In this issue:

- *CALD immigrant women and Australian mental health services*
- *Coping skills among Chinese adults with bipolar disorder*
- *Health sector engagement of young Asian New Zealanders*
- *Acculturative stress and mental health in immigrant adolescents*
- *Social support for mental health symptoms in immigrant adolescents*
- *Migration and mental health: An interface*
- *Suicide in Asian communities*
- *Mental illness among immigrants to the US*
- *Eating disorders in Asia*
- *Australian migrants building a new life*

Abbreviations used in this issue
CALD = culturally and linguistically diverse
CBT = cognitive behavioural therapy
DHB = District Health Board
MOH = Ministry of Health
US = United States

Welcome to the nineteenth issue of Asian Health Research Review.

This Issue of Asian Health Review focuses on migrant mental health. The Immigration New Zealand (MBIE, 2016) *Migration trends and outlook report 2015-16* shows that New Zealand recorded a net migration gain of 69,100 people in 2015/16, the highest net gain ever recorded, and an increase of 19 per cent from the 58,300 recorded in 2014/15. This was due to a low net migration loss of New Zealand citizens (3100 people) combined with a large net gain of non-New Zealand citizens (72,200 people), the highest recorded. In 2015/16, 52,052 people were approved for resident visas, up 21 per cent from 2014/15. Similar levels of increase occurred in those approved under the Skilled/Business stream (22 per cent increase) and the Family stream (20 per cent increase). The largest source countries of permanent migrants to New Zealand were China (18 per cent), India (16 per cent) and the United Kingdom (9 per cent). In 2015/16, the gender split was about equal for all residents. By stream, females make up a larger proportion of Family Stream approvals (58 per cent) and smaller proportion of Skilled/Business Stream approvals (46 per cent).

India is the largest source country of skilled migrants to New Zealand (22 per cent) followed by the Philippines (14 per cent), China (11 per cent) and the United Kingdom (9 per cent). The number of skilled migrants from India, the Philippines and China is growing strongly, while the number of skilled migrants from the United Kingdom has changed little. Almost half of skilled migrant principal applicants had a job or job offer in Auckland.

This review highlights Asian trends in mental health in New Zealand and internationally, evidence-based practice and, recommendations for the inclusion of strategic approaches specific to Asian populations' mental health strategies and programmes in New Zealand.

We hope you enjoy this issue and look forward to receiving any feedback you may have.

Kind regards,

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Independent commentary by Dr Annette Mortensen and Dr Geeta Gala

Dr Annette Mortensen has worked to improve the health of newcomers to New Zealand from ethnically diverse backgrounds for the last 15 years. Since 2007 Annette has worked as the Asian, Refugee and Migrant Health Programme Manager for the Northern Regional Alliance on behalf of the Auckland region District Health Boards. **FOR FULL BIO CLICK HERE**

Dr Geeta Gala is a Public Health Physician. She leads and advises on many of the cancer projects led by the Northern Cancer Network and is active in advocacy for improvement of Asian health in New Zealand. **FOR FULL BIO CLICK HERE**

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The Asian Health Review has been commissioned by the Northern Regional Alliance (NRA), which manages the Asian, migrant and refugee health action plan on behalf of the Waitemata, Auckland and Counties Manukau District Health Boards.

Barriers accessing mental health services among culturally and linguistically diverse (CALD) immigrant women in Australia: Policy implications

Authors: Wohler Y and Dantas JA

Summary: This Australian systematic review investigated the accessing of mental health services among culturally and linguistically diverse (CALD) immigrant and refugee women and discovered the following barriers: logistical, language and communication, dissonance between participants and care providers and preference for alternative interventions. The authors recommend the following policies to better address the mental health needs of immigrant and refugee women: support for gender specific research, cultural responsiveness in service delivery, implementation and evaluation of transcultural policies, review of immigration and refugee claims policies, and social integration of immigrants.

Comment (AM): Women make up almost half of the proportion of Skilled/Business stream approvals in New Zealand, 58 percent of family stream approvals and 51 percent of the humanitarian/international category; the majority from non-English speaking country backgrounds. This Australian study of immigrant women finds that the impact of migration on CALD women's mental health is still underexplored in Australia and the same can be stated for New Zealand. In New Zealand, CALD immigrants underutilise mental health services compared to other groups, although the international literature recognises that the experience of migration and refugee resettlement represent risks to newcomer's mental health. The recommendations made by the authors, that evidence-based research on ethnic women's mental health be conducted to inform service use and mental health policy, applies equally to the New Zealand health sector. Models of assessment and intervention relevant to CALD women's mental health should be clearly articulated in national strategies and programmes such as the *National Depression Initiative* (Ministry of Health, 2015) and the *Healthy Beginnings: Developing perinatal and infant mental health services in New Zealand* (Ministry of Health, 2012). For culturally appropriate approaches to mental health care for CALD women see *CALD 9: Working in a mental health context with CALD clients* and *Maternal Health for CALD Women: Resource for Health Providers* on http://www.ecald.com.

Reference: J Immigr Minor Health 2017;19(3):697-701
Abstract

Disclaimer: This publication is not intended as a replacement for regular medical education but to assist in the process. The reviews are a summarised interpretation of the published study and reflect the opinion of the writer rather than those of the research group or scientific journal. It is suggested readers review the full trial data before forming a final conclusion on its merits.
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Expected and possible selves and coping skills among young and middle-aged adults with bipolar disorder

Authors: Tse S et al.

Summary: Expected possible selves and coping skills among 14 young and middle-aged Chinese adults (6 men and 8 women; age range 22-65 years), with bipolar disorder in Hong Kong were explored in this qualitative study. While middle-aged participants (41-65 years) talked about independent possible selves, young participants (18-40 years) elaborated on their expected possible selves as they related to health, family and work. Participants reported that in order to deal with their bipolar disorder and achieve their expected possible selves, they employed problem-focused, emotion-focused and cultural coping methods. Young participants reported ambivalence towards self-help strategies for managing high mood episodes.

Comment (AM): This Hong Kong study highlights some interesting differences between the self-management strategies of clients with Bipolar Disorder from Asian backgrounds and those from Western backgrounds. Cultural coping methods differ. Chinese people consider health to be related to one's harmoniousness, which can be influenced by one's state of mind as well as the external environment and social conditions. Consistent with Chinese cultural beliefs, many participants in this study used a variety of practices and non-Western traditions with positive outcomes. These included acupuncture, a balanced diet, Tai Chi, Qigong, and Chinese tea to improve their sleep and bodily vitality. Clients tended to seek advice about biolar disorder from family members reflecting the collectivistic family orientation among the Chinese participants in the study. Clients from collectivistic cultures tend to see themselves and their life goals as an inseparable part of a family and community. Collectivism is a cultural value in which the extended family is the central concept and the needs of an individual family member are subordinate to a sense of family responsibilities. It is important, to be clinically effective, for mental health practitioners to be knowledgeable about Asian collectivist family values, health beliefs and practices. For more information go to the `*Working with Asian Mental Health Clients'* resource www.ecald.com.

Reference: East Asian Arch Psychiatry 2014;24(3):117-24
Abstract

Stakeholder views on factors influencing the wellbeing and health sector engagement of young Asian New Zealanders

Authors: Peiris-John R et al.

Summary: In this qualitative New Zealand study, interviews were conducted with six key stakeholders whose professional activities were largely focused on the wellbeing of Asian people, in order to determine key stakeholder views on issues that would be most useful to explore on the health and wellbeing of Asian youth, and to identify processes that could foster engagement of Asian youth in health research. The interviews revealed six broad themes, framed as priority areas that need further exploration: cultural identity, integration and acculturation; barriers to help-seeking; aspects to consider when engaging Asian youth in research (youth voice, empowerment and participatory approach to research); parental influence and involvement in health research; confidentiality and anonymity; and capacity building and informing policy. The researchers concluded that their study highlights the importance of engaging youth alongside service providers to collaborate on research and to co-design responsive primary health care services in this multicultural setting.

Comment (AM): The demography of youth populations in New Zealand is changing, particularly in the Auckland region. Asian populations are now 23% of the region's peoples and over one-third (36.6%) are under the age of 25 years (Walker, 2014). Of these, 21% of Asian young people between the ages of 15 and 24 years are born in New Zealand (Walker, 2014). In 2014/15, 84,856 international students were approved to study in New Zealand, a 16% increase from 73,423 in 2013/14. Many international students stay on to work in New Zealand after they complete their study. In 2014/15, 43% of the skilled migrant category principal applicants were previously on a student visa in New Zealand. Immigration New Zealand states that "To ensure New Zealand continues to benefit from having international students and secure a healthy growth in this sector, we must ensure that international students in New Zealand have a high quality experience, so New Zealand's reputation as a safe and attractive education destination is maintained" (MBIE, 2016).

Most Asian youth use general practitioners as their first point of contact. While recent reviews have highlighted examples of initiatives to improve primary care for young people in New Zealand, the need to address specifically inequitable access for Asian youth is highlighted in this study. Key issues impacting on the wellbeing of Asian New Zealanders are challenges relating to cultural identity and connections to mainstream society; unmet needs in disability, mental and sexual health; and lack of engagement of Asian youth in addressing these concerns. There needs to be concerted efforts in the primary care sector to actively engage young Asians, their families and primary care health professionals to collaborate on research and co-design responsive health services for CALD communities.

Reference: J Prim Health Care 2016;8(1):35-43
Abstract

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The role of acculturative stress on mental health symptoms for immigrant adolescents: A longitudinal investigation

Authors: Sirin SR et al.

Summary: These US researchers explored trajectories of internalising mental health symptoms (depression, anxiety and somatic symptoms) in this 3-wave longitudinal study involving 332 urban-residing first- and second-generation immigrant adolescents (44% male). Recruitment was undertaken while participants were in 10th grade (mean age = 16.20 years) and two additional waves of data were collected in 12-month intervals. The cohort reflected the general demographics of urban centres in the US with regard to both generational and racial/ethnic background. A significant decline in internalising mental health problems was observed during the high school years, while during this period greater exposure to acculturative stress was associated with significantly more withdrawn, somatic and anxious/depressed symptoms. Additionally, generation and gender differences were evident with regard to internalising mental health problems.

Comment (GG): This American longitudinal study examined the effects of acculturative stress on mental health symptoms of urban-residing immigrant youth across many ethnic groups. As these adolescents negotiate differences between their home and host cultures, they experience acculturation stress, which is known to increase the risk of mental health symptoms. The participants included first- and second-generation immigrant-origin adolescents studying in New York schools and from many ethnic groups; 23% were identified as Asian. This study gathered data in three waves, with 12-month intervals from participants while attending their 10th, 11th and 12th grades. The study showed that internalising mental health symptoms such as anxiety, depression and somatic symptoms decreased in these adolescents from 10th to 12th grade but exposure to acculturation stress dramatically increased these symptoms. First-generation youth experience higher levels of acculturative stress and were therefore more vulnerable to have mental health symptoms. The study highlights the effects of acculturative stress on psychological symptoms and therefore poses serious risks to healthy development of urban immigrant youth. The study findings have implications for immigrant youth in Auckland schools.

Reference: Dev Psychol. 2013;49(4):736-48
Abstract

Understanding the role of social support in trajectories of mental health symptoms for immigrant adolescents

Authors: Sirin SR et al.

Summary/Comment (GG): Further analysis of data from the Sirin et al. study reported above looked at the role that social support may play in reducing acculturative stress and thus the internalising mental health symptoms that may be associated with it among urban residing immigrant youth. This study examined trajectories of internalising symptoms over three years and found that all three components – withdrawn/depressed, anxious/depressed, and somatic symptoms decreased between 10th and 12th grade. This finding is in contrast with the literature that the mental health symptoms increase rather than decline among adolescents. However, most studies in the literature explored adolescents in general and not immigrant youth. Further, the addition of acculturative stress dramatically increased the mental health symptoms among the immigrant youth. The study also revealed that social support was positive and moderated the relation between acculturative stress and mental health symptoms. This paper highlights that availability of strong social support in schools and communities could be an effective intervention to help immigrant adolescents.

Reference: J Appl Dev Psyc. 2013;34(5):199-207
Abstract

Migration and mental health: An interface

Authors: Virupaksha HG et al.

Summary/Comment (GG): This study from India is attempting to understand migration and its impact on the mental health of the migrants based on evidence from literature. Migration is with intention of betterment or to escape from non-favourable factors. Hence, it does not need to be stressful. However, when there is no proper preparation or social support, complexities present and result in distress; no matter whether it is international or internal migration. The studies show that there are inadequate local and international efforts to address this issue. There is a need of public health services that are inclusive, culture specific and culture free to provide necessary training for the personnel, using culture brokers and trained interpreters at all levels. Providing better information and preparing the migrants, and ensuring the necessary services, will help prevent expected psychological stress in the migrants. The study highlights cultural competency and training of health professionals to understand and address issues of immigrants, the CALD groups.

Reference: J Nat Sci Biol Med. 2014;5(2):233-9
Abstract

Suicide in Asian communities: An exploratory study in NZ - 2015

Authors: Ho E et al.

Summary: This joint research project between Planning and Funding of the Auckland DHB and the Centre for Asian and Ethnic Minority Health Research at the University of Auckland aimed to study the phenomenon of Asian suicide in New Zealand, Asian countries and other Asian immigrant communities in Western countries to guide the development of culturally appropriate suicide intervention strategies in New Zealand. MOH suicide data report Asian suicide deaths increasing from 80 between 1996 and 2000, to 84 in 2001-2005, with a further rise to 98 in 2006-2010. During this period, Asian suicide rates fluctuated between 3.3 and 11.4 per 100,000 people, compared with estimated rates for the entire New Zealand population of 12-15.7 per 100,000. Unlike the general New Zealand population, where males have an approximately 3-fold higher suicide rate than females, in the Asian population the gender ratio during 2006-2010 was 1.2:1.0. Suicides among middle-aged Asians and older Asians have increased since the mid-1990s. In the qualitative part of this study, the perceptions of 18 key service providers dealing with Asian suicides were explored; these included 11 who engaged directly with Asian clients exhibiting suicidal behaviours (psychiatrists, practice nurses, general practitioners and counsellors working in the primary and secondary mental health sector, related addiction services as well as in general practice clinics) and seven working in social services, service development and the justice sector, across all three DHBs in the Auckland region. Key informant interviews revealed four broad themes: suicide characteristics; suicide warning signs and risk factors; vulnerable groups; and suggestions for suicide intervention.

Comment (AM): The recommendations of this study are aligned to the aims of the *New Zealand Suicide Prevention Action Plan (SPAP) 2013-2016* (MoH, 2013). The SPAP acknowledges the multiple risk factors of suicide, and outlines a coordinated approach to prevent suicide across government and nongovernment organisations, and in partnership with the community. The implementation of the recommendations of this study would strengthen the effectiveness of the SPAP for Asian populations in New Zealand. The key recommendations include: building the capacity of Asian families and communities to prevent suicide; training professional groups and community members to identify and support individuals at risk of suicide in Asian communities; developing more responsive, accessible and culturally appropriate support services for Asian families who are bereaved by suicide; increasing the capacity of Asian communities to respond following suicides; increasing resources for Asian cultural support and consultation across DHBs; promoting the use of mental health services, and problem gambling and addiction services to Asian groups, particularly high-risk groups (recent immigrants, international students, youth, the middle-aged, older adults); improving the quality of data on suicide deaths and self-harm incidents for Asian ethnic subgroups to assist with the identification of emerging trends and risk groups and developing policies to build the Asian workforce in mental health and suicide prevention.

Abstract

CONGRATULATIONS TO **Dr Robin Rund**

who won an iPad mini 3 by taking part in our recent subscriptions update promotion. Robin is an Anaesthetist at the Bay of Plenty District Health Board.

Mood, anxiety, and personality disorders among first and second-generation immigrants to the United States

Authors: Salas-Wright CP et al.

Summary: This US study examined whether immigrant status is a protective factor against mental illness, assessed intergenerational effects, examined differences across race/ethnicity, and reported on the prevalence of mood, anxiety and personality disorders of immigrants across major world regions. Data on mental health disorders in first (n = 5363) and second-generation (n = 4826) immigrants from Asia, Africa, Europe and Latin America as well as native-born Americans (n = 24,461) were obtained from the National Epidemiologic Survey on Alcohol and Related Conditions. Compared with native-born Americans, first-generation immigrants were significantly less likely to be diagnosed with a mood, anxiety, or personality disorder; however, the prevalence of mental health diagnoses increased among second-generation immigrants. Similar findings were found for immigrants from major world regions including Africa, Latin America, Europe and Asia.

Comment (GG): This American Study explores the immigrant paradox argument by examining the similarities and differences in mental health diagnoses between immigrants to the US and their native-born peers. Although, immigrants are disadvantaged in terms of income and education, the study found that first-generation immigrants were significantly less likely than native-born Americans to be diagnosed with mood, anxiety, or personality disorder. However, the prevalence of mental health diagnoses increased among second-generation immigrants. These findings were consistent among immigrants from Africa, Latin America, Europe and Asia when compared to native-born Americans. Do we see a similar immigrant paradox for mood, anxiety and personality disorders among immigrants in New Zealand?

Reference: Psychiatry Res. 2014;220(3):1028-36
Abstract

The rise of eating disorders in Asia: a review

Authors: Pike KM and Dunne PE et al.

Summary: These researchers aimed is to explicate a fuller story of the relationship between culture and eating disorders by identifying where eating disorders are emerging in Asia, and by examining their particular expression. They proposed that societal changes in the form of industrialisation and urbanisation occurring independently from, or in tandem with, 'Western' influence are critical factors contributing to the rise of eating disorders in Asia and suggest that an understanding of the diversity and distinctiveness of the individual countries and cultures that comprise 'Asia' is crucial to understanding the emergence and rise of eating disorders across this extensive region. Their findings suggest that eating disorders are culture reactive rather than culture bound or culture specific.

Comment (AM): Many Asian countries report eating disorders. As Asian countries have grown more industrialised and globalised, eating disorders have followed, and the gap is closing between several Asian countries (such as: China, Korea, Taiwan, Japan, Singapore and Hong Kong) and the West with regards to both clinical pathology, as well as more widespread disordered eating, weight and shape concerns, and dieting behaviours. Even in Asian countries where eating disorders are believed to still be less prevalent than in the West, comparative studies have emerged documenting eating attitudes and body dissatisfaction levels that are similar to or worse than those from Western countries. Eating disorders among Asian women have been hypothesised as a way for women to express distress without risking the family's loss of face (Yokoyama, 2007) or violating the norm of emotional restraint (Jackson et al., 2006). Collectivist values may lead some women to try to achieve status and honour for the family through extraordinary measures. By trying to fit in with the dominant culture, some Asian women's ethnic identity struggles may become rooted in perfectionism, which could include an emphasis on the body.

This study recommends that fully validated and culturally appropriate assessment instruments and design methodologies are needed, as is a more flexible, adaptable approach to the application of diagnostic criteria derived from Western samples within non-Western settings. Therapists are encouraged to work with Asian clients to use "problem-focused, time-limited approaches that have been modified to incorporate possible cultural factors". Cognitive behavioural therapy (CBT) is considered to be consistent with many Asian cultural values due to its educational, unambiguous and solution-focused style. The deliberate emphasis on collaborative action, combined with a relative lack of emphasis on the past or family has made CBT acceptable to Asian clients and families who consider emotional problems to be highly stigmatising and prefer treatment to be practical and non-invasive.

Reference: J Eat Disord. 2015;3:33
Abstract

Building a new life in Australia: an analysis of the first wave of the longitudinal study of humanitarian migrants in Australia to assess the association between social integration and self-rated health

Authors: Chen W et al.

Summary/Comment (GG): This Australian study assessed the relationship between social integration and physical and mental health among humanitarian migrants. Australia grants approximately 14,000 visas under its refugee and Humanitarian Programme – this comprises of three major categories of visa: refugee, the special humanitarian programme (SHP) and onshore protection visa. The study data was obtained from the first wave of the 'Building a New Life in Australia (BNLA) study – which is a longitudinal study following a large cohort of humanitarian migrants as they settle into Australia (2013-18). The study data used in this study was collected from October 2013 to March 2014 via home visits. Social integration was measured across four dimensions – economic integration, acculturation, social capital and self-identity. The study found that more than 63% rated well on physical health and approximately 17% of humanitarian migrants had serious mental illness compared to 3.7% of all Australians (Australian National Health Survey data). There was a positive relationship between social integration and both physical and mental health; factors associated with better health included less financial hardship, better English proficiency and self-sufficiency, having the capacity to communicate with locals, having friends from different ethnic/religious groups and attending a place of worship weekly or more often, and feeling welcomed and having a strong sense of belonging in Australia. These results have policy relevance for promoting resettlement services for humanitarian migrants which foster social integration. Migrants with a higher degree of self-sufficiency will better know their health needs and are able to navigate systems to find solutions according to their needs. The study also highlights that the healthy migrant paradox reported among skilled migrants was not true for humanitarian migrants.

Reference: BMJ Open 2017;7(3):e014313
Abstract

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