

Good Practice Guide:

Working with people from culturally and linguistically diverse backgrounds in mental health



Acknowledgements

Embrace Multicultural Mental Health (the Embrace Project) wishes to sincerely thank the project's Alliance partners, Federation of Ethnic Communities' Councils of Australia (FECCA) and the National Ethnic Disability Alliance (NEDA), for their ongoing contribution to the project. We would like to also thank the Embrace Project's culturally and linguistically diverse Mental Health Consumer and Carer Group and the Stakeholder Group for their ongoing involvement and support to the Embrace Project.

Embrace Multicultural Mental Health

Mental Health Australia

9-11 Napier Close

Deakin, ACT 2600

T +61 2 6285 3100

E multicultural@mhaustralia.org

embracementalhealth.org.au

Published August 2020



Contents

1.	About this guide	3
2.	Multicultural Mental Health in Australia	4
2.1	What is currently occurring?	4
2.1.1	National multicultural mental health approach	4
2.1.2	State, territory and specialist mental health services	4
3.	Existing gaps and priority areas	6
3.1	Access to care	6
3.2	Data Collection	6
3.3	Services and Resources	6
4.	Good practice	7
4.1	What the literature says about good practice	7
4.1.1	Addressing the needs of emerging groups	7
4.1.2	Professional accredited interpreters and multilingual information	7
4.1.3	Models of mental health	8
4.1.4	Organisation and leadership	8
4.1.5	Supporting diverse workforces	9
4.2	Principles of good practice	9
5.	Focus for future initiatives	11
5.1	Holistic perspective	11
5.2	Integration across mental health services	11
5.3	Generational need	11
5.4	Stigma	12
5.5	Co-design	12
5.6	Access to specialist support	12
5.7	Alternate approaches to service delivery	12
5.8	Prevention	12
5.9	Including carers	13
5.10	Outreach	13
5.11	Context	13
6.	Summary	14



1. About this guide

In this guide, good practice means providing mental health services that are responsive to an individual's culture.

The purpose of this guide is to provide information to Australian mental health services, practitioners, Primary Health Networks and others on what good practice looks like in working effectively with people from culturally and linguistically diverse (CALD) backgrounds. It is intended to provide practical advice and guidance for mental health service providers.

This guide has been informed by the mapping activity and literature review undertaken by Synergia, 2019¹ and input from Embrace Multicultural Mental Health's Alliance, CALD Mental Health Consumer and Carer Group and Stakeholder Group.

NB. Please note that this report refers to multicultural mental health and also to CALD (Culturally and Linguistically Diverse) mental health, as interchangeable terms.

¹ Rosenberg, Dr S (2019). National Multicultural Mental Health Project: Mapping activity, report for Mental Health Australia. Auckland. Synergia Ltd



2. Multicultural Mental Health in Australia

Australia's population is one of the most culturally and linguistically diverse (CALD) populations in the world. Australia is a successful multicultural nation, with migration and social inclusion making a significant contribution to both our economic and cultural wealth.² The 2016 Australian Bureau of Statistics Census demonstrates that our cultural, linguistic and religious diversity continues to increase, with nearly half of all Australians either born overseas or with one or both parents born overseas. There are over 300 languages spoken in Australian homes and over 27% of Australian homes speak languages other than English.³ It is therefore essential that Australian mental health services are reflective of and responsive to the needs of our multicultural population, if they are to be both equitable and effective and service the needs of the Australian population.

Although Australians born in non-English speaking countries may access voluntary mental health services at reduced rates, there are reports that they access involuntary mental health services at disproportionately high rates.⁴ This carries significant safety and quality risks and can further undermine a lack of trust in health services for both the individual and community. Unfortunately, a lack of national data collection around CALD factors can often render these kinds of health inequities invisible.⁵

In order to develop a modern Australian mental health system that is truly person-centred, recovery-oriented and holistic, the cultural responsiveness and inclusiveness of services and data collection must be substantially improved.

2.1 What is currently occurring?

2.1.1 National multicultural mental health approach

In recognition of the need for tailored approaches to mental health for Australians from CALD backgrounds, the Australian Government Department of Health funds the National Multicultural Mental Health Project (now known as Embrace Multicultural Mental Health). This project is being delivered by Mental Health Australia in alliance with the Federation of Ethnic Communities' Councils of Australia (FECCA), the National Ethnic Disability Alliance (NEDA) and mental health consumers and carers from CALD backgrounds and stakeholders.

Embrace Multicultural Mental Health Project (the Embrace Project) provides a coordinated approach to meeting the unique needs and challenges faced by people from CALD backgrounds. This includes providing a platform to increase national networking and collaboration opportunities for mental health practitioners working with people from CALD backgrounds.

The Embrace Project works to improve the cultural responsiveness of mainstream mental health services to meet the needs of the diverse Australian population. This is being achieved through further development and implementation of the Framework for Mental Health in Multicultural Australia.

2.1.2 State, territory and specialist mental health services

Specialist multicultural services exist at state and local levels. This includes but is not limited to the state health funded Transcultural Mental Health Centres (currently operating in NSW, VIC and QLD) as well as the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) (currently operating across all states and territories), as well as established refugee health services such as the NSW Refugee Health Service.

These services provide specialist assistance in mental and physical health particularly to newly arrived migrants and refugees, and recognise that pre and post migration experiences, including torture and trauma, can have a significant impact on mental health and recovery. They have a wealth of multicultural mental health expertise

² Australian Government (2017) *Multicultural Australia: United, Strong, Successful*. Retrieved from: <https://www.homeaffairs.gov.au/mca/Statements/english-multicultural-statement.pdf>

³ Australian Bureau of Statistics (2017) *2016 Census: Multicultural*. Retrieved from: <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3>

⁴ Victorian Transcultural Psychiatry Unit (2008) *Access to Mental Health Services in Victoria: A Focus on Ethnic Communities*. Retrieved from: http://www.vtmh.org.au/literature_39239/Access_Report

⁵ Mental Health in Multicultural Australia (2013) *Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion*. Retrieved from: http://www.mhima.org.au/pdfs/2093%20MHIMA%20CALD%20REPORT_06-2.pdf



and resources and work alongside mainstream services, providing capacity building, referral and consultancy advice.

In order to ensure both equity of access and outcomes for people from CALD backgrounds seeking mental health support, comprehensive service delivery to CALD populations needs to occur through coordination between national, state, territory and local levels.



3. Existing gaps and priority areas

Priorities for multicultural mental health, at least at the systemic or national level, could be seen to have remained largely consistent for some years, focusing on familiar issues of access, data and resources. However, it is worth considering them here, as addressing these areas will result in good practice.

3.1 Access to care

Access to the right mental health service at the right time remains an issue for the general community and this is also the case for many multicultural communities. Access to care requires knowledge of available services, being able to communicate with services, having trust in services and previous experiences of services. For people from culturally and linguistically diverse (CALD) backgrounds, these factors may impede accessing care. This is more difficult in rural areas where there are geographic barriers to finding care. Settling refugees and migrants in rural areas is a concept with significant support but comes with challenges in terms of access to services.

3.2 Data Collection

Collection of information on cultural and language diversity is vital. It allows informed planning, policy and service delivery, based on understanding the interactions between cultural and socio-economic factors and their influence on health and wellbeing.

Current national mental health data fail to report CALD data in a comprehensive and consistent manner. Mental health data collections need to make CALD specific data more consistent and openly accessible.

Minas (2013) found that the majority of national health datasets and surveys failed to collect even this core minimum data, making it difficult to analyse the data with a lens of cultural or linguistic background.⁶

3.3 Services and Resources

Many activities and initiatives that focus on the mental health of people from CALD backgrounds are the result of short-term funding of one-off projects. This level of uncertainty leads to unsustainability and an inability to scale or adapt successful resources to new settings. Data collected from key stakeholders in multicultural mental health suggested considerable frustration with the lack of systemic oversight.⁷ This point echoes findings made by the National Mental Health Commission in its 2014 review of Mental Health Programmes and Services.⁸ Longer term funding arrangements underpinning CALD mental health services would create more stability.

“Our “mental health system” — which implies a planned, unitary whole — is instead a collection of often uncoordinated services introduced on an often ad hoc basis, with no clarity of roles and responsibilities or strategic approach that is reflected in practice⁹.”

⁶ Minas, H., Kakuma, R., San Too, L., Vayani, H., Orapeleng, S., Prasad-Ildes, R. & Oehm, D. (2013). Mental health research and evaluation in multicultural Australia: developing a culture of inclusion. International journal of mental health systems

⁷ Rosenberg, Dr S (2019). National Multicultural Mental Health Project: Mapping activity, report for Mental Health Australia. Auckland. Synergia Ltd

⁸ ⁸ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC. Published by: National Mental Health Commission, Sydney.

⁹ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC. p6



4. Good practice

4.1 What the literature says about good practice

A literature review by Synergia in 2019, found published and grey literature across Australia, New Zealand, Canada, the United Kingdom and the United States of America.

Several common themes that can support good practice emerged from the literature. These are:

- Supporting diverse workforces
- Addressing the needs of emerging groups
- Accessible and appropriate services and resources
- Models of mental health and
- Organisation and leadership

These are detailed below.

4.1.1 Addressing the needs of emerging groups

Changes in population demographics mean some cultural groups grow, others diminish, and new ones emerge. This poses an ongoing challenge for existing services, who may be well equipped to meet the needs of historically vulnerable groups from previous years, but not coming years. Emerging groups require more support, resources overall, and also more culturally appropriate services that are relevant to them. Experience about what has and has not worked in the past for historically deprived groups should be applied, but new approaches may be necessary to meet new needs.

For example: There is a lack of resources in new and emerging languages and languages with smaller populations.

In Australia, there is an increasing demand for assistance for people from the Indian sub-continent and gap in resources in languages (apart from Hindi) such as Bengali and Tamil.

There is also a lack of resources in Pacific Languages, including Samoan, Tongan and Fijian and resources in languages spoken by small communities with greater need such as Kurmanji (Kurdish language spoken by Yazidi community)¹⁰.

4.1.2 Professional accredited interpreters and multilingual information

Professional interpreters and translated material are necessary for the support of multicultural mental health. Professional, accredited interpreters need to be used whenever necessary, not only for key appointments. On site interpreters are preferable, however phone interpreters are also recommended. Policies and procedures for using interpreters underpin the appropriate use of language services.

Multilingual information increases the accessibility of services and information for people from CALD backgrounds. However, beyond simple consideration of access, these services and resources also require a level of cultural understanding that makes them acceptable to their target audience. There is more to the provision of culturally safe service than speaking the same language. Service providers using interpreters need to be mindful of the broader social, religious, political and cultural context of these services.

¹⁰ Rosenberg, Dr S (2019). National Multicultural Mental Health Project: Mapping activity, report for Mental Health Australia. Auckland. Synergia Ltd



Conversations Matter

Everymind have developed a resource that provides some practical tips for professionals to refer to when talking about suicide with CALD individuals, families and communities. This resource was developed through consultation with CALD community members and professionals, and in partnership with the Transcultural Mental Health Centre and Mental Health Commission of New South Wales.

The resource encourages professionals to consider the numerous factors which must be considered before initiating conversations with CALD communities and to recognise that no one community is the same and there is great diversity within cultures.

www.conversationsmatter.com.au/professional-resource/resources-for-cald-communities

4.1.3 Models of mental health

Mainstream or Western models and approaches to mental health may not be appropriate for some people from CALD backgrounds. Some issues unique to CALD people may include distinctive cultural formulations concerning mental health, stigma and discrimination.

Culturally responsive models of mental health require reflection on the part of organisations and leaders regarding their own cultural competence and capabilities. They take into account issues of consultation and co-design, engaging with local communities.

For clinicians and service providers, culturally responsive models of mental health care mean understanding their own cultural biases and the ways culture influences multicultural people and their health. This can help shape more effective models of service and practice.

Canada has led the way on discussion of models for mental health services for multicultural societies. They have studied the impact of a cultural consultation service (CCS) for mental health practitioners and primary care clinicians and demonstrated the real, even dangerous impact of cultural misunderstandings: incomplete assessments, incorrect diagnoses, inadequate or inappropriate treatment, and failed treatment alliances.

Clinicians referring patients to the service reported high rates of satisfaction with the consultations, but many indicated a need for long-term follow-up. The cultural consultation model can effectively supplement existing services to improve diagnostic assessment and treatment for a culturally diverse urban population¹¹.

4.1.4 Organisation and leadership

Organisation and leadership are relevant for both supporting diverse workforces and making services more appropriate. Organisations need to recognise and support diversity amongst staff and have mechanisms in place to manage the risks and maximise the benefits arising from this diversity for both staff and service users. Clear, strong leadership that supports and advocates for nuanced, cultural responsiveness in service delivery is fundamental in ensuring the needs of people from CALD backgrounds are met. Ensuring that managers have sufficient knowledge and skills in working with diversity is integral to this.

¹¹ Kirmayer, L. J., et al. (2003). "Cultural Consultation: A Model of Mental Health Service for Multicultural Societies." *The Canadian Journal of Psychiatry* 48(3): 145-153.



Staff diversity alone is not enough to drive good practice. Organisations must also show organisational cultural competence. This is expressed in the way organisations create a working environment, their policies and the ways they acknowledge the structural barriers faced by multicultural people. In terms of increasing service appropriateness, organisations and leadership should be open to collaboration with multicultural people and groups, to embed cultural competence principles within their organisation and practice.

Standard 3 of the National Practice Standards for the Mental Health Workforce (2013) addresses the social, cultural, linguistic, spiritual and gender diversity of people, families and carers are actively and respectfully responded to by mental health practitioners, incorporating those differences into their practice.

In order to provide clinically competent mental health care in a culturally diverse society, the workforce must go beyond being culturally aware, to being culturally responsive.¹²

4.1.5 Supporting diverse workforces

Diverse workforces increase the accessibility and appropriateness of health services. Diverse workforces ensure that health services reflect the populations they serve. They can increase access through minimising language barriers and increased local, cultural understanding. Diverse workforces require support in facing discrimination and racism. Organisations and leaders need training in cultural competence. Their work can benefit from building an appreciation of the potentially different cultural worldviews of staff. Peer workers, bicultural/bilingual staff and cultural navigators can play important roles here.

4.2 Principles of good practice

The *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery* is a free resource designed to build capacity amongst mainstream mental health services to work effectively with people and communities from CALD backgrounds. It states that in order to assist CALD consumers on the recovery journey, mental health services need to understand that recovery and its principles are not universal concepts, and as a result, may present challenges for mental health workers and CALD consumers. The Framework provides an overall set of core principles underpinning recovery-oriented practice responsive to the needs of CALD consumers.

Principles of good practice:¹³

1. Leadership & Resourcing – The service has executive leadership that recognises the need for culturally responsive mental health services within their region, with suitable resource allocation to embed a culturally responsive approach across all stages of service planning, delivery and evaluation.
2. Data Collection & Research – The service engages in appropriate data collection, evaluation, research and development to facilitate culturally responsive mental health services in their region.
3. Equitable Access – The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.
4. Service Delivery – The service provides culturally responsive assessment, care and coordination services.

¹² Australian Government Department of Health, The National Practice Standards for the Mental Health Workforce 2013, State of Victoria, Department of Health 2013, Retrieved May 2020 from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/5D7909E82304E6D2CA257C430004E877/\\$File/wkstd13.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/5D7909E82304E6D2CA257C430004E877/$File/wkstd13.pdf)

¹³ Principles derived from the Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. <https://embracementalhealth.org.au/service-providers/framework-landing>



5. Consumer & Carer Engagement & Co-Design - The service engages with consumers and carers from CALD backgrounds in the co-design of service planning, delivery and evaluation.
6. Collaboration & Stakeholder Engagement - The service has working relationships and collaborates with key stakeholders from the sector and community.
7. Promotion, Prevention & Early Intervention - The service works to build community capacity via culturally inclusive promotion, prevention and early intervention initiatives.
8. Professional Development -The service makes available and encourages cultural competence training and ongoing professional development opportunities for its staff.
9. Diversity & Inclusion - The service values diversity and is non-discriminatory, and reflects these values in its recruitment and retention practices.
10. Resources & Support - The service has established connections to internal or external sources of specialist cultural support and resources.

It is worth noting that other countries, such as New Zealand, have spent considerable effort establishing innovative ways of professional training that facilitate culturally sensitive approaches to mental health care.

See TePou for example www.tepou.co.nz/resources/search/terms/cultural



5. Focus for future initiatives

5.1 Holistic perspective

A key area for improvement in current service delivery in multicultural mental health is to develop a holistic perspective. One size will not fit all multicultural communities and services need to address the wider factors on mental health such as their social context, education, and housing. Services could also leverage broader influences such as family and religion to help support the improvement of mental health in multicultural communities. This concept of intersectionality highlights the fact that deteriorating mental health can be a consequence of pressures on several aspects of an individual not just their multicultural status. Integration and intersectionality challenge traditional siloed approaches to mental health care. Planners and policy makers should carefully consider the full social context of mental health.

"I think, one of the most unique things about Australia is that by having such a melting pot of cultures and communities, you don't have to belong to just one community, you're actually a part of so many communities, and that's the most beautiful thing about Australia."

Ali, CALD Mental Health Consumer and Carer Group

5.2 Integration across mental health services

The lack of integration across mental health services is a cause of our fragmented mental health system.¹⁴ This lack of coordination is not only in mainstream mental health but in multicultural mental health also. While there are, in some places, many services and providers, there is too often little connection and communication between providers leading to doubling up of services and poor coordination. Measures to improve connection between services is a key feature in future service development, and new mechanisms to make the most of precious resources are necessary.

There is considerable expertise in Australia in relation to multicultural mental health and this can be celebrated and nurtured. State and territory services, Primary Health Networks and others need this expertise to drive regional reform. Collaboration with services such as Transcultural Mental Health Centres and torture and trauma services and other key community agencies is a critical element in ensuring the availability of sustainable, evolving expertise that result in services that are connected.

Culture in Mind is a community based mental health support service supporting the mental wellbeing of people from CALD backgrounds in Brisbane. They provide wrap around, culture based individual and group based programs and work collaboratively with surrounding services.

www.cultureinmind.org.au

5.3 Generational need

It is important to recognise the different needs of different generations with people from CALD backgrounds. Within the same communities, young people's experience of their culture will be different to their parents. Cultural adaptation between generations will occur at different rates and this needs to be considered.

¹⁴ National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC, Published by: National Mental Health Commission, Sydney.



5.4 Stigma

While much has been done in Australia over the past decades, there is still considerable stigma associated with mental illness in many CALD communities. This suggests mental health literacy remains a priority action. Increased activity that is targeted to CALD communities is also a priority.

5.5 Co-design

Effective co-design with consumers and carers, families and communities from CALD backgrounds will involve identifying needs and developing approaches and solutions to meeting these needs. Co-design will enable power sharing between health professionals and community members and work to empower individuals, families and communities.

Meaningful consumer participation cannot take place without the basic tools of empowerment such as knowledge and support. The failure to understand this creates false expectations in terms of consumer participation and to some extent can set people up for failure.¹⁵

5.6 Access to specialist support

There are a number of specialist services who focus on CALD mental health. These include Transcultural Mental Health Services (available in NSW, VIC and QLD), as well as services for refugees through the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). Working with these services will enable specialist support and advice to be utilised.

5.7 Alternate approaches to service delivery

There is merit in considering those approaches which best engage CALD communities in primary and extended care. Flexibility in developing models of care and responsive to cultural needs will result in innovation and services that match cultural needs. Co-design with community members, carers and consumers is paramount in this process.

Models such as the social enterprise, World Wellness Group¹⁶ (QLD) give balance to CALD specific skills with a funding and payment model acceptable to service providers. There is considerable current interest in the development of such models.

5.8 Prevention

Shifting to more of a prevention approach in mental health could save considerable health expenditure, as well as individual distress. The current model within torture and trauma assistance services generally requires a diagnosis of mental illness before one can be eligible for mental health services. Evidence-based approaches like Brita Futures should be considered in the context of the Federal Government's recent commitment to develop a National Children's Mental Health and Wellbeing Strategy.¹⁷

Meaningful consumer participation cannot take place without the basic tools of empowerment such as knowledge and support. The failure to understand this creates false expectations in terms of consumer participation and to some extent can set people up for failure.¹⁸

¹⁵ Multicultural Mental Health Australia (2004) Reality Check: Culturally diverse mental health consumers speak out. NSW. p.8.

¹⁶ World Wellness Group, Brisbane – <https://worldwellnessgroup.org.au/mental-health-andwellbeing/>

¹⁷ On 14 August 2019, the Minister for Health announced the development of a National Children's Mental Health and Wellbeing Strategy (the strategy) as part of the Government's Long Term National Health Plan.

¹⁸ Multicultural Mental Health Australia (2004) Reality Check: Culturally diverse mental health consumers speak out. NSW. p.8.



5.9 Including carers

An important issue given minimal attention is the burden placed on CALD carers. Particularly in the light of access difficulties and the impact of stigma on help-seeking, multicultural families and carers often face unsustainable pressures. There is a need for better data collection to understand this impact and specific services to alleviate this pressure. This could include information, advocacy, service coordination, respite and other services.

5.10 Outreach

Providing culturally responsive care will recognise the structural barriers that people from CALD backgrounds face in accessing services. Effective services will not only provide services to people that present at their service but will also be proactive in reaching into communities. Outreach to where people from CALD backgrounds gather, feel comfortable and are not in traditional health settings will ensure access barriers can be addressed.

5.11 Context

Understanding what community supports are available and are being accessed already will enable services to provide effective care. Community support organisations provide social and cultural support such as women's groups, religious leaders and organisations. Understanding these supports will assist in providing referrals and coordination with such services. Services may develop databases of community services.



6. Summary

As Australia's cultural diversity continues to grow, it is essential that mental health services reflect and respond well to the emerging needs of our multicultural population.

The substantial barriers that prevent people from CALD backgrounds accessing mental health care in Australia can begin to be addressed by service providers acknowledging and responding to the issues and considering the areas in this guide for future initiative. Ensuring that mental health services are culturally responsive and effective in providing support requires deliberate and targeted approaches. These supports and approaches should be continually evaluated and updated as the needs and demographics of CALD communities change.

The reoccurring theme that under lays the gaps in mental health access for CALD communities is the lack of data. The failure to collect the core minimum data, makes it difficult for resources and funding to be best placed. Improved and consistent collection, analysis and reporting of CALD data of mental health service user demographics, the rate at which it is accessed, and the impact/outcomes of the care provided will greatly assist in providing the best care for CALD communities.

The literature referred to in the guide highlighting the gaps and priority areas in CALD mental health demonstrates culture is never static. Being culturally responsive is an ongoing progression. By imbedding the Framework for Mental Health in Multicultural Australia principals of good practice into a service deliver, they are to deliver safe, quality and equitable care for everyone.

The Framework assists organisations to evaluate current levels of cultural responsiveness in service delivery to CALD communities and track progress over time, resulting in more effective and efficient service delivery for all.



