Rationale: Why is cultural responsiveness important for mental health services?

Multicultural Australia

Australia is a multicultural country, and the cultural, linguistic and religious diversity of our population continues to increase over time.[1] In fact, the latest national census (2016) shows that nearly half of all Australians were either born overseas or have at least one parent who was born overseas. Moreover, in Australian homes we speak over 300 languages and nearly 30 per cent of homes speak languages other than English.[2]

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, if they are to deliver safe, quality and equitable care for everyone.

Key issues and opportunities

Increased cultural diversity brings a range of approaches to understanding and explaining mental health, mental illness and wellbeing. Cultural beliefs about what constitutes mental illness and how to respond to it affect how people from migrant and refugee backgrounds and subsequent generations display distress, explain symptoms and seek help - including whether or not they choose to access health services.[3]

Understanding mental illness as a health problem that requires medical treatment is a western concept that can seem strange or even threatening to some people from culturally and linguistically diverse (CALD) backgrounds.[4] Health professionals who try to understand and work with differing cultural views about mental illness will more successfully engage with CALD consumers, carers and communities to achieve better mental health outcomes.[5]

There are considerable gaps in data and information on the prevalence of mental illness in people from CALD backgrounds and their experiences with the health system.[6] Data collection systems used by mental health services are often not adequately equipped to capture data on cultural and linguistic diversity. In addition, CALD populations are not often included in national mental health research and at a national level, there is limited monitoring or reporting on the status of mental wellbeing in CALD communities, the level of service access or mental health outcomes.[7]

Despite these gaps and limitations, there is some data available indicating that the mental health experiences and outcomes of first and second generation immigrants, refugees, asylum seekers and their families are different to those of other Australians. In particular, the data tells us that:

- In general, Australians from CALD backgrounds demonstrate reduced and variable rates of access to mental health services, with complexities related to country of birth, language spoken at home, and other factors such as age and gender.[8] When factors including pre and post migration challenges are taken into account, these reduced rates of service access are more likely to reflect systemic barriers than lower levels of distress or

need.[9,10,11,12] Barriers to access include greater stigma about mental illness in some CALD communities, language barriers, cultural misunderstandings, and limited knowledge of mental health and available services when compared with the Australian-born population.

- Although Australians born in non-English speaking countries may access voluntary mental health services at reduced rates, there are reports that they may access involuntary mental health services at disproportionately high rates.[13] This carries significant safety and quality risks and can further undermine a lack of trust in health services for both the individual and community.[14]
- Other factors contributing to increased risk of mental health problems in CALD populations include low proficiency in English, loss of close family bond, racism and discrimination, stresses of migration and adjustment to a new country, trauma exposure before migration, and limited opportunity to fully utilise occupational skills. Factors that appear to be protective of mental health include religion, strong social support and better English proficiency.[15]
- Suicide rates for first generation immigrants generally reflect the rates in their country of birth while the rates for subsequent generations of immigrants tend to become more reflective of the rates for the Australian population. Research indicates that strong family bonds, religion and traditional values are associated with lower suicide risk.[16, 17, 18, 19]
- Refugees and asylum seekers are at greater risk of developing mental health problems and suicidal behaviours than the general Australian population.[20] Prolonged detention is associated with poorer mental health in asylum seekers, particularly among children. [21, 22, 23]

Australia is a signatory to the United Nations Convention Relating to the Status of Refugees (1951) and the Protocol (1967) and as such accepts refugees from a range of countries every year. Refugees are often very vulnerable and can be at higher risk of developing mental health problems because of their pre-migration and migration experiences, which can include torture, trauma, detention, poverty and loss of family and community.[24] When providing mental health care to refugees, mental health services need to be aware of the added complexity of the experiences of refugees and the importance of the Program of Assistance for Survivors of Torture and Trauma (PASTT) as a key strategy in the delivery of specialist mental health services to refugees.

The policy context

As a multicultural nation, Australia's mental health policies and plans contain principles promoting cultural responsiveness.[25] However, as there has been limited evaluation of the implementation of these policies in relation to CALD populations, it is not possible to determine if there have been improvements in mental health outcomes in CALD communities over time. Available information suggests that there are still barriers for CALD communities when accessing mental health care.

Australia's mental health care system includes reporting and monitoring mechanisms that provide an annual snapshot of mental health activity. There are also a number of mental health policies and plans designed to promote cultural competency. Although current policies and plans provide a vision for what needs to be done, they don't always provide strategies or indicators to assess how improved cultural competence can be achieved and tracked over time. On a national level, there is limited reporting on the implementation of these policies and plans in relation to CALD populations. The Framework seeks to overcome some of these limitations.

The Framework is mapped to existing national standards, particularly the National Standards for National Standards for Mental Health Services (2010) and the National Safety and Quality Health Service Standards (second edition, 2017). It also broadly aligns with other national standards which recognise the

importance of culture on mental health and service provision, including the Fifth National Mental Health and Suicide Prevention Plan (2017, particularly in relation to stigma reduction and digital service delivery), Primary Health Network Mental Health Tools and Resources (e.g. *Psychological Therapies Provided by Mental Health Professionals to Underserviced Groups*), and the National Framework for Recovery-Oriented Mental Health Services (2013, especially *Practice Domain 2 - Person First and Holistic*). The Framework is also consistent with the Multicultural Access and Equity Policy (2018), developed for all Australian Government departments and agencies.

The Framework is aligned to, and consistent with these policies and standards in order to assist organisations to fulfil their existing safety, quality and accreditation requirements. This approach has been designed to enable organisations to incorporate the work they do on the Framework within their existing quality and accreditation activities so that it is an ongoing process and not an 'add on' activity.

The Framework therefore assists mental health services to identify and address access and equity barriers, aligning with the ongoing commitment of successive governments across Australian jurisdictions towards an inclusive multicultural Australia.

The service context

The Framework is also embedded in the broader context of mental health service provision in Australia. This includes mainstream public, private and community mental health services, along with specialist service such as the state health funded Transcultural Mental Health Centres (currently operating in NSW, VIC and QLD), 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.

In addition to mental health services, a range of other formal and informal supports also make a significant contribution to the mental health and wellbeing of CALD Australians. This includes a national program of settlement services funded through the Commonwealth Government, a network of state based and local providers also deliver significant language support services, access to employment programs, supported housing options, and initial orientation to government supports such as Centrelink and Medicare. These community organisations, religious networks and groups provide significant social support to recently arrived refugees and migrants.

The Framework links to these services and the resources they produce in order to facilitate access to multicultural mental health information nationally. The online format of the Framework also means that links to relevant policies, services and resources can be regularly maintained and updated.

References

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

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

[3] Chen & Mak (2008) S*eeking professional help: Etiology beliefs about mental illness across cultures.* Journal of Counseling Psychology, 55(4), 442-450.

[4] Kleinman & Benson (2006) *Anthropology in the clinic: The problem of cultural competency and how to fix it.* PLoS Medicine, 3(10), 1673-1676.

[5] Kleinman & Benson (2006) *Anthropology in the clinic: The problem of cultural competency and how to fix it.* PLoS Medicine, 3(10), 1673-1676.

[6] Mental Health in Multicultural Australia (2013) *Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion.* Retrieved from: https://www.mentalhealthcommission.gov.au/media/80646/2093%20

MHiMA%20CALD%20REPORT_06.pdf

[7] Mental Health in Multicultural Australia (2013) *Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion.* Retrieved from: https://www.mentalhealthcommission.gov.au/media/80646/2093%20MHiMA%20CALD%20REPORT_06.pdf

[8] Australian Bureau of Statistics (2011) *Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications.* Retrieved from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001~2011~Main%20Features~Introduction~.

[9] Blignault, Ponzio, Rong, & Eisenbruch (2008) *A qualitative study of barriers to mental health services utilisation among migrants from mainland China in South-East Sydney.* International Journal of Social Psychiatry, 54(2), 180-190.

[10] Correa-Velez, Sundararajan, Brown, & Gifford (2007) *Hospital utilisation among people born in refugee source countries: An analysis of hospital admissions, Victoria,* 1998-2004. Medical Journal of Australia, 186(11), 577-580.

[11] Hassett, & George (2002) *Access to a community aged psychiatry service by elderly from non-English speaking-backgrounds.* International Journal of Geriatric Psychiatry, 17(7), 623-628.

[12] Youssef & Deane (2006) *Factors influencing mental health help-seeking in Arabic-speaking communities in Sydney, Australia.* Mental Health, Religion and Culture, 9(1), 43-66.

[13] 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

[14] Divi, Koss, Schmaltz, & Loeb (2007) *Language proficiency and adverse events in US hospitals: A pilot study.* International Journal for Quality in Health Care, 19(2), 60-67.

[15] Alizadeh-Khoei, Mathews, & Hossain (2011) *The role of acculturation in health status and utilization of health services among the Iranian elderly in metropolitan Sydney.* Journal of Cross-Cultural Gerontology, 26(4), 397-405.

[16] Burvill, Armstrong, & Carlson (1983) A*ttempted suicide and immigration in Perth Western Australia 1969-1978.* Acta Psychiatrica Scandinavica, 68(2), 89-99.

[17] Kliewer (1991) *Immigrant suicide in Australia, Canada, England and Wales, and the United States.* Journal of the Australian Population Association, 8(2), 111-128.

[18] McDonald & Steel (1997) *Immigrants and mental health: An epidemiological analysis.* Sydney: Transcultural Mental Health Centre.

[19] Morrell, Taylor, Slaytor, & Ford (1999) *Urban and rural suicide differentials in migrants and the Australian- born, New South Wales, Australia 1985-1994.* Social Science and Medicine, 49(1), 81-91.

[20] Shawyer, Enticott, Block, Cheng & Meadows (2007) *The mental health status of refugees and asylum seekers attending a refugee health clinic including comparisons with a matched sample of Australian-born residents.* BMC Psychiatry 17:76.

[21] Silove, Austin, & Steel (2007) *No refuge from terror: The impact of detention on the mental health of trauma-affected refugees seeking asylum in Australia.* Transcultural Psychiatry, 44(3), 359-393.

[22] Silove & Steel (1998) *The mental health and well-being of on-shore asylum seekers in Australia.* Sydney: Psychiatry Research and Teaching Unit, University of New South Wales.

[23] Silove, Steel, McGorry, & Mohan (1998) *Trauma exposure, post-migration stressors, and symptoms of anxiety, depression and post-traumatic stress in Tamil asylum seekers: comparison with refugees and immigrants.* Acta Psychiatrica Scandinavica, 97(3), 175-181.

[24] Davidson, Murray, & Schweitzer (2008) *Review of refugee mental health and wellbeing: Australian perspectives.* Australian Psychologist, 43(3), 160-174.

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