

PIR Agency:	Richmond Fellowship Qld
Date:	August 2015 – June 2016
Key issue(s)	<p>There is significant evidence that suggests Culturally And Linguistically Diverse (CALD) communities are far less likely to use mental health services than the general population, this is due to a number of barriers including;</p> <ul style="list-style-type: none"> ➤ Cultural Stigma ➤ Lack of knowledge in available services. ➤ Language barriers <p>These barriers appear to increase in migrant communities whom are not eligible to receive settlement services, which results in migrants falling through gaps with the potential risk of developing severe and persistent mental illness.</p>
Main Objective(s)	<p>The object of this system reform activity is to address these barriers experienced by migrant communities that prevent them from accessing mental health support and reducing the culturally associated stigma.</p> <p>A key activity identified to address this issue was to collaborated with a number of Multicultural agencies and services to deliver a ‘Migrants Well-being Event.’</p>
Summary of Impact or Result	<p>Feedback and surveys from participants post to the ‘Migrants Well-being event’ suggested an increase in knowledge of both clinical and non-clinical services amongst participants at the event. Participants stated that they were also more willing to reach out to seek help when they recognise any symptoms of mental illness in themselves and others.</p>
Context	
<p>Research suggests that CALD community were underrepresented in health service in every district mental health service in the state, despite a conservative estimate is that well over a quarter of a million Queenslanders from immigrant backgrounds are affected by mental illness. ¹</p>	

¹ (Review of Transcultural Mental Health Services in Queensland, October 2005)

CALD communities often face the risk of developing mental health concerns due to relocation, adjusting to a new society, cultural differences, intergenerational conflict, financial and employment difficulties, lack of support and grief and loss associated with leaving their country and support system in their home countries. Acknowledging the importance of intergenerational issues and migration itself as a process of loss is important.² Despite mental health challenges, CALD clients and community members seldom self refer and they do not talk about their needs or inner struggles as this could lead to 'loss of face' or shame.³

As a result of reviewing information from the PIR database, anecdotal information, consultations and literature reviews, RFQ has identified that significant barriers for migrant communities in accessing services are;

- Cultural Stigma
- Lack of knowledge in available services.
- Language barriers

Whilst RFQ acknowledges that asylum seekers and refugee communities are vulnerable and experiencing similar challenges, RFQ found that migrant groups are facing other unique challenges. Refugees and asylum seekers are assisted by settlement services on arrival in Australia. The length of the engagement with the settlement service is depending on their level of vulnerabilities, policies and funding changes. However, despite the barriers, refugees and asylum seeker group communities are informed and linked with settlement services that can assist them with navigating basic health and mental health system. Migrant groups whom are not eligible to receive support from settlement services are often left on their own without information. They are often heavily relying on peer information which can be inaccurate and poor if those peer groups don't have access to available resources and up to date information. This leads to limited or no options for early intervention and may result in presenting late in the onset of their illness and with greater acuity than other members of population, due to lack or no early intervention and support.⁴

CALD individuals on working holidays in Australia and international students were also one of the vulnerable groups in accessing health services, as they tend to associate with other peers who are in the same situation with limited knowledge in current services and system. Their visa conditions also limit their eligibility in accessing the Australian health system and substantial costs often occur if they do, which can lead to disengagement from the service or being lost in the system. Consultations also suggested that international students or working holiday students who experience psychiatric condition are often discharged early or disengaged from the service due to their financial difficulties. Despite their needs for treatment and assistance, clients are often discharged from the hospital early due to their financial difficulties. Most international students have some level of insurance cover however they often choose to opt out psychiatric cover.

Students may be able to get a rebate but most often they have to pay a huge amount for their hospital stay. Following discharge, they are lost in the system and develop more complex mental health concerns. Migrants do not tend to seek assistance at the first signs of illness and often leave it until it becomes severe. In many cases, their compound issues could have been prevented if earlier engagement in mental health system or community support was scoured.

² (Leaders Forum on Mental Health and CALD communities , October 2014)

³ Collaborative Action and Responses for a Multicultural Moreton Bay (Connections, n.d.)

⁴ Collaborative Action and Responses for a Multicultural Moreton Bay (Connections, n.d.)

Stakeholders/Partnerships	
<p>Services involved in consultation to identify issues in the CALD community in accessing the mental health system and supports.</p> <ul style="list-style-type: none"> ○ Communify ○ Queensland Transcultural Mental Health Centre ○ World Wellness Group (WWG) ○ Culture In Mind ○ Multicultural Mental Health Coordinator at Queensland Health ○ QPASTT (The Queensland Program of Assistance to Survivors of Torture and Trauma) ○ Harmony Place ○ Brisbane City Council ○ The Korean Society ○ The Korean Centre ○ Translating and Interpreting Services (TIS) ○ The Royal Australian College of General Practitioners (RACGP) ○ Refugee and Immigration Legal Services (RAILS) ○ The Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT) ○ Child and Youth Mental Health Service (CYMHS) ○ Multicultural Mental Health Coordinator at Queensland Health ○ Multicultural Service Officer – Department of Human Services ○ Consumer experiences ○ Psychologist ○ Carers Queensland ○ Brisbane Rape and Incest Survivors Support Centre (BRISCC) ○ Immigrant Women’s Support Service ○ Australian Hindi Radio <p>A key Advisory Group was developed to plan a ‘Cultural Wellbeing Day’ The advisory group consisted of;</p> <ul style="list-style-type: none"> ○ Communify ○ QLD Transcultural Mental Health ○ Multicultural Service Officer – Department of Human Services ○ RFQ <p>Stakeholders who attended the Migrant Well-being event (Information stall)</p> <ul style="list-style-type: none"> ○ World wellness group ○ Culture In Mind ○ Child and Youth Mental Health Service (CYMHS) ○ Brisbane Rape and Incest Survivors Support Centre (BRISCC) ○ Multicultural Program of Carers QLD ○ Multicultural Service Officer – Department of Human Services ○ Ana Borges (Psychologist) ○ Immigrant Women’s Support Services (IWSS) ○ Communify ○ QLD Transcultural Mental Health 	
Project Management	
<p>The project was managed by, PIR Coordinator Sophia Kang.</p> <p>In order to identify issues experienced by CALD Mental Health below methods were used.</p>	

- PIR participant observations and data
 - Comparing migrants' experiences vs Refugee experience
 - Analysing the data to identify a number of different participant groups (language groups) who are registered with PIR North Brisbane Program
- Consultations with service providers
 - RFQ conducted consultations with service providers who work with CALD communities for a 6 month period to identify gaps in the services for CALD clients.
 - Discuss the current service delivery model, target groups and service gaps.
- Participants' interviews
 - RFQ found that there were no Korean clients registered at the time of data collection within North Brisbane PIR. RFQ discovered through consultations and by engaging Korean community members and leaders, this is due to a lack of knowledge in available services and cultural stigma.
 - RFQ delivered an education workshop in collaboration with Communitify in November 2015 to a small number of the Korean community.
- Literature reviews

Recommendations based on findings from 'Collaborative Actions and Responses for a multicultural Moreton Bay' by Diverse connection supported by Partners In Recovery. ⁵

- Develop relationships and build services capacity to work with local CALD communities.
- Build connections between organisations and community groups that have existing activities run by or attended by members of local CALD communities.
- Mental health stigma reduction activities that assist in identification of mental health issues within CALD communities and links to existing service providers.
- Bilingual / bicultural workers engaged by mental health services.
- Effective education and communication strategies to increase awareness and understanding of mental health services (or help) amongst CALD communities".

Stepping out of the shadows - Promoting acceptance and inclusion in multicultural communities in Queensland by Queensland Government.⁶

- "Evidence shows that the stigma associated with mental ill health has a significant negative impact across all cultures and communities, with some studies stating that the impact of stigma on a person's life can be as harmful as the effects of the mental illness itself.⁷ Stigma has been "demonstrated to be an obstacle to increasing mental health literacy and help seeking, early detection and early intervention, promoting isolation, marginalisation and discrimination."
- "As stigma is a socially constructed phenomenon, "cultural factors are key determinants of the nature and amount of stigma across different culturally and linguistically diverse (CALD)

⁵ Collaborative Action and Responses for a Multicultural Moreton Bay (Connections, n.d.)

⁶ (Stepping out of the shadows Promoting acceptance and inclusion in multicultural communities in Queensland, 2009)

⁷ (Francis, C. et all, 2002)

communities". As such, the causes and effects of stigma in CALD communities can be quite distinct from the mainstream, and individual cultures will each have specific elements that are conducive to increasing or reducing stigma".

- "Generally however, "CALD communities have low levels of knowledge around mental health issues/illness, are more at risk of developing mental health issues, are less likely to receive needed care than the general population and have a lower rate of participation in health promotion, prevention and treatment programs."

Building the case reform – The experiences of people from Refugee and CALD backgrounds negotiating the mental health system, who are at risk of developing or have severe and persistent mental health condition by Mater UQ Centre for Primary Health Care Innovation⁸

- "The barriers identified at the Client/Community level are cultural perceptions of mental illness, treatment and stigma, collectivist cultures and confidentiality and knowledge about services and how to access them".
- The recommendations at the Client/Community level include delivering community education programs and developing a 'Mental Health Pathway Resource' for Community Leaders.
- The recommendations at the Service Provider level include addressing interpreter issues, focusing on training in cultural competence, adapting the approach of mental health professionals, involving family and community (with permission), implementation of organisational policies.
- The recommendations at the System level include innovating and integrating mental health programs and services, increasing cultural competence and a diverse workforce, resolving some interpreter issues, and addressing social and economic deprivation.

Description of Activities	
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- A "Cultural Well-being event" was organized for 27th June 2016 for targeted migrants' communities who have a large population within the North Brisbane Region or are not represented within the North Brisbane PIR participant data. (Indian, Italian, Chinese and Korean) for the purpose of providing education and reducing stigma with a holistic approach.
- Community Engagement: 8 bicultural workers were hired for the purpose of community engagement. This was an important step in building a connection to the communities. The workers employed for this activity spoke the targeted language and had existing connections or relationships with the communities identified. The workers were given the task of identifying key contacts within the community and actively visiting and engaging with the community, this was achieved by visiting religious groups, Universities, broadcasting on local radio stations and attending other community events or groups. Regular feedback and discussions took place between the bicultural workers and lead project worker prior and post event. Discussions included barriers to engaging communities, time and resources, feedback from participants and the unique challenges faced within each community.

⁸ (Building the case for reform - The experiences of people from refugee and CALD backgrounds negotiating the mental health system, who are at risk of developing or have severe and persistent mental health conditions.)

- Key Service Providers were invited to attend the event and have an information stall to provide information and display brochures to represent their services and participants were easily able to approach them with the assistance from bicultural workers.
- Guest speakers from Queensland Transcultural Mental Health provided an overview of Mental Health, discussed stigma reduction and a consumer representative shared her experience.
- Activities at the Wellbeing event included;
 - A case discussion that was easy to relate to and engaging. This provided a great opportunity and good feedback from the participants. Participants were able to participate in discussion quite actively, sharing their ideas and insight. It was also assisted to determine participants understanding of mental health intervention and how each community respond differently in the same scenario.
 - Massage therapists were available throughout the day and a yoga and Qi Gong session. There was a self massage demonstration and massage oil was provided to participants.
- Photographers were present throughout the event.
- Evaluation
 - a. Feedback from bicultural workers during the community engagement phase.
 - b. Pre and post event surveys from participants.
 - c. Post well-being event meeting with bicultural workers: Bicultural workers gathered feedback from participants, community members and from their own insight from the beginning phase to the post one.
- Resources
 - RFQ PIR developed multicultural contact cards detailing key multicultural services, interpreting services, crisis services including clinical and non clinical services with contact details and information. These cards were given to all participants of the event.
 - Participants were able to take brochures and other resource from information stalls from each service providers.
 - a. RFQ PIR was able to develop a community profile with collaboration from bicultural workers. This community profile includes key contact persons, agency, and groups within each community.

Project Impact	
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The pre event survey and discussions at the Cultural Wellbeing Day found the following;

- Very little number of participants were accessing GPs for Mental Health reasons due to language barriers.
- None of the participants were aware of interpreting services and did not fully understanding the role of the GP in mental health.
- They were not able to navigate the mental health system confidently.
- The majority of community members were heavily relying on peers who also didn't have an in depth knowledge and understanding of the system.
- Due to language barriers, they were reluctant to visit their GPs who do not speak the same language.
- Even if they were accessing a GP from their own community, they were hesitant to seek help around their mental health due to stigma.
- Most of the participants reported that they have never attended or been invited to this kind of information session in relation to mental health and well-being services.

The post event survey results and feedback indicated that;

- Participants found interaction with service providers quite helpful and were able to go home with the brochure from each service providers so that they can contact as they and other community members needed.

- 80% of participants' reports that their level of understanding and knowledge in available service has been increased after the workshop, compared to 30 % pre event survey.
- 90% of participants report that they would be willing to and able to assist community members who experience mental illness, compared to 60 % pre event survey.
- 70 % of participant's reports that their willingness to talk about their mental health and/or to seek professional assistance has been increased compared to 35 % pre survey.
- Participants reports that they particularly enjoyed the group discussion with the case scenario and they found it very engaging. Participants identified that this provided them with the opportunities of talking about mental health and made them re- consider the way they deal with those situations if it happens to them or to their families, friends and/or other community members.
- During the community engagement process, RFQ PIR was able to develop target group community profile with the assistance from bicultural workers. This includes key contact person, key agencies and group in each community. This will be useful for further engagement with these targeted communities within future events.

Is the project now self sustaining?

In order for this project to be sustainable, the ideal model will be identifying key members in the community who have a good connection within their own communities and are in the position to influence others within their community. If there is opportunities for organisations to provide ongoing education to these key people identified, that will be more sustainable.

Lessons Learned

What were the key barriers and challenges and limitations which hindered effective implementation of the system reform project?

- It was difficult sourcing bi-cultural workers that had required skill based and also have the relevant links to communities within the North Brisbane Area.
 - a. Suggestions 1: A casual pool of bicultural workers in North Brisbane for targeted communities, who can work in the context of community engagement.
 - b. Suggestion 2: More bicultural workers who are mental health trained to be recruited as not all bicultural workers are mental health trained, although some of those involved in this project had social work backgrounds.
- Refugees, asylum seekers or other group of communities might be more familiar with this type of event, group session and supports from community services, however, it seems our target communities lack those opportunities. Either they were not invited to this kind of community based educational sessions, were not aware of the opportunities or were hesitant to attend as they did not want to present as a recipient of community services due to their culturally associated stigma. This resulted from a lack of trust and lack of connection to target communities prior to the event.
- Inviting community leaders or religious leaders - There weren't a great number of community leaders attending the event, although there were a large number of community members in attendance. RFQ was advised by the bicultural workers that the attendance by Leaders would be greater if there was a targeted Community Leaders event.
- The event being held on a weekday - Bicultural workers expressed difficulties in inviting community members due to the event being on Monday. Bicultural workers advised that a weekend event would provide an opportunity for those who work on weekdays. Also this event was on during school holidays which made it a bit challenging for those with children.

What worked well?

- Participants, especially Korean community states that although they have been living for the last 8-10 years, they never had this kind of opportunity before, they were grateful for the opportunity.
- Despite the challenge of finding appropriate bicultural workers, once the workers were engaged the work they carried out was crucial in the success of the day.
- The use of social work graduates and students was beneficial. They had a reasonably good level of understanding of the issues in relation to mental health and were able to convey this in an effective way, it was also a great opportunity for them in terms of social work related work and experience.
- Despite the initial challenges, there were a good number of attendees at the event.
- The attendance level of Service providers was good.
- Holistic approach – Qi Gong, Massage, Yoga and other broad service providers were included as mental health encompasses all different areas such as physical, recreational, financial, legal and etc.
- Sector Collaboration – Engaging with key people prior to the event, acknowledging and fostered collaborative relationships was essential to the success of the event and ongoing CALD sector community development.
- The interactive nature of the event which allowed for fun and educational at the same time.
- The use of Bi cultural workers was essential due to the language assistance required, welcoming of participants and bringing the groups together. By involving bicultural workers, we were able to develop community profile to identify what kind of community organizations and places are available within targeted communities, who would be the key person and how the particular communities operate for example, where do they live, what would be the barriers for them to attend the event, ways to overcome, their level of knowledge in mental health and etc.
- Flyers printed in 5 different languages, these flyers were translated by the bicultural workers which ensured they were more user friendly and more inviting.

What could be improved?

- Feedback from the Hindi bicultural worker indicated the lack of attendance from the Hindi Community shows how pertinent the stigma is in that particular community. In the future, we might consider alternative ways to engage the Hindi community more effectively.
- We noted that on the day of the event the location of the Service provider stalls and the massage therapists resulted in difficulties hearing guest speakers. For future events the location of the stalls could be in another room.
- Engagement of Religious leaders: RFQ tried to include religious or community leaders in this event and sent out the invitation through bicultural workers. There is a need to work with religious leaders and community leaders in order to address issues of mental health and a need to engage different religious and spiritual contexts in providing services to CALD individuals and considering this in the treatment plan. The consumer stories need to be discussed further with religious leaders to understand where the religious leader has helped and where they have needed better mental health literacy.⁹ However, some bicultural workers reported that inviting community leaders failed due to cultural issues. It was reported that community leaders would have preferred to participate in their own event rather than a whole of community event.
- A GP in attendance at the event, although there was a service at the event that includes a GP service as part of their service, participants reported that they would have appreciated a practical talk from a GP.
- Many bicultural workers identified that the workshop being on Monday was a barrier, despite this there was a good number of participants who were able to attend, which indicates that if the event was held during the weekend, there could have been even more participants. Workers suggested that it would be better to hold future events during the weekend. The challenge will be whether service providers would be able to attend during the weekend.

⁹ (Leaders Forum on Mental Health and CALD communities , October 2014)

- Choose a venue that is more central and accessible.

Recommendations future projects.

- To have further education workshops with information on direct service provision and description of specific roles within the health service rather than theoretical information. Information on general health and wellbeing included in the event, rather than explicitly Mental Health.
- Continuous relationship building with CALD communities. Actively visiting communities to engage rather than relying on inviting communities to visit our establishments or events. This is essential in reducing the barriers for community members whom are not currently accessing mainstream activities.
- Ongoing engagement rather than one off events, this is essential for building relationships and trust and also to identify the most vulnerable group within each community.
- More research and study into what's the most effective and culturally appropriate way of reducing barriers for each unique community. Currently there is more evidence in relation to this issue in some communities than others.
- More resources for early intervention and education.

Appendices

This report is not a clinical study

Consent : Photo consent form signed

Abbreviation

CALD – Culturally and Linguistically Diverse