

A Better State of Mental Health For All: Effects of a Multilingual Multi-Media Community Awareness Campaign

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It is acknowledged that the burden of mental health problems is large and increasing. Eighteen percent of people aged over 18 years in Australia reported the experience of a mental health problem or disorder (anxiety, affective or substance use disorders) in the past 12 months. Prevalence is highest for young people aged 18 to 25 years (27 per cent). Despite this, only a small percentage of people with mental disorders actually seek help (38 per cent) (Andrews, Hall, Teeson & Henderson, 1999 cited in Pope, Scanlon, Raphael, Heslep, Cassaniti & Spiteri, 2000).

Further, recent research highlights that communities of NESB have a lower use of mental health services. While these communities may be less inclined to use mental health services, the prevalence of mental health problems may not be less (McDonald & Steel, 1997). The lower use of mental health services may be an indication that children and adolescents of NESB are also a high-risk group unlikely to be engaged by early intervention strategies targeting the mainstream community. Minas, Lambert, Kostov and Boranga (1996) listed the following reasons for the lower use of mental health services by communities of NESB:

- Lack of information about available services.
- Reduced access to services due to language and cultural barriers.
- A greater stigma attached to mental illness and the treatment of mental illness by some communities; and
- In some cultures, individuals tend to somaticise their psychological problems.

The authors go on to suggest that the consequences of underuse and reduced access to appropriate treatment are:

- Substantial numbers of people from NESB whose mental health problems are unrecognised and untreated; and
- Poorer treatment outcomes for those who do receive treatment.

This highlights the importance of improving mental health literacy among NSW's culturally diverse population and establishing initiatives to promote the mental health and prevent the onset of mental health problems and disorders (Jorm, Korte, Jacomb, Christensen, Rogers & Pollit 1997; Haggerty Mrazek & Haggert, 1994; Marshall & Watt, 1999 cited in Pope et al, 2000).

New South Wales has one of the most culturally diverse populations in the world. The State is home to 40 per cent of Australia's non-English speaking background (NESB) overseas-born population (Australian Bureau of Statistics, 1996). In 1996, 27 per cent of the NSW population were born overseas, in a non-English speaking

country. This equals a total of 1, 015, 862 people aged 5 and over who reported speaking a language other than English at home (Australian Bureau of Statistics, 1996). Children, adolescents and their families from culturally and linguistically diverse backgrounds may be at risk for poor mental healthoutcomes due to a wide range of factors.

These include:

- Migration or refugee experiences.
- Intergenerational conflict.
- Grief and loss relating to the migration experience, as well as separation from family members.
- Post traumatic stress from experiences prior to resettlement, difficulties with acculturation.
- Possible experiences of racism and discrimination after resettlement .
- Marginalisation.
- Educational disadvantage.

In 1999, to help families from culturally and linguistically diverse backgrounds better understand and recognise mental health problems in children, adolescents and young people, as well as to encourage families to seek help early. The NSW Department of Health in partnership with the NSW Transcultural Mental Health Centre (TMHC) and SBS Radio embarked upon a broad based multi-level public awareness campaign to produce the Multilingual Family Help Kit (the Kit) targeting fifteen language groups.

The Kit differs from the original FHK in a number of ways it includes additional material to cater for people from culturally and linguistically diverse communities special needs. The additional material covered in the Kit includes issues surrounding:

- Financial hardship (sometimes due to the inability to find employment).
- Inability to speak English or to communicate with others, that may in turn effect their educational performance.
- The lack of social networks, or religious activities and the lack of support from family and friends.
- The possible exclusion from health and other services, particularly for refugees.
- The age that the child, adolescent or young person migrated.
- Difficulties in accessing health and other social services, particularly for refugees.
- Experience of trauma or prolonged stress in one's home country, especially in the case of survivors of war and torture.
- Difficulties at school.
- Problems that relate to experiences of parents in their home country that may inadvertently effect their son and daughter.
- Challenges in attempting to balance the Australian way of life with the need to preserve traditional cultures and values.

In addition to the printed booklets, the Kit comprises of audio cassettes and have been placed on the TMHC Web page. Additional partnerships were also formed with bilingual/bicultural health professionals, community workers, multicultural community welfare agencies, ethnic community organisations and key community members, including young people, who were consulted to ensure the information and issues covered in the Kit were sensitive to the cultures, values and practices of the targeted communities and language groups.

Parents from culturally diverse backgrounds have a wide range of mental health education needs regarding children and adolescents. Parents from culturally diverse backgrounds need to be supported in understanding child and adolescent mental health issues in the context of their own culture and language, as well as in the context of the wider communities in which they live.

The Kit focuses on building bridges between families from culturally diverse backgrounds with the NSW health system and other related support services. The overall goal of the community awareness campaign is to promote the mental health of children, adolescents and young people of targeted culturally and linguistically diverse communities. This was achieved by educating parents about mental health problems that children, adolescents and young people may face and on identifying early signs and symptoms. The Kit also challenges attitudes to mental illness and aims to reduce stigma associated with mental illness amongst the targeted communities.

The Kit provides information on the following topics:

- Child and adolescent mental health problems;
- Prevention of suicide;
- Challenging behaviours;
- Psychosis;
- Body image and eating disorders;
- Post traumatic stress;
- Depression;
- Fears and anxiety;

The Kit presents mental health issues as they are understood within western medical science paradigms, while reflecting social, cultural, linguistic and religious values and practices of the targeted communities. The Kit also discusses issues that may present in families who have migrated to Australia. As a result it promotes the importance of cultural diversity and offers families the framework for support within the wider community. The Kit also discusses the additional mental health issues that children and adolescents of culturally diverse backgrounds may face such as racism, culture and language barriers.

This project has added to current knowledge of effective strategies to promote mental health literacy within culturally diverse populations. There is limited literature

on processes undertaken in promoting mental health literacy across a range of culturally diverse populations. To date the majority of mental health literacy campaigns in Australia have focussed on the mainstream population. Wide-scale education campaigns have often overlooked the needs of individuals and families from culturally diverse backgrounds. Therefore, the development of well documented evidenced-based strategies for communicating mental health issues have remained quite limited. Makara (1997) argues:

“that currently used tools of health promotion and primary prevention can at best only achieve solid results among the middle and upper-middle classes of society. This also means that effective health promotion is likely to contribute to the increase of social inequalities in health. The old health education and prevention dogmas are often useless among the poor, ethnic minorities, the unemployed and immigrants”

This project has not only provided opportunity to explore processes that contribute to building positive mental health for culturally diverse populations both within particular communities and networks and across a range of communities but results of the findings subsequent to the intervention point to the success of the strategy at least in the short term. The project developed a range of formats to promote the mental health of children, adolescents and young people in order to cater for the varying information needs of individuals and families even within a specific language group.

Further work in the area of educating parents on how to encourage the development of a positive ethnocultural identity along with high self esteem needs to be undertaken. They also need to be educated on strategies which assist parents to retain styles of parenting from the culture of origin, blend parenting skills from the culture of origin with parenting skills from the new culture, as well as develop effective parenting styles which suit the individual family's needs in the Australian context. Such strategies aim to address the needs of children who are exposed to living within a diverse range of cultures.

For copies of the booklets and cassettes contact Ms Mary Meli, Resource Officer, NSW TMHC on Tel:(02) 9840 3800 . The fifteen translated booklets are on the NSW TMHC Website at www.tmhc.nsw.gov.au

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