

# Improving mental health services responsiveness to Asian communities: Auckland Regional Asian Mental Health and Addictions Implementation Plan 2006 to 2010

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Prepared for the Auckland Metropolitan District Health Boards:



Te Poari Tautoko i Nga Rohe Ki Te Raki

Auckland District Health Board  
Counties Manukau District Health Board  
Waitemata District Health Board

Prepared by Northern Region Asian Mental Health & Addiction Advisory Group



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## **Executive Summary**

The implementation plan, *Improving mental health services responsiveness to Asian communities*, contains recommended operational pathways pertaining to the regional strategy, *Regional Mental Health and Addictions Strategy for Asian Service Users* (Northern DHB Support Agency, 2006). These pathways are consistent with national and regional strategic documents. Initial recommendations for 2006/07 have been highlighted and form the core for ongoing development.

The Asian population is the fastest growing population group within the Northern region. The growing demand for effective mental health and addiction services from the Asian population requires significant service enhancements and developments of the mental health service sector in order to meet this specific demand for culturally responsive mental health and addictions services. The Asian population is expected to continue to grow and development of appropriate mental health infrastructure is urgently required to address current and future issues.

The implementation plan outlines key issues to be considered in developing more responsive mental health services across the continuum<sup>1</sup> from prevention (including provision of information), early intervention to enhancing mainstream services (especially DHB secondary and tertiary mental health services), and further development of the provision of Asian community support work-type role and stronger peer, user and family support networks.

Overall emphasis is required on enhancing mainstream mental health services in a regionally coordinated manner, including continued and enhanced collaboration between DHBs and NGOs, and where appropriate development of regional projects and resources. Within this, recruitment of Asian mental health clinicians is a priority. It is appropriate that the current focus on building on existing interpreter services' capacity (along with building practitioner capacity) through continued workforce development for interpreters and practitioners continues to be supported. This work requires sustainable funding.

Dedicated regional coordination resource is required to assist regional and local service developments including an immediate need for the development of translated mental health service and issue information resources for practitioners and Asian community members. Other key components of development include the ability to provide comprehensive and competent formal cultural/clinical advice within each DHB to coordinate and lead Asian cultural responsiveness. Each DHB needs to work with clinicians to develop and refine an appropriate model of delivering cultural/clinical advice.

An apparent service gap is around the community support worker-type role with only very limited current Asian-specific FTE across the region. Work is required in each of the districts across current providers (DHB provider arm and NGOs) to determine the optimal service configuration and culturally

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<sup>1</sup> See Appendix One.

appropriate delivery model of this type of service to ensure a flexible and more comprehensive coverage of community support work service, locally and regionally. It is important to consider this in the context of the increasing professionalisation of this type of work. Community support work is closely linked with the required further development of peer, service users and their families' networks/support groups and de-stigmatisation initiatives.

Improved linkages with primary health care are required and may be fostered through early intervention pilots. Addressing stigma, increasing community awareness of mental health issues and improving access are important drivers for establishing strong community partnerships and initiating mental health promotion programmes pertaining to Asian communities.

The following recommendations are for 2006/07 and provide the foundation for implementation for the next 2 to 4 years subject to annual monitoring and progress review by the Regional Advisory Group and funders. Note: resourcing of recommendations will need to undergo sign-off through funder processes.

### **Recommendations for 2006/07 (in no order of priority)**

1. That the development of Asian-specific mental health specialist service components and enhancement of mainstream service to better service Asian communities is pursued. Note: These two approaches are complementary, but for clarity, this recommendation is **not** advocating the parallel development of an overall Asian-specific mental health service along the lines of current Maori and Pacific mental health services, but is suggesting the possible development of specialist components (e.g. a formalised Asian clinical cultural liaison service, the current interpreter service) to assist or enhance mainstream services. Therefore development of cultural responsive service delivery within mainstream is given priority due to the need to retain service flexibility and best meet the needs of the diverse nature of Asian communities. The following recommendations reflect this emphasis.
2. That dedicated resource is provided to facilitate regional coordination of Asian mental health services. Coordination activity would include (but is not limited to):
  - Providing support and access to expert advice to ensure effective functioning of the Regional Advisory Group.
  - Establishing and maintaining a database of mental health services, Asian migrant services, support and community groups, other networks and individuals relevant to Asian mental health.
  - Overseeing specific regional Asian mental health projects, initially commencing with a project to identify Asian mental health information needs (e.g. service information/accessing services, information on key mental health issues), developing translated resources and promoting/distributing information resources via websites and community networks.

- Organising and facilitating an annual regional forum pertaining to Asian mental health.
  - Providing information and advice to mental health services, Asian migrant services, and service user, support and community groups.
  - Fostering Asian service users groups to actively participate in service planning and advocacy.
  - Assisting the Regional Advisory Group monitor and evaluate the regional strategy and implementation plan.
3. That Asian mental health information and communication mechanisms are established and overseen by the Regional Advisory Group with the following key outputs for 2006/07:
- Regional Coordination to ensure provision of information and advice to mental health services, Asian migrant services, and service user, support and community groups is provided.
  - A regional (national) database of mental health services, Asian migrant services, support and community groups, other networks and individuals relevant to Asian mental health is established.
  - Asian mental health information resources (e.g. translated handouts pertaining to service information/accessing services, information on key mental health issues) are developed.
  - Information resources are promoted/distributed via websites and community networks (printed handouts).
  - Regional forums and workshops pertaining to Asian mental health occur.
  - Asian service users groups and support groups are well-supported.
4. That cultural competence within mainstream DHB and NGO mental health services is fostered and includes:
- Recruitment, training, retention and supervision of Asian mental health practitioners;
  - Workforce development in use of interpreters and cultural awareness (already funded as part of current regional workforce development project, move from one-off funding to sustainable funding), also including cultural assessment (each DHB to consider, possibly assisted by Regional Advisory Group);
  - Access to competent and professional interpreter services (already funded by each DHB; clear referral protocols being developed as part of current regional workforce development project);
  - Establishment of clear protocols for utilising 'cultural clinical advice' (each DHB to develop as appropriate; regional consistency and alignment can be facilitated through the function of the Regional Advisory Group).
5. That the development of integrated and effective Asian specific mental health services across the Auckland region focuses on:
- i. Professional interpreter services (see above) and investigate feasibility of resourcing interpreter access to primary health care;

- ii. Formalised cultural and clinical advice within mainstream DHB mental health services (each DHB to establish appropriate local models, but could include: appointment of local cultural/clinical coordinator – each DHB to determine best mix of cultural vs. clinical advice over and above cultural advice provided by interpreters; a database of clinicians from a range of ethnic backgrounds and establish a mandate for these clinicians to provide cultural input as required; structures and clear boundaries i.e. clear referral/involvement protocols to support these clinicians; build effective relationships with primary health care);
  - iii. Community support worker services/ Asian home based support services (each DHB to determine configuration of DHB and NGO-based community support work-type services with the view to develop over time – current mainstream Community Support Worker services/roles may not be appropriate for Asian communities. Therefore, this type of service should be developed consultation with Asian communities and key informants);
  - iv. Peer support, service user and family networks (consider regional/local funding of groups to establish a more comprehensive network of peer support groups);
  - v. Prevention and early intervention initiatives (support initiatives to build better relationships with primary health care, helpline/s, migrant service agencies).
6. That at least annual monitoring and evaluation of the effectiveness of implementation of regional Asian responsiveness initiatives occurs.

In conclusion, the implementation plan outlines a short and medium term approach to enhance mainstream mental health services and foster a coordinated regional approach to achieve more responsive services to Asian communities in the Auckland region.

## **1. Introduction**

This implementation plan, *Improving mental health services responsiveness to Asian communities*, contains recommended operational pathways pertaining to the regional strategy, *Regional Mental Health and Addictions Strategy for Asian Service Users* (Northern DHB Support Agency, 2006). The regional strategy outlines key strategic priorities identified through a consultative and evidence-based approach.

The regional strategy along with further stakeholder discussions and the meetings of an advisory group (see below) have informed the development of this implementation plan.

The purpose of the implementation plan is to provide the basis of the advisory group's workplan related to development, enhancement, evaluation and funding proposals to the Regional Mental Health Funding Team pertaining to Asian mental health services in the Auckland region<sup>2</sup>. In the first instance, the implementation plan outlines the recommended scope, resourcing and coordination needs for the regional advisory group.

### **Northern Region Asian Mental Health & Addiction Advisory Group**

The Northern Region Asian Mental Health & Addiction Advisory Group (Regional Advisory Group) was established in March 2006 to oversee the development of this implementation plan. The group was formed from core members of the Asian Mental Health Projects Steering Group, which had overseen the development of the Asian mental health regional strategy and Asian mental health workforce development (i.e. Interpreters project) projects.

### **1.1 Strategic context**

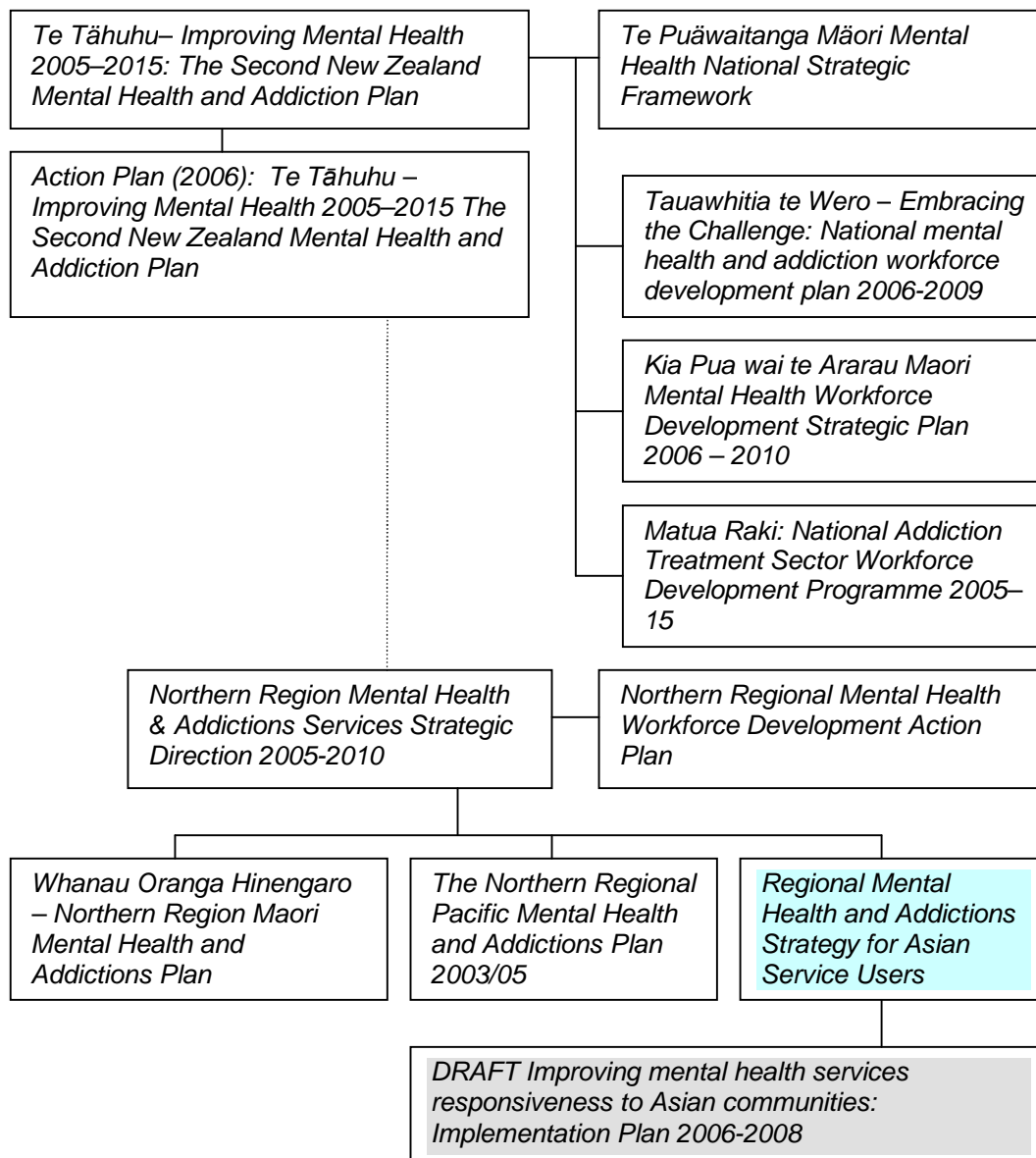
There are a number of national and regional strategic plans that inform this implementation plan. These plans are outlined in the Figure 1 below.

Key issues have been taken from pertinent national and regional strategic plans and summarised below to inform how regional implementation will contribute to the strategic context.

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<sup>2</sup> The main focus of the implementation plan is development of Asian responsive services in the Metro Auckland area. Population figures for Northland in relation to Asian peoples are comparatively low and therefore service development for Asian population is not regarded as a priority for Northland. However, the plan does not exclude Northland in service development that is appropriate for the Northern Region as a whole.

Figure 1. Relationship of mental health strategic plans to the DRAFT Improving mental health services responsiveness to Asian communities: Implementation plan 2006-2010



### 1.1.1 Responsiveness

In the *Action Plan: Te Tāhuhu – Improving Mental Health 2005–2015 The Second New Zealand Mental Health and Addiction Plan*, the Ministry of Health (2006) outlines the importance and relevance of ‘responsiveness’ within mental health services:

*“Responsive services focus on recovery, reflect relevant cultural models of health, and take into account the clinical and cultural needs of people affected by mental illness and addiction. Services working together will also ensure adequate referrals between mainstream services and those services developed to meet the unique needs of*

*specific population groups. Ultimately, this will improve access to services for some population groups that are currently presenting at times of crisis and will also improve the quality of services they receive.*

*Responsive services respectfully listen to service users and tangata whaiora, give access to full information, use collaborative processes at all levels, encourage feedback, and do 'whatever it takes' to support easy and timely access to services. Responsive services recognise the impact that mental illness and addiction can have on families and whānau and the important role they can play in treatment and the recovery process (p. 24)."*

Further, the Draft Action Plan provides the following specific action:

*"3.11 Increase understanding of the mental health and addiction needs of Asian and ethnic communities (p.28)".*

The Plan lists the following key stakeholders pertaining to this action as: Ministry of Health, DHBs, NGOs, Asian and other ethnic peoples with experience of mental illness, communities, networks, service users, tangata whaiora, families, and MHRDS.

The Ministry of Health plans to lead several components of this action such as: A profile of Asian peoples' mental health is developed; and A mental health and addiction research agenda for Asian peoples is developed. Both of these are planned for the next 3 years.

Other aspects which will be led by the Ministry of Health and DHBs include:

- National and local training is implemented for the mental health services workforce to work more effectively with Asian services users and families; and
- A longer term aspect involving, research plans are implemented and results disseminated to the sector for use in service planning and delivery.

Implications for improving mental health services responsiveness to Asian communities in the Auckland region are:

- Each DHB will need to demonstrate workforce development (including training) initiatives to assist staff to work more effectively with Asian service users and families;
- DHBs, NGOs, Asian service users and families and other stakeholders will need to contribute to various Ministry of Health led service and research development projects in a coordinated manner to harness expertise and understanding from the Auckland region.

### **1.1.2 Workforce development**

Again within the *Action Plan: Te Tāhuhu – Improving Mental Health 2005–2015 The Second New Zealand Mental Health and Addiction Plan*, the Ministry of Health (2006) notes *"the importance of a well-supported, skilled,*

*culturally and clinically competent, recovery and wellness focused workforce to drive the provision of high-quality services. It is important that we are able to retain and recruit good people into the mental health and addiction sector. This requires a whole-of-system approach to workforce development that places greater emphasis on staff retention, leadership development at all levels, and developing organisations that can deliver better services more efficiently (p. 31).*

A specific action for the next 1-5 years is the development of a specific “Asian peoples” mental health workforce development plan along with the action, “4.5 Strengthen the cultural capability of workers in mainstream services to work effectively with Māori, Pacific, Asian, refugee and migrant populations (p. 33)” for implementation in the next 1-3 years. The milestone/measure stated in the Draft Action Plan is, “Training programmes are in place for workers in mainstream services to work effectively with specific population groups (p.33)” with lead responsibility being the Ministry of Health and DHBs.

Related to this is the MH-SMART (Mental Health Standard Measures of Assessment and Recovery) initiative, which is a national programme for DHB mental health services to support recovery by promoting and facilitating the development of an outcomes-focused culture in the mental health sector. MH-SMART aims to “facilitate the collection and use of standard measures as part of the assessment process. Education will be provided to strengthen the mental health assessment skills of staff including standard measure collection and use, risk assessment recognising cultural concepts of health, cultural influences in the presentation of symptoms and respecting cultural values and community and family involvement in the assessment process (Mental Health Research & Development Strategy, 2005: 2).”

Implications for improving mental health services responsiveness to Asian communities in the Auckland region are:

- DHBs and NGOs will need to develop cultural capability of workers in mainstream services to work effectively with Asian (as well as Māori, Pacific, and refugee and migrant) populations;
- Training programmes are in place for workers in mainstream services to work effectively with specific population groups, including Asian communities;
- Reporting on outcomes especially in relation to culture in the assessment process will become increasingly important and Asian responsiveness initiatives should be considered within the MH-SMART framework;
- Regional Advisory Group actively contributes to the development of a national Asian mental health workforce development plan.

### **1.1.3 Interagency collaboration**

Within the *Draft Action Plan: Te Tāhuhu – Improving Mental Health 2005–2015 The Second New Zealand Mental Health and Addiction Plan*, the Ministry of Health (2006) notes “effective partnerships and networks across

*health and other government-funded social services are critical to providing co-ordinated support for people with experience of mental illness and/or addiction, and to enhancing recovery (p. 59)."*

The Ministry of Health advocates for the need to "strengthen cross-agency working together, with immediate emphasis on:

- *regional and national collaboration between DHBs to promote the optimal use of resources, minimise clinical risk and maximise in-demand workforce capabilities*
- *the alignment between the delivery of health services and the delivery of other government-funded social services (p. 59)."*

This is further reinforced in the *Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010* (see 5.2.1 Strategic Issue: Poor Coordination and Integration, p.12).

Implications for improving mental health services responsiveness to Asian communities in the Auckland region are:

- Auckland DHB, Counties Manukau DHB and Waitemata DHB need to continue to collaborate to ensure effective planning and service delivery;
- Linkages with other agencies (e.g. Immigration Service, education, employment, housing, etc) need to be fostered regionally and nationally via the Regional Advisory Group/Regional Coordinator.

#### **1.1.4 Prevention, early intervention and provision of information**

The importance of prevention and early intervention is acknowledged in the *Draft Action Plan: Te Tāhuhu – Improving Mental Health 2005–2015 The Second New Zealand Mental Health and Addiction Plan*, and in *Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010*.

Stigma is cited as a major obstacle preventing Asian people from using mainstream mental health services and the provision of information (especially translated information) and access to professional interpreters is a fundamental requirement to improve responsiveness of mental health services for Asian communities (Ho, Au, Bedford, and Cooper, 2002). A number of other barriers could include unfamiliarity with the mental health, social and legal systems.

Implications for improving mental health services responsiveness to Asian communities in the Auckland region are:

- DHBs and NGOs will need to foster improved relationships with PHOs and Asian community groups, and work to foster Asian specific mental health promotion strategies;
- Specific early intervention projects/pilots should be investigated in partnership with 'Asian migrant services' (e.g. New Zealand Immigration Service, international student tertiary institutions, Asian and refugee support services, migrant social services, PHOs, Chinese Lifeline, WINZ, Housing New Zealand, Asian news media, etc);

- The Regional Advisory Group oversees development and promotion of mental health information resources that are provided in a range of Asian language translations.

### **1.1.5 Regional mental health and addiction coordination and funding**

Coordination and funding of mental health and addictions services in the Metro Auckland area includes a number of groups and forums. The relationship of this plan and the Regional Advisory to these groups is outlined in Figure 2 below.

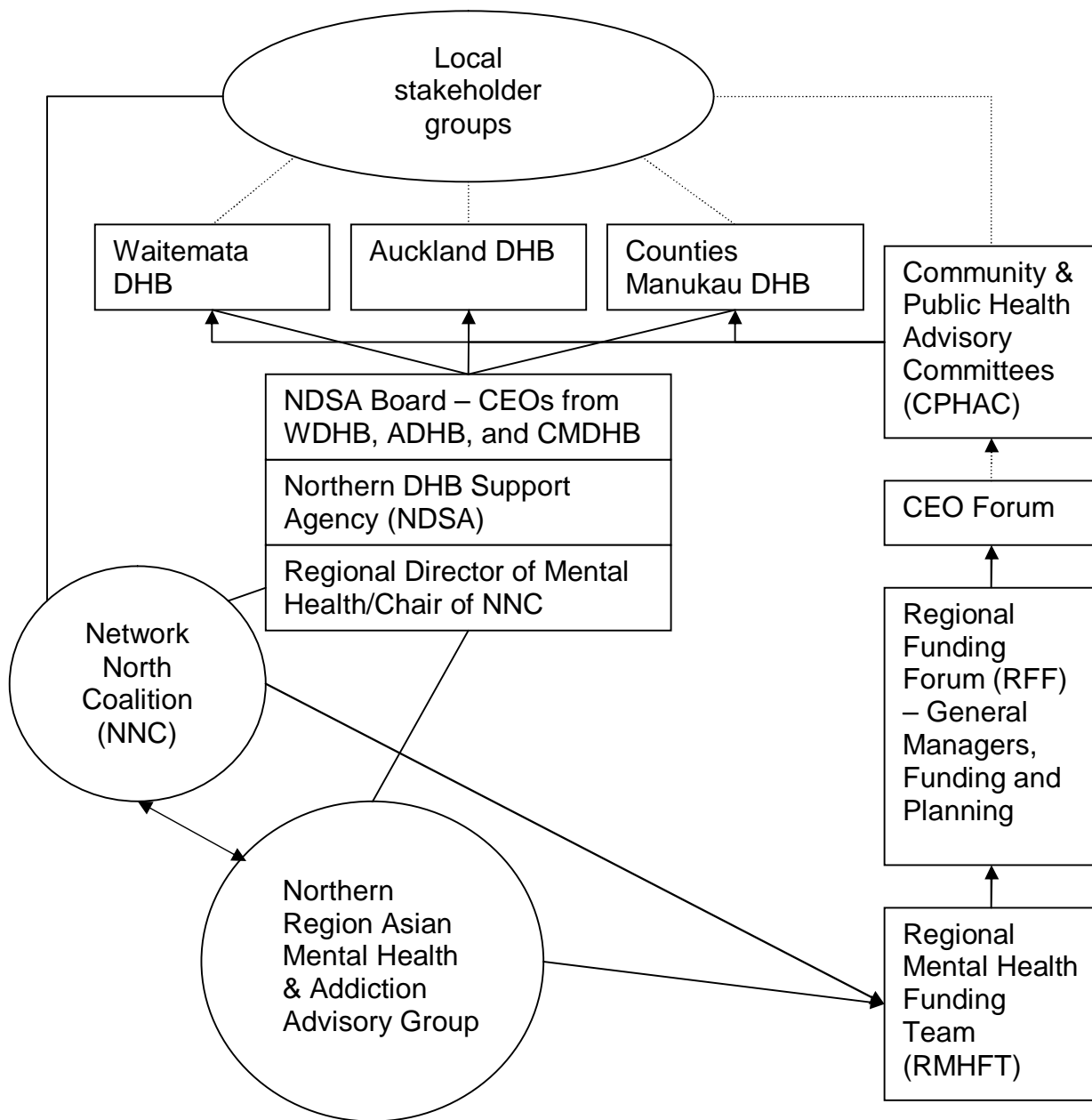
The Northern DHB Support Agency (NDSA) is a joint venture owned by the three Auckland Metro DHBs (Auckland, Counties Manukau and Waitemata) in their roles as health and disability service funders, for areas of service provision identified as benefiting from a regional solution. Governance of the NDSA is through a Board of Directors comprising two representatives from each shareholding DHB.

For mental health, each DHB coordinates one or more local stakeholder groups and some members of these groups are members of Network North Coalition (NNC). NNC provides advice to NDSA and is chaired by the Regional Director of Mental Health.

Funding approvals occur at various levels and are based on advice and recommendations from stakeholder groups such as NNC and local or specific groups (e.g. Northern Region Asian Mental Health & Addiction Advisory Group).

The Regional Mental Health Funding Team (RMHFT) consists of a funding and planning manager from each DHB. This team cannot commit funding but makes recommendations to the Regional Funding Forum (RFF, which is made up of the General Managers, Funding and Planning from the three DHBs). Depending on funding level, the RFF can approve expenditure or make recommendations to the CEO Forum and to the Community & Public Health Advisory Committee (CPHAC) and the full DHB.

Figure 2. Relationship of Northern Region Asian Mental Health & Addiction Advisory Group and other coordinating and funding groups in the Metro Auckland area



## **1.2 Key mental health issues for Asian communities in the Auckland region**

The first step of the *Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010* has been to establish an “agreed vision or direction for the development of Northern region mental health services to address the specific mental health needs of new migrant populations, notably of Asian origins, as well as refugees from a wide range of source countries (Northern DHB Support Agency and Network North coalition, 2004: 22).” This is in the form of the regional strategy, *Regional Mental Health and Addictions Strategy for Asian Service Users* (Northern DHB Support Agency, 2006), endorsed by Network North Coalition in March 2006.

The regional strategy, *Regional Mental Health and Addictions Strategy for Asian Service Users* notes:

*“There is overwhelming evidence supporting the need for a resourced strategic plan to improve Mental Health and Addiction services for Asian peoples in the Northern Region. Legislation and the policy guide service planners in the allocation of funds to ensure culturally responsive services. Service guidelines place an obligation on Mental Health and Addiction workers to ensure their decision-making is culturally responsive. Any regional strategy should align with national policy and, at the same time, evolve to meet local demands (p. 7).”*

During stakeholder consultation pertaining to the development of the regional strategy, strong consensus was reported on the five following issues:

- services are currently inadequate to meet demand from the Asian community;
- more resources are required;
- previous attempts to improve services for Asian communities have been fragmented and this limits effectiveness;
- coordination is required;
- communication problems, inadequate knowledge of existing services, cultural difference in assessment and treatment, and shame and stigma of mental illness are major barriers to accessing mental health services.

The *Northern Region Mental Health & Addictions Services Strategic Direction 2005 – 2010* notes that there are across the board service gaps especially in relation to Blueprint targets. This document also identifies a range of solutions, proposed actions and problems that will be addressed across regional mental health work streams. Most notably, the establishment of new services for Asian, Migrants and refugees (along with some other priority population groups) is identified. The regional strategy also outlines how new funding will be prioritised.

This implementation plan outlines a range of regional components to improve the responsiveness of mental health services for Asian communities in the Auckland region to address key issues facing Asian communities.

The proposed regional components to improve responsiveness for Asian communities include interventions across the continuum of services<sup>3</sup> and attempts to outline the required infrastructure for an integrated approach. Lastly, the implementation plan outlines operational pathways and related performance indicators.

Note: Although the plan includes a general response to refugees from Asian countries, it is acknowledged that there are likely to be significantly different needs between refugees, migrants and international students. In particular, refugee needs are likely to be more complex and will require further specialised services or expertise.

### **1.3 Balance between culturally specific services and enhancement of mainstream**

Best practice articulated in the literature review carried out as part of the regional strategy development focused on having a clear plan and overseeing implementation around two approaches and aiming for 'culturally responsive services' in the medium term and a 'culturally integrative approach' in the long-term. The two approaches are:

- ***Development of specific services for specific Asian ethnic groups*** including recruitment of more Asian mental health professionals into mainstream services. The literature acknowledges that the development of specific Asian services may be impractical due to resources and the diversity of Asian ethnic groups.
- ***Development of mainstream culturally appropriate services***: There are a number of ways to enhance mainstream services, with a focus on the following dimensions:
  - Cultural competence, capability and capacity;
  - Consumers and their families involved in service planning (especially to assist in reducing barriers);
  - Establish partnerships with Asian communities/community leaders;
  - Workforce development (Asian and mainstream).

These two approaches are complementary and development of cultural responsive service delivery in mainstream is a paramount priority given the diverse nature of Asian communities. Even with unlimited resources coverage across the continuum of services for the numerous Asian ethnic groups would be difficult to achieve.

Given a focus on mainstream enhancement, the activities of regional coordination underpin the success of this service improvement strategy. That is, regional coordination will enable more cost-effective uptake of 'Asian-

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<sup>3</sup> See Appendix One.

responsive' initiatives and provide ongoing leadership or championing of these initiatives. Regional coordination will also support the development of more Asian-ethnic-specific services where these will be most cost-effective.

#### **1.4 Cultural awareness, safety and competence**

The ability to work with people from different cultures has become increasingly important in the health sector and is now considered a core competency and part of the undergraduate training of many health professions (Nursing Council of New Zealand, 2002). Cultural competence has relevance under the Health Practitioners Competence Assurance Act 2003. For example, "*in addition to setting standards of clinical competence, the Medical Council now has a responsibility under the Health Practitioners Competence Assurance Act 2003 to ensure the cultural competence of medical practitioners* (Health Services Research Centre, 2005: 1)."

The ability to work with different cultures involves different levels of awareness, knowledge and skills. Terms such as cultural awareness, cultural safety and cultural competence have been used to describe these different levels.

*Cultural awareness* is being sensitive in interactions with other cultures.

*Cultural safety* is usually<sup>4</sup> defined as an outcome of professional education that enables safe service to be defined by those who receive the service ( ).

While, "*Cultural competence in health care describes the ability of systems to provide care to clients with diverse values, beliefs and behaviors, including tailoring delivery to meet clients' social, cultural, and linguistic needs* (Betancourt, Green, and Carrillo, 2002: v)."

Cultural competence (Betancourt, Green, and Carrillo, 2002) is more than an individual practitioner's ability to work with people of different and diverse cultures, it also includes:

- Organisational cultural competence (e.g. diversity of leadership, involvement of community representatives in service planning and monitoring);
- Systematic (i.e. the structures of the health care system) cultural competence (e.g. interpreters, appropriate health information, etc);
- Clinical cultural competence (cross-cultural training and workforce development).

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<sup>4</sup>

Adapted from New Zealand Psychologists Board (2005) and similar to the Nursing and Midwifery guidelines.

## **2. Components of more responsive mental health and addiction services for Asian communities in the Auckland region**

The regional strategy identifies a number of components or priority areas that could be adopted to create more responsive mental health and addiction services for Asian communities in the Auckland region. This section provides an overview of service components and an implementation framework.

### **2.1 Overview of components**

The regional strategy and Regional Advisory Group has outlined five broad components of more Asian responsive mental health and addiction services for the Auckland region as follows:

1. Regional coordination of Asian mental health services including linkages with Asian mental health users, their families and Asian community groups<sup>5</sup>.
2. Asian mental health information and communication mechanisms.
3. Development of integrated and effective Asian specific mental health services across the Auckland region with a focus on:
  - a. Professional interpreter services;
  - b. Formalised cultural and clinical advice within mainstream DHB mental health services;
  - c. Community support worker or similar<sup>6</sup> services;
  - d. Peer support, service user and family support networks;
  - e. Prevention and early intervention initiatives.
4. Cultural competence within mainstream DHB and NGO mental health services including:
  - Workforce development in use of interpreters and cultural awareness, including cultural assessment;
  - Access to competent and professional interpreter services;
  - Establishment of clear protocols for accessing 'cultural clinical advice';
  - Recruitment, training and supervision of Asian mental health practitioners.
5. Monitoring and evaluation of the effectiveness of implementation of Asian responsiveness initiatives within the Auckland region.

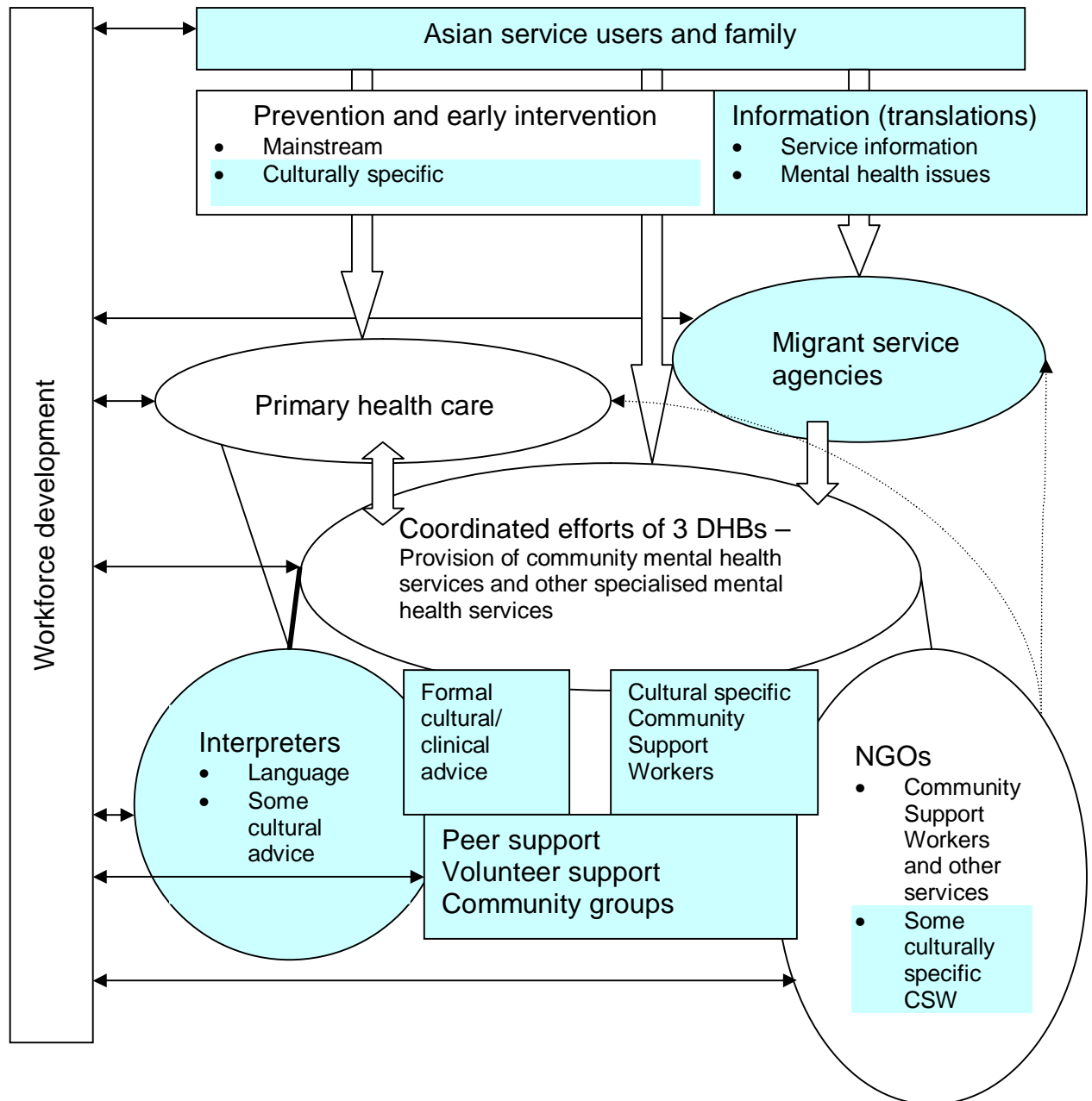
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<sup>5</sup> Note: this is not intended to include regional management of clinical services, as this remains the responsibility of the individual DHBs. However, it does not preclude collaborative or sharing of resources, including clinical expertise.

<sup>6</sup> Current mainstream Community Support Worker services/roles may not be appropriate for Asian communities. Therefore, this type of service should be developed consultation with Asian communities and key informants.

These components are presented in Figure 3 below. The relationship of these components, the regional strategy and implementation plan (i.e. an implementation framework) is then outlined in Section 2.2.

Figure 3. Components and relationships of mental health services responsiveness to Asian communities in the Auckland region



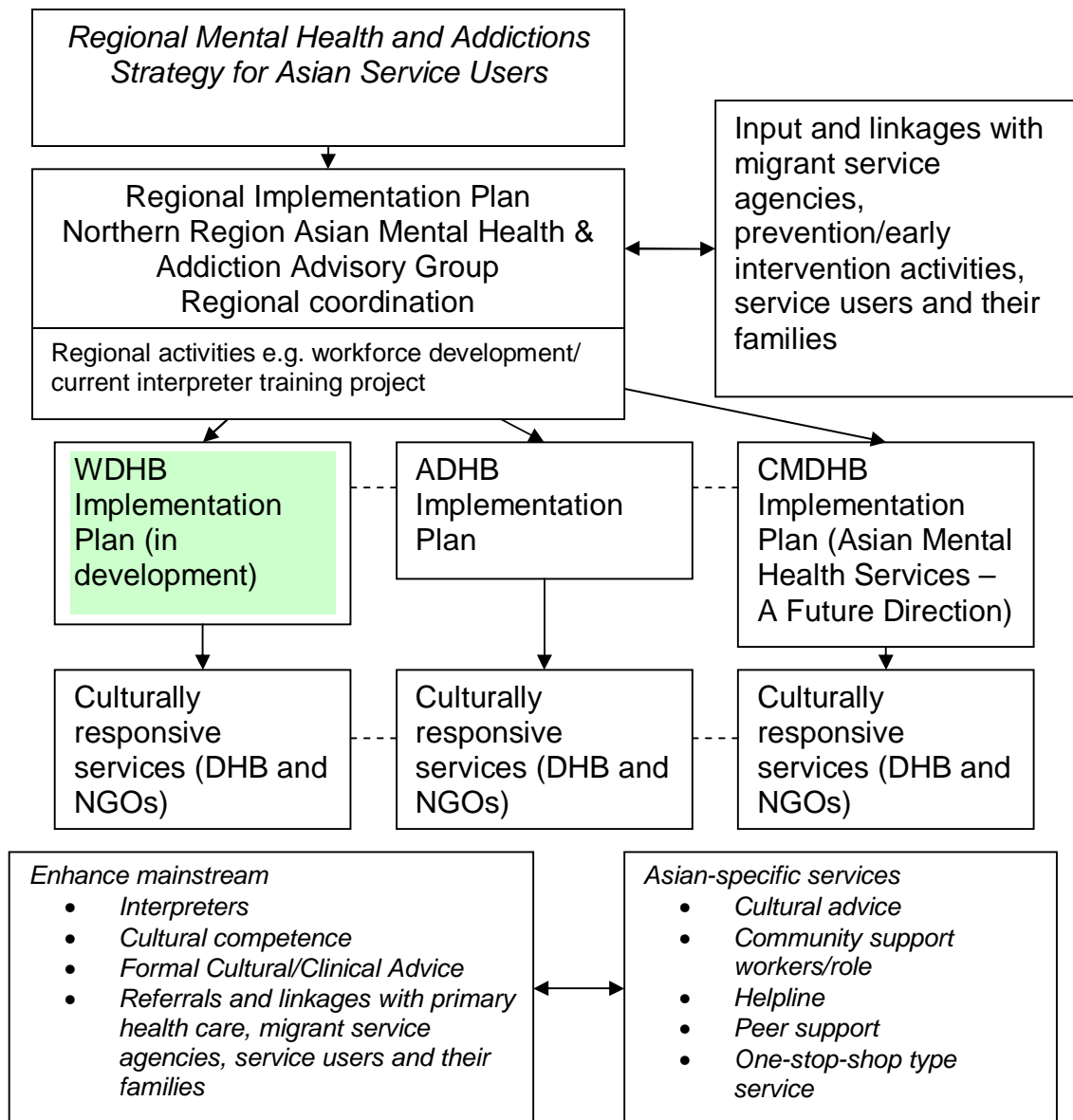
**Notes to Figure 3:**

- Blue highlighted parts pertain to Asian-specific services or components and most require further development in order to respond to the Asian community service needs.
- Connected or overlapped components have clear linkages/protocols for referral, etc.
- Workforce development is required by all components.
- DHB services are supported by formalised cultural/clinical advice, a pool of professional interpreters, cultural specific Community Support Workers and linkages with service users, their families, community groups and volunteers.
- Culturally specific Community Support Worker role required within DHBs and/or NGOs.

## 2.2 Regional coordination and implementation framework

To progress the implementation of the components of mental health and addiction services responsiveness to Asian communities in the Auckland region requires funding, regional coordination, local planning and development of culturally responsive services (see Figure 4 below).

Figure 4: Regional coordination and implementation framework



### Notes to Figure 4:

- Regional activities (e.g. Regional Coordinator, Workforce Development Project, etc) are funded by approval from the Regional Funding Forum (Mental Health Regional Funding Team).
- Local DHB activities (e.g. Interpreters, NGO services, etc) are funded through provision of the District Annual Plan (DAP) approved by the Board.
- There are other funders of services, e.g. Ministry of Social Development (MSD) provides some funding to NGOs and providers such as Chinese Lifeline.

### **3. Goal and objectives**

This section outlines the overall goal and objectives of the implementation plan. The following two sections describe the operational pathways and performance measures/targets.

The overall goal of this implementation plan is:

- To ensure sustained and coordinated implementation of the *Regional Mental Health and Addictions Strategy for Asian Service Users* including development, enhancement, evaluation and funding of mental health services responsiveness to Asian communities in the Auckland region.

Five objectives have been set for 2006 to 2010 and include:

1. To establish and maintain effective regional coordination of Asian mental health services and build stronger linkages with Asian mental health users, their families and Asian community groups.
2. To establish and enhance Asian mental health information and communication mechanisms appropriate to the Auckland region.
3. To initiate development of integrated and effective Asian specific mental health services across the Auckland region with a focus on:
  - i. Improving professional interpreter services;
  - ii. Initiating prevention and early intervention initiatives;
  - iii. Strengthening peer support, service user and family support networks;
  - iv. Strengthening culturally-appropriate community support worker-type services;
  - v. Establishing formalised cultural and clinical advice within mainstream DHB mental health services.
4. To foster improved cultural competence within mainstream DHB and NGO mental health services including:
  - Workforce development in use of interpreters and cultural awareness, including cultural assessment;
  - Access to competent and professional interpreter services;
  - Establishment of clear protocols for utilising cultural and clinical advice;
  - Proactive recruitment, training and supervision of Asian mental health practitioners.
5. To monitor and evaluate the effectiveness of implementation of Asian responsiveness initiatives within the Auckland region.

## **4. Operational pathways**

The following operational pathways have been established to achieve the goal and objectives outlined in the section above. The following section and outlines related performance measures/targets.

### **Operational pathway 1: Regional coordination of Asian mental health services and linkages with Asian mental health users, their families and Asian community groups**

Regional coordination focuses on the work of the Regional Advisory Group and the yet to be established Regional Coordinator/s. It does not include regional management of services, as individual DHBs and NGOs retain management of their own services.

The Regional Advisory Group includes representation from across the three Auckland DHBs, a range of mental health services including NGO representation and service users/consumer advisors.

The Regional Coordinator/s and Regional Advisory Group provide key linkages between mental health services, service user groups, community groups and regional/national organisations such as Network North Coalition.

It is proposed that the Regional Coordinator/s (at least 1 FTE) be established and employed/contracted by the Northern DHB Support Agency. The Regional Coordinator/s roles include:

- Provide support to ensure effective functioning of the Regional Advisory Group.
- Establish and maintain a database of mental health services, Asian migrant services, support and community groups, other networks and individuals relevant to Asian mental health.
- Oversee specific regional Asian mental health projects, initially commencing with a project to identify Asian mental health information needs (e.g. service information/accessing services, information on key mental health issues, etc), develop translated resources and promote/distribute information resources via websites and community networks.
- Organise and facilitate an annual regional forum pertaining to Asian mental health.
- Provide information and advice to mental health services, Asian migrant services, and service user, support and community groups.
- Foster Asian service users groups to actively participate in service planning and advocacy.
- Assist the Regional Advisory Group monitor and evaluate the regional strategy and implementation plan.

## **Operational pathway 2: Asian mental health information and communication mechanisms**

Nationally and regionally there is a lack of relevant Asian mental health information for mental health services, service users, and their families. There are a number of Asian-specific mental health (and related) and support services operating in the region. An up-to-date database of these services would be useful for clinicians, support workers, other agencies and service users and their families.

The establishment of relevant Asian mental health information for the Auckland region (and nationally) is an urgent priority that has been identified for some time. Relevant information that is translated into a range of Asian languages has been requested by mental health clinicians and it will be cost-effective to develop this information regionally rather than each DHB or NGO producing information resources.

The establishment of Asian mental information and communications will initially sit with the Regional Coordinator and Regional Advisory Group. The development, promotion and distribution of this information and implementation of other regional communication mechanisms require sustained and dedicated funding. Other agencies such as Auckland Regional Public Health Service (e.g. utilisation of the [www.asianhealth.org.nz](http://www.asianhealth.org.nz) website) also have a role in provision of health information and communication mechanisms and where possible these need to be harnessed.

Proposed key Asian mental health information and communication mechanisms include:

- Regional Coordinator/s to provide information and advice to mental health services, Asian migrant services, and service user, support and community groups.
- A regional (national) database of mental health services, Asian migrant services, support and community groups, other networks and individuals relevant to Asian mental health.
- Asian mental health information resources (e.g. translated handouts pertaining to service information/accessing services, information on key mental health issues, etc).
- Information resources promoted/distributed via websites and community networks (printed handouts).
- Regional forums and workshops pertaining to Asian mental health.
- Well-supported Asian service users groups and support groups.

### **Operational pathway 3: Development of integrated and effective Asian specific mental health services**

Five priority areas have been selected for funding and development as a means of progressing integrated effective Asian specific mental health services.

#### **i. Improving professional interpreter services**

The development and maintenance of a pool of professional interpreters is the single most critical dimension of ensuring mental health services are culturally responsive. The establishment of the workforce development project provides training for interpreters working with mental health clinicians and also for clinicians using interpreters. A high level of uptake of this training by interpreters and mainstream clinicians is required over the next 2 to 3 years.

The current workforce development project has clarified the tasks or roles of interpreters working in mental health services as follows:

- **Conduit** – interpret literally with no omissions, additions or editing, or clarify as required (interpreter need to alert practitioners when not interpreting literally);
- **Clarifier** – interpret the underlying and metaphorical meanings within the cultural context;
- **Cultural advisor** – provide a necessary cultural framework for the message being interpreted (required to inform either party about relevant cultural practices and expectations, ethics and etiquette when there is either apparent or potential misunderstanding, and to assist in maintaining a good therapeutic relationship through mutual cultural respect and understanding).

Work also needs to continue in establishing professional standards and a regionally consistent quality assurance programme for interpreters.

Opportunities for providing interpreter access to primary health care and NGOs services requires further investigation.

#### **ii. Establishing formalised cultural and clinical advice within mainstream DHB mental health services**

Mainstream clinicians are trained to work in a culturally sensitive and safe manner and demonstrate cultural competence.

Cultural competence standards or guidelines for working with Asian communities are developed (possibly as a national project).

Each DHB establishes a clear protocol and resource for clinicians (across all mental health services) to seek cultural/clinical advice and support to

ensure culturally safe and competent case management. Given the diversity of Asian cultures, it is recommended that formalised cultural advice initially be established for the DHB's most significant Asian ethnicities (e.g. Chinese, Korean and Indian) or area of service need.

An option to extend cultural/clinical advice is to establish a database of (initially DHB mental health service-based) clinicians from a range of ethnic backgrounds and establish a mandate for these clinicians to provide cultural input as required. Structures and clear boundaries (clear referral/involvement protocols) would need to be established to support these clinicians.

Having a formalised protocol for seeking cultural/clinical input will legitimise this activity and increase client safety.

iii. Strengthening community support worker services

Integration back into the community is important for all people suffering from a mental health condition. For many Asian people, a lack of integration may have contributed the onset of the condition and therefore structured support is essential. Having a Community Support Worker (CSW) who understands both New Zealand and Asian cultures will assist speedier and more effective recovery by assisting with integration, facilitating community support, employment and other social supports.

Currently, there is pressure for interpreters, clinicians and others to do the work of CSWs. A small number of NGO providers have Asian-specific CSWs. As with mainstream practitioners, it is important for CSWs to have cultural competence and work across cultures. A more comprehensive Asian-specific CSW workforce is required to address the needs of Asian communities, i.e. funding for an increased level of dedicated Asian CSW FTE is required.

DHBs and NGOs need to investigate the optimal service configuration for the provision of culturally-appropriate community support work that is culturally competent. This may vary between each DHB, but is likely to be a combination of CSW within current NGO and DHB provider services (i.e. Asian CSWs operating within a mainstream service) and eventual possible development of Asian CSW NGOs. Given the diversity of Asian communities a 'bureau-approach' operating across the region may be the most cost-effective way to service multiple ethnicities in a flexible and competent manner.

As current mainstream Community Support Worker services/roles may not be appropriate for Asian communities, this type of service should be developed consultation with Asian communities and key informants to ensure the most effective service delivery. For example, a more holistic approach may be warranted that combines family support with other community support work.

CSWs need to have strong linkages with DHB mental health services and other cultural supports.

iv. Strengthening peer support, service user and family networks

Peer support is potentially a powerful adjunct to the recovery process. Organised peer support or peer support organisations could also play an important role in service planning and monitoring.

Regional and local DHB funding to assist the coordination of peer support is warranted. The Regional Advisory Group and Regional Coordinator should investigate the level of peer support within different ethnic groups across the region and determine funding requirements to establish a more comprehensive network of peer support groups.

It is likely that most peer support groups will want to take a holistic approach to their work and be inclusive of the extended family. Consideration of a holistic model including social as well as mental health support is important. Linkages with evolving CSW services may also need to be fostered as integral to the development process.

Regional and local DHB opportunities for service users, their families and community groups should be provided with regular opportunities to be provided updates about mental health and involved in service planning.

v. Initiating prevention and early intervention initiatives

Asian communities have a low utilisation rate of mental health services, despite the likelihood of having similar or greater rates of mental illness to the overall population.

Prevention (including anti stigma) activities are important in raising awareness of mental health issues within Asian communities. Anecdotally, many Asian people delay seeking help for mental health issues until they are in crisis. Delayed presentation increases the severity of the condition and requires more intensive intervention. Early intervention could avoid serious episodes and improve mental wellbeing of Asian people, especially new migrants.

The establishment of early intervention pilots through primary health care providers, a helpline or other agencies (e.g. tertiary institutions involved with international students) should be investigated and where successful, be provided ongoing funding.

#### **Operational pathway 4: Cultural competence within mainstream DHB and NGO mental health services**

Improved cultural competence within mainstream DHB and NGO mental health services is fundamental to achieving an improved responsiveness to Asian communities.

Each DHB and NGO should have a clear plan to improve cultural competence of its workforce. The focus of these plans should be on:

- Recruitment, training, retention and supervision of Asian mental health practitioners;
- Workforce development in use of interpreters and cultural awareness, including cultural assessment;
- Access to competent and professional interpreter services;
- Establishment of clear protocols for utilising cultural and clinical advice.

Additional areas for consideration include:

- Organisational cultural competence
  - Fostering diversity within the organisation's leadership
  - Ensuring involvement of community representatives in service planning and monitoring
- Systematic cultural competence
  - Providing access to interpreters
  - Ensuring appropriate health information is available.

#### **Operational pathway 5: Monitor and evaluate the effectiveness of implementation of Asian responsiveness**

It is important to monitor and evaluate the effectiveness of the implementation of Asian mental health responsiveness initiatives to ensure that services are being efficiently and effectively delivered.

This implementation plan has been structured to enable some high level evaluation of the implementation on an annual basis.

Further research and evaluation will be required of specific initiatives, especially any pilots.

It is possible that the needs of Asian communities will change over time and it will be important to develop monitoring tools to determine service changes.

It is envisaged that the Regional Advisory Group will play a key role in overseeing the monitoring and evaluation of this plan. Regular reports to regional funders will also be important as part of this.

## 5. Performance measures/targets

This section outlines key performance measures/targets pertaining to the operational pathways outlined above.

*Table 1. Key performance measures that will be reported annually to Network North Coalition and others as required.*

<b>Output/performance measure</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Operational pathway 1: Regional coordination of Asian mental health services and linkages with Asian mental health users, their families and Asian community groups</b>			
Regional Advisory Group meets at least 4 times per annum	No. of meetings and key outcomes	No. of meetings and key outcomes	No. of meetings and key outcomes
Regional Coordinator/s employed/contracted to at least 1 FTE	FTE utilised and key outcomes achieved	FTE utilised and key outcomes achieved	FTE utilised and key outcomes achieved
Regional Coordinator reports activity and achievements at least quarterly	Reports acceptable to Regional Advisory Group	Reports acceptable to Regional Advisory Group	Reports acceptable to Regional Advisory Group
<b>Operational pathway 2: Asian mental health information and communication mechanisms</b>			
Database of mental health services, Asian migrant services, support and community groups, other networks and individuals relevant to Asian mental health is established and maintained	Database established and distributed to Auckland region DHBs and NGOs mental health services, services listed in database and other stakeholders by November 2006	Database updated and distributed by May 2008	Database updated and distributed by May 2009
Key Asian mental health information needs identified and reviewed regularly	List of information resources established by a project team (convened by Regional Advisory Group) and agreed by Regional Advisory Group by December 2006	Information needs and uptake of information resources reviewed/evaluated by May 2008	Information needs and uptake of information resources reviewed/evaluated by May 2009
Key information resources (translated into at least 12 common Asian languages) promoted and distributed widely	Information resources freely available on at least one website and printed copies promoted to key community groups by March 2007	Reprints of resources made available and further promoted	Reprints of resources made available and further promoted

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*Table 1 (cont.). Key performance measures that will be reported annually to Network North Coalition and others as required.*

<b>Output/performance measure</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Operational pathway 2 (cont.): Asian mental health information and communication mechanisms</b>			
Regional forum pertaining to Asian mental health occurs annually	Forum organised and held by June 2007	Forum organised and held by June 2008	Forum organised and held by June 2008
<b>Operational pathway 3: Development of integrated and effective Asian specific mental health services</b>			
High level of uptake of mental health interpreter training by interpreters and mainstream clinicians	Number of interpreters and clinicians trained	Number of interpreters and clinicians trained	Number of interpreters and clinicians trained
Professional standards and a regionally consistent quality assurance programme for interpreters is established	DHB agreement and implementation reported	DHB agreement and implementation reported	DHB agreement and implementation reported
Opportunities for providing interpreter access to primary health care and NGOs services investigated	Each DHB report outcome of investigation and initiatives established	Each DHB report outcome of investigation and initiatives established	Each DHB report outcome of investigation and initiatives established
Cultural competence standards or guidelines for working with Asian communities are developed	Regional Advisory Group advocates for establishment of national standards and guidelines	Regional Advisory Group assists establishment of national standards and guidelines	Regional Advisory Group assists establishment of national standards and guidelines
Each DHB establishes a clear protocol and resource for clinicians (across all mental health services) to seek cultural/clinical advice and support to ensure culturally safe and competent case management.	Protocols established by each DHB	Protocols monitored/reviewed as appropriate	Protocols monitored/reviewed as appropriate
DHBs and NGOs investigate the optimal service configuration for the provision of culturally-appropriate community support work	Investigation completed and service recommendations made	Service recommendations reviewed/revised	Service recommendations reviewed/revised
Regional Advisory Group investigates the level of peer support within different ethnic groups across the region and prepare funding recommendations	Investigation completed and recommendations prepared	Recommendations reviewed/revised	Recommendations reviewed/revised

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*Table 1 (cont.). Key performance measures that will be reported annually to Network North Coalition and others as required.*

<b>Output/performance measure</b>	<b>2006/07</b>	<b>2007/08</b>	<b>2008/09</b>
<b>Operational pathway 3 (cont.): Development of integrated and effective Asian specific mental health services</b>			
Updates about mental health and involvement in service planning are provided to service users, their families and community groups	Updates and involvement reported	Updates and involvement reported	Updates and involvement reported
Early intervention pilots through primary health care providers, a helpline or other agencies (e.g. tertiary institutions involved with international students) are investigated	Pilots investigated and at least 1 pilot proposed	Pilots developed and implemented	Pilots reviewed, further extended or developed
<b>Operational pathway 4: Cultural competence within mainstream DHB and NGO mental health services</b>			
Each DHB and NGO has a clear plan to improve cultural competence of its workforce	Each DHB establishes a plan and reports to Regional Advisory Group	NGOs encouraged to establish a plan. DHB plans reviewed	NGOs encouraged to establish a plan. DHB plans reviewed
<b>Operational pathway 5: Monitor and evaluate the effectiveness of implementation of Asian responsiveness</b>			
Implementation plan monitored annually and reviewed after 3-4 years	Annual report on implementation plan achievements produced	Annual report on implementation plan achievements produced	Annual report on implementation plan achievements produced and overall review of plan instigated

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## Appendix one: Types of services

(adapted from Mental Health Commission, <http://www.mhc.govt.nz/pages/types.htm>)

<b>Mental health promotion</b>	<b>Primary Health Services</b>	<b>Mental Health Services</b> Mostly funded by the government through the local DHB and either run by the DHB or by non-government organisations (NGOs). Most mental health services are provided outside hospitals, in the community				
<ul style="list-style-type: none"> <li>• Educational materials</li> <li>• Mass media</li> <li>• Advocacy/support</li> </ul> E.g. Ministry of Health, Mental Health Commission, Mental Health Foundation, ALAC, etc	Usually provided by a general practitioner (family doctor) or local medical centre <ul style="list-style-type: none"> <li>• Early screening/ intervention</li> <li>• Referrals</li> <li>• Case management</li> </ul>	<b>Clinical services</b> Assessment and treatment of mental health problem, usually with medication and sometimes with psychotherapy. <ul style="list-style-type: none"> <li>• Crisis services</li> <li>• Community mental health centres</li> <li>• Inpatient units</li> </ul>	<b>Support services</b> <ul style="list-style-type: none"> <li>• Respite services</li> <li>• Supported accommodation</li> <li>• Support or rehabilitation services</li> </ul>	<b>Services for different population groups</b> <ul style="list-style-type: none"> <li>• Services for people of different ages</li> <li>• Services for Maori</li> <li>• Services for Pacific People</li> <li>• ?Services for Asian People</li> </ul>	<b>Specialist services for people with different problems</b> <ul style="list-style-type: none"> <li>• Alcohol and other drug services (including 'dual-diagnosis')</li> <li>• Eating disorders</li> <li>• ?Problem Gambling services</li> </ul>	<b>Forensic services</b> In-client or community based services for people who have committed a crime and the court decides they need treatment, not punishment