Submission to the Pae Ora (Healthy Futures) Bill

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Asian Family Services
Together enriching lives

Contents

1. Submission to Pae Ora (Healthy Futures) Bill

Thank you for the opportunity to comment on the Pae Ora (Healthy Futures) Bill. This submission is made by Asian Family Services.

Asian Family Services (AFS) welcome further discussion on this submission and look forward to engaging with those working on the legislation and health system reform towards providing a new structure and accountability arrangements for the publicly-funded health system to protect, promote, and improve the health of all New Zealanders.

2. The Focus Of This Submission

Asian Family Services hope the Select Committee will state Asian and ethnic minority groups as in the Pae Ora (Healthy Futures) Bill to ensure equitable health access for the publicly-funded health system to protect, promote, and improve the health of the Asian and ethnic minority groups in New Zealand.

The examples provided in this submission are direct experiences from working with Asian and ethnic groups and the systematic barriers we witnessed through the mental health and addiction sectors. With over 20 years of experience as the Asian and ethnic groups mental health and addiction primary health care provider in New Zealand, our responsibility is to authentically represent their voices, especially those who suffer silently from mental health and addiction issues, which unfortunately is not well understood by the general population. Many Asian and ethnic groups individuals were unable to share their pain and frustration that were buried deep inside, leaving them to feel invisible and extremely vulnerable at the time when their cultural and linguistic needs were not being met, respected, or understood by mental health and addiction services.

We Welcome The Pae Ora (Healthy Futures) Bill

Asian Family Services' vision is that "all people of Asian heritage and background lead flourishing and fulfilling lives in an equitable Aotearoa, New Zealand". Hence, we are delighted to see Pae Ora (Healthy Futures) Bill address the root causes of health inequity with fundamental changes to the structure and accountability of the publicly-funded health system, to repeal and replace the New Zealand Public Health and Disability Act 2000 entirely.

Asian Family Services want to acknowledge the bill's intention to create a publicly-funded health system that

- protects, promotes, and improves the health of all New Zealanders;
- achieves equity by reducing health disparities among New Zealand's population groups, in particular for Māori; and
- build towards pae ora (healthy futures) for all New Zealanders.

Asian Family Services applause that the Pae Ora (Healthy Futures) Bill is to give effect to principles of te Tiriti o Waitangi (the Treaty of Waitangi) to establish an independent Maori Health Authority that will work in partnership with the service. Especially in recognising the role of Iwi-Māori Partnership Boards and that Māori exercise tino rangatiratanga and mana motuhake in planning and decision-making for health services at a local level.

3. Asian Population

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

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

The term Asian in New Zealand represents many cultures and ethnicities, from Afghanistan in the west, India, China, Japan in the east, and Indonesia in the south[1]. Ethnic refers to MELAA, former refugees or asylum seekers.

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

[1] Categorisation of census for six major ethnic groups in New Zealand: European, Māori, Pacific peoples, Asian, MELAA (Middle Eastern / Latin American / African), and 'Other ethnicity'.

4. Racism And Unconscious Bias

New Zealand's immigration policy in the early 20th century was strongly influenced by racial ideology. Chinese and Indian populations were segregated in New Zealand. The Chinese Immigration and residency imposed during the 1920s rendered the poll tax. The Act also served to restrict Indian immigration to enter New Zealand. However, the legislation was not repealed until 1944, long after other countries had abandoned such measures.

Looking at today's society in New Zealand, racism is still equally prevalent despite many people wanting to think otherwise. Before the COVID-19 pandemic reached New Zealand, race discrimination was established as a wide-reaching issue. According to the Human Rights report, four in ten respondents (40%) said they experienced some form of discrimination before COVID. The incidence was higher (around five in ten) among the Maori and Chinese, Asian, or Pacific. Online negative comments were the most common type of discrimination experienced, followed by negative experiences on the street or public. Ethnicity / race-based discrimination was the most prevalent reason for the discrimination experienced pre-COVID-19. Besides the Human Rights Commission, the New Zealand Police also reported an increase in complaints of racism, mainly impacting Chinese people, as fears around Covid-19 increased. Furthermore, Netsafe also reported a 200 per cent increase in online racism during the lockdown period.

Systemic racism and social exclusion exist within the New Zealand society for the Asian and ethnic groups when accessing employment and public goods and services. It is ingrained in nearly every aspect of how people move through societies, and it disproportionately affects Asian and ethnic minority groups. State Services Commission figures from 2020 states that European staff are over-represented as Managers and Policy Analysts. Asian staff are highly represented as Contact Centre Workers, IT Professionals and Technicians. Asian ethnicities are still under-represented in the top three tiers of Public Service management[ii] despite Asians receiving the highest qualification from Bachelor's degrees, Post-reductions, Master's degrees, and Doctorate degrees in general compared with the New Zealand population[iii].

Furthermore, Asian New Zealanders are still underrepresented in Parliament. Asian comprised 15.1 per cent of New Zealand's population. Only 5 per cent of MPs are Asian; therefore, almost 10 per cent below the proportion of the population [iv].

Unfortunately, policymakers and the public sectors still largely ignore the ongoing racism and social exclusion experienced by the Asian and ethnic minority groups' needs. The ongoing issues have a persistent disadvantage for the Asian and ethnic minority groups, especially when accessing employment, health and social support services. Despite this, we have not

seen any tangible national high-level policies that are in place to support and address the needs of the Asian and ethnic minority groups.

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

It is critical to remember that social systems are naturally distributed inequitably— the structure is designed to reward specific demographics for so long that the system's outcomes may appear unintentional but are rooted in discriminatory practices and beliefs. A European centric group dominates the current Health New Zealand Interim Board[2]. One would wonder how the Asian and ethnic minority groups views would be fairly represented in the discussion and be strengthened to address the health equity issues among Asian and ethnic minority groups.

5. Health Equity

Making systemic changes to our health resources—including reallocation of long term funds, increased outreach toward Asian and ethnic minority groups, a more robust effort to address the language barrier, investment into Asian and ethnic minority group health workforce, and cultural competency with high-quality research of Asian and ethnic minority groups health — will be vital in delivering quality care to Asian and ethnic minority groups in a sustainable way.

Equity is a solution for addressing imbalanced social systems. Justice can take equity one step further by fixing the systems in a way that leads to long-term, sustainable, equitable access for generations to come that meet the needs of Asian and ethnic minority groups.

According to the World Health Organization (WHO), equity is defined as

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

[2] Board – Interim Health NZ https://www.futureofhealth.govt.nz/health-nz/board-interim-health-nz/

The Race Matters Institute[3] describes, "The route to achieving equity will not be accomplished through treating everyone equally. It will be achieved by treating everyone equitably, or justly according to their circumstances."

Health equity recognises that each person has different circumstances and needs to allocate resources and opportunities to achieve an equal outcome. However, based on the Asian Family Services' observation, the health equity narrative has become strongly linked to Maori and Pacific people instead of reflecting on people who experience different social circumstances resulting in avoidable health outcomes, not simply their ethnicity or race.

Understanding the difference between health equality and health is essential to public health to ensure that resources are directed appropriately and supports the ongoing process of meeting people where they are. Hence, it is paramount for the Asian and ethnic minority groups to have culturally and linguistically appropriate resources available in public. This was evident in the early COVID19 outbreak in New Zealand. Many individuals from Asian and ethnic minority groups, such as Chinese, Vietnamese, Thai, Laos and Korean, struggled to access information about the community outbreak because it was not translated into a language they could understand. Hence, to reduce the health disparities gap, underserved and vulnerable populations' underlying issues and individual needs among the Asian and ethnic minority groups must be effectively addressed.

6. The Positive Migrant Health Affect

Due to the entry criteria of New Zealand Immigration, the Asian and ethnic minority groups population, predominantly Asian, tend to have higher education. Yet, Asian people are distributed more towards lower household income than Europeans.

Research also indicated Asian and minority groups have the lowest access to healthcare and social support services of all ethnicities in New Zealand, including primary healthcare, chronic pain services, mental health care, screening, and oral healthcare [ix x xi xii].

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

[3] Race Matters Institute https://viablefuturescenter.org/racemattersinstitute/

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

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

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

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

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

- 47.9% of Asians could not access language and cultural support regularly when using health services in New Zealand;
- 49.2% cultural and social support;
- 39.7% free interpreting services;
- 39.5% culturally appropriate clinical services;
- 35.7% culturally appropriate psychological intervention;
- 32.5% translated health resources and
- 24.7% for ongoing updates and health-related articles[xvii].

7. Mental Health and Addiction Service Gaps among Asian and Minority Groups

The evidence for the need to address the lack of investment in mental health and addiction in the Asian and minority groups is backed by the Asian Family Services and Platform Trust research[xviii]. A study to explore how mainstream mental health and addiction providers and Asian and minority groups specific Mental Health & Addiction providers could work together to better respond to the needs of Asian and ethnic minority groups in New Zealand. The study included 17 participants from four NGOs, one charity, one PHO and a government from the mental health and addiction sectors. The findings on service gaps and challenges indicated:

1) Mainstream mental health and addiction organisations recognise the existence of significant service gaps for Asian and ethnic minority groups and have been trying to address them.
2) The importance of recognising diverse needs within Asian and ethnic minority groups communities, including those with intersectional identities.
3) The stigma around mental health and addiction is pervasive among the Asian and ethnic minority groups communities, hindering help-seeking behaviour.

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

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

Several factors help to explain why Asians and ethnic minority groups have an increasing need for effective services. These groups are growing in size and suffering from inequitable access to services. In addition, communities are advocating more for unique cultural perspectives in services.

The researchers conclude that Health law and policy need to recognise the importance of being culturally responsive, reflect relevant cultural models of Health, and consider the clinical and cultural needs of people affected by mental illness and addiction.

8. Recommendations

1. **Asian Family Services' submission wishes the select committee clearly states the Asian and ethnic minority groups as population groups in the Pae Ora (Healthy Futures) Bill to ensure equal access to the resources without any unconscious bias or racial discrimination from the new reform for the health and disability system and services.**

   Asian Family Services argue that a broad-brush "New Zealander" could potentially ignore disadvantaged Asian and ethnic minority groups from the dominant group. Instead, an effective strategy should consider including the Asian and ethnic minority groups as population groups clearly stated in the Pae Ora (Healthy Futures) bill.

   The Collins dictionary defined that a New Zealander

   " is a citizen of New Zealand or a person of New Zealand origin.[xix]*"*

   Without denying, the term New Zealanders is often associated with power, privileges, and patterns of thinking associated with the dominant European New Zealander instead of someone akin to Chinese, Indian or Korean descent of New Zealanders.

2. **Part 1, Preliminary provisions, 7 Health system principles (d) the health system should provide choice of quality services to Maori and other population groups,**

   Asian Family Services augur that " other population groups" be replaced by Asian and ethnic minority groups as population groups. Funders and decision-makers often neglect the health needs to create equitable health outcomes for the Asian and ethnic minority groups.

   Asian Family Services fears the Pae Ora (Healthy Futures) Bill will not achieve equitable outcomes for the future of the Asian and ethnic minority groups as population groups with the lack of investment in mental health and addiction initiatives to address the social determinants of wellbeing for the Asian and ethnic minority groups.

   Since He Ara Oranga, the report of the independent inquiry into mental health and addiction identified Maori and Pasifika people to be the priority group in the framework. Many mental health and addiction service providers have realigned their strategy to service these two priority groups with indirect consequences, resulting from further widening the services gaps among the Asian and ethnic minority groups

where the resources are already lacking. Hence, Asian Family Services is experiencing further pressure in responding to the needs of Asian and ethnic minority groups, especially those who identified as Chinese, South Asian, Korean, Thai, Japanese and Vietnamese.

Asian Family Services has experienced that funders and providers chose not to respond to the Asian and ethnic minority groups health issues. The refusal was due to the Asian and ethnic minority groups not being included in either legislation or national strategy. Consequently, resources were not provided to improve health outcomes, such as suicide pre/postvention.

Furthermore, research and proposal that study the diverse Asian and ethnic minority groups and wish to access crown funding were often denied, despite the benefit will outweigh the cost, to address inequity health issues among Asian subgroups.

3. **Part 1, Preliminary provisions, 7 Health system principles (d), (ii), providing services that at culturally safe and culturally responsive to people's needs;**

   It needs to clearly state "culturally safe and culturally responsive to the Asian and ethnic minority groups as population groups. The interpretation of culturally safe and responsive needs is often associated with either Maori or Pacific culture in the health and disability system unless specifically labelled.

   Only by explicitly stating the Asian and ethnic minority groups as a population group for culturally safe and culturally responsive can a diverse workforce of Asian and ethnic minority groups be created. The health workforce needs to have the diversity and cultural competence to design and deliver client-centred services with high quality and safety to the Asian and ethnic minority groups in New Zealand, while also having Asian and ethnic minority groups leadership in promoting the Asian and ethnic minority group viewpoints. There is also a need to develop culturally responsive assessment tools and frameworks that are holistic and consistent with Asian and ethnic minority groups cultural needs and preferences of the collective/whanau centric approach.

4. **In Part 2 Key roles and health documents, subpart 2 - Health New Zealand, 12 Board of Health New Zealand (1) the board of Health New Zealand consists of not fewer than 5, and not more than 8**

Asian Family Services hopes the Pae Ora (Healthy Futures) Bill legislation includes having Asian and ethnic minority groups representatives in the Board of Health New Zealand. Considering 15% of the total population in New Zealand are Asian and minority groups. We often see Asian and ethnic minority groups excluded in the top tier key decision-making process.

Asian Family Services believe that having Asian and ethnic minority groups representatives early in the reform will enable a whole system view that is more inclusive for the increasingly diverse population of Aotearoa. In recent observation from Asian Family Services, members appointed to bodies where the Crown is interested in Government regulation on behalf of the responsible Minister often lack Asian and ethnic minority groups representation, even though many high calibres of Asian and ethnic minority groups professionals have extensive knowledge and experiences nationally and internationally to support the stewardship of health and disability system, which would achieve an equitable outcome for all New Zealanders.

A lack of representation of Asian and ethnic minority groups can be found in the Government inquiry into Mental Health and Addiction, Oranga Tangata, Oranga Whanau; New Zealand Health and Disability System Review, Hauora Manaaki ki Aoteroa Whanui. The inquiries' Terms of Reference are absent of the mandate and inclusivity to engage with the Asian and ethnic minority groups.

Consequently, the Asian and ethnic minority groups were often overlooked or included in the review and the documents. The National plan, Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Plan, neglected to mention or address the specific psychosocial needs of the Asian and ethnic minority groups as population groups.

On top of that, the Suicide Prevention Strategy and Action Plan Every Life Matters – He Tapu te Oranga o ia Tangata: Suicide Prevention Strategy 2019–2029 and Suicide Prevention Action Plan 2019–2024 for Aotearoa New Zealand equally failed in acknowledging and addressing the needs of the Asian and ethnic minority groups as population groups in those plans.

5. **In Part 2 Key roles and health documents, subpart 2 – Government Policy Statement on Health, 32 Content of GPS (1) (d) The Government's priorities for improving health outcomes for Pacific people, disabled people, rural communities, and other populations:**

"Other populations" are to be replaced by Asian and ethnic minority groups as population groups, so the locality plan can be more purposeful in meeting the needs of the Asian and ethnic minority groups.

Asian Family Services hopes to see a mental health and addiction healthcare system and suicide prevention and postvention that is culturally and linguistically capable of meeting the changing population needs to support all Asian and ethnic minority groups to live well, stay well and get well. This can only achieve by stating the Asian and Ethnic and ethnic minority groups in the Pae Ora (Healthy Futures) Bill.

Asian Family Services is the only primary health care mental health and addiction service in New Zealand, providing culturally and linguistically responsive services to Asians and ethnic minority groups. Our referrals have continued to increase since the outbreak of the COVID19 in New Zealand. High stress, anxiety, and isolation in a pandemic are tolling Asians and ethnic minority groups' mental health. For example, our Asian Helpline received a notable increase since the outbreak. The total duration of calls has also increased by 146.5% in April 2020 compared to April 2019. In October 2021, Asian Helpline calls increased to 120% compared to September 2021. AFS received many new clients being referred by Need to talk? 1737 because they could not provide culturally and linguistically responsive support.

9. We Must Act Now

Asian Family Services is also concerned about the long-term mental health impact of the pandemic, which can persist long after the immediate threat of the virus. Before the August 2021 Delta outbreak, a group of mental health professionals already anticipated that there would be a second and potentially large cohort of newly at-risk people due to the economic downturn and expected ongoing rise in unemployment[xx] .

Our Asian Family Services clinicians are also aware of an increasing number of newly at-risk young people, working-age adults, and older people who have mainly experienced wellness before the pandemic, now facing disruption in their lives and not knowing how to seek help.

These newly at-risk people may use negative coping strategies such as gambling, alcohol, and drugs, resulting in additional issues, such as relationship problems, domestic violence, mental health issues, suicide, and self-harm.

Asian Family Services strongly believe that the Pae Ora (Healthy Futures) Bill needs to state that the Asian and ethnic minority groups as population groups in the legislation. The under-utilisation of primary health and mental health services of Asian and ethnic minority groups gives the false impression that these populations have better health than the general population. The result is little funding and policy support to improve current services for Asian and ethnic minority groups. This pandemic has rapidly brought to the fore the significant service gaps and unmet needs within Asian and ethnic minority groups. Breaking up this cycle should be a priority for reducing health inequalities and promoting the mental health and wellbeing of Asian and ethnic and ethnic minority groups during the recovery phase.

In addition to the many broader systemic barriers, it has been found that language and cultural issues were the two most widely experienced barriers to service utilisation, adversely affecting equitable access to appropriate and quality care. To date, Asian Family Services is still the only Asian dedicated mental health and addiction service providing culturally and linguistically appropriate services for Asians in New Zealand.

Asian and ethnic minority groups with mental health and addiction issues are diverse, including various ethnicities, ages, and backgrounds, and their profiles are changing. Therefore, ongoing service development is required to address service gaps and overcome significant barriers preventing Asian and ethnic minority groups from accessing and utilising timely and appropriate mental health and addiction services.

10. About the Asian Family Services

Asian Family Services (AFS) has been providing support to the Asian community living in New Zealand since 1998. The organisation is a charitable trust.

AFS is New Zealand's only service provider for people of Asian background who are affected by gambling harm. Our gambling harm minimisation services are delivered under a Ministry of Health contract and funded from the gambling levy. The service operates in three areas; the Asian Helpline, clinical intervention, and public health work.

Nationwide, the Asian Helpline provides immediate emotional support or brief interventions over the phone and provides culturally appropriate information for all Asians living in New Zealand. The helpline offers eight languages where people can get support from counsellors, psychologists and social workers who speak Cantonese, English, Hindi, Japanese, Korean,

Mandarin, Thai and Vietnamese. The counsellor will provide support and make appropriate referrals for face to face psychological services if needed.

Asian Wellbeing Services (AWS) is part of AFS. It was established in 2016 to provide professional psychological interventions and tailor-made psychoeducation workshops for clients with non-gambling issues. The AWS teamwork across many GP clinics and schools provides on-site support services. This has been a proven model of care that reduces the barriers to accessing psychological services and achieves better outcomes for our clients.

Asian Family Services currently is undertaking two research projects funded by MOH innovation funds, one Reaching Out to improve Asian access in primary care space, and one Remarking Lives to focus on peer support and codesign work for youth wellbeing. The other research project on Asian Perinatal Mental Health under the funding of WDHB.

Asian Family Services has received funding from MSD Community Connection services and currently are providing free counselling, social support, food parcels and essential items for Asians.

Asian Family Services is also developing a suite of resources to support wellbeing and help people who are currently struggling with their mental health by providing simple, tangible actions anyone can do.

For further information, visit www.asianfamilyservices.nz, Facebook, Instagram, YouTube, WeChat, where resources are shared daily in different languages.

Ngā mihi nui,

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Asian Family Services

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