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# Asian Mental Health Newsletter

Northern DHB Support Agency

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## How to contact us:

This newsletter is the property of Northern DHB Support Agency (NDSA), a shared services agency jointly owned by Auckland, Counties Manukau and Waitemata DHBs.

See us at:  
[www.ndsa.co.nz](http://www.ndsa.co.nz)

Reach us by:  
**POST**  
P O Box 112147  
Penrose  
Auckland

**PHONE**  
(09) 589 3939  
(09) 589 3900

**FAX**  
(09) 589 3901

**EMAIL**  
[Lucinda.li@ndsa.co.nz](mailto:Lucinda.li@ndsa.co.nz)

## Happy New Year

With 2008 and the Year of the Rat gradually unfolding, the Regional Asian Mental Health & Addictions Advisory Group would like to wish you a healthy, happy, and successful year ahead!



This image represents good fortune, good luck, good health, and career success for the year.

## Cross-Cultural Interest Group – a bridge between cultures

Dr. Sai Wong, a consultant psychiatrist in Auckland, has been promoting the importance of the impact of culture on the management of mental health care for many years.

In 2002 Dr. Wong set up the Cross-Cultural Interest Group to raise awareness and to enhance understanding and skills in cross-cultural clinical work, providing a free forum for sharing and discussion.

The C-CI Group meets monthly. Speakers are invited to talk about their practices and experiences in the context of working with diverse cultural groups. Topics have included ethics in cross-cultural practice,

perceptions of mental illness from diverse Asian cultural perspectives, ethnic variations in the response to and side-effects of psychotropic medication, herbal-drug interactions and the use of Indian traditional medicine.

The meetings have been largely focused on local practitioners and local experiences. The plan in 2008 is to use videoconferencing to allow practitioners in other locations in New Zealand to participate in the meetings.



Dr Sai Wong

### Cross-Cultural Interest Group - continued

The new videoconferencing service was successfully tested in October 2007 with the support of ADHB and WDHB. Over 20 practitioners joined the meeting using the videoconferencing facility.

Dr. Wong states that this would be the format for all future

meetings if the arrangement is financially sustainable.

The next videoconferencing presentation will be on herbal-drug interaction, planned to take place at the end of February. Another one on Japanese cultural issues has been planned for the end of March.

Those interested in accessing the LIVE videoconference regarding these topics or other activities should contact Valu Fineanganofa, Secretary of Community Mental Health Services, ADHB at [ValuF@adhb.govt.nz](mailto:ValuF@adhb.govt.nz) for further information.

### Refugee Resettlement in New Zealand

#### What is our role in refugee resettlement?

New Zealand is one of nine countries that formally provide for the resettlement of quota refugees. The other countries are Australia, Canada, the USA, the Netherlands, Sweden, Denmark, Norway and Finland.

Every year New Zealand settles 750 quota refugees, as part of our commitment to the international humanitarian obligations and responsibilities of signatories to the United Nations 1951 Convention Relating to the Status of Refugees and to the 1967 Protocol Relating to the Status of Refugees.

In addition to the UN mandated quota refugees, New Zealand has a general obligation to admit asylum seekers who arrive at a port of entry and who seek to have their claim for refugee status recognized.

Refugees and applicant asylum seekers are entitled to publicly funded health, welfare and education services.

#### Where are refugees coming from in 2008?

In 2008 refugees accepted for resettlement to New Zealand will come mainly from Myanmar, Bhutan, Eritrea and Iraq.

#### Where are refugee groups being settled in New Zealand?

The new arrivals will be settled as follows:

**Mynamarese families** in West Auckland, South Auckland, Palmerston North and the Wellington region; **Bhutanese families** in Christchurch and Palmerston North; **Eritrean families** in Auckland, Wellington and Christchurch; **Iraqi families** in Auckland, Christchurch and Wellington.

#### What is the 'refugee experience'?

The 'refugee experience' refers to the traumatic experiences (physical, psychological and social) of peoples who are forced to flee conflict and to seek safety. Forty percent of refugees are estimated to have experienced severe trauma, such as witnessing killings – often of their own family members. Many have survived detention, torture, rape, and perilous journeys to countries of asylums, only to endure a hand-to-mouth exercise in dangerous overcrowded camps or in urban refugee environments.

#### How to work with clients from refugee backgrounds?

The provision of interpreting services and culturally appropriate care will help increase service accessibility in

your region. In addition to an understanding of the impact of the refugee experience, knowledge of the client's cultural practices, religious beliefs and language are also important. For example some cultural considerations for working with Burmese groups are as follows:

- § The traditional Burmese greeting is *min-ga-la-ba*
- § Acknowledge the male parent first if present
- § it is acceptable for men and women to shake hands
- § It is important to give and expect returned eye contact
- § Shoes are always taken off before entering homes
- § A modest dress code is recommended
- § It is ok to decline invitations for food and drinks but the host will often offer three times.

Information on cultural considerations can be obtained from **Department of Labour, Refugees as Survivors**, and **RMS Refugee Settlement**. More information about managing clients from refugee backgrounds can be found in the publication *Refugee Health Care: A Handbook for Health Professionals* on the **Ministry of Health** website.

◆ This article is contributed by Annette Mortensen, Project Manager, Auckland Regional Settlement Strategy Migrant & Refugee Health Action Plan, NDSA