



Making Education Easy

Issue 1 – 2012

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## Welcome to the first issue of Asian Health Research Review

The population of Asian ethnic groups in New Zealand has increased considerably over recent decades. Their health issues, sources of resilience and diverse experiences are relevant to the communities involved as well as service providers and wider society. Asian Health Research Review is a unique New Zealand publication bringing you the latest research on the health and wellbeing of Asians in New Zealand together with local commentary.

In this inaugural issue we present some highlights (keynotes and plenaries) from the Fifth International Asian and Ethnic Minority Health and Wellbeing Conference, hosted by The Centre for Asian and Ethnic Minority Health Research (CAHRE) at the University of Auckland's School of Population Health on 27-28 June 2012. The theme was Social Environment, Migration and Health, and included a dedicated stream on refugee communities. The conference attracted participants from health care settings and community organisations, policy makers, government and non-government stakeholders, students, researchers and academics.

My thanks to many colleagues who generously shared their perspectives and assisted with commentary, including Drs Amritha Sobrun-Maharaj, Shoba Nayar and Roshini Peris-John. We hope you enjoy our selection and your comments and feedback are welcome.

If you have colleagues or friends within New Zealand who would like to receive our publication, send us their contact email and we will include them for the next issue.

Kind Regards,

**Professor Shanthi Ameratunga**

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The conference proceedings, which include full peer-reviewed manuscripts from some of the presenters at the conference, can be accessed at [http://www.fmhs.auckland.ac.nz/soph/centres/cahre/docs/2012\\_Conference\\_Proceedings.pdf](http://www.fmhs.auckland.ac.nz/soph/centres/cahre/docs/2012_Conference_Proceedings.pdf).

## Ethnicity and health research benefits the entire population: concepts and examples

**Speaker:** Professor Raj Bhopal (University of Edinburgh, UK)

**Summary:** In public health in general and epidemiology in particular, the concept of 'ethnicity' has largely been employed to explain differences in minority populations (e.g. migrant and indigenous peoples) relative to the mainstream or majority population which is generally considered the reference or norm. Prof Bhopal drew on several intriguing findings from the scientific literature to demonstrate the challenges with this relatively narrow and limited focus. Using research findings from the Scottish Ethnicity and Health Linkage Study and several multi-country studies in Europe, he demonstrated how a detailed examination of ethnic variations in all groups can shed light on the types of policies that can benefit the entire population. In his conference abstract he concluded that 'by examining epidemiological data through an ethnicity-equality-equity lens for each of the ethnic groups, with appropriate emphasis on White subgroups, we benefit the entire population'. In his presentation, he stated his 'surprising proposition' more simply as 'often the main beneficiary is the majority'.

**Comment:** With this provocative 'thesis' (as he referred to his oration), Prof Bhopal's keynote set the stage for a highly engaging conference that challenged assumptions and placed a strong focus on public health practice and policy. In a presentation rich with research evidence and lively anecdotes, Prof Bhopal argued that focusing the light on immigrant issues *as well as* subgroups within the majority population would provide more useful and valid insights than what we have traditionally relied on in public health. The key take home message for me was the vital need to measure, present and address disparities wherever they appear. Prof Bhopal provided convincing examples of shared benefits when the needs of ethnic groups with this wider frame of reference are addressed meaningfully. Some that would be particularly relevant to our context include effective attention to challenges in health literacy in clinical settings (e.g. signs and information suitable for multi-ethnic communities that would make information more accessible to all), multi-faith spaces and facilities, choice of food in hospitals, and trained staff who are culturally competent. Prof Bhopal's call to action for the public health community could be summed up by his phrase 'moving from the shadows for the benefit of all'. It is not hard to imagine that inclusive discussions that engage wider society in New Zealand would help all of us learn and critique what works and what does not, in a richer and more meaningful way. A key challenge to our work is identifying, implementing, and advocating strategies that benefit society as a whole while reducing health disparities between sub-groups (defined by ethnicity, socio-economic status, New Zealand born or not, rural-urban residence, etc). These two public health ideals are not necessarily linked to each other.

**Keynote Presentation**

**Key References:**

**Bhopal RS, et al. Eur J Public Health 2012;22(3):353-359.**

<http://eurpub.oxfordjournals.org/content/early/2011/05/19/eurpub.ckr062.full.pdf+html>

**World Health Organization 2010. Health of migrants – the way forward.**

[http://www.who.int/hac/events/consultation\\_report\\_health\\_migrants\\_colour\\_web.pdf](http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf)

## Social infrastructure effects on the work participation of refugees: Results and implications of a systematic mixed studies review

**Speaker:** Professor Elias Mpofu (University of Sydney, Australia)

**Summary:** The subject of this lecture was a systematic review of research examining the wide range of factors influencing the likelihood of refugees finding satisfying employment. The evidence to date indicates the interaction of wider social influences with the active engagement of refugees to be particularly important. Prof Mpofu discussed the variety of entrepreneurial strategies employed by refugees as they seek work opportunities, striving to be active social agents in negotiating the infrastructure of the host country. His research review also identified many challenges faced by refugees in this context including: structural barriers that limit the international transferability of skills among immigrants; the lack of recognition of existing qualifications and experience in the host country; limited proficiency in the host country's main language (even though refugee populations are often multi-lingual); cultural insensitivity within support services that impede refugees' efforts to overcome barriers; and the impact of psychosocial or other health-related conditions that result from and contribute to the lack of employment or under-employment.

**Comment:** Prof Mpofu commenced his keynote with the refreshing observation that 'If you can't draw it, you probably can't understand it!' (Students, take note: this is a great tip for note-taking, assignments, your research thesis, and Prof Mpofu might add, life!) After presenting his 'drawing' (*Factors Influencing Work Participation of Refugee Model*) at the very start, Prof Mpofu used his time at the podium to distil the insights he had gained from reviewing research undertaken in many parts of the globe, including Sweden, Australia, United Kingdom, United States of America and Canada. Collectively and quite simply, the evidence from this research pointed to a host of challenges that negatively impact on the employability of refugees. Distressingly, the list of likely barriers was long, ranging from a lack of documentation of previous work experience and the adverse effects of long periods of detention in camps, to systemic issues arising from requirements, policies and procedures of host governments and institutions. On a positive note, the solutions were within reasonable reach. But as Prof Mpofu noted poignantly, 'Most times, the demands are laid on refugees rather than governments'. His recommendation was clear 'Proximal factors count!' That is, tailored strategies that promote the supportive social infrastructure in host countries should be the key focus.

This is a significant issue for us in Aotearoa where varying political ideologies, resource constraints, the recession, multiple reforms in health and employment sectors, inevitably result in direct challenges to the resettlement process particularly with regard to the employability of refugees. The evidence linking gainful employment with better health and wellbeing is overwhelming. So what are we waiting on? Reflecting on the research that Prof Mpofu drew to our attention, the answer would be 'Listen to, learn from, and act on what refugee communities tell us'. Monitoring and addressing these concerns should be a moral and ethical duty of care.

### Keynote Presentation

## Interventions for refugees at the crossroads: conventional wisdom versus evidence

**Authors:** Professor Derrick Silove (University of New South Wales, Australia)

**Summary:** In the last 30 years, major strides have been made in the field of refugee and mental health leading to innovative multidimensional models of care encompassing humanitarian, cultural, resettlement, psychosocial and mental health needs of refugees. Yet, the foundations of these multidimensional models of care have been challenged, provoking much debate in the scientific literature. Prof Silove discussed key aspects of this debate, including the competing models of care and intervention that have been promoted, the scientific evidence in support of specific interventions, and the inferences that could be drawn currently about best practice approaches. He also focused on the barriers that services face in participating or initiating research endeavours aimed at clarifying optimal models of care and interventions for refugees and how these challenges may be addressed.

**Comment:** Prof Silove's presentation was an excellent reminder of the long journey of the 'refugee mental health movement', from initiatives to ban torture in the 1970s to the centre-stage role that post-traumatic stress disorder (PTSD) has assumed in the decades since. The fact that a third of refugees and post-conflict populations experience PTSD, depression or both (an average which would mask much higher levels in some contexts) is a sobering statistic. However, as Prof Silove reminded us, it is neither correct nor helpful to see the health of refugees as almost synonymous with mental illness. What is clear, however, is that most displaced people live in settings with few or no mental health services, and many can experience a range of disorders beyond PTSD and depression.

A notable and recurring theme throughout this presentation was the extent to which 'culture', 'social factors' and the 'refugee experience' influence the spectrum of mental health disorders from diagnosis to support and management. A notable illustration of this was research showing how much of the burden of PTSD is missed in Vietnamese refugees when Western clinical measures are used, placing enormous doubt on the validity of epidemiological and diagnostic measures across cultures. Prof Silove highlighted the need for assessment tools that more comprehensively integrate Western and 'ethno-specific concepts' of mental disorder and a shared framework for understanding the lived experience of refugees in any culture so as to forge effective therapeutic alliances. The presentation is a timely reminder of the value of an open mind in situations like this.

### Keynote Presentation

#### Key references:

Rees S, Silove D. *Soc Sci Med* 2011;73(1):103-110.

<http://www.sciencedirect.com/science/article/pii/S0277953611002656>

Silove D. *Prehosp Disaster Med* 2004;19(1):90-96.

<http://tinyurl.com/8daaek>

## Asian Health Review



### Independent commentary by Professor Shanthi Ameratunga.

Professor Shanthi Ameratunga has a personal chair in Epidemiology at the University of Auckland. A paediatrician and public health physician by training, Shanthi's research focuses on trauma outcomes, injury prevention, disability and youth health. She is the Project Director of the Traffic Related Injury in the Pacific (TRIP) Study, a collaboration with the Fiji School of funded by The Wellcome Trust and the Health Research Council of New Zealand.

For full bio [CLICK HERE](#).

Research Review publications are intended for New Zealand health professionals.

## Auckland Regional Settlement Strategy Migrant Health Action Plan



The Asian Health Review has been commissioned by the Northern DHB Support Agency (NDSA) on behalf of the Auckland Regional Settlement Strategy Migrant Health Action Plan Programme which represents Waitemata, Auckland and Counties Manukau District Health Boards.

The Migrant Health Action Plan is available on this website: <http://www.ssnz.govt.nz/publications/AuckRSS.pdf>

## New developments in community mental health: responding to the rising challenges and diverse needs in the Asia-Pacific

**Speaker:** Associate Professor Chee Ng (University of Melbourne, Australia)

**Summary:** Mental illness contributes to 15.4% of global burden of disease with depression projected to be the second largest cause of disease burden by 2020. The increasing prevalence of mental illness with the effects of globalisation and social and environmental changes is placing enormous challenges on individuals and countries with limited economic resources and workforce capacity. Prof Ng emphasised the challenges in the Asia-Pacific region in addressing the limited human capital, services and facilities, high treatment gap, custodial care mode, stigma associated with mental illness, and high socioeconomic burden of mental health problems on individuals and families. He presented an innovative response to this challenge in the form of the Asia-Pacific Community Mental Health Development (APCMHD) Project, initiated by Asia-Australia Mental Health in collaboration with the WHO Western Pacific Regional Office in 2006. This project aims to promote and inspire best practice in community mental health care in the region by bringing together leaders from government, clinical and academic settings. Notable examples of best practice models of care developed in China, Vietnam, and Thailand were summarised highlighting the need for diverse working partnerships with key community stakeholders.

**Comment:** Given all of the challenges in delivering effective mental health services in a country such as ours, it is sobering to reflect on the scenario in less-resourced settings. By providing an insightful and articulate commentary on the situation for countries in the Asia-Pacific region, Prof Ng provided an important view of the global scale of the challenges involved. Here's just one statistic indicating the scale of the problem: 'In China 173 million have current mental disorder and only 8% had ever sought any professional help.' While the situation could have been considered hopeless, it was reassuring to hear of the efforts underway to find local and regional context-specific solutions. Acknowledging that Western models of care are not readily transferable, the APCMHD is developing, implementing and evaluating prototypes which are taking into account practically accessible systems of care, local culture and attitudes to mental illness. Prof Ng's clear and eloquent descriptions of the management principles involved (including establishing new ways of delivering care, scaling up effective prototypes, and managing change and knowledge transfer) was complemented with instructional examples. For example, in Thailand, a partnership with Buddhist monks has been forged to overcome the barrier of stigma and alienation as families are more likely to present to temples than clinics. Much could be learned from the progress and evaluative reports of the APCMHD. As Prof Ng reminded us, regardless of where one lives, 'there is no health without mental health' (WHO).

### Keynote Presentation

## Middle Eastern, Latin American and African health needs in the Auckland region

**Speaker:** Dr Lavinia Perumal (Auckland Regional Public Health Service)

**Summary:** In 2006, 1% of the New Zealand population identified as Middle Eastern, Latin American and African (MELAA) with half residing in the Auckland region. Compared to Europeans, a greater proportion live in high deprivation areas, have higher unemployment rates, higher prevalence of diabetes and cardiovascular disease (Middle Eastern people), and higher hospitalisation rates for respiratory disease. Barriers to health include communication difficulties, health literacy, cost and mistrust of Western health models. Dr Perumal highlighted the need to address MELAA health needs early in a culturally sensitive manner.

**Comment:** This presentation highlighted the difficulties in understanding health needs and developing culturally sensitive interventions for an 'ethnic group' as diverse as the MELAA population in New Zealand.

**Key Reference:** Perumal L. *Auckland District Health Board, 2010.*

<http://www.adhb.govt.nz/healthneeds/Document/MELAAHealthNeedsAssessment.pdf>

## Reflections on health needs of Asians and the strategies for improving Asian health

**Speaker:** Dr Lifeng Zhou (Waitemata District Health Board)

**Summary:** It is estimated that by 2021, 21% of residents in Auckland will be of Asian descent. At present, 18% of the population in Waitamata DHB are Asian. Dr Zhou outlined the health needs of Asians in New Zealand and focused on the strategies and experiences of Waitamata DHB to improve ethnic health outcomes. Based on Asian health needs assessment, an Asian Health Action Plan was adopted at WDHB with governance groups and specific working groups established to implement the plan. The Asian Primary Health Organisation (PHO) enrolment project identified low enrolment rates among Asians aged 20-24 years and co-designed and co-implemented the 'Your local doctor' campaign, which has resulted in an increase in PHO enrolment among Asians. A National Strategy for Asian/Ethnic Health is recommended to tackle inequalities in service access, data collection and reporting, and health outcomes.

**Comment:** This presentation provided an example of proactive measures undertaken by the health care provider to address health needs of the minority Asian population through co-design, co-implementation, co-monitoring and co-evaluation.

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## Migration, social environment and the health and wellbeing of ethnic minority immigrants

**Speaker:** Dr Amritha Sobrun-Maharaj (University of Auckland)

**Summary:** Over 10% of the population in New Zealand is made up of ethnic minority immigrants. Based on findings of two recent studies, Dr Sobrun-Maharaj mapped the effects of the migration experience and social environment on the mental health and wellbeing of ethnic minority immigrants. She highlighted how racism, non-acceptance and social and institutional discrimination impact negatively on the mental health and wellbeing of Asian migrants. The Asian work experience study found 1 in 5 Asians to be unemployed, 1 in 4 self-employed, 1 in 10 under-employed and 1 in 3 mis-employed. The Gambling study found a high prevalence of gambling by Asians. She proposed robust settlement programmes for new settlers and host education and adaptation.

**Comment:** This outstanding presentation provided insights into the settlement experiences of Asian migrants and refugees in New Zealand. It highlighted difficulties faced by new settlers in navigating the unsupportive social and institutional environments and the impact this has on their mental health and wellbeing.

## Ecological healing

**Speaker:** Ms Maria Hayward (AUT University)

**Summary:** Refugees frequently have experienced extreme trauma or deprivation and numerous losses, yet they are resilient, strong and compassionate having 'survived' the experience. Acknowledging these qualities has potential for empowerment and healing. Ms Hayward provided anecdotal evidence of 'ecological healing' from the experience of teaching staff at the Mangere Refugee Resettlement Centre on how 'refugee-centred' pedagogy contributes to the recovery process, healing and wellbeing of participants. 'Ecological healing' at Mangere is achieved by providing an authentic welcome, a welcoming environment and a relevant, practical, inclusive, multi-level and multi-lingual programme.

**Comment:** This presentation filled with many pictures of people in the Centre spoke volumes of the 'healing' experienced by the refugees at Mangere. The passion and commitment of teaching staff, the joy in the eyes of parents watching their children participate in the various activities and the sparkle in the eyes of the children themselves is testament to the educational experience these refugees have while at Mangere.

## Refugee Youth Action Network

**Speaker:** Dr Arif Saied (Refugees as Survivors)

**Summary:** Refugee Youth Action Network (RYAN) is an action project for youth from refugee backgrounds which gets results (<http://www.rasnz.co.nz/Views/Community/RYAN.htm>). Through Refugees in Sport, RYAN has provided hundreds of children and young people from refugee backgrounds a chance to develop self-esteem and self-confidence, work as a team, and the opportunity to mix with other cultures and become part of Kiwi society. Dr Saied also highlighted how RYAN helps parents from refugee backgrounds understand the New Zealand school system, bridge the gap between schools and refugee parents and families, support young people to obtain employment, and educate young refugees on employers' expectations.

**Comment:** This presentation provided insights into the activities covered by the RYAN programme and shared stories on individuals who have benefited.

## Interaction between family violence, health, migration and the social environment

**Speaker:** Associate Professor Janet Fanslow (University of Auckland)

**Summary:** The New Zealand Violence Against Women Survey reports physical and sexual violence to be considerable in New Zealand with substantially lower rates among Asian women than women from other ethnic groups. Assoc Prof Fanslow stressed that 'women's attitudes about intimate partner violence has always been that it is unacceptable'. Population-based data were presented together with research findings on the health effects of violence, observation on the social environment as a major contributor to violence and its response, and ways in which migration impacts the experience of violence.

**Comment:** Prof Fanslow stressed how the social environment is a major contributor to perpetration of violence and highlighted that migration to New Zealand therefore may positively impact on reducing intimate partner violence among ethnic minority populations.

## Culturally appropriate family violence prevention and intervention models for Asian and ethnic communities in the Auckland region

**Speaker:** Ms Jennifer Janif (Ministry of Social Development)

**Summary:** The *Settling In* initiative of the Ministry of Social Development works with ethnic minority communities to create awareness and address family violence in New Zealand. Culturally appropriate prevention and intervention models for Asian and ethnic minority communities in the Auckland region were presented. Successful interventions were highlighted as being strength-based, led by communities and supported by broader community engagement.

**Comment:** This presentation highlighted the need for culturally sensitive prevention strategies and outlined the campaign for action on family violence: It's not OK.

## An acknowledgement of the Conference Convenor, Dr Amritha Sobrun-Maharaj, Director of the Centre for Asian and Ethnic Minority Health Research (CAHRE), School of Population Health, University of Auckland

I salute Amritha and the conference organising committee for the highly successful conference. In closing this first newsletter, I also want to especially acknowledge Amritha's contribution to our field as she concludes her appointment as Director of CAHRE. A highly valued colleague, a much appreciated mentor to staff and students, and a champion with spirit and courage, Amritha has been tireless in her efforts to progress the agenda for research, policy and action to promote the health of Asian peoples in Aotearoa. I thought it was fitting to ask her what she has learned from her experiences to date. As a paediatrician with an interest in youth health, I was very inspired by her response! I also think her message will resonate with all of us, whatever walks of life we come from. A very warm Thank You Amritha!



*"I have watched Asian health develop from an infant to an adolescent. Adolescence is often a difficult time. Drastic physical and psychological changes occur during that time and Asian health has experienced that. It no longer looks like it did as an infant and its voice has broken - it has grown louder and clearer and is being heard further afield. However, like all adolescents, it has acceptance issues. It tries hard to fit in, but often feels alienated and unwanted - much like a stepchild. My hope is that it will soon feel like a fully-fledged member of the family; be embraced by all and be allowed to grow up into a healthy young adult."*

## Message from Refugee Stream Convenor - Dr Shoba Nayar, Associate Director - Centre for Migrant and Refugee Research, Auckland University of Technology

The Centre for Migrant and Refugee Research (Auckland University of Technology) was proud to sponsor a dedicated stream highlighting the health needs of refugee communities - a first for the conference. Participant feedback indicates the opportunity to raise awareness and celebrate the strength of refugee communities was welcomed. International keynote speaker Prof Derrick Silove (University of New South Wales, Australia) and featured speaker Prof Elias Mpofu (University of Sydney, Australia) shared their expertise in the areas of refugee mental health and socio-cultural influences on the work participation of refugees, respectively. Conference participants engaged with international and national speakers addressing a range of topics such as the establishment of musical bands and a mobile phone programme to strengthen community cohesiveness, giving voice to vulnerable groups (e.g. women and youth) within the wider refugee population, and the development of health services that respond to the cultural diversity and needs of refugee populations.

