the issue. (Staff D, Delta)

Another one is the young guy Asian, but like 1.5 generation...but he couldn't accept all the just.. in the mainstream. He's quite um... It's a lot of cultural assimilation. Yeah, and also, he's quite confused of his identity. (Staff N, Eta)

Challenges for Asian rainbow community:

(Challenges for being an Asian immigrant queer youth) its, like quite fragmented, where your queer identity is just like one layer, ... It's not just about like the queer part of it is also about like the values coming to terms with what your own beliefs are like, whether or not you want ditch, the views from your homeland. And if you do ditch those views, what that means to you like what ties you're cutting, um yeah. And and also like, it's necessarily like internalized homophobia or internalized transphobia, but often, when you raise a certain way, so you might have like your matriarch at home being like man and woman get married and like they kind of instil all these views on you so that you might, in the end be a gay person yourself um, but also have that like voice or something that's very deeply ingrained.(Staff Q, Epsilon)

Leader F talked about the experience of being judged as an Asian gay people.

that's so interesting to say that because I've had young people say almost the exact phrase of like their parents. Like I ask how they are about like rainbow stuff, like [they say] "they're okay about white people being gay like they don't really care. But as soon as it's me, it totally changes or as soon as it's part of our family, it's not okay". (Leader F, Epsilon)

Another participant talked about the difficulty faced by Asian refugees after COVID.

Added to the issues of, um, of arriving with trauma as a refugee, but also the issues of acculturation in a new and alien society. I'll just fast forward to post-COVID-19 because that has raised a whole lot of new mental health issues...So what we are dealing with and, this is not only for the Asian groups that we're working with, but generically, is even more hardship than prior to COVID-19. (Staff K, Theta)

4.2 Invisibility of Asian needs

The MH&A needs of Asian people are often hidden and not recognised. This means less time and resources are allocated to address Asian mental health and wellbeing. This is an issue of equity.

...the approach that Te Hiringa Hauora, the Health Promotion Agency, is taking is, that they are wanting, they want things to be Kaupapa Māori led... As do Asian populations..So, I mean, again, everybody's been at pains to point out that it has to work for everybody, but it's structured around that Treaty approach. (CEO A, Alpha)

Strategic framework for Asians is lacking. Although Asians are the third largest population in New Zealand, the policy support, funding and health resources for the Asian community is scarce to none.

We are addressing Maori and Pacific because we're mandated to. The government isn't mandating the addressing of (Asians). (CEO J, Eta)

We kind of have a big problem in New Zealand if we don't start recognizing that and getting on board. Yeah, and I don't think that it should just be the responsibility of Asian Family Services because they are Asian Family Services.(CEO C, Gama)

I think New Zealand's really behind that game plan with understanding that we've got a huge asian population. And the resources are really hopeless. (CEO C, Gama)

And I suppose the reason why we don't have a policy for Asian is because our primary focus has been on reducing the health inequities for Māori and Pasifika.(Staff D, Delta)

...yeah, it will need, sort of, persistent advocacy to lift it further up, the sort of, priority list. And again, we'd be really happy to support AFS in that process. The sort of debate that would happen, and internally here, whenever that happened, would be the priority is Māori. (CEO A, Alpha)

The overarching health framework and service provision could not fit all.

That's certainly what we talk about with Maori. There's more Kaupapa Maori. Not as a one size fits all, but it's an alternative. So for some people coming to an organization like us with Chinese staff, that might be fine, but for some people, they might want to go to, you know a Chinese organization or Korean organization. (CEO J, Eta)

One participant also advocated that the Government should not have ignored the needs of the Asian population for so long.

It's certainly gonna be part of the Simpson Report. You can only ignore that in 20 years about a third of the populations gonna to be Asian. You can only ignore that for so long. You can't ignore it forever.(CEO J, Eta)

A participant of government agency background commented from the policy side on the lack of national or organisational strategy to engage in improving Asian communities.

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

There's also a lack of direction from ministers. I don't think there's any one minister or ministers that are directly advocating for engaging in improving our Asian communities that tends to be very high level, you need to achieve equity for everyone.(Leader G, Zeta)

Limited resources (funding, workforce) for Asian communities:

How are you supposed to respond and develop services for all the communities that we service in Auckland, with such limited resources? We can't even service the mainstream. So how are we gonna get Chinese, Korean, other Asian community? (CEO J, Eta)

...my wish list would be that we had \$1 million a year that we could put into something between us that really tried to address issues for Asian communities. (CEO A, Alpha)

I think there's not enough resources devoted to it. So my time is taken up by a lot of other things and so this isn't a priority, for me. Though I would love to go out and connect with, um, Asian communities all over Auckland to let them know that we have addiction services available. (Staff D, Delta)

... No, we haven't tried WeChat. So and managing...these different facilities. The struggle for us is having somebody to manage it because I can't speak Mandarin and I don't have you know you with them, FaceBook and all of these sorts of things for business and WeChat for business to manage it.(CEO C, Gama)

Limited Asian knowledge/insights from the mainstream services:

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

Low access or participation of health services by Asian families:

I don't think they trust us (the mainstream services)... don't know about the Korean but the Chinese. Just say no that we are fine, we're looking after mom or dad, you know, and doing it in the family. Yeah, i honestly don't know, but i think that we're not reaching those people...the Asian children are coming in all the time. And so they have high utilization. (CEO C, Gama)

I think one we've talked about lack of resource. I think that yeah, resource. I, I think the other is that when the system is not working, some Asian people don't want to engage with the system. And I understand that. (CEO J, Eta)

4.3 Stigma around mental health and addiction

Stigma around mental health and addiction hinders the help-seeking behaviour greatly among the Asian population. It can also lead to the normalisation or ignoring of harmful behaviour or thoughts.

You know anyone with addiction issues, it's very hidden. Especially I know alcohol and gambling is a big thing in the Asian community and it's all normalised and hidden ... I think it's quite hard because, you know, there's that prejudice about addiction and what that means. (Staff D, Delta)

Because I think Asian people can be quite cautious by nature and, you know, I can imagine my parents coming in and being like, "No way" [chuckles] and like freaking out. (Staff D, Delta)

We encourage the Asian clients to involve in the group, so to develop their, you know, the positive thinking, all the stressor things. But it's quite struggle with them, any values or shameful.. or looks like... like the discrimination by themselves. But it is quite difficult to lift up their self-confidence. (Staff N, Eta)

I'm sure you're aware of this, but was mental health, stigma and Shame, all of that quite relevant to Asian crime. Link that to craziness, but also, it's not like physical health or you have disability and it's visible. So for people, it doesn't make sense. And they kind of when you don't understand the thing, you kind of feel the gap with your own assumption. And so that links to weakness, or you must have done something wrong with that kind of thing. And so it's very, very just you see that every day in, the family, like you can see how they try to avoid the conversation and they don't want to go there and they think it's not necessary to talk about that. But I think for people like you can feel the rejection if people are unwilling to talk about your past behaviour yeah. So that's a huge, I think that's huge. (Staff O, Eta)

5. Strategy implications

5.1 Strategies to improve service delivery

(1) Foster understanding around the lived experiences of being 'Asian' among staff

Mainstream staff need support in learning about diverse Asian experiences. It is needed for the mainstream service to break the misperception around a single Asian identity.

Participants highlighted the necessity of tailor-made services for the Asian communities...

(Service gaps) for Asian communities, simply not understanding what services are available and how they can access them and then services and mainstream providers and government sort of agencies weren't tailored towards Asian communities. (Leader G, Zeta)

...if I had a magic wand, then we would be able to either tailor specific programmes or components of programmes so that they we're very targeted to Asian communities. (CEO A, Alpha)

...and also the racism and discrimination experienced in mental health services.

...if I think back to the way I supported those men, I just think, "God, what if I hadn't been here?". They would have just been lost. You know, and the father of the young man would have just been discounted as annoying. And the other one, the Vietnamese man who couldn't speak English, would have just been discounted as, "Well, he can't really speak English, so what are we gonna do?". You know, so yeah. (Staff D, Delta)

...Pakeha New Zealanders are so racist but it's almost like, the experiences I've had are... it's so inconspicuous at times, sometimes they don't even know it's racism, like they'll just be, like, "Man, there were so many Chinese people", and it's so- It's so microaggressions. (Leader F, Epsilon)

Unmet needs for different Asian groups should be addressed in service delivery.

Because what we did discuss with them is housing for the older population, because at that time our housing services came on board and we did support some of our mental health...Asian, older Asian clients, in conjunction with the housing service. So we thought that was a gap because we heard a lot, you know, that the grandparents come from China or from Korea or other countries to support their child-with the grandchildren because the mum and dads have to work. And then they can take care of the children... That the child, the grandchildren are at high school, they went university, and the grandparents are now get stuck. (They were no longer useful) And in the times that they were here, they didn't learn English; and they are quite isolated...and that was, we saw that as a gap.(Leader B, Beta)

I think that Asian families are very isolated um. And I think young families are isolated... new to New Zealand...and have anxious grandparents that undermine their budding knowledge in confidence in the system. (CEO C, Gama)

...And then that older people, I think are really isolated in the home. (CEO C, Gama)

Participants also brought up the service gaps in Asian rainbow communities' mental wellbeing.

...that's partially, I know Rainbow Youth's fault. And I think as we see this data come in more and we have more Asian young people coming in, we will only get more Asian young people coming in... the conversation was like, now, what do we do for the Asian communities? Because that there is still a huge gap here... I'd like to see more funding and more attention put into training mental health workers who were Asian who also had or either like queer people themselves or were really competent in this area. (Leader F, Epsilon)

And so Asian communities we can see from the data with the suicide trend increasing and I know that is an increasing demand for services that needs to be targeted, that needs to be more investment, and those services need to be designed with community so that people get services that genuinely respond to the needs of their culture and their language. (Leader G, Zeta)

(2) Addressing language and communication barriers

Basic forms that clients must complete to access services are not available in different languages. Additionally, interpreters are often hard to reach and unavailable in important meetings with Asian clients.

Because it's in the interest of the client. ...Then our staff will make it clear, "We're not interpreters, but we will support our staff members. So we can't translate for you". (Leader B, Beta)

Participants also pointed out the challenges of overcoming language barriers to deliver services to Asian people.

Because, you know, I think interpreter services, too, can be a challenge, because they're not trained in the languages. The language that clinicians use, you know, terms they use. Sometimes they use abbreviations clients don't understand. And interpreters don't have, always have a mental health background. So they don't really understand the nuances. They just translate directly. (Leader B, Beta)

translating language is one part of that. Yeah, but also, now I think delivery... delivering services in the right cultural context, language is just one part of that. (CEO J, Eta)

One participant, however, pointed out the privacy issues involving face-to-face interpreting services. Using telehealth tools to interpret (by an interpreter of different locality) could be a more viable and better option in the future.

Fine trans(lation), actual translators into...I find that somewhat problematic often because yeah, in smaller communities in smaller...so if you work on the shore, translators

sometimes can be seen as a challenge in the session sometimes because they might know everybody, there's a big faith that they're saying the same thing.(CEO J, Eta)

5.2 Strategies to improve workforce development

(1) Need targeted cultural competency programmes

Participants (particularly those from an Asian background) reported that most cultural competency training programmes were generic and did not include specific examples of Asian people's lived experiences. Asian participants further highlighted that even though you do not share the same language or background as the client, staff needed to learn how to try to build rapport and genuinely connect with Asian clients.

Acknowledging the needs of Asian-specific cultural competency training for Asian staff:

Even we are in the mainstream, but we focus on the Asian cultures, Korean cultures or Chinese cultures. Just one to one. So just like adjusting...you know, you're practicing differently, yeah. (Staff N, Eta)

I would love to see it as a requirement for staff to go through cultural competence workshop. At least a workshop around like Asian culture and Asian communities, like bonus points if we start tracking the amount of Asian people that come through our services. (Leader F, Epsilon)

...and no Asian specific cultural competency programmes available in all the interviewed organisations.

There weren't any (Asian specific) frameworks (in our rainbow service), and they're still isn't really any like procedures or anything sit in place. (Staff Q, Epsilon)

In terms of the cultural training, one of the things that we are looking at, and I'm not sure how frequently it's run, but is what we... In Australia, we used to call it CALD, so culturally and linguistically diverse... we don't have that competence within the organisation for somebody to deliver that. (CEO E, Delta)

(2) Need more Asian workforce in mainstream services

As a mainstream organization, so we're not a Maori organization, we're not a Pacific organization, we're not an Asian organization. But we need more Asian staff because our clients are...and the only solution.(CEO J, Eta)

*(Do you think this workforce configuration can satisfy the needs of the Asians?) No, never.
(CEO C, Gama)*

*...(in terms of cultural competency) I think the Chinese population more in that they got
very upset of they encounter staff who can't speak Chinese.(CEO C, Gama)*

One participant talked about the workforce development needs for Asian queer groups.

*I think like a counsellor or like what you're saying, how we just need like a counsellor or
someone that can be the bridge between worlds (of Asians and rainbow community).
Because I can imagine like mental, like mental health issues, would they like that it would
be a key thing. (Staff Q, Epsilon)*

5.3 Strategies to improve health promotion

(1) More resources needed for Asian communities

There is a need to address the lack of resources that are specifically catered to our diverse Asian communities. This includes pamphlets, information sheets, and referral forms. Moreover, broader information around mental health and wellbeing is needed.

*I actually think that the biggest thing is actually more of a health promotion campaign
around Asians' help seeking. (CEO E, Delta)*

*Because we have quite a thin...like most people are busy doing that immediate job of the
day all the time and we don't have spared people that we can use or the money really to
employ somebody. It's like a social media person. quite expensive.(CEO C, Gama)*

*...well for gambling, through Jam, I attend, uh, Jam meetings, so connections with AFS
through that. Um, I haven't actually seen... any promotion from CADS [Community
Alcohol and Drugs Services] on whether their Asian service even exists anymore. (Staff I,
Delta)*

Call for culturally appropriate resources/channels for Asians:

*Some of the community development type mode, some of it worked better than others. Uh,
Kai Xin Xin Dong was particularly, sort of, trying to provide information hub and
communication by WeChat, is it? (CEO A, Alpha)*

*We need (translation in) pamphlets, information documents, all of this sort of stuff..
basic.(CEO C, Gama)*

(2) Building awareness around available services

Some participants highlighted that prior to accessing their service, several Asian clients were unaware that such services existed. Participants suggested that it would be helpful to those in our Asian communities if further efforts were made to inform Asian people about our New Zealand mental health system and other useful services that they can access when they need support.

We have to have our own staff do the translations and things which actually is not really appropriate. It would be far better for skilled, (especially document)... but we don't have resources.(CEO C, Gama)

I would really like to see an Asian health clinical lead appointed within the organisation and then what would be cool is if it were the job to go out and liaison and promote.(Staff D, Delta)

(3) Interventions that not only target the individual, but also takes on a family-focused approach

Participants highlighted that providing MH&A support to an Asian client not only involves helping the individual client, but also their immediate family. This takes time and requires trust between clients and service providers.

We need a more holistic approach...for Asians, what I know, which is obviously not enough. The way I understand the Asian cultures we work with a more holistic approach would be better.. The westernized medical framework is so separate... (CEO J, Eta)

And I think [pause] also our methods of treatment in NZ, and I just speak broadly, they're Westernised. So people don't wanna come in and live somewhere where they can't be around the family, you know. Asian culture is such a collectivist culture. And so, um, usually what I've seen commonly is there's just one person that's addicted, but the rest of the family are fine. You know, whereas in, I would say Māori and Pasifika families, it is the opposite... Asian families, they're pretty social, they don't use, they're more than happy to support this person. (Staff D, Delta)

Somebody said to me a while ago that, everybody should remember the largest mental health provider in New Zealand. It's family. Friends are most of the rest factors. (CEO J, Eta)

...because we are collective culture, so we are always looking for the client, the family work together. We have a meeting at the first time, and then we just assess all their needs. That like they explain about some like... informed concept, because it's very important for

confidentiality, especially the Korean it's like a community is very small... Because discrimination and mental health issues, quite hard. So we emphasized the confidentiality to be in their family. (Staff N, Eta)

Because I think a lot of the support is gonna be around family. So how do we serve them is? And I think a lot of Asian, a lot of Asian families that I've worked with, or like the young people of those Asian families, they're like, "oh it would be helpful if we could get a doctor or a psychologist or somebody with some sort of professional standing and expertise, because that would be like, that's the only way that my mum would listen". (Leader F, Epsilon)

But it is sometimes a challenge, but it is more valuable to work with the family. This one is literally take more time to support them, rather than the like...yeah. We usually work with them. The Asian client is 1.2 to 5 hours. There's a little bit more work; European clients is like 1 hour.(Staff N, Eta)

One frontline staff member for an Asian refugee organisation also applied the family approach in treating trauma related to Asian refugees.

Because you're working with individual within a collective. It's never an individual problem... Does that make sense? Because often we talk about trauma or thinking about an incident um, for instance, go to the tell of an attack and some family member died in whatever. That's a trauma. It's a trauma that they're coming in with. But as you unravel, you see how much trauma they actually experience within the family dynamic. (Staff P, Theta)

5.4 Strategies to improve advocacy for Asians

(1) Increase collaboration across organisations

I think we definitely would need to be working in partnership and collaboration with Asian communities and doing a lot of insight generation and gathering by talking about, you know- that lived experience. (CEO A, Alpha)

We have in our constitution, a third of our Board needs to be Māori. So, I don't think there's anything precluding Māori and Asian partnership.(CEO A, Alpha)

(The AFS staff) they've got a good relationship with the doctors, and the patients get referred. And the patients know that there's systems inside here, and so have trust. And it just takes a very long time to establish that validity... they have the [Gama] name band. And on they have their name on our door and things like that. So looks very...it's embedded and so that's what works really well and...of course they really grow for AFS. (CEO C, Gama)

Collaboration within the sector to have greater influence on policy change for the Asian community.

I think as a sector, we do with really collaboratively. We have forums like Navigate, Platform Trust...And we probably had around eight organisations all coming together to look at how do we develop a service in that, that area. So I think you, working collaboratively is something that we tend to do. (CEO E, Delta)

...as I've said in the list of our five key activities is trying to influence policy. And that's something that we could certainly work on together. (CEO A, Alpha)

Some good collaboration practices have already been carried out.

...I think just after the second lockdown, I went to AFS. I went to join the Zoom meeting. I think it was training. So did talk about our service, what we can provide and if you come across, any of your client needs some practical support, needs someone to work alongside them, do things with them, so how they can refer people to us. And I remember also last year, AFS, like Alex and the whole team, I think more than ten staff, they came to visit us, came to our organisation, and we had a joint meeting. We have a good talk and talk about how we were collaborating. (Leader L, Beta)

One participant also talked about possible collaboration between agencies to create more Asian related research.

...The opportunity I think with that is, as to actually use the tools that we have through data analysis and what have here... where we create insights about community that community has access to those insights, and that data is needed, so that it can actually help better understand the Asian population. (Leader M, Zeta)

(2) More Asian representation in mainstream influencing corporate strategies

Because the other thing I think we need to address is, I think we need Asians on our boards... One Pacific and one Maori on the Trust board. We've got the Services board, I think three Maoris, two Pacific on that. No, I'm just...no Chinese, no no Chinese. No Korean, no. On any of our boards. So you know, I think that's an issue.(CEO J, Eta)

I think one of the biggest barriers is the lack of understanding on our side in terms of, like I said, we don't have Asian board members. (CEO J, Eta)

The participant also emphasised the importance of having Asians in top management of mainstream organisations.

I'm CEO, I think I don't have any Asians on my leadership team, either not because of any sort of active discrimination but that is just...we haven't reached... And I think that has to happen too. And you see that change. (CEO J, Eta)

(3) Building partnerships for more resources and more flexibility

You know we've had a quite a lot of success in finding commercial partners to resource areas of our activity... to be quite frank, it's a lot easier once you get a commercial partner on board, if they're sold on the idea, they tend to go, "Here's the money – get on with it". While With government, they go, "We're kind of sold on the idea. Here is 10% of the money and when you breathe that out, we want to report on it". (CEO A, Alpha)

(4) Grant more decision-making autonomy to Asian organisations

We shouldn't put all our eggs to the basket of government providing the resources or leading the change. I think we should be creating or looking at other ways to achieve things. (CEO A, Alpha)

I think we need to look at evolving not just the resource, but the decision making, away from government, away from DHB, and actually from an organization like [Eta] just say... here have...have the autonomy to make decisions about what service people access, but also have the clinical responsibility. (CEO J, Eta)

6. Next-step plan

Both AFS and Platform Trust recognised that service gaps for Asian people in the MH&A space cannot be addressed by one organisation. Our conversations highlighted that there is a need to provide culturally and linguistically appropriate MH&A services for Asian people. This is a large gap that is yet to be filled.

We acknowledge that collaboration with other organisations is imperative. We are exploring future collaborative efforts to create resources that can be sustainably used in the long-term.

Some of the suicide prevention resources that AFS have produced... We sort of help to advise, um, AFS sits on some of our advisory [groups]. You know, mainly through Ivan, but sits on some of our advisory groups. And yeah, when we're producing a resource, or that tends to be, it's very sort of a practical collaboration. (CEO A, alpha)

We are also planning on producing an information summary (a streamlined version of this project report) about our study, key findings, and strategies to improve service delivery, workforce development, health promotion and advocacy for our Asian population. We will disseminate our summary booklet through our stakeholder networks, including Platform Trust's Navigate network that

represent many MH&A services in New Zealand. Using this booklet as a building block, we are also exploring ways to make long-term, sustainable benefits for our Asian communities.

This includes creating educational resources for Asian people and the wider MH&A workforce.

For the workforce, we hope to produce several resources (print or video) that addresses topics, such as working successfully with Asian clients, cultural competency, and intersectional Asian identities.

In the report drafting phase of this project, Asian Family Services has been approved by the Ministry of Health of a telehealth initiative that provides culturally appropriate tele-interpreting services for primary care and community care participating agencies, to pioneer the innovation in digital health access and participation for Asian consumers, and trial addressing the language support gap presented in this WTMF project. It is of great importance that we trial providing the language support free sessions first to our WTMF participating agencies who demonstrated service challenges and needs of improving Asian clients' access and participation.

7. Appendix

Appendix A

Interview guide – for organisation leaders

Section A Introduction and background information:

Can you please describe your current role in your service?

- How long have you been with this service?
- Have you worked in other roles within this service?
- Have you worked in similar roles in other services/sectors?

Can you please describe your service?

- Funding model
- Structure of the service
- Delivery model
- Client characteristics (e.g. demographic diversity)/scope of the service (e.g. geographical reach)

Section B Working with Asian clients (Process):

- How often does your service support Asian clients?
- What is your understanding of Asian communities or clients in your service?
- How prepared do you think your service is to support the diverse needs of Asian clients that utilise your service?
- Can you share your reflection on how culturally responsive your service is currently to support CALD clients and their families? How about when supporting Asian clients specifically?

Section C Gaps and challenges (Structure/Process/Outcomes):

- What do you see are the key gaps in mental health support for Asian communities?
- Has your service (e.g. staff) identified specific challenges when they are working with Asian clients and communities?
- What are your organisation and staff doing to address these challenges (e.g. innovations or processes)?

If there are already goals/strategies/innovations/framework in place to support care for Asian clients:

- Can you tell me more about these ... and how they work? In your opinion, are they working well? If not, how can they be enhanced or improved?
- What was the process that went into developing these?

If there are ongoing cultural competency training and supervision for staff:

- In your opinion, do you think these training processes are sufficient? Why or why not?
- How would you recommend improving or changing the current CC training and supervision for your staff?

If you had a magic wand, what would you like to happen or be put in place to better support services like yours and your staff to improve gaps around 1) workforce cultural competency and 2) service needs for Asian clients?

Section D Structural and external opportunities:

- How do you or your organisation negotiate, promote or implement structural cultural competency changes?
- Has your organisation explored partnership opportunities with Asian-specific mental health and addiction providers?

If yes:

- What would these relationships look like to you/your organisation?
- What types of outcomes would you envision can be gained from these types of partnerships?

If no:

- What are the barriers or obstacles to working in a partnership with Asian-specific providers?
- What would need to be in place to incentivise your organisation to pursue such a partnership?

Appendix B

Interview schedule – for frontline staff

Section A Introduction and background information:

Can you please describe your current role in your service?

- How long have you been with this service?
- Have you worked in other roles within this service?
- Have you worked in similar roles in other services/sectors?

Section B Working with Asian clients (Process):

- How often do you support Asian clients?
- How prepared do you feel to support the diverse needs of Asian clients?
- Can you share your reflection on how culturally responsive your service is currently to support CALD clients and their families? How about when supporting Asian clients specifically?

Section C Gaps and challenges (Structure/Process/Outcomes):

- What do you see are the key gaps in mental health support for Asian communities?
- Have you identified specific challenges when you are working with Asian clients and communities?
- What is your organisation doing to address these challenges (e.g. innovations or processes)?

If there are already goals/strategies/innovations/framework in place to support care for Asian clients:

- Can you tell me more about these ... and how they work? In your opinion, are they working well? If not, how can they be enhanced or improved?
- What was the process that went into developing these?

If there are ongoing cultural competency training and supervision for staff:

- In your opinion, do you think these training processes are sufficient? Why or why not?
- How would you recommend improving or changing the current CC training and supervision for your staff?

If you had a magic wand, what would you like to happen or be put in place to better support services like yours and your staff to improve gaps around 1) workforce cultural competency and 2) service needs for Asian clients?

Section D Structural and external opportunities:

How does your organisation negotiate, promote or implement structural cultural competency changes?

Do you need further support to better engage with Asian clients?

Has your organisation explored partnership opportunities with Asian-specific mental health and addiction providers?

If yes:

- What would these relationships look like to you/your organisation?
- What types of outcomes would you envision can be gained from these types of partnerships?

If no:

- What are the barriers or obstacles to working in a partnership with Asian-specific providers?
- What would need to be in place to incentivise your organisation to pursue such a partnership?

Questions for Asian staff:

- Are you assigned more Asian clients because of your cultural background?
- Have you identified specific challenges when you are working with Asian clients?
- How supported do you feel when engaging Asian clients?

Appendix C

Codes for and corresponding relationship of participants and organisations

<i>No.</i>	<i>Participant</i>	<i>Organisation</i>	<i>Role</i>
1	A	Alpha	CEO*
2	B	Beta	Leader**
3	C	Gama	CEO**
4	D	Delta	Frontline
5	E	Delta	CEO**
6	F	Epsilon	Leader**
7	G	Zeta	Leader*
8	H	Delta	Frontline#
9	I	Delta	Frontline#
10	J	Eta	CEO**
11	K	Theta	Frontline
12	L	Beta	Leader**#
13	M	Zeta	Leader*
14	N	Eta	Frontline#
15	O	Eta	Frontline#
16	P	Theta	Frontline
17	Q	Epsilon	Frontline

* CEO/Leader-- policy focus

** CEO/Leader-- PHO/Clinic focus

Participant is Asian