

# An Overview: Auckland Region Asian Mental Health and Addiction Workforce 2008



Northland DHB Support Agency Ltd



## ACKNOWLEDGEMENTS

This report is the outcome of the contributions and hard work of many people, particularly the participating organisations, service units and the Asian workforce. Without their support, this research would not have been possible.

Special thanks also go to all members of the Northern Region Asian, Migrant and Refugee Mental Health and Addiction Services Advisory Group, especially the Asian Workforce Working Group members (see appendix 5 for project contributors) for their dedication to the project and valuable input during every step of the process, from project initiation to the design of the research, data collection, evaluation of outcomes, and finalisation of the report.

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## FOREWORD



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I agree with the Deputy Director-General of Mental Health when she says that “*the workforce is at the heart of mental health and addiction services*” (MoH, 2000a, p.iii). The development of mental health and addiction services necessitates a focus on building the right workforce at the right place at the right time. Workforce planning and development is an essential part of service development and delivery.

Today, with the increasing emphasis on community based mental health and addiction services, recovery, and service user focus, workforce development has become even more challenging and important in our service delivery.

For effective workforce planning and development, accurate and up to date information is crucial. There has been a lack of systematic and comprehensive collection of workforce information in the country with even less specific focus on Asian employees in mental health and addiction services.

This report is an outcome of a regional effort to fill some of these information gaps by carrying out a stocktake of Asian workforce in the Auckland-metro DHBs and NGOs. The Asian population represents 9.2% of national population and 18.8% of the Auckland Region population, and it is important to have a dynamic workforce that reflects the population mix.

This exercise is the first of its kind in the country. We would like it to set an example as well as a benchmark for future surveys.

This stocktake will not be possible without the support and contributions of many people. We are thankful to all those who have supported and participated in the exercise whether in the form of completing the questionnaires, confirming data, reviewing the findings, making suggestions and recommendations, editing, or proofreading the report. This report has achieved its aim to provide valuable workforce information in the mental health and addictions sector. It also has demonstrated the advantage and success of regional collaboration.

## EXECUTIVE SUMMARY

“An Overview: Auckland Region Asian Mental Health and Addiction Workforce 2008” was designed to take a “snapshot” of the Asian workforce<sup>1</sup> in the mental health and addiction services of the three Auckland-metro District Health Boards<sup>2</sup> (DHBs) and DHB contracted non-governmental organisations (NGOs).

This survey is in response to the national priority of “Workforce and Culture for Recovery”, one of the ten leading challenges identified by the Ministry of Health in *Te Tāhuhu – Improving Mental health 2005-2015*<sup>3</sup> (Ministry of Health, 2005b) and *Te Kōkiri: The Mental Health and Addiction Action Plan 2006-2015*<sup>4</sup> (Ministry of Health, 2006) for mental health and addiction services in New Zealand. It is expected that the findings could inform funders, planners, trainers and people interested in workforce about the demographic issues and opportunities facing Asian employees and their employers in the mental health and addiction sector.

The survey gathered information on the size, distribution (service and occupational groups), and profiles of the Asian workforce in the three Auckland-metro DHB provider arms and NGOs as at 1 July 2008. It also looked into the cultural capacity (cultural and language resources) and support needs (cultural supervision and peer support) of these Asian employees for working competently<sup>5</sup> with Asian clients. This report addresses many of the information gaps about the Asian mental health workforce in the coverage area and sets a baseline for future similar surveys in the region.

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<sup>1</sup> Workforce in this report includes people who are employed permanent full-time, part-time, or on contract terms to provide service in the mental health and addiction services of the three Auckland metro DHBs, in any capacity, from administration to psychiatrist.

<sup>2</sup> Auckland DHB, Counties Manukau DHB, and Waitemata DHB

<sup>3</sup> Te Tāhuhu: Improving Mental Health outlines Government policy and priorities for mental health and addiction for the 10 years between 2005 and 2015, and provides an overall direction for investment in mental health and addiction - sourced:

<http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-strategicdirection>

<sup>4</sup> Te Kōkiri: The Mental Health and Addiction Action Plan has been developed to directly implement Te Tāhuhu – Improving Mental Health 2005-2015: The Second New Zealand Mental Health and Addiction Plan - sourced: <http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-strategicdirection>.

<sup>5</sup> Cultural competence, according to the Medical Council of New Zealand, requires clinicians to be aware of cultural diversity, have the ability to function effectively, and respectfully, when working with and treating people of different cultural backgrounds.

## Key Findings

### Asian Workforce in Auckland-metro DHB Provider Arms

1. The Asian workforce comprised 12% of the total mental health and addictions workforce.
2. Over three-quarters (78%) of the Asian workforce have more than three years of work experience in New Zealand.
3. Most (46%) of the Asian workforce are in their 40s-50s and 39% of the workforce are in their 20s-30s.
4. The majority (94%) of the Asian workforce were migrants and had lived in New Zealand for more than five years (90%; 45% over 10 years).
5. The biggest Asian population sub-group in the DHB workforce was Indian, followed by Chinese.
6. Psychiatrists/Senior Medical Officers (22%) and mental health nurses (25%) have the largest Asian workforce.
7. Less than half (46%) of the Asian workforce have had cultural training.
8. Most (93%) Asian employees were comfortable working with Asian clients, although some expressed a need for more cultural supervision (41%) and peer support (46%) at work.
9. About one-third (32%) of the Asian workforce agreed there was a need for cultural competency training.

### Asian Workforce in Auckland-metro NGOs

1. 15% of the overall NGO workforce was Asian.
2. The majority (60%) of the Asian NGO workforce have more than three years work experience in New Zealand.
3. Most (59%) of the Asian workforce are in their 20s-30s and one-third (34%) are in their 40s-50s.
4. All of the Asian workforces were born overseas and 86% have lived in New Zealand for more than five years (17% over 10 years).
5. The biggest Asian population sub-group in the NGO workforce was Chinese followed by Indian.
6. Most (55%) of the Asian NGO workforce were employed as mental health support workers.
7. Two-thirds (66%) of the Asian workforce have had cultural training.
8. Most (86%) Asian workers felt comfortable working with Asian clients but more than half of the respondents expressed the need for more cultural supervision (52%) and peer support (59%) at work.
9. One-third (31%) of the Asian workforce agreed there was a need for cultural competency training.

## Conclusion

This report provides an overview of the current Asian mental health and addiction workforce at DHBs and NGOs in the Auckland region, as Asian is the second largest population group in Auckland. Population demands require the Auckland-metro DHBs and their contracted service providers take more active steps to respond to Asian peoples' health needs and ensure an equitable access to services. A number of recommendations have been made from the report to facilitate and enhance workforce development and service responsiveness in the mental health and addictions sectors.

The recommendations are:

1. To build an Asian mental health and addiction workforce to reflect the population mix in the region.
2. To better utilise Asian staff members' cultural and linguistic skills to enhance service delivery.
3. To encourage Asian males to work in mental health and addiction services.
4. To provide cultural training to the Asian workforce to raise and enhance cultural competence in working with clients from cultural and linguistic diverse backgrounds.
5. To provide cultural supervision and peer support to Asian staff members.
6. To undertake regular surveys of the Asian workforce to provide up-to-date workforce information for coordinated and well-informed workforce planning and development.
7. To utilise human resources workforce data in future reports, in order to provide a fuller picture of the whole Asian mental health and addiction workforce.

## GLOSSARY OF TERMS

ADHB	Auckland District Health Board
Auckland-Metro DHBs	Auckland District Health Board, Counties Manukau District Health Board and Waitemata District Health Board
CMDHB	Counties Manukau District Health Board
DHB	District Health Board
FTE	Full Time Equivalent
NDSA	Northern DHB Support Agency
NGO	Non-Governmental Organisation
NZ	New Zealand
PHO	Primary Health Organisation
SMO	Senior Medical Officer
WDHB	Waitemata District Health Board

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## BACKGROUND

New Zealand is a multicultural society with 9.2% of the population identifying themselves as Asian in 2006 (Statistics New Zealand, 2006). The Asian population includes different subgroups including Chinese, Korean, Japanese, Vietnamese, Cambodian, Laotian, Sri Lankan and Indian<sup>6</sup> (Statistics New Zealand, 2006), and the majority of whom reside in Auckland (18.9% of the Auckland population is Asian) (Statistics New Zealand, 2006). According to Statistics New Zealand (2006), the three largest Asian populations in New Zealand are Chinese (147,570), Indian (104,583) and Korean (30,792). The Asian population is also projected to continue growing by 3.4% a year due to migration.

In 2005, the Ministry of Health released *Te Tāhuhu – Improving Mental health 2005-2015*<sup>7</sup>, the second New Zealand mental health and addiction plan, which set the national direction for mental health services in New Zealand. Since then, the Northern DHB Support Agency<sup>8</sup> (NDSA) has been working with the four Northern DHBs to respond to the challenges set by the government.

To respond to the health needs of the fast growing Asian population in the region, the NDSA set up an expert group to develop an action plan to improve mental health and addiction service responsiveness for Asian communities in the Auckland Region. *The Northern Region Asian, Migrant and Refugee Mental Health and Addiction Advisory Group (the Asian Advisory Group)* was formed in 2005. It is comprised of representatives from the three Auckland-metro DHBs, NGOs, PHOs, as well as individual professionals and ethnic community members. *The Asian Advisory Group* developed the *Auckland Regional Asian Mental Health and Addiction Implementation Plan (Regional Implementation Plan)* in 2006 and has been overseeing its implementation since.

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<sup>6</sup> Statistics New Zealand has defined Asian as the people with origins from East Asia (such as China, Japan, and Korea), Southeast Asia (such as Vietnam, Cambodia and Laos) and Central Asia (such as India and Afghan); people originating from the Middle East, other areas in Central Asia and Asian Russia are excluded. A full-list of the classification can be found in Appendix 1. (Ministry of Health, 2006).

<sup>7</sup> *Te Tāhuhu: Improving Mental Health* outlines Government policy and priorities for mental health and addiction for the 10 years between 2005 and 2015, and provides an overall direction for investment in mental health and addiction - <http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-strategicdirection>.

<sup>8</sup> The Northern DHB Support Agency is a shared services agency joint venture owned by the four Northern Region DHBs (Auckland, Counties Manukau, Northland, and Waitemata) in their roles as health and disability service funders, for areas of service provision identified as benefiting from a regional solution.

The *Regional Implementation Plan* (NDSA, 2006) provides the strategic directions for improving service responsiveness and enhancing access to health care for Asian, migrant and refugee service users. It sets out implementation pathways for the development, enhancement, funding, and evaluation of mental health and addiction services for Asian communities in the Auckland Region. One important priority identified in the plan is to build and enhance the capacity and capability of the Asian workforce. This is seen as a vital strategy to improve access to care and health outcomes for clients from culturally and linguistically diverse backgrounds.

Workforce is at the heart of our health and disability services. Workforce development is an essential component of service planning. In mental health and addiction, *workforce* and *service responsiveness* have been identified as two of the ten nationwide strategies for improving mental health and addiction services (Ministry of Health, 2005b; Ministry of Health, 2006). While developing more responsive services especially for ethnic communities has been a priority for service providers<sup>9</sup>, there are gaps in systematic and comprehensive workforce information. To date, several workforce stocktakes have been conducted for Maori and Pacific peoples, but only a few researchers have investigated the Asian workforce in the health sector such as the 2006 Stocktake of Child and Adolescent Mental Health Services in New Zealand conducted by the Werry Centre<sup>10</sup> (Bir, Vague, Cargo, Faleafa, Au, Vick, & Ramage, 2007).

Although Asian is the second largest population group (18.9%) in the Auckland Region and the fastest growing ethnic group in the country, official information shows Asian people have the lowest rate of access to mental health and addiction services (Statistics New Zealand, 2006). Out of the total 27,792 clients seen by the three Auckland-metro DHB mental health services in 2004, only 1,472 (5.3% for all age groups) were Asian (Ministry of Health, 2007). Total clients seen by mental health services in New Zealand in 2004, 17.3% identified themselves as Maori, 3.5% as Pacific people and 2.3% as Asian (New Zealand Health Information Service, 2007).

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<sup>9</sup> Te Tāhuhu: Improving Mental Health outlines Government policy and priorities for mental health and addiction for the 10 years between 2005 and 2015, and provides an overall direction for investment in mental health and addiction - <http://www.moh.govt.nz/moh.nsf/indexmh/mentalhealth-strategicdirection>.

<sup>10</sup> Bir, J., Vague, R., Cargo, T., Faleafa, M., Au, P., Vick, M., Ramage, C. (2007). The 2006 Stocktake of Child and Adolescent Mental Health Services in New Zealand. Auckland: The Werry Centre for Child & Adolescent Mental Health Workforce Development, the University of Auckland.

The low access rate of Asian people has been highlighted by many researchers (Rasanathan, Ameratunga & Tse, 2006; Scragg & Maitra, 2005). A number of possible barriers to access have been identified including language difficulties, shame and stigma associated with mental illnesses, inadequate knowledge and awareness of existing services, culturally inappropriate assessment and treatment of mental illness, and a lack of alternative healing practices (Ho, Au, Bedford, and Cooper, 2003; Ngai, Latimer & Cheung, 2001).

To ensure equitable service access and health outcomes for all communities including Asian people, it is important and necessary to build responsive services with a skilled and competent workforce. To these ends, accurate information on the size and distribution of the workforce and their capability to deliver services effectively is crucial. Until now, there has been little information on the Asian workforce working in the mental health and addictions sector, such as who they are, where they work, and what their training needs are.

In view of these information gaps, the *Asian Advisory Group* with support from the NDSA decided to conduct a survey on the Asian workforce in the Auckland Region. The aim of the Asian workforce survey was to collect and provide necessary information to inform future workforce and service development. The survey was also an effort to set a baseline for future Asian workforce surveys in the region.

## METHODOLOGY

### *Survey Objectives*

The survey aimed to collect information from the Asian workforce and managers of the three Auckland-metro DHBs and NGOs to profile the current Asian workforce in terms of occupation groups, service areas, age, NZ work experience, cultural and linguistic resources, and training needs.

### *Target Participants*

The target participants were managers and the Asian workforce of three Auckland-metro DHB mental health and addiction services provider arms and NGOs as on 1<sup>st</sup> July, 2008. Asian staff members employed by DHBs and NGOs on a casual basis were excluded from this study.

### *Procedures*

Two letters (one for the managers and one for Asian staff) outlined the purpose of the study. The letters accompanied with managers and Asian staff surveys were sent by the regional Asian mental health coordinator to the Asian advisory group Auckland-metro DHB and NGO representatives. The DHB representatives disseminated the letters and surveys to managers within their DHB mental health and addictions services. Service managers were asked to complete the manager's survey and to invite their Asian staff to participate in the study. The NGO representative disseminated the letters and surveys to other NGOs in the Auckland-metro DHBs. Each NGO manager was also asked to complete the manager's survey and to invite their Asian staff to participate in the study. Completed surveys within the DHBs were returned to the DHB representatives then forwarded to the Regional Asian Mental Health Coordinator for analysis. NGO surveys were returned to the managers then forwarded to the Regional Asian Mental Health Coordinator for analysis.

The 'snapshot' survey was taken as at 1 July 2008 and participants were encouraged to respond within two weeks. Considering the workloads and other time constraints, late returns were also accepted.

Participation in the survey was voluntary and anonymous. Participants could choose to disclose their personal identity and provide contact details for future

communication. Privacy and confidentiality of data collected was assured. Participants were also given the right to withdraw from the survey at any stage of the process. However, no such request was received. All data files to be kept in a locked cabinet for six years and computer files are protected by passwords.

A total of 81 manager surveys were distributed to DHBs with a response rate of 27%; and 120 staff surveys were distributed to DHB Asian staff with a response rate of 58%. A total of 73 NGO manager surveys were distributed with a response rate of 12%; and 78 staff surveys were distributed to NGO Asian staff with a response rate of 37%.

### *Instruments*

The data collection instruments used were self-administered and developed by the Asian workforce working group<sup>11</sup> following analysis of relevant reports such as *Te Tāhuhu – Improving Mental health 2005-2015*, *Tauawhitia te Wero – Embracing the Challenge: National mental health and addiction workforce development plan 2006-2009*<sup>12</sup>, and *2006 Stocktake of Child and Adolescent Mental Health Services in New Zealand* conducted by the Werry Centre. Consultation was also sought from the Asian advisory group during survey development.

The managers' survey consisted of five questions. Information collected from managers included the total staff and Asian staff headcount as at 1<sup>st</sup> July 2008; the gender ratio among Asian staff; the number of Asian staff who have less than three years professional experience in New Zealand (NZ), and the total Asian FTEs for each occupational group. The Asian staff survey consisted of 20 questions. Information collected from Asian staff included demographic information, occupational group, service areas, and training needs. The same surveys were used for DHBs and NGOs. The staff survey was reviewed by several Asian staff at WDHB before being distributed.

### *Analysis*

Information was collected and analysed based on **Headcount**. Analyses were also performed by DHB, occupational group, ethnicity and gender.

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<sup>11</sup> The Asian workforce working group comprised Asian advisory group members such as Dr. Sai Wong, Dr. Lucinda Li, Kitty Ko, Lorna Murray, Martin Molloy, Patrick Au, Dr. Ratana Walker and Sue Lim.

<sup>12</sup> *Tauawhitia te Wero* provides a framework for the development of the mental health and addiction workforce over the 2006-2009. It is also intended as a high-level 'umbrella' plan providing national direction on key issues for all other workforce planning in the mental health and addiction sector - <http://www.moh.govt.nz/moh.nsf/pagesmh/3611>.

# RESULTS

## Part 1: Auckland-Metro District Health Boards

In total, 91 returns were received from the three DHBs - 22 replies from Service Managers and 69 from Asian employees.

*Table 1: DHB returns to questionnaire*

DHB	ADHB	CMDHB	WDHB	Total
Service Units	7	13	2	22
Asian Staff	20	42	7	69
<b>Total</b>	<b>27</b>	<b>55</b>	<b>9</b>	<b>91</b>

The overall response rates to the manager's DHB survey were: ADHB 26% (7 out of 27 units), CMDHB 93% (13 out of 14), and WDHB 5% (2 out of 40). Given the high level of non-response, the information obtained from WDHB is likely to be biased.

## Section A: Managers Data

### A1. Asian Staff

Staff numbers were calculated from manager's data. The proportion of Asian staff based on headcount varied from 0 to 100%. On average, about 12% of staff was Asian in the responding units (Table 2).

Table 2: Proportion of Asian workforce at DHB

DHB Responses	Total Staff (Headcount)	Asian Staff (Headcount)	% of Asian to Total Staff
ADHB 1	41	3	7%
ADHB 2	65	7	11%
ADHB 3	4	4	100%
ADHB 4	51	6	12%
ADHB 5	24	5	21%
ADHB 6	160	15	9%
ADHB 7	125	11	9%
CMDHB 1	41	7	17%
CMDHB 2	105	12	11%
CMDHB 3	32	3	9%
CMDHB 4	30	6	20%
CMDHB 5	75	10	13%
CMDHB 6	42	4	10%
CMDHB 7	39	5	13%
CMDHB 8	34	4	12%
CMDHB 9	13	1	8%
CMDHB 10	19	0	0%
CMDHB 11	6	0	0%
CMDHB 12	28	0	0%
CMDHB 13	11	3	27%
WDHB 1	7	7	100%
WDHB 2	40	7	18%
<b>Total</b>	<b>992</b>	<b>120</b>	<b>12%</b>

## A2. NZ Experience

In terms of work experience, the majority (78%) of Asian staff had worked in the New Zealand context for three years or more.

*Table 3: DHB Asian workforce with less than 3 years of work experience in NZ*

DHB	Asian Staff Headcount	Experience < 3 yrs (% of Total)
ADHB	51	8 (16%)
CMDHB	55	10 (18%)
WDHB	14	8 (57%)
<b>TOTAL</b>	<b>120</b>	<b>26 (22%)</b>

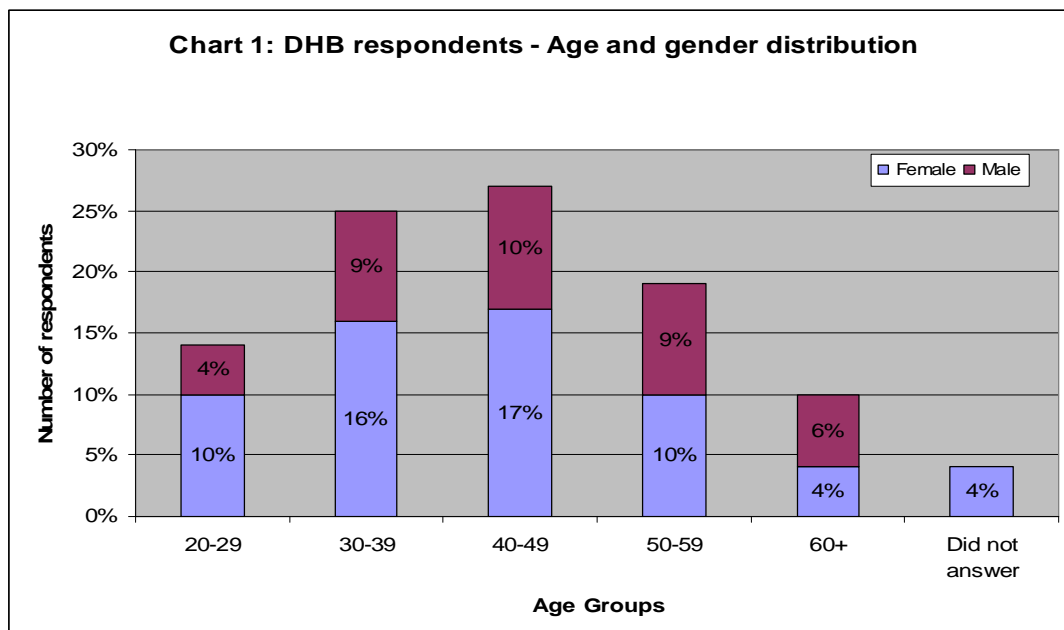
## Section B: Asian Staff Data

### B1. Gender and Age Distribution

Sixty-nine Asian staff from the three Auckland-metro DHBs responded to this survey. Forty-three (62%) were female and 26 (38%) male. Across all age groups, the over 60+ age group was the only group with more male than female staff (Chart 1). The majority of the respondents were in the 40-49 age group (27%), closely followed by the 30-39 age group (25%) (Table 4)

*Table 4: DHB respondents - Gender and age distribution*

Gender	Age							Total
	20-29	30-39	40-49	50-59	60-65	66+	(blank)	
Female	7	11	12	7	2	1	3	43
Male	3	6	7	6	4	0	0	26
<b>TOTAL</b>	<b>10</b>	<b>17</b>	<b>19</b>	<b>13</b>	<b>6</b>	<b>1</b>	<b>3</b>	<b>69</b>



## B2. Birth Place

The majority of respondents were born overseas with only 4 out of 69 respondents born in New Zealand (Table 5). The two largest population groups were those born in India (33%) and China (23%). In total 38% of respondents identified themselves as migrants from Fiji, Korea, Malaysia, Singapore, South Africa, Pakistan, Sri Lanka, the Philippines, Vietnam, or Uzbekistan.

Table 5: DHB respondents - Birth country

	India	China (incl. Hong Kong)	NZ	Others	Total
ADHB	8	3	2	7	20
CMDHB	15	11	1	15	42
WDHB	0	2	1	4	7
<b>Total</b>	<b>23</b>	<b>16</b>	<b>4</b>	<b>26</b>	<b>69</b>

For the full breakdown of country origins, please refer to Appendix 4.

### *B3. Length of Residence*

Although most respondents were born overseas, 90% of them had been living in New Zealand for more than five years. The most common length of residency was 5-20 years with 53 out of 69 respondents (77%) falling in the category (Table 6).

*Table 6: DHB respondents - Length of residence in NZ*

<b>Residency (yrs)</b>	<b>Asian Staff</b>
Under 5	7
5 -10	31
11-20	22
21-30	5
Over 30	2
Did not answer	2
<b>Total</b>	<b>69</b>

#### B4. Languages

The returned data shows a great variety of languages were spoken by the Asian workforce. Based on a grouping of languages according to their cultural connections, the most widely spoken first languages were Indian, English and Chinese (Table 7).

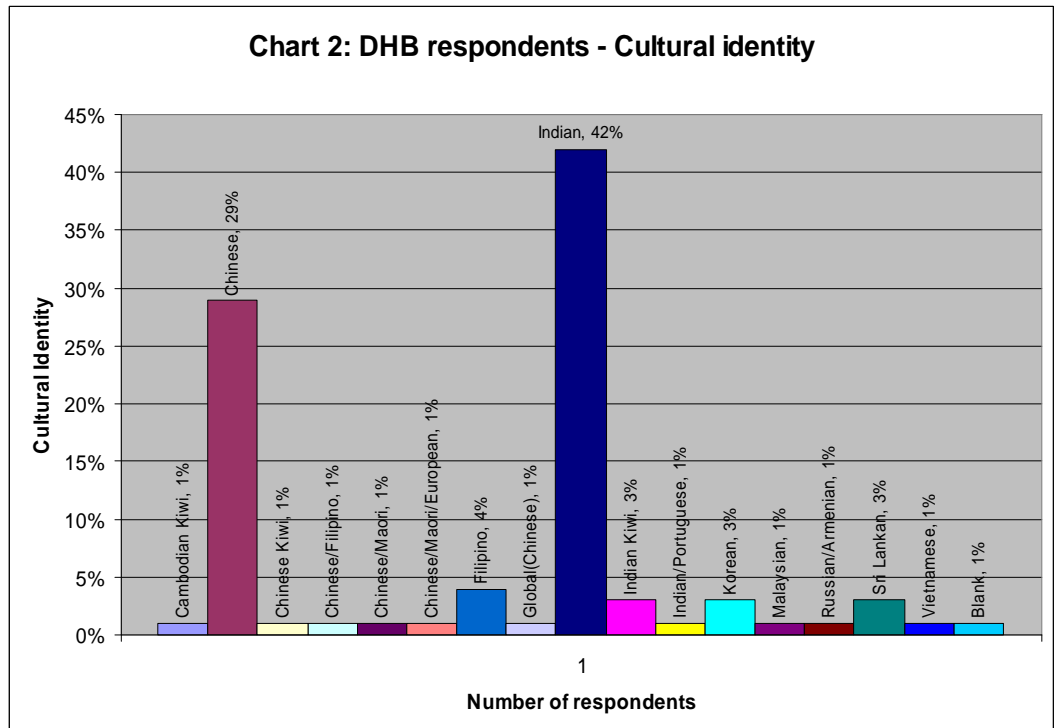
Table 7: DHB respondents - Language resources

First Language	ADHB	CMDHB	WDHB	Total
Chinese Group (Cantonese, Mandarin, Chinese, Hokkien)	3	14	2	19
Indian Group (Hindi, Bengali, Urdu, Kannada, Punjabi, Haryanvi, Malayalam, Marathi, Sinhala, Telegu)	8	12	0	20
English Group	7	10	3	20
Korean Group	0	0	2	2
Filipino Group (Filipino, Tagalog, Ilocano)	1	3	0	4
Others (Pashto, Russian, Vietnamese)	1	2	0	3
Did not answer	0	1	0	1
<b>Total</b>	<b>20</b>	<b>42</b>	<b>7</b>	<b>69</b>

Findings show almost all Asian workers speak more than one language. Languages spoken include Bahasa Malaysia, Gengali, French, and Zulu.

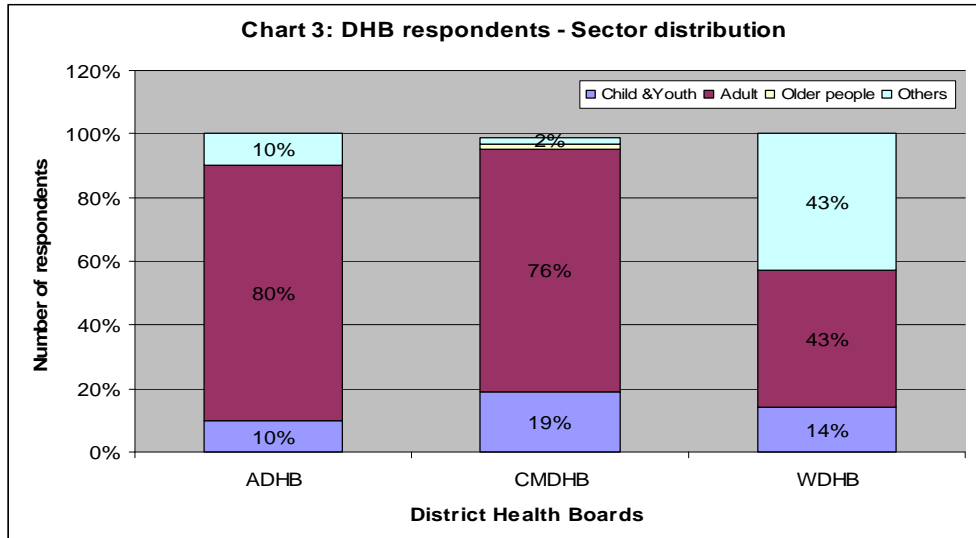
### B5. Cultural Identity

In the questionnaire, participants were asked to self-rate their cultural identity. The largest cultural groups (single identity) were Indian (42%) and Chinese (29%) (Chart 2). Nine individuals (13%) identified themselves as belonging to more than one ethnic group.

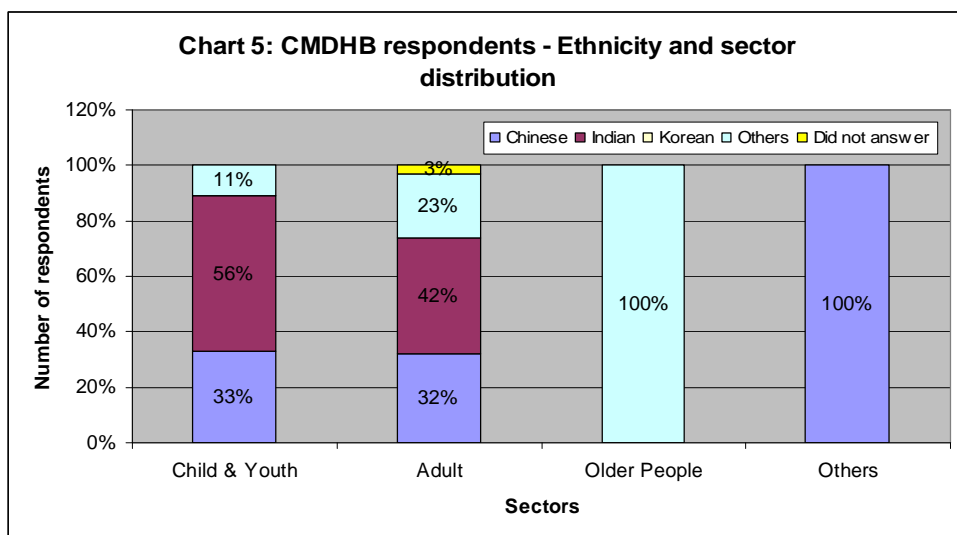
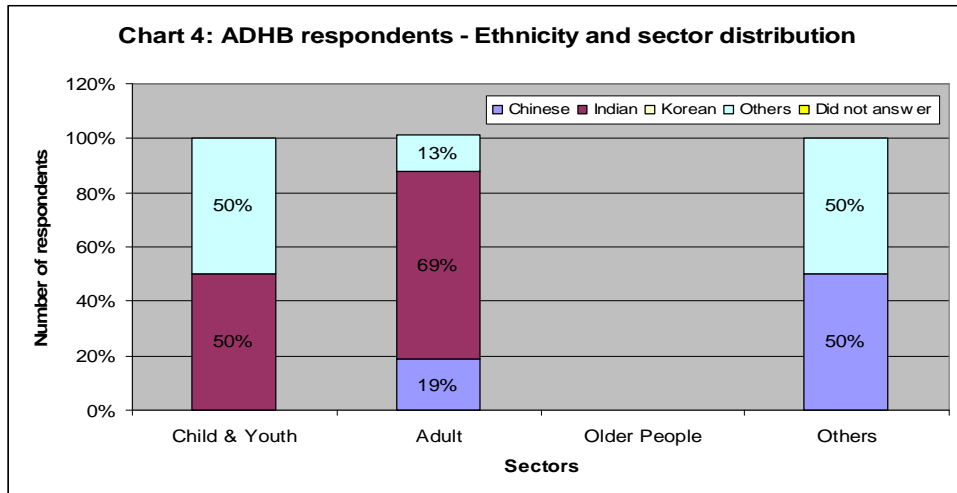


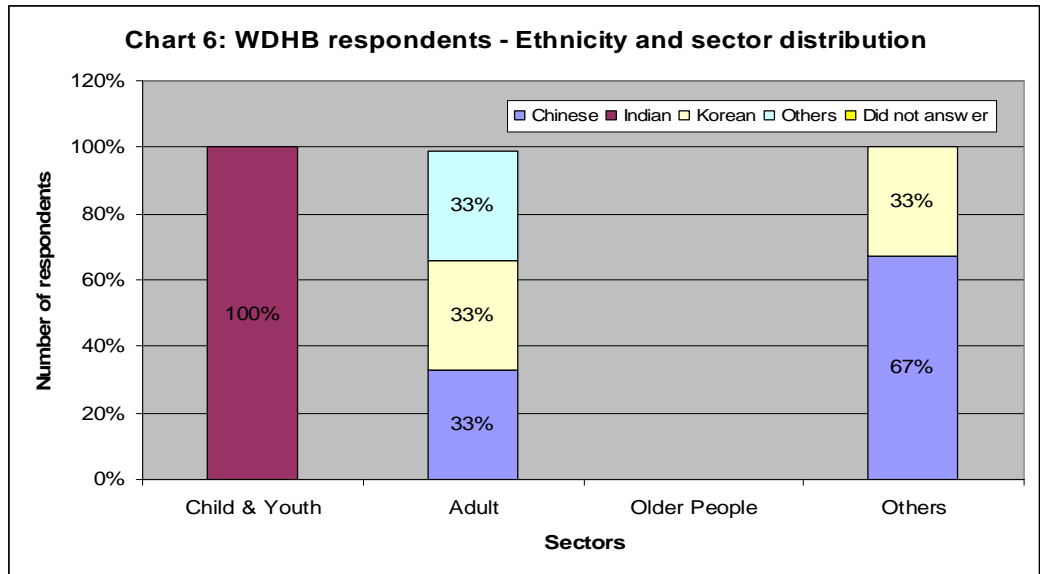
### B6. Sector and Occupational Group

Participants were asked whether they worked in any of the following mental health and addiction services: child and youth, adult or older people services. Participants who worked across these sectors could choose 'other'. The majority of Asian staff worked in adult mental health services, followed by other services and child and youth mental health services. CMDHB is the only DHB which has Asian staff working at its older peoples mental health service (Chart 3).

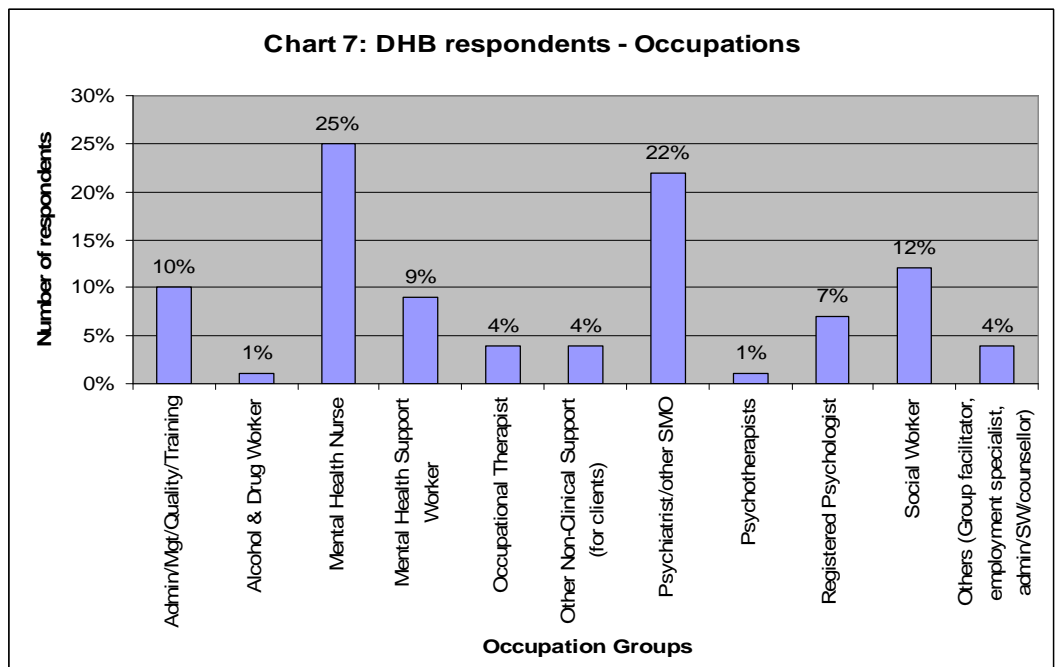


The ethnicity of Asian staff by service type is illustrated in Charts 4–6.

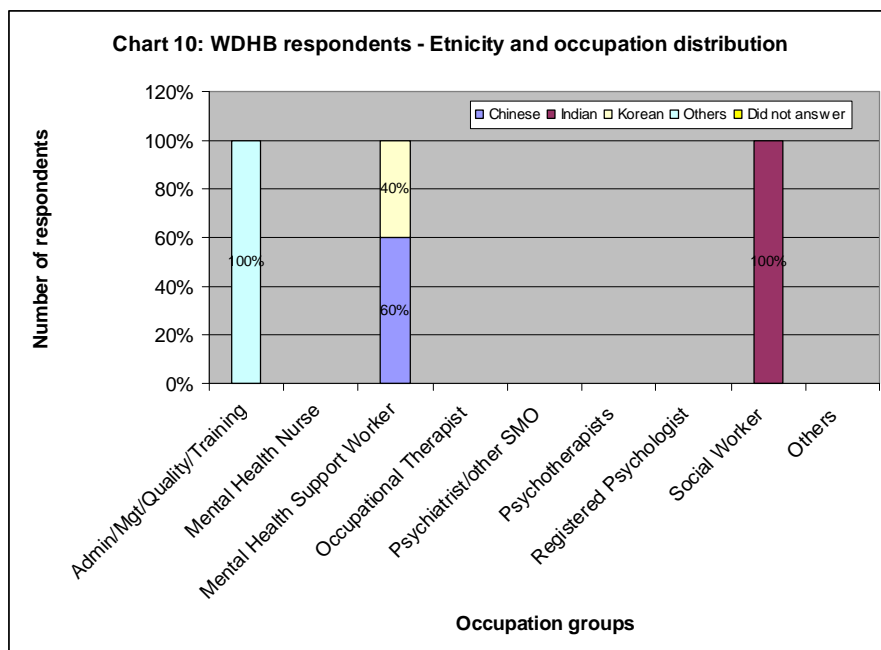
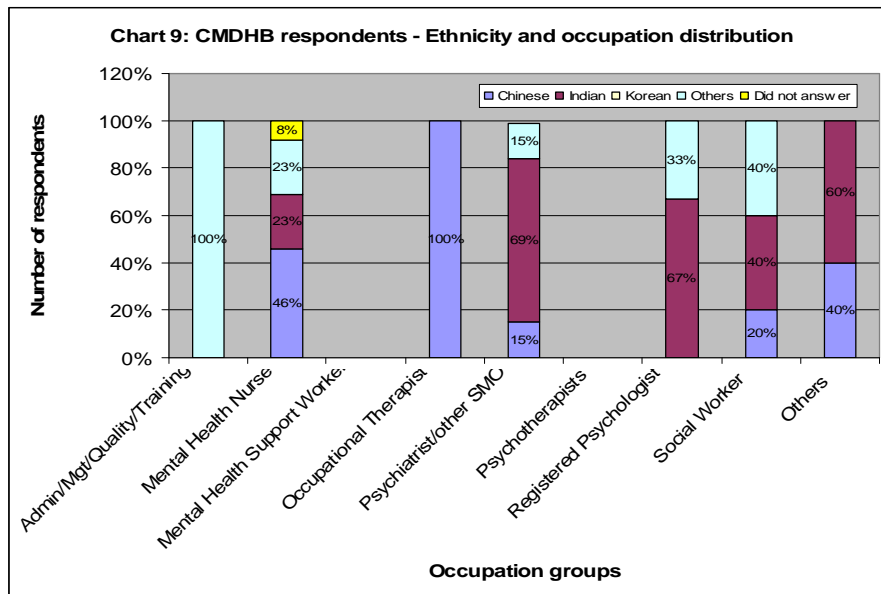
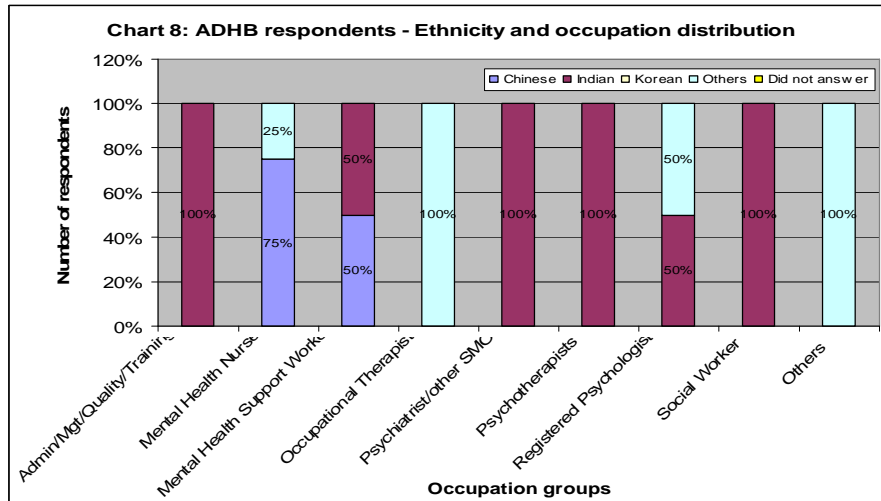




The questionnaire listed 15 different occupational groups covering a range of possible occupations in the sector. The occupational categories that had the largest Asian workforce were mental health nurses (25%) and psychiatrist/other Senior Medical Officer (SMO) (22%).



The ethnicity of Asian staff by occupational group is illustrated in Charts 8-10.

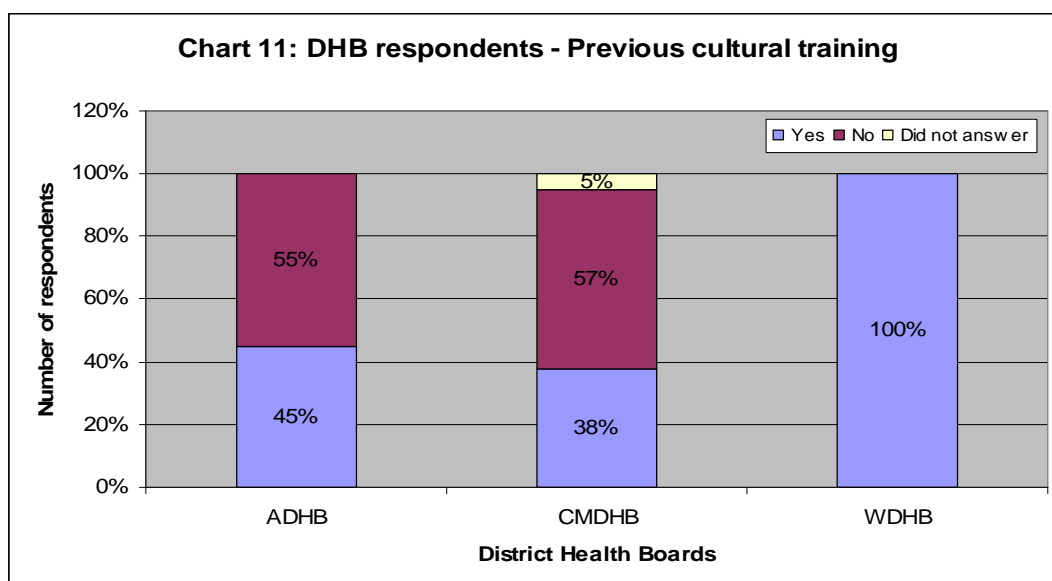


## B7. Previous Cultural Training

Less than half of Asian staff surveyed (46%) had received some form of cultural competency training.

Table 8: DHB respondents - Previous cultural training

Previous Training	Yes	No	Did not answer	Total
ADHB	9	11	0	20
CMDHB	16	24	2	42
WDHB	7	0	0	7
<b>Total</b>	<b>32</b>	<b>35</b>	<b>2</b>	<b>69</b>



## B8. Interest in Cultural Training

Among Asian staff with no previous cultural training (51%), 29 (83%) expressed an interest in undertaking cultural training, while four (11%) had no interest.

Table 9: DHB respondents - Interest in cultural training

Interest in Cultural Training	Yes	No	Did not answer	Total
DHB	29	4	2	35

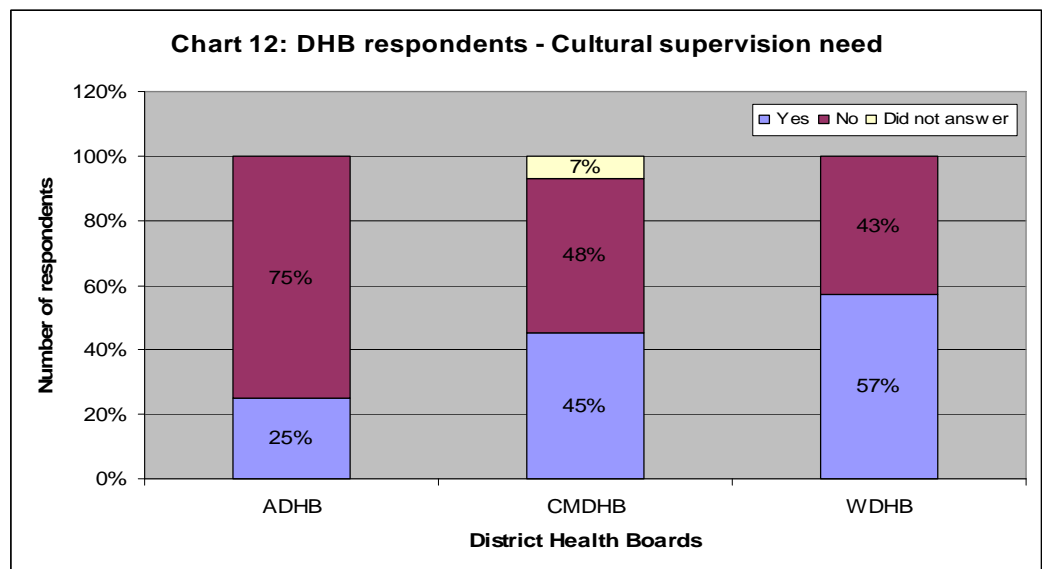
### B9. Cultural Supervision and Peer Support

In terms of support at work, 28 out of the 69 respondents (41%) expressed the need for more cultural supervision, while 46% asked for more peer support (Table 10).

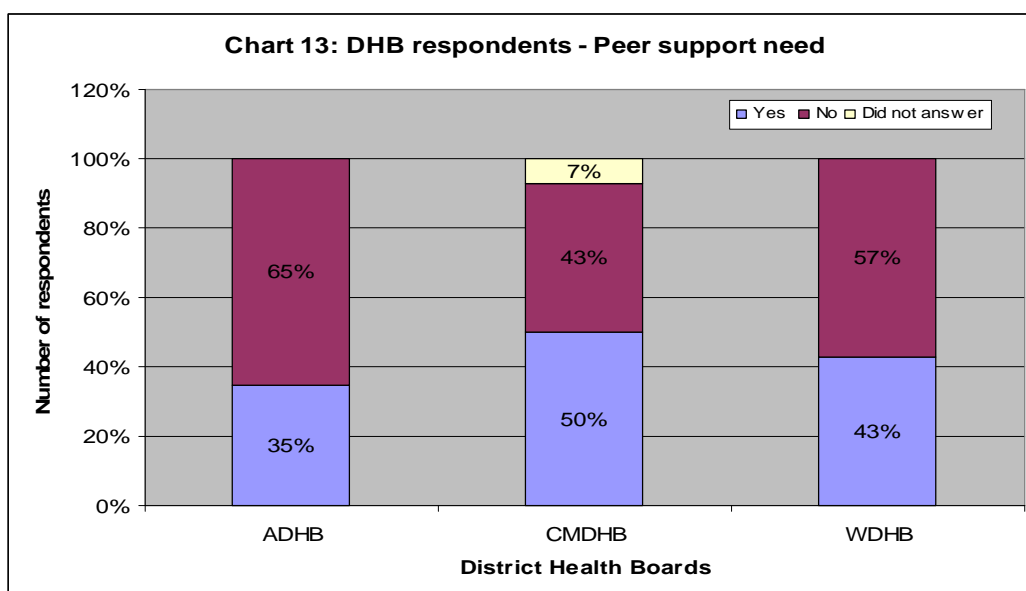
Table 10: DHB respondents – Support needs

	Yes	No	Did not answer	Total
Cultural Supervision	28	37	4	69
Peer Support	32	33	4	69

A further breakdown of the DHB figures shows the need for more cultural supervision was strong (57%) among WDHB respondents (Chart 12).



A greater proportion of Asian staff at CMDHB believed there was a strong need (50%) for peer support (Chart 13).



#### *B10. Self Rated Comfort Level with Asian Clients*

Sixty-four out of 69 respondents (93%) either 'agreed' or 'strongly agreed' with the statement that they feel comfortable working with Asian clients (Table 11).

*Table 11: DHB respondents – Comfort in working with Asian clients*

'I am comfortable working with Asian clients'	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	Did not answer	Total
ADHB	1	0	0	5	14	0	20
CMDHB	0	0	3	20	18	1	42
WDHB	0	0	0	3	4	0	7
<b>Total</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>28</b>	<b>36</b>	<b>1</b>	<b>69</b>

When asked whether they needed more cultural competency training in order to work with Asian clients, 32% 'agreed' or 'strongly agreed' (Table 12).

*Table 12: DHB respondents – Need for cultural competency training*

'I am comfortable working with Asian clients'	Strongly disagree	Disagree	Neutral	Agree	Strongly Agree	N/A	Did not answer	Total
ADHB	6	5	4	3	2	0	0	20
CMDHB	6	4	16	8	6	1	1	42
WDHB	0	2	2	3	0	0	0	7
<b>Total</b>	<b>12</b>	<b>11</b>	<b>22</b>	<b>14</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>69</b>

## PART 2: Auckland Non-Governmental Organisations

A total of 38 returns were received from the NGO sector. Nine were from Service Managers and 29 from Asian staff (Table 13).

*Table 13: NGO returns to questionnaire*

NGO	Returns
Service Manager	9
Asian Staff	29
<b>Total</b>	<b>38</b>

The response rate for NGOs is 12% (9 out of 73), but the 9 responses came from the largest NGO providers operating in urban Auckland representing approximately 40% of the total financial investment in the region. Given the high level of non-response, the information obtained from NGOs is likely to be biased.

## SECTION A: Managers Data

### A1. Asian Staff

Findings from 9 NGO managers indicate 15% of total staff on average was Asian (Table 14).

Table 14: Proportion of Asian workforce (headcount) at NGO

	Total Staff	Total Asian Staff	% of Asian to Total Staff
NGO 1	42	2	5
NGO 2	84	12	14
NGO 3	18	1	6
NGO 4	45	3	7
NGO 5	10	4	40
NGO 6	94	27	29
NGO 7	33	13	39
NGO 8	102	11	11
NGO 9	100	5	5
<b>Total</b>	<b>528</b>	<b>78</b>	<b>15</b>

### A2. NZ Experience

Of the 78 Asian (headcount) employees in these organisations, 31 (40%) had less than three years of work experience in NZ. This means 60% of the Asian workforce had worked in New Zealand for three or more years (Table 15).

Table 15: NGO Asian workforce with less than 3 years of work experience in NZ

NGO	Asian Staff Headcount	Experience < 3 yrs	% of Total
<b>TOTAL</b>	<b>78</b>	<b>31</b>	<b>39.7%</b>

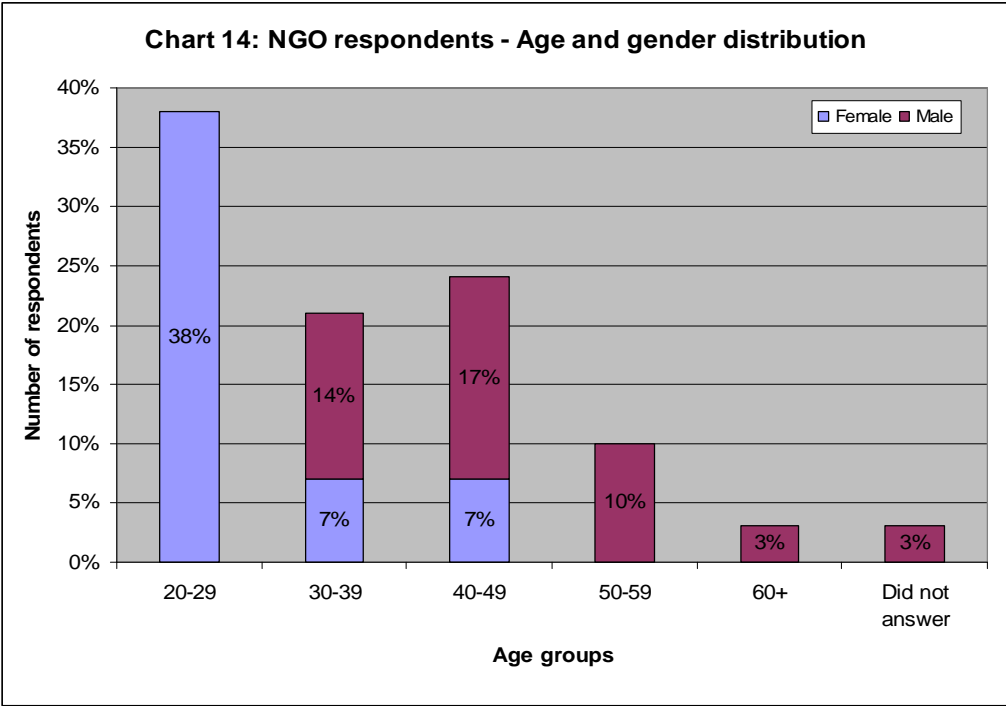
**SECTION B: Asian Staff Data**

**B1. Gender and Age Distribution**

Figures show 14 of the 29 Asian respondents were male (48%) and 15 were female (52%) (Table 16). In terms of age, the largest proportion (38%) of Asian staff was in the 20-29 age group (Chart 14).

*Table 16: NGO respondents – Age and gender distribution*

	Age Range							Total
	20-29	30-39	40-49	50-59	60-65	66+	Did not answer	
Female	11	2	2	0	0	0	0	15
Male	0	4	5	3	1	0	1	14
<b>Total</b>	<b>11</b>	<b>6</b>	<b>7</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>29</b>



### *B2. Birth Place*

All respondents were born overseas and nearly half (48%) were from China (Table 17).

*Table 17: NGO respondents – Birth country*

<b>Birth Place</b>	<b>Total</b>
Afghanistan	1
China	14
Fiji	3
Hong Kong	3
India	2
Korea	1
Pakistan	2
Philippines	1
South Korea	1
Taiwan	1
<b>Total</b>	<b>29</b>

### *B3. Length of residence*

The majority (86%) of respondents had lived in NZ for five or more years. Only 14% of Asian staff had lived in New Zealand for less than five years. (Table 18).

*Table 18: NGO respondents – Length of residence in NZ*

<b>Residency Range</b>	<b>Total</b>
< 5 yrs	4
5-10 yrs	20
11-20 yrs	5
> 20 yrs	0
<b>Total</b>	<b>29</b>

#### B4. Languages

The largest language group spoken by 62% of Asian staff was Chinese (Chinese, Cantonese, and Mandarin), followed by Indian (17%) (Table 19).

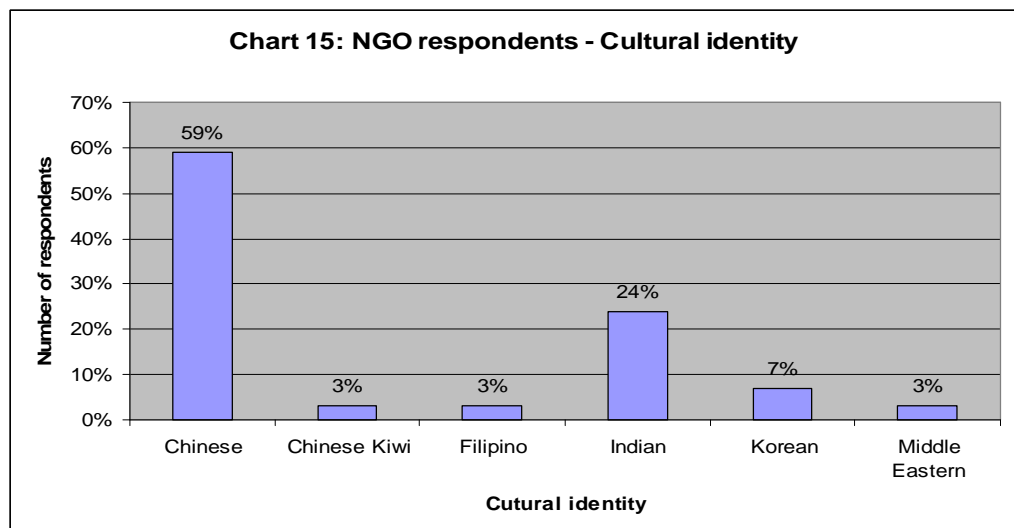
Table 19: NGO respondents – Language resources

First Language	NGO
Chinese Group (Cantonese, Mandarin, Chinese)	18
Indian Group (Hindi, Punjabi, Malayalam, Haryanvi)	5
Korean Group	2
Filipino	1
Pashto	3
<b>Total</b>	<b>29</b>

The returns also show that all respondents can speak at least a second language. Second languages spoken include English, Dari, Urdu, French and Taiwanese.

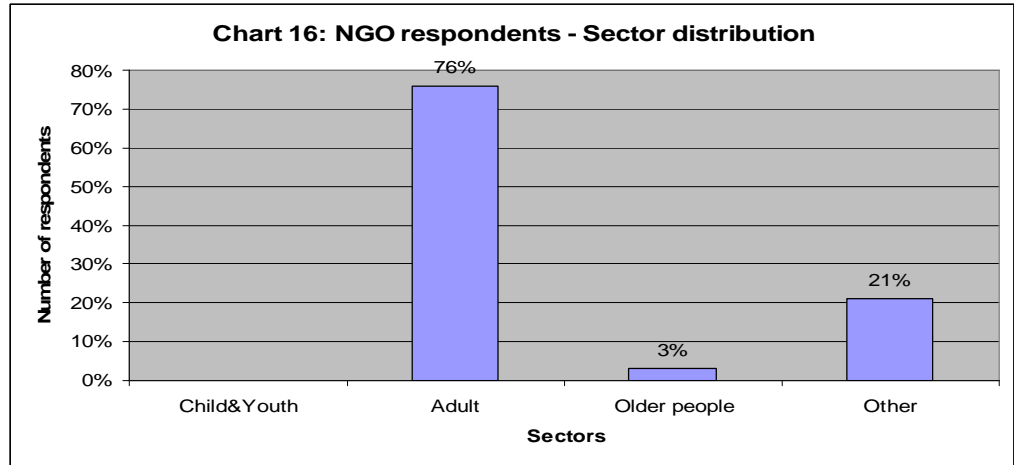
#### B5. Cultural Identity

The biggest self-identified cultural groups were Chinese and Indian. Seventeen (59%) of the respondents identified themselves as Chinese and seven as Indian (24%) (Chart 15)

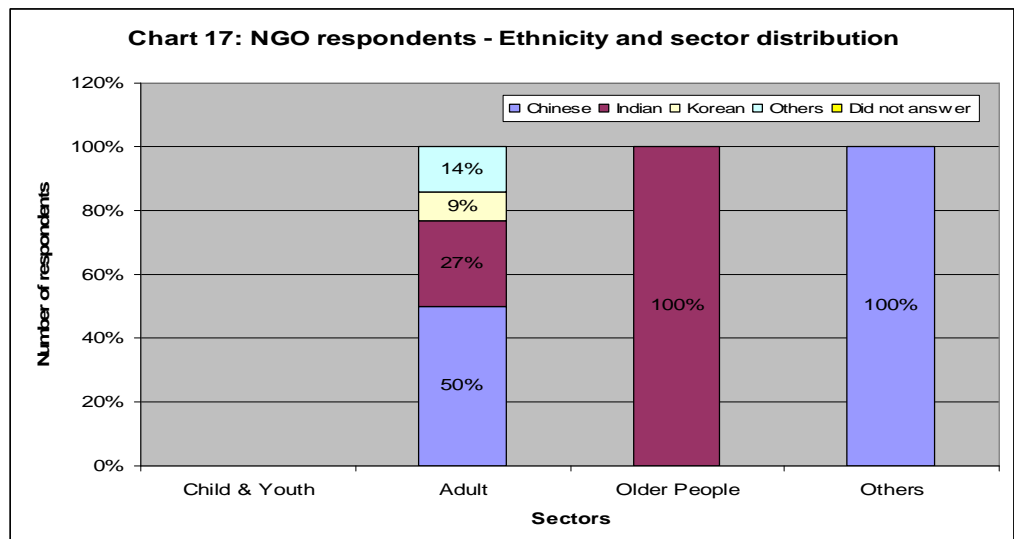


## B6. Sector and Occupational Group

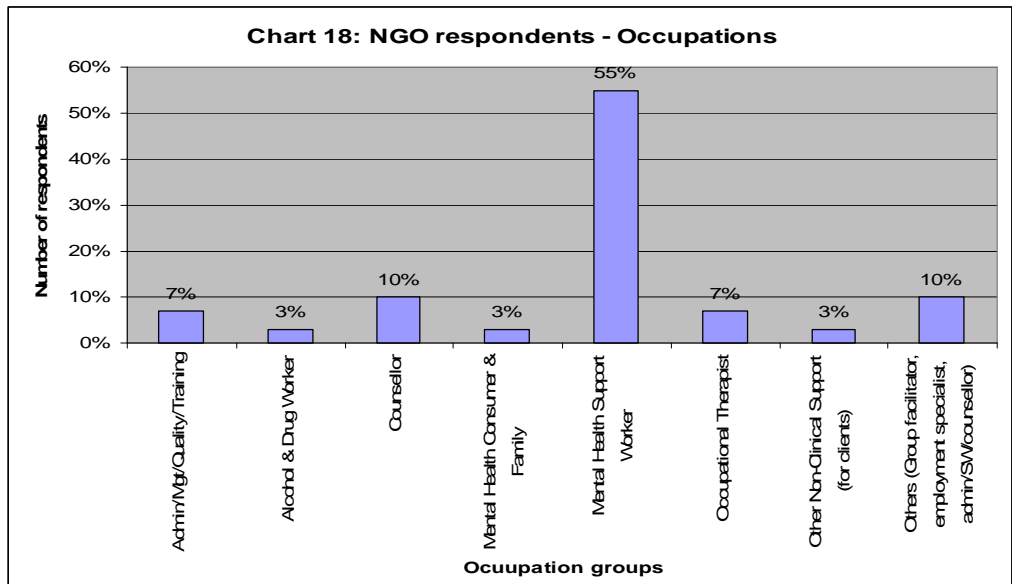
The majority of Asian staff (76%) worked in adult mental health services, followed by other services (21%) and older peoples (3%) services (Chart 16).



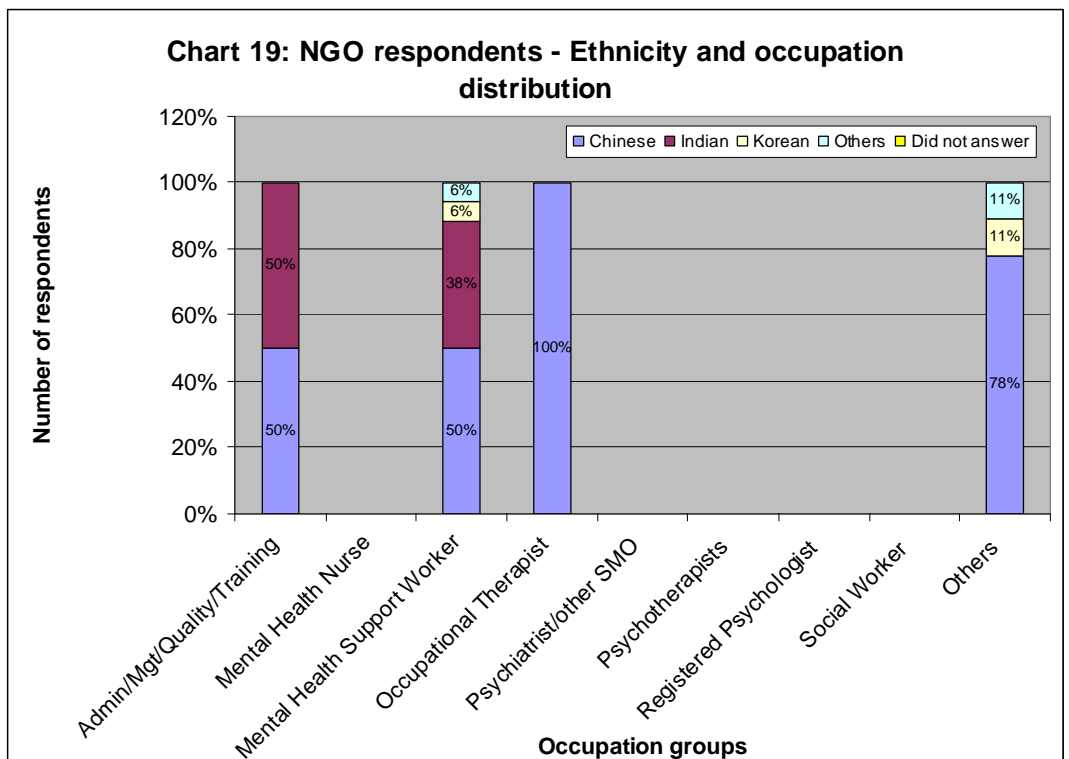
The ethnicity of Asian staff by service type is illustrated in Chart 17.



Out of the 15 occupational categories listed in the questionnaire, the group with the largest number of Asian workforce were Mental Health Support Work with 16 respondents (55%) (Chart 18). No Asian staff was identified in the major health professions of Mental Health Nurses (Group 5), Psychiatrist/ SMO (Group 10), Psychotherapists (Group 11), and Psychologists (Group 12).



Further analysis of occupations by ethnicity revealed Chinese were the largest ethnicity in the Asian workforce within the NGO sector, while Indian is the second largest.



### ***B7. Previous Cultural Training***

More than 66% of NGO Asian staff (19 out of 29) had undertaken some kind of cultural training (Table 20).

*Table 20: NGO respondents – Previous cultural training*

<b>Previous Training</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>
NGO	19	10	29

### ***B8. Interest in Cultural Training***

All 10 people (34%) with no previous cultural training expressed an interest in receiving training in this area (Table 21).

*Table 21: NGO respondents – Interest in cultural training*

<b>Cultural Training</b>	<b>Yes</b>	<b>No</b>	<b>Total</b>
NGO	10	0	10

### ***B9. Cultural Supervision and Peer Support***

In terms of support at work, 52% of respondents expressed the need for more cultural supervision, and 59% required more peer support (Table 22).

*Table 22: NGO respondents – Support needs*

	<b>Yes</b>	<b>No</b>	<b>Did not answer</b>	<b>Total</b>
Cultural Supervision	15	13	1	29
Peer Support	17	10	2	29

### *B10. Self Rated Comfort Level with Asian Clients*

When asked if they felt “comfortable working with Asian clients”, the responses showed 25 out of 29 respondents (86%) felt comfortable (“agreed” or “strongly agreed”). No respondents felt uncomfortable (“disagree” or “strongly disagree”) (Table 23).

*Table 23: NGO respondents – Comfort in working with Asian clients*

<b>'I am comfortable working with Asian clients'</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
NGO	0	0	4	12	13	29

When asked whether they needed more cultural competency training in order to work with Asian clients, 31% “agreed” or “strongly agreed” and 45% disagreed (Table 24).

*Table 24: NGO respondents – Need for cultural competency training*

<b>'I need more training on cultural competence in order to work with Asian clients'</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neutral</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Total</b>
NGO	2	11	7	8	1	29

## DISCUSSION

This report was designed to take a snapshot of the Asian workforce in mental health and addiction services of the three Auckland-metro district health boards (DHBs) and DHB contracted non-governmental organisations (NGOs). The findings from this report are to be used to facilitate and enhance workforce development and service responsiveness in the mental health and addiction sectors. The following discussion applies to both DHB and NGO sectors.

This study suggests that Indian and Chinese are the two largest cultural groups working within the mental health and addiction services as consistent with the New Zealand population. When comparing the cultural groups across DHBs, both ADHB and CMDHB have more Indian staff than Chinese staff, while WDHB has more Chinese staff and no Indian staff. This may be due to only 5% of the Indian population who require input from bi-lingual Indian staff being identified as non-English speakers in the 2006 census compared to 18% of Chinese and 30% of Koreans (Statistics New Zealand, 2006). In contrast, the NGO sector has more Chinese staff than Indian staff, this may be due to the NGO sector intentionally employing more bi-lingual Chinese staff for the high number of Chinese clients presenting at NGO services as the nature of the mental health support role requires matching bi-lingual staff to support Asian service users rather than using interpreters, which is less effective. It could also be influenced by the high numbers of migrants unable to practice in the profession that they held in their home country and retraining as support workers and remaining in New Zealand after graduating.

When comparing the DHB Asian workforce working across different sectors, the majority of Asian staff work in adult mental health and addiction services followed by child and youth mental health services. Within the NGO sector, the Asian workforce is also well represented in adult services but not well represented in older adult services and no respondents in this survey were from child and youth services. This could be due to the way New Zealand mental health and addiction services are provided (i.e. more positions available in adult services) and training and placement opportunities in this area. Further comparing the Asian workforce in each sector across district health boards

suggests the Chinese workforce is represented at adult mental health and addiction services but not equivalent to the population profile and the needs.

The Indian workforce is well represented in ADHB and CMDHB but not represented at all in WDHB, even though it is the second largest Asian population, as only a small number of the non-English speaking Indian population in WDHB require bi-lingual staff support. The Korean population is the third largest in Auckland, but WDHB is the only DHB with a Korean workforce represented in adult mental health and addiction services as their needs are significant in the WDHB area where they have settled. In contrast, Chinese are well represented in NGO adult mental health and addiction services which align with the population distribution followed by Indian and others.

In comparison, there is lack of Chinese represented in the child and youth workforce given that the Chinese population is the highest Asian population in the Auckland region. This could mean a gap in service responsiveness to Chinese youth and family consumers. The Indian composition in the child and youth workforce is well represented, and it could be due to Indian people being interested in this specific area of work. The Korean workforce is not represented at all in the child and youth sector, and there are significant issues in WDHB where Korean is the third largest Asian population. Moreover, the Asian workforce is not represented at all at ADHB and WDHB older people mental health and addiction services and there is only one Asian (Filipino) working in CMDHB. In contrast, Indian is the only Asian workforce represented at NGO older people services. This is a significant gap given the growing aging Asian population, and requires urgent investigation although interpreting services could assist in addressing this immediate need. Asian people supporting the mainstream mental health services in both DHB and NGO sectors are predominantly Chinese and to a lesser extent other Asians. This is likely due to the need to address barriers to access and meeting the needs of the largest non-English Asian population groups.

This study shows a large number of Asian staff is working as mental health nurses, and psychiatrists/Senior Medical Officers in the mental health and addiction sector. This may be due to a large number of Asian overseas students

undertaking nursing courses in the past ten years who have stayed to work in New Zealand after graduating. Immigration policy also plays an important role for the Asian workforce that migrated to New Zealand through the skilled migrant categories. In contrast, the majority of Asian staff working in the NGO sector is mental health support workers. It is likely that there were no medical professionals working in the NGO sector due to the nature of the mental health NGO contract.

When comparing the DHB Asian workforce working across different occupation groups, Indian clinical staff (excluding nurses and occupational therapists) is well represented at ADHB. Indian psychiatrists, clinical psychologists and social workers are well represented at CMDHB while WDHB has only one Indian social worker. This reflects the population distribution and the immigration policy that attracts highly educated immigrants. Chinese nurses and support workers are well represented at ADHB; while Chinese are represented in nurses, psychiatrists, occupational therapists and social workers in CMDHB. WDHB has no Chinese clinicians but a number of cultural support staff. Both ADHB and CMDHB have no Korean staff and WDHB has Korean staff members who work as cultural support staff. In contrast, there are no mental health nurses, doctors, psychotherapists, clinical psychologists or social workers working in the NGO sector. However, Chinese are well represented in support worker, occupational therapist and other roles such as counsellors. Indian and Korean are also represented as support workers.

The languages spoken by the Indian and Chinese staff include Cantonese, Mandarin, Chinese, Hokkien, Hindi, Bengali, Urdu and Punjabi. This suggests that the Asian workforce itself is a rich cultural and linguistic resource that could be better utilised in the future. When comparing the languages spoken by the staff between DHBs, WDHB is the only DHB that has Korean speaking staff. This may be due to the need to respond to a high number of Korean population needs (30% of Korean population are non-English speakers).

The Asian workforce also has a younger age composition in comparison to the mainstream workforce. This is important as a number of reports have indicated the health workforce in New Zealand is ageing, and health organisations are required to develop a sufficient workforce to meet the increasing population needs (Alpass & Mortimer, 2007; Working in New Zealand, 2010). This report

also suggests that there are more Asian females working in mental health and addiction services than Asian males, which is consistent with the general workforce gender distribution. Traditionally health is a female dominant profession, particularly in Asian cultures.

The majority of the Asian workforce was migrants; most of them had been living in New Zealand for more than five years and the majority of had been working in New Zealand for more than three years. When comparing the length of work experience in New Zealand among the Asian workforce between DHBs, the WDHB Asian workforce has less work experience than other DHBs. This may due to the responding WDHB team and roles being relatively newly established.

Less than half of the DHB Asian staff had received cultural training and the majority of those who had not expressed an interest in attending cultural training in the future. When comparing the number of staff receiving cultural training between DHBs, all of WDHB staff had previously received cultural training, because the manager of the WDHB team is a training facilitator and organiser of cultural training, which encouraged staff to attend the relevant training courses. In contrast, more than half of the NGO Asian staff had received cultural training and all of those who had no training expressed an interest in attending future cultural training. This may due to the expectations from mainstream clinicians or service providers that the Asian or ethnic workforce is culturally knowledgeable and skilled just by virtue that are a descendent from a different culture. The Asian workforce may therefore tend to seek cultural training.

While most of our Asian staff felt comfortable working with Asian clients, some of them have asked for more cultural supervision and peer support at work. When comparing the number of staff who asked for more cultural supervision and peer support between DHBs, WDHB staff showed a stronger need for more cultural supervision while CMDHB staff show a stronger need for peer support. This could be due to the different perceptions of cultural competency between DHBs and services.

## LIMITATIONS

The key limitations to this survey were:

1. The overall response rates from Service Units and NGOs are low, which means information obtained is likely to be biased.
2. Casual staff is not included in this survey, therefore the complexities of this workforce have not been dealt with in this study.
3. Primary care was not included due to a lack of resources available to coordinate the survey.
4. The report was undertaken in 2008 and some of the gaps in this report may have now been addressed.

Despite these limitations the survey succeeds in providing a snapshot of the Asian mental health and addictions workforce in the three Auckland-metro DHBs and NGOs.

## CONCLUSIONS AND RECOMMENDATIONS

This report provides an overview of the current Asian mental health and addictions workforce at DHBs and NGOs in Auckland. A number of recommendations have been made to facilitate and enhance workforce development and service responsiveness in the mental health and addictions sectors.

Recommendations are to:

1. Build an Asian mental health and addictions workforce that better reflects the population mix in the region.
2. Better utilise Asian staff' cultural and linguistic skills to enhance service delivery.
3. Encourage Asian men to work in mental health and addiction services.
4. Provide cultural training to the Asian workforce to raise and enhance their cultural competence in working with clients from culturally and linguistically diverse backgrounds.
5. Provide cultural supervision and peer support to Asian staff.
6. Undertake regular surveys of the Asian workforce to provide up-to-date workforce information for coordinated and well-informed workforce planning and development.
7. Utilise human resource workforce data in future reports, in order to provide a fuller picture of the whole Asian workforce.

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## APPENDICES

### Appendix 1: Ethnic composition of Statistics New Zealand 'Asian' category

Chinese Indian	Southeast Asian NFD	Afghani
Chinese NFD	Filipino	Bangladeshi
Hong Kong Chinese	Cambodian	Nepalese
Cambodian Chinese	Vietnamese	Pakistani
Malaysian Chinese	Burmese	Tibetan
Singaporean Chinese	Indonesian	Eurasian
Vietnamese Chinese	Laotian	Asian NEC
Taiwanese	Malay	
Chinese NEC	Thai	
Indian NFD	Southeast Asian NEC	
Bengali	Japanese	
Fijian Indian	Korean	
Gujarati		
Tamil		
Punjabi		
Sikh		
Anglo Indian		
Indian NEC		
Asian NFD		

Notes: NEC = not elsewhere classified; NFD = not further defined.

## Appendix 2: Questionnaires for Service Managers

### NORTHERN REGION 2008 ASIAN WORKFORCE SURVEY

*For more responsive service and workforce development*

Dear Managers,

The Northern Region Asian Mental Health & Addictions Advisory Group\* is seeking your help with an Asian workforce study for the benefit of future workforce planning and development in the region.

There is currently no available data on the size of Asian workforce in the region, where they are, and their level of cultural competency. The lack of relevant information has made appropriate service and workforce development difficult.

In order to provide services for our Asian service users and communities in an effective, efficient and culturally competent manner, an overview of Asian workforce working in the Auckland region would be very helpful.

The Regional Asian Implementation Plan, developed by the Northern DHB Support Agency (NDSA) on behalf of the four Northern DHBs in 2006, provides the basis for an Asian work plan related to the development, enhancement, funding, and evaluation of mental health and addiction services for Asian communities in the Northern Region. One key recommendation from the work plan is to develop and enhance the capacity and capability of Asian workforce so to achieve the national goals of service responsiveness and enhancement, as identified in *Te Tāhuhu* (2005).

We seek the assistance of service managers to provide a snapshot of the number of Asian staff members working in their service at the time of the survey (i.e. 1 July 2008).

The survey will be conducted by means of a standardised questionnaire as attached.

**We assure you that all information provided will be treated with great care and will only be used for the purpose of workforce analysis.**

We thank you very much for your kind assistance and cooperation.

Northern Region Asian Mental Health & Addictions Advisory Group

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\* The Northern Region Asian Mental Health & Addictions Advisory Group has been set up by Northern DHB Support Agency (NDSA) since 2005 for providing strategic advice to the development of more responsive mental health services for Asian communities in the region. It comprises representatives from DHBs, NGOs, PHOs, and individual practitioners.

**Questionnaire for SERVICE MANAGERS in Auckland DHB and NGO Mental Health Services**

Taking the definition from Statistics New Zealand (Census 2006, Data Dictionary), **Asians** are people who come from or have ancestor links with one of the following countries (in alphabetical order):

Afghanistan	Cambodia	Kazakhstan	Mongolia	Tajikistan
Amenia	China	Korea	Nepal	Thailand
Azerbaijan	Georgia	Kyrgyzstan	Pakistan	Timor-Laste
Bangladesh	Hong Kong	Laos	Philippines	Turkmenistan
Bhutan	India	Macau	Singapore	Vietnam
Brunei Darussalam	Indonesia	Malaysia	Sri Lanka	Uzbekistan
Burma/ Myanmar	Japan	Maldives	Taiwan	

Name \_\_\_\_\_ of \_\_\_\_\_ the \_\_\_\_\_ Service \_\_\_\_\_ Unit: \_\_\_\_\_

Q1. The total headcount of staff in your unit as of 1 July 2008?

Adult Service                      C&Y                      Older Persons

Q2. The total headcount of Asian staff in your unit as of 1 July 2008?

Adult Service                      C&Y                      Older Persons

Q3. What is the gender ratio for these Asian staff: males \_\_\_\_\_ / females \_\_\_\_\_ ?

Q4. How many of these Asian staff have less than 3 years of professional experience in NZ?

Q5. The total Asian FTEs in each of the following occupational positions:

- Administrative/ Management/ Quality/ Training
- Alcohol & Drug Worker
- Counsellor
- Mental Health Consumer & Family Worker
- Mental Health Nurse
  - Mental Health Support Worker
  - Occupational Therapist
- Other Cultural Appointment
- Other Non-clinical Support (for clients)
  - Psychiatrist or other SMO
  - Psychotherapists
  - Registered Psychologists
- Specific Liaison Appointment
- Social Worker
  - Other (please specify)

- End of questions -

## Appendix 3: Questionnaire for Asian workforce

### AUCKLAND REGION 2008 ASIAN WORKFORCE SURVEY

*For more responsive service and workforce development*

**PLEASE ENCOURAGE ALL STAFF WHO IDENTIFY AS ASIAN TO COMPLETE AND RETURN THE ATTACHED QUESTIONNAIRE BY 14 JULY 2008**

#### Introduction

The Northern Region Asian Mental Health & Addictions Advisory Group\* is seeking your help with an Asian workforce study for the benefit of future workforce planning and development in the region.

There is currently no available data on the size of Asian workforce in the region, where they are, and their level of cultural competency. The lack of relevant information has made appropriate service and workforce development difficult.

In order to provide services for our Asian service users and communities in an effective, efficient and culturally competent manner, a basic overview of Asian workforce working in the Auckland region would be very helpful.

The Regional Asian Implementation Plan, developed by the Northern DHB Support Agency (NDSA) on behalf of the four Northern DHBs in 2006, provides the basis for an Asian work plan related to the development, enhancement, funding, and evaluation of mental health and addiction services for Asian communities in the Northern Region. One key recommendation from the work plan is to develop and enhance the capacity and capability of Asian workforce so to achieve the national goals of service responsiveness and enhancement, as identified in *Te Tāhuhu* (2006).

We seek the assistance of service managers to provide a snapshot of the number of Asian staff members working in their service at the time of the survey (i.e. 1 July 2008) and to send the survey information pack to their Asian staff members. Completed questionnaire should be returned to the managers on or before 14 July 2008.

The survey will be conducted by means of a standardised questionnaire.

Staff members decide if they would take part in the survey or not. They have the right to withdraw from the survey at any stage of its process.

**We assure that all information provided by participants will be kept private and confidential and only be used for the purpose of workforce analysis. No data reported or presented will reveal any personal identity or be led to any identification of individuals.**

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\* The Northern Region Asian Mental Health & Addictions Advisory Group has been set up by Northern DHB Support Agency (NDSA) since 2005 for providing strategic advice to the development of more responsive mental health services for Asian communities in the region. It comprises representatives from DHBs, NGOs, PHOs, and individual practitioners.

Questionnaire for Asian Mental Health and Addiction Workforce in Auckland DHB and NGO services

**Section A: Your Occupational Information**

1. At the time of survey, what is your professional position:
- |  |   |
|--|---|
| <input type="checkbox"/> Administrative/ Management/ Quality/ Training | <input type="checkbox"/> Psychiatrist or other SMO    |
| <input type="checkbox"/> Alcohol & Drug Worker                         | <input type="checkbox"/> Psychotherapists             |
| <input type="checkbox"/> Counsellor                                    | <input type="checkbox"/> Registered Psychologists     |
| <input type="checkbox"/> Mental Health Consumer & Family Worker        | <input type="checkbox"/> Specific Liaison Appointment |
| <input type="checkbox"/> Mental Health Nurse                           | <input type="checkbox"/> Social Worker                |
| <input type="checkbox"/> Mental Health Support Worker                  | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Occupational Therapist                        |   |
| <input type="checkbox"/> Other Cultural Appointment                    |   |
| <input type="checkbox"/> Other Non-clinical Support (for clients)      |   |
2. The sector you work in: Child & Youth Adult Older People  
Other (please specify) \_\_\_\_\_
3. The employer type that you work for (DHB/ NGO/ PHO): \_\_\_\_\_
4. At the time of survey, is your position:
- |   |
|---|
| <input type="checkbox"/> Permanent full-time (40 hours a week or more)            |
| <input type="checkbox"/> Permanent part-time, please specify the hours/week _____ |
| <input type="checkbox"/> Temporary or on contract term, please specify _____      |
| <input type="checkbox"/> Other, please specify _____                              |

**Section B: Cultural Capability**

1. Do you work with Asian clients in your work capacity?  
Yes No
2. If NO: Are you interested to work with Asian clients?  
Yes No

### Section C: Training/ Support Needs

1. Have you had any cultural competency training before?  
 Yes, the training was \_\_\_\_\_  
 No
2. If NO: Are you interested to undertake cultural training?  
 Yes  
 No I am not interested because \_\_\_\_\_
3. Do you feel the need for more supervision in your work with Asian clients?  
 Yes, the areas I need the most support are \_\_\_\_\_  
 No
4. Do you feel the need for peer support in your work with Asian clients?  
 Yes, the areas I need the most support are \_\_\_\_\_  
 No

### Section D: How would you rate the following statements?

(1=do not agree; 5= totally agree)

1. I am comfortable working with Asian clients?  
1\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_ 4\_\_\_\_\_ 5
2. I need more training on cultural competence in order to work with Asian clients?  
1\_\_\_\_\_ 2\_\_\_\_\_ 3\_\_\_\_\_ 4\_\_\_\_\_ 5

### Section E: About you

**Note:** If you wish to remain anonymous please leave your name blank

1. Name: (optional) \_\_\_\_\_

2. Gender: male female
3. Age: under 20 20-29 30-39 40-49 50-59 60-65 66 and above
4. Country of birth: \_\_\_\_\_
5. How long have you lived in NZ: (no. of years) \_\_\_\_\_
6. Your first spoken languages and/ or dialects: \_\_\_\_\_
7. Other fluent spoken languages and/ or dialects: \_\_\_\_\_
8. What culture do you identify strongly with: (e.g. Kiwi/ Maori/ Chinese/ Indian) \_\_\_\_\_

#### Section F: Further Contact

Would you like to be further contacted in the future, if and when any of the following arises?

1. training opportunities in the areas you specified
2. needs for assistance in your area of specialty

If yes, please provide contact details: \_\_\_\_\_

Is there anything you would like to add? \_\_\_\_\_

-- End of questions --

*"We thank you most sincerely for taking part in the survey."*

Northern Region Asian Mental Health & Addictions Advisory Group

#### Appendix 4: Country origin of DHB respondents

<b>Birth Place</b>	<b>DHB</b>
Afghanistan	0
China	11
Fiji	3
Hong Kong	6
India	23
Korea	2
Malaysia	4
NZ	4
Pakistan	1
Philippines	3
Singapore	2
South Africa	2
Sri Lanka	2
Taiwan	0
Uzbekistan	1
Vietnam	1
(blank)	4
<b>Total</b>	<b>69</b>

## Appendix 5: Project contributors

We would like to offer appreciation to Anita Langthaller, Dr. Angela Jury, Dr. Jane Vanderpyl and Jenny Long, researchers at Te Pou for peer-reviewing the methodology, findings of the survey, and the structure of the report.

We would also like to specially acknowledge Dr. Lucinda Li for her work in coordinating and analysing the research and preparing the final report; and Kitty Ko (CMDHB Asian Mental Health Service Development Coordinator) for editing the final report.

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