*new**paradigm*
VOX POP

Respondents:

Vicki Katsifis, consumer and carer. Vicki is currently on the National Mental Health Commission's Consumer and Carer Engagement Project Steering Group, and works in a peer educator role at the South Eastern Sydney Recovery College

Daryl Oehm, Manager of the Victorian Transcultural Mental Health Centre (TMHC), a statewide unit, funded by the Mental Health, Drugs and Regions Division of the Victorian Department of Health and Human Services and administered by St Vincent's Hospital

Sonia Di Mezza, Deputy Chief Executive Officer at the ACT Disability, Aged and Carer Advocacy Service (ADACAS), an independent, not-for-profit, advocacy organisation helping people with disabilities, older people and their carers in the Australian Capital Territory

Dwayne Cranfield, Chief Executive Officer of the National Ethnic Disability Alliance (NEDA), the national peak organisation representing the rights and interests of people living with disability, their families and carers, from culturally and linguistically diverse and non-English speaking backgrounds

Our Vox Pop provides insights into the design and delivery of culturally inclusive mental health services.

1. Culturally inclusive mental health services have the potential to significantly improve mental health outcomes and consumer satisfaction for culturally and linguistically diverse consumers. What do you think are the vital elements of a culturally competent mental health service?

Vicki Katsifis, consumer and carer

- A strategic plan that has a section on meeting the needs of culturally and linguistically diverse communities.
- Cultural competency training to all staff to avoid stereotyping to ensure staff look at individual variation in cultural groups.
- A culture that promotes research relevant to culturally and linguistically diverse communities.
- Increased recruitment of culturally and linguistically diverse staff.
- Allocating more time to assessment and treatment for culturally and linguistically diverse clients and avoiding a 'one size fits all' approach.
- Service providers exploring their own cultural beliefs and cultural biases.
- Culturally and linguistically diverse consumer and carer participation.
- Working with cultural brokers and consultants.
- Partnering with culturally and linguistically diverse community organisations.
- Interpreters trained in mental health.

Daryl Oehm, Victorian Transcultural Mental Health Centre

The key starting point for a culturally responsive service is an osmotic relationship with the community and its demographic, as opposed to siloed service models. By this I mean that the organisation is cognisant of its internal culture and service delivery model, and has the capacity to incorporate explanatory models of health and culture that are represented in its local communities.

The essential requirement of culturally responsive organisations is acceptance that they, not the community, are responsible for practice and service models that lead to better mental health outcomes. The four key factors in culturally responsive mental health are: Reflection, Continuous Learning, Flexibility and Openness.

Sonia Di Mezza, ACT Disability, Aged and Carer Advocacy Service

The vital elements of a culturally competent health service would include the following:

- Staff who receive annual cultural competency training, so that they have the skills required to work with people from a culturally and linguistically diverse background.
- Organisations that identify and make use of bilingual staff members, who have the skills and willingness to be able to communicate with culturally and linguistically diverse consumers in their first languages.
- Staff who work for organisations that are open-minded and willing to learn about other cultures and viewpoints.

Dwayne Cranfield, *National Ethnic Disability Alliance*

- Information services that are formatted to be culturally in tune with the many different multicultural communities that make up Australia today.

- Information and service provision that is aware of the needs of the multicultural consumer and can service them and meet their diverse needs.

- Appropriate images, language and dialect for the target group in order to better engage them.

- Staff trained to understand that people respond differently based on their cultural background, and that often some members of communities will not use interpreting services because of confidentially issues (trust) and may prefer a family member or friend.

- Understanding that some cultures view mental health issues through a religious lens or are very stigmatised by this and many other illnesses.

- Understanding that many cultures are fearful of government services or organisations that are bureaucratic.

- Organisations whose culture reflects the needs of the consumer, are a true partner in the process of engagement, and understand that cultural competency is more than a half day workshop for staff.

2. What do you see as the biggest challenges to improving access, responsiveness and quality of mental health services for people from culturally and linguistically diverse backgrounds?

Vicki Katsifis, *consumer and carer*

- Higher rates of stigma and shame make accessing a service less likely.

- Culturally and linguistically diverse consumers are more likely to access GPs rather than mental health services.

- Language barriers make it very hard as most of the treatment and assessment options are based on communication.

- Culturally and linguistically diverse communities have different explanatory models for how they frame their mental health experiences which affects their help seeking behaviour and is challenging for clinicians.

- Lack of diversity within the mental health workforce.

- Lack of time and resources.

- The medical model can alienate culturally and linguistically diverse communities.

- An unwillingness among clinicians to use traditional healers.

Daryl Oehm, *Victorian Transcultural Mental Health Centre*

The key challenge to improving cultural responsiveness in mental health services is broadening the narrative pertaining to 'culturally and linguistically diverse to one that recognises the ubiquity of culture in all forms of human association and endeavour. It should be a narrative that recognises the centrality of culture in all human interactions and as the outcome of an intersection of socio-economic, historical, religious, geographic and personal factors.

Culture is more than ethnicity and more than a generalised set of social traits, it is the outcome of human associations that give rise to numerous cultural identities formed by cultural and historical markers, communities of interest and power relationships. In essence culture is the basis of person centred care.

Sonia Di Mezza, *ACT Disability, Aged and Carer Advocacy Service*

The biggest challenge to improving access, responsiveness and quality of mental health services for people from culturally and linguistically diverse backgrounds would relate to their ability to access the mental health services they both want and need. Big obstacles to access include not being able to understand what mental health services are available due to language comprehension difficulties as well as cultural barriers.

Cultural barriers can be varied but are usually intrinsically linked to shame and stigma that the consumer and their community feels about having a mental health issue. Sometimes this can result in denial about the existence of an issue from the consumer and their families or communities. These feelings and beliefs go on to create great obstacles and a reluctance or fear to access the services that they require.

Dwayne Cranfield, *National Ethnic Disability Alliance*

Some of the challenges include:

- The demonisation of culturally and linguistically diverse communities and people by media and government and the need to change public perception of refugees, migrants, and the culturally and linguistically diverse community in general. These perceptions, when linked with mental health illnesses, make good care and support difficult to achieve.

- Ensuring that service delivery providers are a partner in the process and that support for people of culturally and linguistically diverse backgrounds is not just another revenue stream, but rather an area of passion and concern.

- Getting the multicultural community to engage with service providers. I am a strong believer in outreach work, having workers in the field engaging with consumers in their space if appropriate, such as community centres and group settings (not group therapy).

- Overcoming of their distrust and fear, awareness of the issues of mental health.

3. Can you provide example(s) of successful culturally appropriate mental health service models that are an alternative to more commonly used Western-influenced mental health service models?

Vicki Katsifis, consumer and carer, NSW

- Wellbeing forums for culturally and lingistically diverse communities in people's first language that have the presence of community elders and traditional healers. Using the word 'wellbeing' rather than referring to 'mental health' assists promotion of the event due to different explanatory models of mental illness and people not identifying with the Western medical model.

- Courses in people's first language run by bilingual educators.

- Support groups run by community leaders in people's first language.

- Involving community leaders in assessment and treatment for support and guidance.

- Partnering with cultural community organisations for projects for culturally and lingistically diverse communities that are based in the community.

Daryl Oehm, Victorian Transcultural Mental Health Centre

This requires us to broaden our concepts of 'mental health service models' and think more of wellbeing models, in that anything that supports social and emotional health is in essence a mental health model.

In the larger narrative, reducing social inequality has a positive impact on mental health. Strengthening community ties and supporting existing social capital creates positive health outcomes, as does more equal distribution of power, control and influence.

An individualistic, deficit based view of mental health and mental health interventions is often a distraction from more positive reflections on community interactions and self-help associations that contribute to prevention and promotion of mental ill health. The social determinants of health, a key component in promotion, prevention, early intervention and recovery in mental health, are relegated to a lower priority in crisis-driven mental health services.

Sonia Di Mezza, ACT Disability, Aged and Carer Advocacy Service

The Mental Health in Multicultural Australia (MHiMA) project created a Mental Health in Multicultural Australia Framework. The objective was to create a framework that organisations could use to assess their capacity and ability to provide mental health services to culturally and lingistically diverse consumers in a culturally and linguistically appropriate manner.

Although the MHiMA project was temporarily closed, due to a lack of funding, I understand that the framework received positive feedback from organisations that chose to implement it as well as through a review by an independent consultant.

Dwayne Cranfield, National Ethnic Disability Alliance

No, I can't provide examples of success from alternative models. I feel that multicultural mental health has flopped and that government is dragging the chain on it. When I ran recovery based mental health programs, the biggest issue was trying to engage multicultural communities.

I would however look to what is happening in Sweden due to their large intake of refugees and asylum seekers. It has become a very multicultural country over the past two decades.

I do feel that in Australian service providers need to utilise community radio to a greater extent, as many within the multicultural community listen regularly for their show/language. I would recommend broadcasting 30 second advertisements created by people from within the community, speaking in the relevant language, with a script such as: "How's your son?" "He's not good, I think he's very depressed, but I don't know", to be followed with information and contact details on who can help. It's not difficult to engage with community radio as a key part of the partnership process.