Report on the Development of Suicide Prevention Resources for Chinese People

October 2018

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Contents

Background

The number of suicide deaths among Asian people living in New Zealand has been on the rise in recent years. According to the annual provisional suicide statistics released by the Coronial Services of New Zealand, the Asian suicide rate has risen from 5.93 per 100,000 in 2007 to 8.69 per 100,000 in 2018.

In 2017 the Ministry of Health released the draft consultation document "A Strategy to Prevent Suicide in New Zealand". This document outlined a framework for how agencies can work together to reduce suicidal behaviour in New Zealand. The draft plan indicated that the suicide rate among Asians aged 85 years and older is the highest among all ethnic groups and age groups. However, it was believed the calculated rate could be unreliable because of the relatively small number of older Asians living in New Zealand.

The New Zealand Suicide Prevention Strategy 2006-2016 reported Asian people, as a group, have the lowest rate of suicide compared with other ethnicities (European, Maori, Pacific) in New Zealand. This may explain why there was no specific action in reducing Asian suicide rate in the New Zealand Suicide Prevention Action Plan of 2006-2016. A lack of suicide prevention strategies for Asians living in New Zealand is a concern given our growing Asian population and the absolute number of Asian people who die by suicide is likely to rise. Understanding the cultural context in which suicide occurs is critical for the development of effective strategies in reducing suicidal behaviour in the Asian community.

In 2015 the Planning and Funding Department of Auckland District Health Board and the Centre for Asian and Ethnic Minority Health Research at the University of Auckland conducted a joint research project to explore suicide in the Asian community in New Zealand. This project was aimed at (i) studying the phenomenon of suicide among Asians living in New Zealand, Asian countries and other Asian immigrants' communities in Western countries; and (ii) providing better information to guide the development of culturally appropriate suicide intervention strategies in New Zealand.

In 2018 Wang et al. published a study examining the phenomenon and identifying common factors to gain a better understanding of late-life suicide in Asian people living in New Zealand.

Both studies highlight the need to open up the dialogue in addressing issues of shame and stigma regarding suicide and mental health when working with the Asian community.

Asian Family Services and a number of Auckland-based Asian mental health professionals have long been concerned about suicide issues among the Asian community. Matua Raki (Addiction Workforce Development) provided initial funding to support Asian Family Services to develop an Asian suicide prevention resource. An Invitation to work with experienced clinicians and researchers was extended to develop this resource.

Preamble

The purpose of this report is to provide an overview of the rationale for developing suicide prevention resources for Chinese people living in New Zealand and to summarise the academic literature in this area. It is not intended to replace or duplicate research that has already been completed in the area of suicide among Asians living in New Zealand.

The Suicide Prevention Resources for Chinese People were developed because of the lack of similar suicide prevention resources available in New Zealand, the increasing number of suicides among Chinese people living in New Zealand alongside population growth, and concerns from Asian service providers, clinicians and researchers. Through the synergy of a combined effort with a very limited amount of funding ($5000), as well as time constraints, the advisory group persevered to complete the final products of the Chinese suicide prevention resources.

The Suicide Prevention Advisory Group members were recruited based on their mental health knowledge, research background and clinical understanding of suicide among Chinese people. They have generously donated their time and resources to oversee the development of the resources.

Asian population

The Immigration Amendment Act 1991 has contributed to an increase in the Asian population in New Zealand. In the 2013 New Zealand Census, 471,711 people (11.8%) identified themselves as Asian, an increase from 6.6% in 2001. The greater Auckland region has over 1.4 million people and the highest proportion of Asian people: Asians 23.1%, Europeans 59.3%, Pacific 14.6%, Maori 10.7%. Among the Asians living in Auckland, the largest groups are Chinese and Indian (Stats, 2014). The Asian ethnic group is projected to rise from 540,000 in 2013 to 1.2–1.4 million in 2038 (Stats, 2017).

While there was an increase in the proportion of Asians living in every region, the most significant growth occurred in the Auckland region. In 2013, almost 1 in 4 people (23.1% or 307,233 people) living in the Auckland region identified with one or more Asian ethnic groups, compared with 1 in 5 people (18.9%) in 2006.

The number of people identifying with the Indian ethnic group increased 48.4% between 2006 and 2013, compared with an increase of 16.2% for the Chinese ethnic group.

Chinese remained the largest Asian ethnic group in 2013, with 171,411 people (36.3% of the Asian ethnic group, down from 41.6% in 2006).

Indian was the second-largest Asian ethnic group in 2013, with 155,178 people (32.9% of the Asian ethnic group, up from 29.5% in 2006).

The population of selected Asian ethnic groups
2001, 2006, and 2013 Censuses

Ethnic group[1]	2001 Census	2006 Census	2013 Census	Percentage change 2001–2006	Percentage change 2006–2013
Chinese	105,057	147,567	171,411	40.5	16.2
Indian	62,187	104,583	155,178	68.2	48.4
Filipino	11,091	16,938	40,350	52.7	138.2
Korean	19,026	30,792	30,171	61.8	-2.0
Japanese	10,026	11,910	14,118	18.8	18.5
Sri Lankan	7,014	8,313	11,274	18.5	35.6
Cambodian	5,268	6,915	8,601	31.3	24.4
Vietnamese	3,462	4,770	6,660	37.8	39.6

1. Includes all people who stated each ethnic group, whether as their only ethnic group or as one of several. Where a person reported more than one ethnic group, they have been counted in each applicable group.

Note: The gap between this census and the last one is seven years. The change in data between 2006 and 2013 may be higher than in the usual five-year gap between censuses. Be careful when comparing trends.

Source: Statistics New Zealand

According to the Migration Trends 2016/2017 reports, New Zealand experienced a net gain of 72,300 permanent and long-term migrants in 2016/17, which was 4.7% more than in 2015/16. This was the fifth consecutive year in which migration increased and the highest net gain ever recorded. 75,578 student visa holders were present in New Zealand on 30 June 2017. At 152,432, the number of temporary workers present in New Zealand on 30 June 2017 was 16% higher than the year before. The number of people approved for residence in 2016/17 fell 8% to 47,684 following a 21% increase the year before. Most migrants granted residence stay on in New Zealand on a long-term basis, and

this ‘retention rate’ has been slowly increasing. Of those people granted residence in 2001/02, 79.6% were still in New Zealand after five years compared with 89.1% of those granted residence in 2011/12. Over 39% of Asian community members in New Zealand are recent immigrants who have been resident in New Zealand for under 10 years.

The 2018 New Zealand Census of Population and Dwellings took place on March this year. Due to the additional analysis required, the latest Census will take longer than originally planned to release final figures. They are now working towards the first release of data in March 2019.

Definition of suicide

According to the Merriam Webster Dictionary, suicide is defined as "the act or an instance of taking one's own life voluntarily and intentionally". The American Psychological Association defined suicide as an act of killing oneself, most often as a result of depression or other mental illness.

Suicide data among Asians

Ho, Au and Amerasinghe, (2015) estimated the annual Asian suicide rates from 1996 to 2010 fluctuated between 3.3 and 11.4 per 100,000 people (i.e. 10 to 28 Asian people die by suicide every year in New Zealand). These rates are much lower than the estimated rates for the total New Zealand population in the same period, which ranged from 12 to 15.7 per 100,000 people.

Wang, Ho, Au and Cheung (2018) examined suicides in older Asian people living in New Zealand; they highlighted that Asian people aged 75 and older have a much higher suicide rate than their European, Maori and Pacific counterparts.

Age group (year)	Asian	European and others	Maori	Pacific
65 – 69	9.6	6.2	0	3.5
70 – 74	7.8	87	4.3	0
75 – 79	12.6	10.1	0	8.2
80 – 84	25.6	13.3	0	0
85+	57.1	14.1	0	0

Table One: Rate of suicide deaths over 65 years by ethnic group (per 100 000) in New Zealand (2009 – 2013)

There have been increases in both the number and proportion of suicides among middle-aged Asian people between the ages of 45 and 64 years, as well as among older people aged 65 years and older. Compared with the two earlier time periods (1996-2000 and 2001-2005), suicides in youth (those aged 15 to 24 years) and young adults (aged 25 to 44 years) have decreased in proportion in the five years from 2006 to 2010 (Ho et al).

The common themes of suicide among Asians

A number of risk factors contribute to suicide in four vulnerable groups: recent immigrants, youth, the middle-aged, and older adults.

Recent immigrants

Many recent immigrants experience feelings of depression, hopelessness, isolation and discrimination among Asian immigrants. Cultural factors surrounding these issues including the stigma of mental illness, shame associated with help-seeking and fear of returning to their country of origin a failure, were stressed as additional factors increasing the risk of suicide in this group (Ho et al).

Middle-age

The 20-to-50-year age range is identified as being a time of high stress for Asian migrants. The interplay between mental health issues, cultural expectations and situational risk factors for this group were suggested to act as important triggers for suicidal behaviours by Ho et al.

Other risk factors in this age group include marital discord, relationship breakdown, and job or financial losses. For middle-aged women, this was also a period that involved other losses such as their primary role as caregiver to their children. Presence of undiagnosed mental health issues in the Asian population, which worsened as they aged, in conjunction with stress factors in middle-aged individuals elevated the risk of suicide during this time (Ho et al).

The culture of having a "duty to work" was suggested as playing a role in these individuals' delay in help-seeking behaviours. Particularly for middle-aged women, as it was a period that involved other losses such as their primary role as caregiver to their children. This loss of identity, combined with the aforementioned cultural clashes with children, were thought to create a sense of loneliness and despondency, leading to suicidal thoughts as a way of expressing distress. Paradoxically, children were also identified as reasons for middle-aged and elderly women deciding not to follow through on suicidal ideation, as the expected shame placed on the family would scar their children's lives (Ho et al).

Young people

Vulnerabilities for Asian youth or international students included academic pressures, unrealistic parental expectations, parent-child conflicts and possible identity and sexuality crises, and they were noted as a high-risk group. Reduced social support and English language difficulties, in addition to academic pressures could increase their risk of suicide (Ho et al).

Mental health problems, particularly depression, were a particular concern among the Asian secondary school student population, and while most Asian students reported good health, a number of barriers to accessing health care when required were noted, including lack of knowledge of the health system, as well as cost and transport issues. Asian children and youth feel caught between two cultures, and this can lead to considerable stress especially around the issue of boyfriends/girlfriends (Parackal, Ameratunga, Tin, Tin, & Wong, 2011).

According to the youth report (2007), 12% of the 537 Chinese students who participated in a survey had consulted a health professional for emotional worries in the previous 12 months. Over the same period, 3% of Chinese students reported inflicting self-harm that required treatment, 15% had thoughts of suicide, 9% had made a plan to kill themselves and 4% had attempted suicide. More Chinese students (15%) than New Zealand European students (12%) had thoughts of suicide; however, the difference was not significant after controlling for socio-economic variables – again, the apparent ethnic difference is explained, at least in part, by the socio-economic differences between Chinese

and New Zealand European students. Nevertheless, the proportion of Chinese students who had thoughts of suicide decreased from 23% in 2001 to 15% in 2007, and the proportion who attempted suicide decreased similarly, from 10% in 2001 to 4% in 2007(Parackel et al).

Older Asians

The study of Wang et al. (2018) identified three common themes in completed suicides by older Asian people living in New Zealand, as well as looking into factors contributing to suicide in this age group.

Theme one: suicide is occurring in the context of a family. The deceased lived with the family, either their spouse or extended family, at the time of their suicide. The suicide is committed at home and the person was found by their family members. Further sub-themes emerged from theme one, and these are: isolation, older Asians were socially and culturally isolated despite living with their extended families or seeing their families regularly. Adjustment to a new environment was another sub-theme that emerged, and one of the triggers was placing older Asians in a rest home where there is no one who speaks their native tongue. A third sub-theme is communication, and that is to do with pressing emotions, distress, suicidal threats, passive death wishes, and saying goodbye to the family.

Theme two: physical health. A negative change in health status was a typical drive for suicide and the final theme identified was the violent method of suicide among older Asians.

Some common characteristics of older Asians who are vulnerable to suicide were mentioned in the research, and these are:

- The language barrier. The study of Wang et al. found that the majority of the older Asians did not speak English despite having been in New Zealand for some years.
- Social isolation, living alone, and lack of interconnectedness increase the risk of suicide in older Asians such as placement in nursing homes, loss of the spouse and experiencing interpersonal disharmony.
- Physical ill health and functional decline as having an association with suicidal behaviour especially decline in quality of life.
- Finally, psychiatric illness is another commonly recognised contributor to late-life suicide, with depression the most common diagnosis. The study also found that Asian older people are less likely either to seek psychological support or to report their psychological symptoms to a GP.

Wang et al. also identified the protective factors for older Asians such as:

- Having a confidante and living with children. Asian cultures promote the importance of the family, interdependency and collectivism over individualism.
- Religion and spirituality may be a protective factor as they provide a structured belief system and access to a socially cohesive and supportive community with a shared set of values.

According to a study by the Chinese Centre for Disease Control and Prevention in China (2012), depression increases the risk of someone attempting suicide by as much as 20 times, with anxiety disorders increasing the risk by six to 10 times and alcohol abuse by six times (Chinese Daily, 2013).

Meaning of suicide in Chinese context

Many studies have attempted to look at the meaning of suicide in different cultures. In Chinese culture suicide is often believed to be a legitimate means of conveying a message or escaping shame (Dubois, 2013)

Pearson and Liu (2002) and Liu (2002) investigated the suicidal death of a young rural Chinese woman from anthropological and ethnographic studies focused on the sociocultural environments in which the suicide took place. In China women often have an inferior status within the family. Suicide is taken as an act of revenge in a moral and spiritual sense, and the act of suicide grants the woman so much power that she may achieve what she could not during her lifetime.

Stigma around suicide

There is a significant stigma around suicide and mental illness within the Asian community. When someone dies by suicide, most Asian families grieve privately. They rarely show or share their emotions, and are often fearful of being judged and shunned in the community. It is also not common for Asian people to feel comfortable about discussing the cause of death or directly addressing what had happened to the deceased; and this fuel the idea that it is shameful. So how does one prevent suicide in the Asian community when people avoid talking about it?

People from Asian communities often find a strong sense of belonging and importance is placed on the family which could be a very positive thing for their mental wellbeing. Unfortunately, for many people, the need to preserve the family's reputation and status in a close-knit community can lead them to remain silent about their psychological distress.

Asian mental health services and health professionals are well aware of people from Asian background often struggling to openly talk about their mental health or experience of suicide in their family/community. Research from the National Health Services, UK, shows that Caucasians are twice as likely as Asians to seek help. This is why identifying cultural pressures and creating an environment within our community where people can talk about stress is so crucial (Bell, 2018).

Postvention

Because of the stigma associated with suicide, family members in general are reluctant to identify themselves as having been directly affected by suicide. Hence, there is a clear need to strengthen postvention services to raise awareness about the needs of survivors, and to remove barriers to their seeking support. The aftermath of suicide, including its impact on Asian families and communities was not well understood by the majority of Asian communities. Hence, developing appropriate mechanisms and resources to deliver postvention messages to diverse Asian communities is crucial to help prevent further suicides from within the grieving family (Ho et al).

Mental health literacy

According to the Ministry of Health (2012) when the public has good health literacy, the communities can find, understand and evaluate health information and services quickly to make effective health decisions. Part of the advantage of improving health literacy is having critical thinking and problem solving to improve health choices.

Media in health promotion

Local media play a vital role as the link between health services and the broader public. The media either in the form of print, radio, television and social media, are an effective way to persuade target audiences to adopt behaviours or to remind them of critical information. The media can empower populations to understand the stigma around mental health issues to promote alternative health behaviour such as seeking early help to increase community acceptance of services (Ministry of Health, 2003).

Asian media

Asians prefer media that speak their first language as their primary choice no matter how proficient they are in English. This is the reason why the Asian language media is diverse and continuing to grow, and it is an essential way of directly reaching Asian people. Including newspapers, magazines, TV, radio, websites, and social media, there are 54 media entities that cater for Indians, Chinese and Koreans around the country.

How Chinese seek information

A focus group within the Chinese community led by Auckland Emergency Management (2016) found that Chinese commonly used social media when looking for information or resources and their preferred social media platforms for this are Skykiwi and WeChat. The Chinese community prefers social media platforms with interactive functions, especially the ability to post questions to source information from other Chinese people; the word of mouth approach is common in Chinese communities. This is most popular amongst new Chinese migrants. Google search is only used if their English is fluent and they know where to find official information through the public domain.

Other services that have proven to be popular among Chinese people in New Zealand are Citizens' Advice Bureaus and libraries. Translated information is useful; however, it needs to be placed in places where it is visible; such as Plunket waiting rooms where parents wait for their children's appointment.

It is important to note that the majority of Chinese do not watch the mainstream news (TV3, TV One), and think that the English news programmes presented on TV are not as detailed as their Chinese media equivalents.

Suicide prevention resources for Chinese

Purpose

To produce culturally and linguistically appropriate resources to address suicide for the Chinese community.

Goals

The focus of this project is to improve mental health literacy in the Chinese community and to expose the community to the prevention information. To educate Chinese people about suicide and its prevention using online videos that are culturally and linguistically appropriate with a longer-term plan to follow up.

Suicide Prevention Advisory Group

The group provides leadership and direction in co-creating the suicide prevention resources for the Chinese community with an emphasis on reducing stigma and encouraging help-seeking behaviour.

The advisory group is made up of health and academic professionals who are appointed based on their clinical and academic skills and experience in working with Asian communities, and knowledge of medical and mental health sectors. The group provides expertise and guidance on the development of the Chinese Suicide Prevention Resources. The experts are:

- Dr Gary Cheung – Senior Lecturer in Psychiatry, The University of Auckland
- Patrick Au – Asian Mental Health Services, Central Auckland
- Dr Elsie Ho – Associate Professor, School of Population Health, The University of Auckland
- Rebecca Zhang – Psychologist, alcohol and other drugs practitioners
- Kelly Feng – National Director, Asian Family Services
- Ingrid Wang – Art therapist and counsellor, Asian Family Services
- Kung Zhang – Mental Health and AOD consultant
- Ivan Yeo – consumer and deputy director and health promoter lead, Asian Family services

Meeting summary

The advisory group met eight times from January to October 2018.

The task of the group is to produce culturally and linguistically appropriate resources to address suicide in the Chinese community. The Chinese community was specifically chosen because it is the largest ethnic group in New Zealand. The resources are in Mandarin and Cantonese language. The reviews of the advisory group confirmed that culturally and linguistically appropriate suicide prevention information for Chinese in New Zealand is currently not available. Such information is essential to support Chinese people in increasing their knowledge and understanding of issues related to suicide. Hence, it is the goal of the advisory group to develop suicide prevention resources that are culturally and linguistically appropriate in Chinese in order to fill the current gap. The suicide prevention resources provide a critical view of significant factors such as age, gender, acculturation, social support, familial dynamics and social integration.

The advisory group made a decision to produce two YouTube videos (one in Mandarin and one in Cantonese). We will promote the videos widely and have made them accessible using a popular Chinese social media platform (WeChat). We outsourced the video production to an external supplier.

The content of the resources is:

- Talking about suicide and its taboo in Chinese culture
- Reasons/causes of suicide from the clinical perspective
- Early warning signs – within the youth generation and the older generation
- Seeking help/interventions

The advisory group reviewed the content and context of the resource videos to ensure they are aligned with the research and recommendations of the New Zealand suicide in Asian communities exploratory study.

Due to budget constraints, the advisory group decided to use the built-in YouTube functions (number of hits, duration of visits and number of shares) for evaluation.

The group also made a conscious decision not to translate the resources into English. Languages represent culture, and the direct translation would not accurately represent the contextualised information.

Limitations

The advisory group would like to acknowledge a limitation of the resources in that they are based on a small number of local studies. In this report we have described two studies that examined the cultural context of suicide by Asian people in New Zealand. We would also like to acknowledge the time constraints for such essential topics in resource development. However, we wish to learn from this initiative and expand the Chinese resource development process to address suicide and its prevention in other Asian communities.

Recommendations

Ho, Au and Amerasinghem, (2015) recommended the following actions to support pre- and post-suicide prevention in Asian communities:

- Support families and communities to prevent suicide
    - Build the capacity of Asian families and communities to prevent suicide
    - Train professional groups and community members to identify and support individuals at risk of suicide in Asian communities
- Support families and communities after a suicide
    - Develop more responsive, accessible and culturally appropriate support services for Asian families who are bereaved by suicide
    - Increase the capacity of Asian communities to respond following suicides
- Improve services and support for people at high risk of suicide
    - Promote better inter-agency referrals and communication
    - Improve services and support for people experiencing mental health problems, gambling problems, and alcohol and other drug problems
- Strengthen the infrastructure for suicide prevention
    - Improve the quality of data on suicide deaths and self-harm incidents
    - Enhance the role of MOH and DHBs in the area of suicide prevention

Conclusion

The advisory group believes that it is critical to have specific strategies to address suicide prevention in subpopulations and vulnerable groups including people of different ethnicities and age groups. We believe that shame fuels silence, which prevents people from honouring those who die by suicide and grieving properly. When no one wants to talk about suicide, it does not just trap a family and a community in grief; it means the broader issues that may have contributed to that death are never addressed. The need to talk about our feelings and seek proper professional help is the real solution to prevent more Asian families from suffering. As an advisory group, we would like to see the shift in moving away from shame and stigma to a much more proactive approach of help-seeking behaviour from the Asian community. This includes increasing mental health literacy among Asian communities and enabling them to make the critical evaluation with the right information at the right time.

Finally, we understand that this is a very small step towards the aspiration of the advisory group members. However, we as a group are equally excited about the potential dialogue and conversation that is required to produce a positive change among Asian people living in New Zealand regarding mental health and suicide prevention.

Appendix – helplines

Helplines from Mental Health Foundation https://www.mentalhealth.org.nz/get-help/in-crisis/helplines/

After a suicide, information for families, whanau and friends https://www.afterasuicide.nz/

Victim Support http://www.victimsupport.org.nz/

Suicide Prevention from Health Navigator https://www.healthnavigator.org.nz/health-a-z/s/suicide-prevention/#Overview

Below is a list of some of the services available in New Zealand that offer support, information and help. All services are available 24 hours a day, seven days a week unless otherwise specified.

National helplines

- Need to talk? Free call or text **1737** any time for support from a trained counsellor
- **Lifeline** – 0800 543 354 (0800 LIFELINE) or free text 4357 (HELP)
- **Suicide Crisis Helpline** – 0508 828 865 (0508 TAUTOKO)
- **Healthline** – 0800 611 116
- **Samaritans** – 0800 726 666

Depression-specific helplines

- **Depression Helpline** – 0800 111 757 or free text 4202 (to talk to a trained counsellor about how you are feeling or to ask any questions)
- **www.depression.org.nz** – includes The Journal online help service
- **SPARX.org.nz** – online e-therapy tool provided by the University of Auckland that helps young people learn skills to deal with feeling down, depressed or stressed

Sexuality or gender identity helpline

- **OUTLine NZ** – 0800 688 5463 (OUTLINE) provides confidential telephone support
- Helplines for children and young people
- **Youthline** – 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat
- **thelowdown.co.nz** – or email team@thelowdown.co.nz or free text 5626
- **What's Up** – 0800 942 8787 (for 5– 18-year-olds). Phone counselling is available Monday to Friday, midday–11pm and weekends, 3pm–11pm. Online chat is available from 5pm–11pm 7 days a week, including all public holidays.
- **Kidsline** – 0800 54 37 54 (0800 kids line) for young people up to 18 years of age. Open 24/7.

Help for parents, family and friends

- **Commonground** – a website hub providing parents, family, whānau and friends with access to information, tools and support to help a young person who is struggling.
- **Parent Help** – 0800 568 856 for parents/whānau seeking support, advice and practical strategies on all parenting concerns. Anonymous, non-judgmental and confidential.
- **Family Services 211 Helpline** – 0800 211 211 for help finding (and direct transfer to) community-based health and social support services in your area.
- **Skylight** – 0800 299 100 for support through trauma, loss and grief; 9am–5pm weekdays.

- **Supporting Families In Mental Illness** – For families and whānau supporting a loved one who has a mental illness. Auckland 0800 732 825. Find other regions' contact details here.

Other specialist helplines

- **Alcohol and Drug Helpline** – 0800 787 797 or online chat
- **Are You OK** – 0800 456 450 family violence helpline
- **Gambling Helpline** – 0800 654 655
- **Anxiety phone line** – 0800 269 4389 (0800 ANXIETY)
- **Seniorline** – 0800 725 463 A free information service for older people
- **0508MUSICHELP** – The Wellbeing Service is a 24/7 online, on the phone and in-person counselling service fully funded by the NZ Music Foundation and provided free of charge to those in the Kiwi music community who cannot access the help they need due to hardship and other circumstances. Call 0508 MUSICHELP.
- **Shine** – 0508 744 633 confidential domestic abuse helpline
- **Quit Line** – 0800 778 778 smoking cessation help
- Vagus Line – 0800 56 76 666 (Mon, Wed, Fri noon–2pm). Promote family harmony among Chinese, enhance parenting skills, decrease conflict among family members (couple, parent-child, in-laws) and stop family violence
- **Women's Refuge Crisisline** – 0800 733 843 (0800 REFUGE) (for women living with violence, or in fear, in their relationship or family)
- **Shakti Crisis Line** – 0800 742 584 (for migrant or refugee women living with family violence)
- **Rape Crisis** – 0800 883 300 (for support after rape or sexual assault)

Warmlines for consumers of mental health services

- Free peer support services for people experiencing mental illness or those supporting them
- **Canterbury and West Coast** – 03 379 8415 / 0800 899 276 (1pm to midnight, seven nights)

Wellington 0800 200 207 (7pm–1am, Tuesday to Sunday)

Auckland Central 0508 927 654 or 0508 WARMLINE (8pm to midnight, seven nights)

See also: **Apps, e-therapy & guided self-help**

Appendix – resources

Helplines and Local Mental Health Services, February 2018. MHF & MoH https://www.mentalhealth.org.nz/assets/Helplines-and-local-mental-health-services/MHF-Helplines-A4-WEB-FINAL.pdf

(Feb 2018) What happens now? How to stay safe after a suicide attempt or self-harm. MHF & MoH https://www.mentalhealth.org.nz/assets/OurWork/Downloads/MHF-what-happens-now-A5-4pp-v5.pdf

"It felt like it was all too much". Having suicidal thought and finding a way back. February 2018. MHF & MoH https://www.mentalhealth.org.nz/assets/OurWork/Downloads/SP-Having-Suicidal-Thoughts.pdf

My survival plan. February 2017. MHF & MoH. https://www.mentalhealth.org.nz/assets/OurWork/Downloads/SP-Personal-Safety-Plan.pdf

Connecting through Korero, Talking about suicide with young people. June 2018. MHF & MoH https://www.mentalhealth.org.nz/assets/OurWork/Downloads/MHF-Suicide-Korero-Coloured-v7.01.pdf

Tihei Mauri Ora. Supporting Whanau Through Suicidal Distress. MHF & MoH https://www.mentalhealth.org.nz/assets/OurWork/Downloads/tihei-mauri-ora.pdf

Are you worried someone is thinking of suicide? Advice for families, whanau and friends. MHF & MoH https://www.mentalhealth.org.nz/assets/OurWork/Downloads/SP-Are-You-Worried-2017.pdf

Don't give up https://www.mentalhealth.org.nz/assets/OurWork/Downloads/SP-Don't-Give-Up-Postcard.pdf

The Mental Health Foundation's (MHF) Support groups for suicide loss: a handbook for Aotearoa New Zealand is the first resource of its kind in New Zealand.

Preventing suicide for Pasifika – top 5 tactics https://www.leva.co.nz/uploads/files/resources/Top5-Tactics-190x190-Web_v2.pdf

Help for the Tough times https://www.mentalhealth.org.nz/assets/A-Z/Downloads/helpfortoughtimes.pdf

Kerkere, E. (2015) Takatapui Part of the Whanau. Auckland https://www.mentalhealth.org.nz/assets/A-Z/Downloads/takatapui.pdf

Suicide Prevention Resources Advisory Group

Dr Gary Cheung
Senior Lecturer in Psychiatry, The University of Auckland

Dr Gary Cheung is an old age psychiatrist. He currently holds a joint appointment between Auckland District Health Board as a community old age psychiatrist and the University of Auckland as a Senior Lecturer.

Patrick Au
Asian Mental Health Services, Central Auckland

Patrick Au is the Team Leader of the Asian Mental Health Services, Central Auckland District Health Board.

Dr Elsie Ho
Associate Professor, School of Population Health, The University of Auckland

Dr Elsie Ho is Associate Professor of Population Mental Health and Director of the Centre for Asian and Ethnic Minority Health Research at the University of Auckland.

Rebecca Zhang
Psychologist, alcohol and other drugs practitioners

Rebecca Zhang is a registered Psychologist at New Zealand Psychologist Board and a Clinical Practitioner at the Drug and Alcohol Practitioners' Association Aotearoa–New Zealand (DAPAANZ).

Kelly Feng
National Director, Asian Family Services

Kelly Feng is the Director of National of Asian Family Services, and a registered and qualified Social Worker.

Ingrid Wang
Art therapist and counsellor, Asian Family Services

Ingrid Wang is art therapist and counsellor of Asian Family Services, and a registered arts psychotherapist.

Kung Zhang
Mental Health and AOD consultant

Kung (Billy) Zhang is the mental health and AOD consultant and a Clinical Practitioner at the Drug and Alcohol Practitioners' Association Aotearoa–New Zealand (DAPAANZ).

Ivan Yeo
Deputy director of Asian Family services

Ivan Yeo is the deputy director and a health promoter lead of Asian Family Services.

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