



SUMMARY ASIAN MENTAL  
HEALTH AND ADDICTION  
RESEARCH AGENDA

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DECEMBER 2008



**Te Pou**  
o Te Whakaaro Nui

The NATIONAL CENTRE of MENTAL HEALTH RESEARCH,  
INFORMATION and WORKFORCE DEVELOPMENT

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**RESEARCH**  
TRANSLATING RESEARCH

## TE POU WOULD LIKE TO ACKNOWLEDGE

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New Zealand researchers working to improve knowledge which can contribute to Asian mental health and addiction.

The Ministry of Health for commissioning this project.

## THIS BOOKLET

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This booklet<sup>1</sup> provides a summary of the *Asian Mental Health and Addiction Research Agenda for New Zealand 2008-2012*. Please refer to the full agenda for further information about the context of Asian mental health and addiction in New Zealand, existing research and the development of this agenda.

This summary and the full report were written by Jenny Long and Jane Vanderpyl.  
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<sup>1</sup> Please reference this booklet as: Te Pou. (2008). *Summary: Asian Mental Health and Addiction Research Agenda for New Zealand 2008-2012*. Auckland: Te Pou, The National Centre of Mental Health Research, Information and Workforce Development.

# CONTENTS

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- PROJECT CONTEXT ..... 4
- ASIAN COMMUNITIES IN NEW ZEALAND ..... 4
- IMPORTANCE OF THE AGENDA ..... 4
- AGENDA DEVELOPMENT ..... 5
- RESEARCH TOPICS ..... 5
- UNDERSTANDING THE CONTEXT ..... 6
  - 1. Prevalence of mental illness and addiction within specific Asian communities in New Zealand ..... 6
  - 2. Understanding risk and protective factors for mental well-being among Asian communities ..... 7
- INTERVENTIONS ..... 8
  - 3. Developing mental health promotion to improve mental well-being among Asian communities ..... 8
  - 4. Improving the service access of Asian communities in New Zealand ..... 9
  - 5. Enhancing New Zealand’s primary health responses to mental illness in Asian communities ..... 10
  - 6. Enhancing the responsiveness of New Zealand’s mental health and addiction services to meet the needs of Asian communities ..... 11
- WORKFORCE DEVELOPMENT ..... 12
  - 7. Developing New Zealand’s workforce to provide culturally appropriate mental health and addiction care for Asian communities ..... 12
- RECOMMENDATIONS ..... 13
- REFERENCES ..... 14

## PROJECT CONTEXT

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*Te Tāhuhu – Improving Mental Health 2005-2015* and *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015* identified the need to develop research agendas for specific populations groups in New Zealand.

Te Pou<sup>2</sup> was commissioned by the Ministry of Health to develop a research agenda that would identify mental health and addiction research priorities for New Zealand's Asian population in the next three to five years. Te Pou has developed a separate agenda to identify priorities for New Zealand's refugee and migrant populations<sup>3</sup>.

The Asian agenda is intended as a resource for students, researchers, funders of research, and those interested in mental health and addiction in Asian communities.

## ASIAN COMMUNITIES IN NEW ZEALAND

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The Ministry of Health and many researchers use the official Statistics New Zealand (1996) definition of 'Asian'. This definition includes people originating in the Asian continent, east of and including Afghanistan, and south of and including China.

The Asian population in New Zealand is very diverse. There is variation within and between Asian ethnic sub-groups in culture, language, socioeconomic status, education, demographic characteristics, pre-migration experiences and health status (Ho, Au, Bedford & Cooper, 2002; Ministry of Health, 2006).

## IMPORTANCE OF THE AGENDA

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Little is known about the prevalence of mental illness and addiction disorders within New Zealand's Asian communities and what services and mental health promotion approaches are most appropriate for these communities (Ho et al., 2002; Kumar, Tse, Fernando, & Wong, 2006). This information is vital to influence service developments which will be responsive to the mental health and addiction needs of Asian people living in New Zealand.

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<sup>2</sup> Te Pou is the National Centre of Mental Health Research, Workforce and Information Development

<sup>3</sup> Research needs and information which are specific to refugees, or relate to issues around resettlement are covered in the Refugee and Migrant Research Agenda for New Zealand 2008-2012 (Te Pou, 2008b). A Maori agenda has been developed by Te Rau Matatini and a Pacific agenda has been developed by Le Va.

## AGENDA DEVELOPMENT

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This agenda brought together people representing service users, community groups, mental health services, health services, social and settlement support services, researchers and government agencies. These representatives provided information on mental health and addiction in New Zealand's Asian communities, knowledge gaps which limit service delivery and the utility of potential research questions for addressing these gaps. The questions developed through this consultation were revised and compared with existing literature to form a final set of research questions.

## RESEARCH TOPICS

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Research needs are organised in seven topics relating to three broad themes.

### **Understanding the context**

1. Prevalence of mental illness and addiction.
2. Understanding risk and protective factors.

### **Interventions**

3. Developing mental health promotion.
4. Improving service access.
5. Enhancing primary health responses.
6. Enhancing mental health and addiction service responsiveness.

### **Workforce development**

7. Developing the workforce.

By addressing the knowledge gaps outlined in this agenda researchers and funders can enhance future planning to deliver better, more appropriate services, and support and enhance mental well-being in Asian communities.

## UNDERSTANDING THE CONTEXT

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### 1. PREVALENCE OF MENTAL ILLNESS AND ADDICTION WITHIN SPECIFIC ASIAN COMMUNITIES IN NEW ZEALAND

Information about the level of mental illness in New Zealand's Asian communities is needed to guide health policy and service planning. Prevalence rates for specific Asian sub-groups can be used to identify any at risk groups within the Asian population. Prevalence rates can also be compared with service access numbers to provide a robust estimate of service underutilisation within Asian communities. No representative studies have been conducted on the prevalence of mental illness and addiction disorders within New Zealand's Asian communities.

### RESEARCH QUESTIONS

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- 1.1. What are the prevalence rates of common mental illnesses and addiction in Asian communities? Consider mild, moderate and severe levels where possible.
- 1.2. Examine differences in prevalence rates according to age, gender, ethnic and geographical location.
- 1.3 How have prevalence rates for mental illness and addiction in Asian communities changed over time?
- 1.4. What are the culturally appropriate ways to measure prevalence in Asian communities?

## UNDERSTANDING THE CONTEXT

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### 2. UNDERSTANDING RISK AND PROTECTIVE FACTORS FOR MENTAL WELL-BEING AMONG ASIAN COMMUNITIES

A number of risk and protective factors associated with mental illness have been identified. These include English language competency, employment, lack of discrimination, sufficient income, social support and an absence of pre-migration and migration stressors. Social and immigration services and policy in New Zealand target a number of post-migration stressors, but the impact of these services on mental health does not appear to have been evaluated. Few pieces of research have investigated the risk and protective factors for addiction in Asian communities.

### RESEARCH QUESTIONS

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- 2.1. How well are post-migration risk and protective factors addressed by the range of government policies and services for Asian communities?
- 2.2. What are the most important risk factors to target in order to reduce addiction in Asian communities?

## INTERVENTIONS

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### 3. DEVELOPING MENTAL HEALTH PROMOTION TO IMPROVE MENTAL WELL-BEING AMONG ASIAN COMMUNITIES

Mental health promotion is considered an important method for improving the mental health and well-being of Asian communities. However, little is known about the effectiveness of mainstream or culturally targeted mental health promotion campaigns for Asian populations in New Zealand or overseas. More work is needed to evaluate existing approaches and identify the most effective methods to develop mental health promoting behaviour and knowledge, reduce discrimination and encourage service access in Asian communities.

#### RESEARCH QUESTIONS

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- 3.1. Test and compare the effectiveness of new and existing methods (such as social marketing and information resources) for promoting mental well-being in Asian communities.
  - 3.1a. Consider the cost-effectiveness of each method and the impact on service access, shame, discrimination, and mental health related behaviours.
- 3.2. How and to what extent do religious groups, community groups, community leaders and complementary medicine promote mental health and well-being in Asian communities?
- 3.3. Test the effectiveness of methods to challenge negative attitudes, including collaborative interventions to reduce discrimination.

## INTERVENTIONS

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### 4. IMPROVING THE SERVICE ACCESS OF ASIAN COMMUNITIES IN NEW ZEALAND

New Zealand data shows that Asian communities access health and mental health services at lower rates than the European New Zealand population. Research has identified a number of barriers to service access, including a lack of knowledge about the health system, language barriers, cultural beliefs and attributions of mental illness as well as fear of stigma and discrimination. Reducing barriers to service access can improve service responsiveness to Asian communities. There is a need for further research to evaluate what types of approaches are most effective for encouraging service access to drive the development and funding of such interventions.

### RESEARCH QUESTIONS

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- 4.1. What are the help-seeking behaviour patterns and critical decision points in the process of accessing primary and mental health services for Asian children and adults who experience symptoms of psychological distress? How do these differ between New Zealand born and overseas born people of Asian ethnicity?
- 4.2. Apply knowledge about critical decision points to develop ways to encourage access to services.
- 4.3. Pilot or test the effectiveness of existing methods that encourage access to primary care and mental health services. Consider the cost-effectiveness of each method.
- 4.4. What do potential Asian service users expect from the New Zealand health system (for example in referral protocol, triaging, time waiting for initial consultation/follow up and treatment practices)? To what extent are these expectations met?
  - 4.4a. Do unmet expectations impact on future help-seeking behaviours?

## INTERVENTIONS

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### 5. ENHANCING NEW ZEALAND'S PRIMARY HEALTH RESPONSES TO MENTAL ILLNESS IN ASIAN COMMUNITIES

Existing research suggests that primary care services are an important point of mental health support for Asian people. There are concerns that Asian patients may not make the best use of primary health services in New Zealand and their experiences using the services may vary. However there is limited data to substantiate these claims or investigate the impact of primary care use on mental well-being.

### RESEARCH QUESTIONS

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- 5.1. How effectively do primary health services in New Zealand address the mental health and addiction issues and concerns of their local Asian populations?
  - 5.1a. Consider differences in treatments prescribed, the number of referrals to secondary services for Asian and non-Asian clients in New Zealand.
  - 5.1b. How effectively do primary health professionals (for example GPs, GP nurses and pharmacists) and other health providers explain health services to Asian clients?
  - 5.1c. Consider the impact of these factors on the mental well-being of Asian clients.
  
- 5.2. What are the most effective strategies that Asian clients can use to request information and achieve good access to mental health services?

## INTERVENTIONS

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### 6. ENHANCING THE RESPONSIVENESS OF NEW ZEALAND'S MENTAL HEALTH AND ADDICTION SERVICES FOR ASIAN COMMUNITIES

Little work has been done internationally to evaluate the effectiveness of culturally specific services or mainstream services in terms of outcomes for service users. There is also limited information about what treatment approaches are best for assisting recovery and mental well-being in Asian populations. This information is needed to influence service development and service funding decisions in New Zealand.

#### RESEARCH QUESTIONS

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- 6.1. Test the effectiveness of different models of service delivery for the New Zealand Asian population (including one-stop shops and tailored treatment delivered in mainstream services).
  - 6.1a. Consider the effectiveness for different Asian sub-groups<sup>4</sup>.
- 6.2. How effective are the mental health and addiction services that currently serve Asian communities? In particular consider the effectiveness for infants, children, adolescents and their families.
  - 6.2a. What are the immediate and long-term outcomes for people from Asian backgrounds who access specialist mental health services?
  - 6.2b. What needs of these populations are not being met?
- 6.3. How do mental health services engage with Asian family members in treatment planning?
  - 6.3a. What improvements could be made to current practices to encourage family involvement?
- 6.4. What are the most culturally appropriate tools to measure mental health, addiction and social outcomes for Asian groups?
  - 6.4a. Measure the effectiveness of the tools currently used in New Zealand.

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4 This could include different ethnic and religious communities, child, adult and elderly age-groupings as well as migrant and New Zealand born sub-groupings.

## WORKFORCE DEVELOPMENT

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### 7. DEVELOPING NEW ZEALAND'S WORKFORCE TO PROVIDE CULTURALLY APPROPRIATE MENTAL HEALTH AND ADDICTION CARE FOR ASIAN COMMUNITIES.

Many consider improving workforce cultural competencies to be an important means to enhance service provision to Asian communities in New Zealand. Existing research suggests that resources, training and organisational support are required to develop accessible and effective culturally competent staff. However, there is little research into which competencies are most important, the best ways to improve these competencies or whether cultural competencies have benefits for the mental health of Asian clients.

#### RESEARCH QUESTIONS

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- 7.1 What staff behaviours and attitudes are most important for enhancing recovery outcomes of Asian clients?
- 7.2. Examine and compare the effectiveness of different methods of training and ongoing support and mentoring to improve the cultural competency of the mental health workforce, particularly in relation to improved recovery outcomes for Asian clients.

## RECOMMENDATIONS

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The following recommendations are designed to support agenda implementation, the expansion of research and information on Asian mental health and addiction, and translation of this agenda into improved mental well-being for Asian communities.

1. Establish research collaborations among service providers, researchers and members of the Asian community to enhance the knowledge transfer of research findings for providers and the community.
2. Researchers consider differences among Asian sub-groups, use technically and culturally sound research methodologies and advocate for oversampling of Asian communities in national surveys.
3. Multiple agencies commit to funding the research priorities outlined in this report.
4. Form an ongoing stakeholders group to lead the monitoring of the agenda, further prioritisation, and dissemination of research findings.
5. Disseminate research findings widely to service providers and Asian communities.

The strategic and consultative nature of this research agenda acknowledges the importance of developing research which will benefit New Zealand's communities. Funding of the priorities, dissemination of research findings, and service provider and community engagement are crucial to the translation of research into improved mental well-being of Asian communities in New Zealand.

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