

The Barriers for Chinese Immigrants to Access Mental Health Services in New Zealand

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Introduction:

Mental wellbeing can be particular challenging for Asian migrants as they come to a new country with difference language, culture and social structure. Post-migration issues, especially associated with acculturation and adaption strains, create psychosocial vulnerability and increase the risks related to mental health problems (Khawaja, McCarthy, Braddock, & Dunne, 2013). Reports reveal that Chinese people under-utilize mental health services in New Zealand; delay seeking professional help with high rates of physical aggression at referral (Mehta, 2012). It leads to my question "What are the barriers for Chinese Immigrants to access mental health services in New Zealand?"

Literature Review:

Barrier One: a lack of English proficiency

Barrier Two: a lack of understanding of New Zealand healthcare system

Mehta (2012) has addressed the concern of a lack of awareness of New Zealand healthcare system among Chinese immigrants. It is reflected in the low levels of primary healthcare service utilization, but high attendance of Chinese immigrants at emergency medical service.

Barrier Three: cultural conception of mental disorders

Mental disorders are highly stigmatized in Chinese culture, and only major psychiatric disorders such as schizophrenia are labelled as mental illness. A study of schizophrenia literacy among Chinese immigrants in Australia has reported that the majority of the Chinese participants believes schizophrenia patients are so dangerous that they should be locked in the hospital (Wong, Lam, & Poon, 2010).

On the other hand, minor mental disorders such as depression and anxiety are not classified as mental illnesses in Chinese culture. Ordinary life problems such as social stress and interpersonal conflicts are regarded as the causes of minor mental illness, rather than the biological illness. Te Pou (2010) reveals that clients with Chinese background believe that seeking professional help about their emotional distresses signifies a sense of personal weakness or laziness; instead of being indulgent about their emotional problems, they should carry on their life.

Barrier Four: Cultural attitudes of mental health help-seeking behaviours

Chinese people consider family members and close friends as their main source of support for psychological problems. Often, the decision to seek professional help does not rest with the individual Chinese client, but considers the views of their close friends and family members especially their elders.

Recommendation:

Primary health services have a crucial role in removing access barriers and promoting mental wellbeing among Chinese immigrants

- The provision of outreach mental health literacy education in Chinese communities is essential in fostering the social acceptance of mental health care.
- Using culturally sensitive information - given that the perception of mental disorders is heavily stigmatised and only refers to serious psychotic illness, nurses should be mindful when labelling mental disorders. Reframing of mental disorders as "emotional health" or "mood issue" reduces Chinese clients' perceived stigma and consequently promotes their engagement with mental health providers.
- Using a face to face interpreting service is recommended for Chinese clients who have limited ability in expressing their concerns.
- Providing family-centred care, as it is a common desire for Chinese clients to include their family members throughout the care.

- Khawaja, N. G., McCarthy, R., Braddock, V., & Dunne, M. (2013). Characteristics of culturally and linguistically diverse mental health clients. *Advances in mental health*, 11(2), 172-187.
- Mehta, S. (2012). *Health needs assessment of Asian people living in the Auckland region*. Auckland, New Zealand: Northern DHB Support Agency.
- Te Pou. (2010). *Talking therapies for Asian people: Best and promising practice guide for mental health and addiction services*. Auckland, New Zealand: Mental Health Programmes.
- Wong, F. K. D., Lam, Y. K. A., & Poon, A. (2010). Knowledge and preferences regarding schizophrenia among Chinese-speaking Australians in Melbourne Australia. *Social Psychiatry and Psychiatric Epidemiology*, 45, 865-873.

The rationales for choosing to present my literature review in the form of a poster are as follow. Firstly, considering that I am a novice presenter and often feel nervous when standing up in front of an audience, studies have shown that doing a poster presentation is a less intimidating compared with an oral presentation with digital powerpoint (Martin, 2013; Taggart & Arslanian, 2000).

Secondly, the poster presentation also provides me the ability related to others who have the similar interest on the chosen clinical issue, and consequently widens my professional networking. Atkinson, Gagliardi, and Grant (2007) state that posters are intended to catch the eye of someone walking by, and the viewers who stop to talk with the presenter are those most interested in the poster; as a result, they are most likely to engaged with a rich and deep discussion and provide feedback to the presenter (Forsyth, Wright, Scherb, & Gaspar, 2010).

Thirdly, Whitehead and Schneider (2016) note the additional benefit of using a poster to disseminate the research findings is that the poster can be displayed elsewhere after the conference. In my case, my poster can be displayed in public areas such as the corridor of nursing school after the Evidence-based Practice Forum, and thereby provides the opportunity to share the information with other nursing students and teachers.

PECOT category	Information relating to question	Explanation
Population	Chinese Immigrants in New Zealand	Asians are heterogeneous population in New Zealand, including over 40 sub-ethnicities; each community is unique in terms of its settlement history, language, cultural and moral values (Countries Manukau District Health Board [CMDHNB], 2016; Te Pou, 2008). Given that people's perception in relation to their mental illnesses are socially and culturally constructed, literature searching Asian communities as a single group is not appropriate as it runs the risk of overgeneralization the health needs across the diverse Asian Communities (Rasanathan, Craig, & Perkins, 2004; Tse, 2004). Census 2013 reports that Chinese are the largest Asian ethnic group, which accounts for 36.3 percent of Asian population; within the Chinese community, 73.4 percent of Chinese in New Zealand are born overseas (Statistics New Zealand, 2014).
Exposure	Identify social and cultural factors that impede Chinese migrants to utilize MH services in New Zealand	Reports reveal that Chinese people under-utilize MH services in New Zealand; delay seeking professional help with high rates of physical aggression at referral (Abbott et al., 2003; Cheung, 2010; Mehta, 2012).
Control	Not relevant	Not relevant
Outcome	Develop cost-effective approaches to remove access barriers	As there are financial constraints across the whole health system, approaches that facilitate earlier access and treatment are beneficial for improving system performance (Mental Health Commission, 2012).
Time	Not relevant	Not relevant

(Whitehead, 2013)

Reference

- Abbott, M., Wong, S., Giles, L.C., Wong, S., Yong, W., & Au, M. (2003). Depression in older Chinese migrants to Auckland. *Australian and New Zealand Journal of Psychiatry*, 37, 445-451.
- Atkinson, S., Galliard, K., & Grant, M. (2007). Tips on preparing powerful poster presentations. *Canadian Journal of Medical Laboratory Science*, 69(5), 208-211.
- Cheung, G. (2010). Characteristics of Chinese service users in an old age psychiatry service in New Zealand. *Australasian Psychiatry*, 18(2), 152-157.
- Countries Manukau District Health Board. (2016). *Asian Health Plan 2016/17*. Auckland, New Zealand: Author.
- Forsyth, D. M., Wright, T. L., Scherb, C. A., & Gaspar, P. M. (2010). Disseminating evidence-based practice projects: Poster Design and Evaluation. *Clinical Scholars Review*, 3(1), 14-21.
- Martin, G. (2013). Poster presentations. *The Dissector*, 40(4), 15-16.
- Mehta, S. (2012). *Health needs assessment of Asian people living in the Auckland region*. Auckland, New Zealand: Northern DHB Support Agency.
- Mental Health Commission. (2012). *Blueprint II: Improving mental health and wellbeing for all New Zealanders*. Wellington, New Zealand: Author.
- Rasanathan, K., Craig, D., & Perkins, R. (2004). Is "Asian" useful category for health research in New Zealand? In S. Tse, A. Thapliyal, S. Garg, G. Lim & M. Chatterji (Eds.). *Proceedings of the inaugural international Asian health conference: Asian health and wellbeing, now and into the future* (pp.8-17). Auckland, New Zealand: Auckland University.
- Schneider, Z., & Whitehead, D. (2016). Writing and presenting research findings for dissemination. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, & J. Haber (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice* (pp. 364-379).
- Statistics New Zealand. (2014). *QuickStats about culture and identity 2013 Census*. Wellington, New Zealand: Author.
- Taggart, H. M., & Arslanian, C. (2000). Creating an effective poster presentation. *Orthopaedic Nursing*, 19(3), 47-51.
- Te Pou. (2008). *Asian mental health and addiction research agenda for New Zealand 2008 – 2012*. Auckland, New Zealand: The National Centre of Mental Health Research, Information and Workforce Development.
- Tse, S. (2004). Use of the recovery approach to support Chinese immigrants recovering from mental illness: A New Zealand perspective. *American Journal of Psychiatric Rehabilitation*, 7, 53-68.
- Whitehead, D. (2013). Searching and reviewing the research literature. In Z. Schneider, D. Whitehead, G. LoBiondo-Wood, & J. Haber (Eds.), *Nursing and midwifery research: Methods and appraisal for evidence-based practice* (pp. 35-53). Chatswood, Australia: Elsevier.