

13. HEALTH AND MENTAL HEALTH PRACTITIONERS DATA: SUMMARY OF FINDINGS

1. Pathways

- GPs are often the initial point of contact for CALD patients and carers
- Referral to mental health practitioners can occur via:
 - GPs
 - Other health care providers
 - Other mainstream service providers (e.g. Centrelink)
 - Religious institutions or spiritual centres
 - Indirect, and less formal routes (e.g. adult education classes)
 - Self referral
- CALD clients in psychological distress tend to seek professional help only after other avenues have been exhausted, or once their problems have become unmanageable.

2. Stigma

- Mental illness is heavily stigmatised across most cultural groups
- Stigma is a problem for both the affected individual and their family
- Stigma contributes to the late presentation or referral of many clients
- In some cultures, mental health issues are not discussed, and alternative explanations for 'unusual' behaviour are used
- Perceptions and expectations will vary according to:
 - Religious beliefs
 - Ethnicity
 - Rural or urban background
 - Level of education
 - Socioeconomic status
 - Mental illness may be destigmatised via:
 - More information about forms of psychological and psychiatric treatment.
- Professional explanations that emphasise 'normal responses to life's problems', and 'stress management', rather than 'madness', and 'illness'.

3. Communication issues

- Communication issues are a major barrier to CALD client's utilisation of services, understanding of information, and interactions with health professionals.
- The quality of interpreters is variable.
- Language barriers can reinforce the reliance of CALD people in distress on their immediate family.
- CALD people may be reluctant to use interpreters to discuss sensitive issues
- Mental health practitioners are generally not skilled at interacting with interpreters
- There is a need for more bilingual mental health workers.
- Mental health information is often only available in English

4. Confidentiality and trust

- Confidentiality and trust are vital issues in mental health service utilisation
- Establishing a trusting relationship may take considerable time
- Reaching a common understanding of concepts relating to mental health and illness is essential in the development of trust in therapeutic relationships
- GPs are especially trusted figures, as they have ongoing contact with families.
- Acknowledging the experiences of CALD clients provides a firm basis for developing trust.

5. Practitioners' contact with carers

- Different practice situations provide different opportunities for contact with carers.
- Practitioners differ in their views about the need to see carers.
- Carers may assist practitioners by describing the client's 'problems with living'.
- Torture and trauma counsellors prefer to work with clients and their carers, as whole families are affected by the consequences of torture and trauma.
- Children may encounter difficulties in caring for parents with mental health problems.
- The social isolation of CALD people in distress, and their carers means that they may present very late.

6. Perception of the impact of migration on mental health

- Migrants are a distinct group of people, if only by their decision to migrate.
- Migrants are often exposed to drastic changes in life circumstances.
- The absence of support in stressful situations may exacerbate psychological distress.
- Migrants have diverse understandings of ‘mental health’ and ‘illness’.
- Migration is a risk factor for mental health. This is particularly the case for refugees.
- Migration itself is not always the major precursor to the development of mental health problems.
- Many of the mental health issues faced by migrants are similar to those faced by the mainstream community (e.g. the ‘empty nest syndrome’).
- The manifestation of mental health problems related to traumatic experiences may be dependent upon the circumstances that exist after settlement.
- The stress of resettlement may compound ‘traumatic dislocation’, which can result in mental health problems.
- The loss of status due to unemployment, or downward mobility may render CALD people particularly prone to psychological distress.
- There are two critical time periods that render migrants at particular risk of developing mental health problems:
 - Early arrival
 - Retirement
- Many general mental health problems in CALD communities remain unaddressed.

7. Cultural awareness and competence

- There are significant cross-cultural differences in perceptions of mental health and illness amongst the psychologically distressed and their carers.
- There is a need for a culturally competent approach in mental health provision, and an awareness of the culturally bound symptoms of distress.
- Various therapies, such as psychotherapy, are based on ‘Western’ beliefs and may not be appropriate for certain CALD groups.
- However, treatment should be individualised, so as to avoid generalisations.
- In some cultures, people do not talk about mental illness. Rather alternative explanations for ‘unusual’ behaviour are employed.
- Men and women tend to respond differently to mental illness across most cultures.
- Some CALD patients prefer to use physical terminology to describe their psychological distress.
- CALD patients may be more inclined to use mental health services if they were similar to those of their country of origin.

- Cultural proximity, or the ability to use and understand the same concepts and terms in explaining problems is vital for establishing a relationship of trust.

8. Barriers and stigma

- Language is a major barrier that prevents many CALD people from utilising services
- Social isolation may increase as the result of difficulties in acculturation, broken social networks, discrimination and racism, socioeconomic restrictions, and due to the stigma often attached to 'mental illness.'
- The regionalisation of available services may prevent people from getting the assistance they might prefer if given the choice
- Many CALD patients, after successfully consulting a general practitioner, will accept psycho-active medication, as medical professionals tend to be regarded as authority figures. Non medical treatment alternatives may not be made available.
- There is very little publicly available information on the negative side effects of psycho-active medications. Patients from CALD backgrounds may encounter particular difficulty in obtaining such information in languages other than English.
- Ethnic groups are not homogeneous and ethnicity should be the only criteria used to select appropriate methods of care.
- Practitioners may find ethno-specific services to be a crucial source of assistance in cultural matters.

9. Carers' awareness of support services¹

- Language barriers and social isolation exacerbate carers' difficulties.
- Carers may lack the time and energy to seek out support services.
- The stigma attached to mental illness may prevent carers from seeking support.
- Many services do not have the resources to adequately meet the needs of people with mental health problems and their carers.
- Care for the 'mentally ill' should be placed in a broader social context.
- Support services are seldom adequately publicised.
- People in need of support are often 'pushed' from one service to another.
- CALD communities tend to depend upon insular forms of family support.
- Some are supported through migrant resource centres and through religious institutions.

¹According to the mental health practitioners interviewed.

- Services for torture and trauma are accessed more frequently than other mental health services.
- A number of mental health practitioners admitted that they were not well informed about the availability of support services for carers.
- Of those who were aware, most reported that they rarely followed up as to whether their client's carers were accessing these services.
- Carers may benefit from the opportunity to meet, and share their experiences.

10. Suggestions for improved support services

- Change needs to occur at an organisational level, within the health system itself.
- The diversity of the CALD population and their health needs should be recognised at all levels of policy making, service delivery and resource allocation.
- Those access and equity policies already in place should be adhered to.
- Migrants should be familiarised with the Australian health system.
- Ethnic media, and in particular, ethnic radio, could be used to provide information about mental illness and to reduce stigma through community education.
- Religious institutions and other spiritual centres could provide information about mental health.
- The mainstream media need to take on a more significant role in providing culturally accessible information about mental health issues.
- Carers need access to education, information and support.
- Well informed and well supported carers are vital partners in the process of the early identification of mental health related problems.
- Ethnic clubs and other ethnic organisations need to be provided with the resources to play a more pronounced role in addressing the needs of specific communities.
- Workers with experience in mental health issues, from similar cultural backgrounds, would be best placed to provide education, information and support for members of their communities.
- Migrant resource centres provide a less stigmatising setting for the culturally competent provision of information and support.
- Accessing carers is difficult.
- More information should be provided in languages other than English and both government and non-government sectors should become involved in the provision of information about mental health, and mental health promotion.
- There is a need for more bilingual practitioners and culturally competent workers within the mental health system.
- It is the language skills of practitioners, and their cultural competency, rather than their status as a member of their client's ethnic community, that enable 'culturally appropriate' support.
- GPs play a vital role in assisting the psychologically distressed and their carers, yet there is a lack of culturally and linguistically appropriate information available from general practices.

- Isolated CALD carers and their dependants could be effectively supported through a network of trained volunteers.
- Respite is a valuable form of support.
- Language specific support groups should be formed within existing support organisations.
- Cross-cultural training could serve to reduce the incidence of cultural stereotyping and racism that occurs when practitioners are faced with clients from an unfamiliar culture.
- Clients from CALD backgrounds should be given the opportunity to provide input for the planning and evaluation of services.

14. CONCLUSION AND RECOMMENDATIONS

This investigation of the needs of culturally diverse carers has drawn attention to the links between divergent understandings of psychological distress, the migration experience, and the experience of caring for a relative diagnosed with a 'mental illness'. The carers, community members, and health and mental health professionals interviewed raised a number of issues regarding the difficulties faced by CALD carers. Foremost amongst these was the stigma often experienced by families with a 'mentally ill' member, and the repercussions of this stigma in terms of the family's relationship with the wider community. This was described as a major impediment to CALD carers' willingness to seek external forms of assistance. Many participants stressed the need to raise the awareness of both CALD carers, and health and mental health practitioners, about the support services currently available. The need for cultural competence amongst health and mental health professionals was also emphasised.

Caring

Care giving was described as an exhausting and ongoing duty. Most of the carers interviewed stated that there was simply no one else available to help. Carers also described the significant changes in family dynamics that came with their caring role. In addition to financial burdens, social isolation and disruptions to daily life, considerable pressure is often placed on carers and their families. Some carers reported distress and frustration, and a number of carers described periods of verbal and physical violence. Many carers expressed a strong desire for 'time out', or for some relief from their roles. However, none of the carers interviewed were aware of any of the support services available to them, and indeed, many were more concerned with obtaining social support for their distressed relative. One carer suggested that there was a need for greater community acceptance of people diagnosed with 'mental illness', and that this kind of ongoing 'community support' would facilitate the 'resumption of a normal life', for both people with problems in living, and their carers. Carers also requested access to material forms of assistance. That is, help with mundane duties such as house and garden maintenance, and access to services such as 'Meals on Wheels', and childcare.

General practitioners

General practitioners are often the first, and sometimes the only, health professionals approached by carers. A number of issues were raised by the participants about the 'front line' role of GPs in the lives of carers. General practitioners were not necessarily aware of the support services available to CALD carers. Of those who were aware, none had followed up as to whether their clients had accessed these services.

Communication difficulties

Carers expressed a strong desire for some relief from their caring roles, and to talk to others about their concerns. However, many carers reported that the stigma that came with ‘having a mental illness in the family’, made it difficult to find an ‘understanding person to talk to’. Carers also reported difficulties in communicating with service providers, and that they found it hard to gain access to clear explanations about the ‘condition’ of their relative. These difficulties are not merely the result of the inability of many service providers to communicate in a language other than English. Carers, community members and mental health practitioners all characterised medical consultation times as being too short to conduct a ‘meaningful conversation’. This may be particularly pronounced when an interpreter is present.

Interpreters and bilingual professionals

A number of general practitioners reported difficulties working with interpreters, and expressed reservations about their financial cost to their practice. According to CALD community members, whilst interpreters are usually welcome and often necessary, in particularly sensitive situations, such as in the discussion of psychological problems, care must be taken to employ an appropriate interpreter. Trust and confidentiality were raised as issues that may concern people when faced with an interpreter from the same CALD community. Ethno-specific, and bilingual, professionals were described as a vital resource for CALD clients.

Cultural sensitivity

Carers and community members described the ‘often unrecognised’ impact of migration on emotional and social well-being, and a number of carers described their encounters with the health and mental health system as ‘culturally inappropriate’. The service providers interviewed also drew attention to the need for ‘mainstream’ services to become more culturally competent.

Barriers and challenges

Carers from culturally and linguistically diverse communities face a particular series of challenges. They are subject to the barriers typically encountered by unpaid full-time carers of people diagnosed with a ‘mental illness’ (e.g., Morse & Messimeri-Kianidis, 1997). That is, carers interviewed experience social isolation, financial burdens, and describe themselves as being stressed and tired. However, for CALD carers, these barriers are compounded by a number of factors. ‘Mental illness’ is particularly stigmatised across CALD communities. This stigma may affect entire families. As the carers themselves attest, this makes it especially difficult to seek external help, for fear of a negative reaction from the community. Caring is also often regarded as exclusively a family responsibility, thus discouraging access to external agencies. Communication difficulties and short consultation times make it difficult for carers to have their support

needs heard, and cultural insensitivity on the part of health and mental health professionals can make negotiations with an unfamiliar health system particularly trying. In practice, the support and information needs of carers from CALD communities are not being effectively addressed.

Recommendations

All West Australians have the right to equal access to culturally sensitive, quality care and support. The different understandings of ‘mental illness’ and ‘caring responsibilities’ held by culturally and linguistically diverse people need to be acknowledged and respected by both mental health service provider and policy makers. In order that people from diverse populations have access to health care of comparable quality to that available to the ‘mainstream’ population, the number of culturally competent and bilingual workers in the health care system needs to be significantly increased. Health services and support organizations must become more responsive to the needs of all segments of the West Australian population.

The following recommendations are based on the issues most frequently identified by the carers, community members, and health and mental health practitioners who participated in this study. Many of these recommendations are designed to enhance carers’ awareness and utilisation of support services. A number of general recommendations are also presented. These arise from a number of unexpected issues raised by study participants. These general recommendations provide for the beginnings of a broad, policy-based, support structure for sustainable programs for CALD carers. As many participants pointed out, structural changes are necessary in order to address the complex needs of carers in CALD communities.

Recommendations that directly address the needs of carers are presented first. A series of general recommendations that consider issues of mental health promotion and support in CALD communities, follows. Recommendations are divided into five categories: Support, Information and Resources, Training, Mental Health Promotion and Collaboration and Partnerships; and contains a number of process and outcome indicators, to facilitate their implementation and evaluation. Policy recommendations are presented prior to program recommendations.

An appropriate funding system need to be established and maintained in order to facilitate an inclusive and culturally competent approach to people from CALD backgrounds mental health.

14.1 Recommendations addressing the needs of CALD carers

Support

Support Services: Policy

- While recognising people's determination to be self-reliant in caring for family members who have been diagnosed with a 'mental illness', it is important for carers' support services and health and mental health practitioners to facilitate culturally diverse carers' access to support services. To achieve this, attention to be directed towards resolving cultural and linguistic barriers in policy and practice.
- Support services for carers need to be reoriented in order to increase the use of bilingual support workers.
- Support services play a vital role in minimising the incidence of emotional and physical abuse amongst unsupported carers and their 'dependants'. It is imperative that support services for carers actively promote their services to carers in immigrant communities.

Health Services: Policy

- Health and mental health practitioners to endeavour to identify and actively engage the carers of their clients, in order to address areas for improvement in the quality of their relative's health care, and to identify opportunities for further support. For example, GPs, who are often the first point of contact for those diagnosed with a mental illness, should be encouraged to inquire about the needs and requirements of carers and suggest appropriate avenues of support.

Schools: Programs

- The needs of children who care for parents who have been diagnosed with a 'mental illness' need to be addressed. School psychologists, guidance counsellors, child care workers, and teachers to identify and assist children who assist in caring for their parents. This may be achieved through training, professional journals and 'in-house' induction programs. Programs need to be developed to support children with caring responsibilities.

Support Services: Programs

- Support services for carers, in collaboration with community organisations, to develop and promote language specific support groups for carers. These need to be held at accessible venues, with enabling services, and to be conducted by culturally competent facilitators.
- Existing enabling services such as transportation and childcare to become culturally competent in order to encourage CALD carers to access support

services. Marketing and outreach strategies should be developed according to culturally appropriate criteria, and should cater for a variety of literacy levels.

- Support organisations for carers and health and mental health practitioners to distribute translated information about refugees to the carers of people diagnosed with ‘mental illness’.

Agencies to be involved:

Carers’ support organisations such as

Association for Relatives and Friends of the Mentally Ill (ARAFMI)
Carers WA
Carers Respite Centre
Crisis Care
Ethnic Disability Advocacy Centre
Even Keel
GROW
Multicultural Samaritans
Post Natal Depression Group
Sarana
Western Australia Institute of Self Help (WISH)

Divisions of General Practitioners

Community based health / mental health service organisations

Primary and high schools, in particular school psychologists, guidance counsellors and teachers

Ethno-specific community organisations

Ethnic Child Care Resource Unit (ECCRU)

Enabling services such as transport and child care

Local government authorities

Process indicators

- Increased opportunities to meet with other carers of similar backgrounds, in a safe and non-judgemental environment.
- Increased availability of culturally competent and mental health trained facilitators to guide groups and to assist carers.
- Increased access to culturally appropriate mental health services and support services for carers.
- Involvement of refugee support groups, schools, and migrant resource centres in mental health support for children and families.
- Increased understanding, amongst education and health professionals, of the issues for children who care for parent(s) with ‘mental health problems’.
- An increase in school-based mental health programs for children from refugee backgrounds and children caring for parent(s) in distress.
- Adoption of a holistic approach to mental health.

Outcome indicators

Mental health services are reoriented to adhere to standards of culturally competent practice.

- Carers from CALD backgrounds report a decreased sense of isolation, and a decrease in general stress levels.
- Carers from CALD backgrounds report an increased knowledge of mental health related problems, available treatments, mental health services, and various strategies employed by other carers.
- Carers develop informal support networks.
- Refugee children, and other children in a caring role are identified and offered places in school-based support programs.

Information and Resources

Health Services: Policy

- Health services to produce and disseminate mental health information for carers, in appropriate languages, and at appropriate levels of comprehension and literacy. This need to be sensitive to the cultural health beliefs and practices of diverse clients.

Mental Health Services and Settlement Services: Clearinghouse Program

- Services such as the Mental Health Access Team to provide a non-stigmatising venue for the mental health information needs of CALD people. There is a need for a central clearinghouse for up to date information, research, and translated materials that are pertinent to the needs of the various cultural groups residing in Western Australia. This to be accessible to both mental health practitioners, and to CALD clients and carers.
- The Clearinghouse program should allow CALD clients and carers to access information about the location, and area of specialisation, of bilingual workers within the health and mental health system. This Clearinghouse should be promoted to immigrant communities.

Mainstream service providers: Policy

- Mainstream service providers, such as Centrelink and Homeswest to promote and distribute culturally appropriate mental health related information for the carers of people experiencing problems with living.

Media: Policy

- The mainstream media to take on a more pronounced role in providing culturally accessible information about mental health issues, and in promoting positive messages about cultural diversity.

Media: Program

- Ethnic media and particularly ethnic radio stations to broadcast health and mental health information relevant to isolated members of CALD communities, especially the carers of people diagnosed with ‘mental illness’.

Mental Health Promotion: Program

- In collaboration with community based organisations, mental health promotion officers to develop community language-based information sessions relevant to carers. These to be hosted at accessible venues.

Health Services: Program

- The Health Service to translate information about the side effects of psycho-active medications into a range of languages, and present this in a form that is appropriate for a range of literacy levels. GPs, pharmacists and mental health practitioners to distribute this information to people who have been diagnosed with ‘mental illness’, and to their carers.

Agencies to be involved:

Community based health and mental health services

Mental Health Access Team

Association for Services to Torture and Trauma Survivors (ASeTTS)

Multicultural Access Unit (MAU)

Western Australian Association for Mental Health (WAAMH)

Employment and accommodation agencies, such as Centrelink and Homeswest

Mainstream media

Ethnic media, particularly ethnic radio

Divisions of General Practitioners

Ethno-specific community organisations

Mental Health Division WA

Process indicators

- Increased access to culturally relevant and competent mental health information in a setting that is ‘non stigmatising’ for CALD people.
- Increased links between mainstream and ethnic media and mental health service providers.
- Increased positive media representation of a diverse range of people affected with mental health related problems, and their carers.
- Increased availability of information for consumers and carers on the location of bilingual mental health professionals.
- Increased cultural awareness in mainstream services, through staff development and cultural competency training.
- Increased availability of translated information about side effects of prescribed medications for consumers and their carers.

Outcome indicators

- A central clearing house for up to date information, research, and translated materials that are pertinent to the needs of the various cultural groups in WA is established. This resource is accessible both to mental health practitioners and CALD consumers.
- An increase in the number of appropriate and positive media representation of culturally and linguistically diverse people with or without ‘mental health problems’.
- Mainstream and ethnic media actively involved in mental health promotion through, for example, efforts to positively portray those who have been diagnosed with a ‘mental illness’.
- CALD community members are aware of these mental health promotion campaigns.
- Availability of data on bilingual mental health practitioners to CALD community members experiencing mental health related problem and their carers.
- Availability of translated information on side effects of psycho-active medications for CALD consumers and their carers.
- Carers, and their, relatives report an increase in the sensitivity and accessibility of both ‘front line’ and secondary health service providers.

Training

Mental Health Promotion and Support Services: Program

- Support services for carers to be encouraged to become culturally competent organisations. In collaboration with cross-cultural mental health service providers mental health promotion officers should conduct training in cultural competence for carers' support workers.

Agencies to be involved:

Support services for carers

Multicultural Access Unit (MAU)

Western Australian Association of Mental Health (WAAMH)

EPPCHU

Mental Health Access Team

Mental health service providers

Process indicators

- Increased cultural competence among support services for carers.
- Enhanced capacity of support workers to assist CALD clients experiencing mental health related problems, and their carers.

Outcome indicators

- Support workers have access to ongoing training and support in mental health promotion for their clients.

Collaboration and Partnerships

Settlement and Support Services, Mental Health Services: Program

- In collaboration, support services for carers, settlement services, community organisations and mental health services to develop and implement culturally appropriate strategies for reducing the social isolation and at risk status of carers. Carers, and their relatives, to be informed about existing support agencies.

Spiritual Centres and Mental Health Promotion: Program

- Support agencies for carers to acknowledge the role of spiritual centres, and religious institutions, and partnerships to be formed to allow the collaborative formulation of appropriate strategies for the distribution of information and the provision of support for carers and their relatives.

Health Services: Program

- Health services to increase the role and number of culturally competent and/or bilingual mental health workers in the health system. These workers to develop links with immigrant communities to build trust and rapport between carers from CALD backgrounds, consumers and health services.

Health Services and Ethnospecific Support Organisations: Program

- Health services, in partnership with support services for carers and community organisations, to develop telephone hotlines to provide *ongoing* support and mental health information for carers from CALD communities. Bilingual community volunteers to be recruited to assist in this venture.

Agencies to be involved:

Support services for carers

Department of Immigration and Multicultural Affairs (DIMA) - Settlement Services

Migrant resource centres

Ethno-specific organisations

ASeTTS

Mental Health Access Team

Multicultural Access Unit

Spiritual centres and religious organisations

Community based health and mental health services

Process indicators

- Increased partnership between support organisations, consumers and carers
- Decreased social isolation of carers.
- Increased collaboration between spiritual centres, religious institutions and carers support organisations in mental health promotion and support for consumers and carers.

Outcome indicators

- Consumers and carers from culturally and linguistically diverse backgrounds have equal access to ‘mainstream’ support agencies.
- Increased participation of consumers, carers and communities in mental health promotion and prevention.

14.2 Recommendations for Sustainable Structural Change

Support

Support Services: Policy

- Support services to be tailored to the specific needs of communities and cultural groups who are less proximal to ‘Anglo-Australian’ culture, and who may find traditional forms of mental health promotion irrelevant to their understanding of difficulties and needs. For example, whilst counselling is not an appropriate form of support for many Chinese West Australians, existing community support agencies, such as Chung Wah, can provide culturally appropriate assistance. The role of community support networks to be recognised and appropriately funded.

Health Service: Policy

- Longer consultation times with CALD clients are necessary, particularly when interpreters are required. This issue to be taken up with funding bodies, and regulated by the Health service, so as to ensure that the insurance gap incurred is covered, and in order that there is a sufficient incentive for GPs to undertake longer consultations.

Mental Health Service: Policy

- The current focus on regional health service areas permits access to mental health care on the basis of strict geographical boundaries. It would make considerable economic sense to revise this policy to reflect community membership, rather than geographical boundaries. Specific cultural groups become more costly to serve, and reaching standards of cultural competence will incur a larger additional cost if communities are defined according to narrow geographic criteria.
- Under the guidance of the Health Services, mental health promotion officers to ensure that mental health practitioners have access to information on available support agencies, in order that they are able to distribute this information to their clients and to their carers. Follow-up on carers’ experiences with these services to become a ‘best-practice’ expectation for all practitioners.

Schools: Policy

- The Education Department to direct primary and secondary schools to acknowledge the experiences of their CALD students, to adapt curricula to be inclusive of cultural diversity, and to nurture an environment of acceptance and respect.

Schools: Programs

- Primary and secondary schools, in collaboration with community organisations and settlement services, to conduct parent workshops for immigrant parents, in order to address intergenerational issues, exchange experiences, and form support networks.

Employment Schemes: Program

- Short language courses related to specific occupations and job-search skills to be integrated into existing Adult Migrant Education Schemes (AMES) programs, and made accessible to migrants seeking work. Employment schemes to promote the availability of enabling services (such as childcare and transport) to support people with children, or caring responsibilities, who are seeking further job-skills across immigrant communities.
- Employment agencies to be cognisant of the needs of clients from diverse cultural and language backgrounds. Employment agencies to be pro-active in organising relevant work experience for migrants who have yet to secure employment in Australia, and at least some staff to be multilingual.

Agencies to be involved:

Health Department of WA
Mental Health Division of WA
Education Department of WA
Department of Employment, Education, Training & Youth Affairs (DEETYA)
Support services for carers
DIMA Settlement services
Adult Migrant Education Schemes (AMES)
Employment agencies
Western Australian Association of Mental Health (WAAMH)

Process indicators

- An increased number of cultural awareness programs in mental health services, primary health services and support services.
- An increase in community awareness of the role of the Equal Opportunity Commission in addressing discrimination.
- A reduction in the racism and discrimination experienced by people from culturally and linguistically diverse backgrounds.
- Involvement of refugee support groups, schools, and migrant resource centres in mental health support for children and families.
- An increase in the numbers of CALD clients accessing culturally appropriate early intervention programs.
- An increase in CALD clients' satisfaction with the quality of their communications with mental health practitioners and service providers.
- Increased opportunities to obtain employment that is related to the training and experience of CALD people.
- A decrease in the social isolation and marginalisation of carers from CALD backgrounds.

Outcome indicators

- A reduction in mental health risk factors, such as social disadvantage, marginalisation, racism and discrimination across CALD communities.
- Standards of culturally competent care are developed and monitored across multiple sectors of health and mental health services, and services are responsive to all segments of population.
- An increase in the social and community integration of people diagnosed with a 'mental illness', and their carers.
- Migrants are aware of the existence and function of the Equal Opportunity Commission, and the process by which reports of discrimination can be lodged.
- A reduction in reports of racism and discrimination from CALD people.

Information and Resources

Health Services: Policy

- Health, mental health and support agencies to be actively encouraged to collect data on the ethnicity of their clients. This data to be recorded according to the uniform standards of the Australian Bureau of Statistics (1999) on the collection of data on cultural and language diversity.
- Significant within-group differences can be masked by aggregating existing data on ethnicity. Data to be collected and reported in a detailed form, as this may allow the measurement of the access to care and service utilisation of people from distinct cultural groups. This data will also allow service providers and mental health promotion officers to target interventions according to specific population needs.

Settlement Support Services: Policy

- Settlement support agencies to provide more information about Australian society in general, and the health system in particular, in the information booklet received by all migrants prior to their arrival in Australia. On arrival, migrants should systematically receive information about the range of available services, including support services for those who are experiencing important life transitions.
- Settlement support agencies, in collaboration with community organisations and tertiary academic institutions to generate and disseminate comprehensive community profiles on the needs of cultural groups in Western Australia. This

will assist mental health promotion strategies and mental health care to become responsive to the needs of particular communities.¹

Mental Health Services and Settlement Services: Policy

- Migrant Resource Centres and other community-based organisations to be allocated sufficient resources to play an active role in the distribution of mental health related information in a culturally competent, yet non-stigmatising manner.

Mental Health Services and Settlement Services: Clearinghouse Program

- The Clearinghouse program, if implemented, to provide a means to disseminate research on the needs of carers and of people who have been diagnosed with a ‘mental illness’ in immigrant communities. This to be available in an apprehensible form, to GPs, mental health professionals, and relevant funding bodies.
- The Clearinghouse program, if implemented, to give GPs access to free of charge translated information about mental health. This to be available on audio- and video- tape, for those clients who are not literate in their own language. All agencies involved in the translation of health related information, and information provision, to become more pro-active in the distribution, and effective sharing, of information. Translations must adhere to strict standards of accuracy and clarity, and should be updated on a regular basis.
- The Clearinghouse program, if implemented, to allow for more effective use of the database of bilingual health and mental health practitioners (Transcultural Mental Health Directory). This vital resource should be periodically revised, updated, and promoted.

¹ An excellent example of a comprehensive approach to ‘community profiling’ may be found in the reports produced by Joy Puls (2000) of the South Metropolitan Migrant Resource Centre.

Process indicators

- Increased availability of mental health related information for all migrants, regardless of immigration visa status.
- Increased knowledge amongst medical professionals of recent and relevant research related to mental health issues for CALD clients and carers.
- Increased availability of free of charge translated mental health related information at general practices.
- Increased accuracy of the database of bilingual health and mental health practitioners.
- Increased accuracy and availability of ethnicity-related data collected by support organisations, and within the health and mental health system more generally.
- Increased availability of comprehensive and accurate information for service providers, on the health and mental health needs of CALD communities, including culture-bound health beliefs.

Outcome indicators

- Reduced stigma attached to ‘mental illness’.
- Evidence of a greater willingness of people in CALD communities to seek external forms of assistance.
- Migrants are better informed about the Australian health and mental health system.
- Medical professionals have access to, and make use of, relevant research findings related to mental health issues for culturally and linguistically diverse people.
- GPs and other medical professionals have access to high quality translated mental health related material. Information about practicing bilingual health and mental health professionals is readily available to other health and mental health practitioners, consumers and their carers.
- Accurate and detailed information on ethnicity, as one of the important demographic determinants of health status, is readily available.
- Up to date, high quality community profiles, which include cultural health beliefs, are readily available to health and mental health professionals.

Agencies to be involved:

Health Department of WA
Health and mental health services
Department of Immigration and Multicultural Affairs - Settlement services
WA tertiary academic institutions
Migrant resource centres

Mental Health Access Team
Multicultural Access Unit (MAU)
Transcultural Psychiatry Unit (TPU)

Training

Health Services: Policy

- Health and mental health services to be reoriented in order to be pro-active in providing ongoing training opportunities in cultural competence, and to formulate organisational policies for cultural competence in service provision. Standards to be established for cultural competence training and evaluation across a range of disciplinary and professional areas.
- Health based organisations to delegate an employee to be responsible for the introduction and monitoring of culturally sensitive practices in the workplace.
- Tertiary academic institutions, in collaboration with mental health promotion officers, to provide training opportunities for medical undergraduates in cultural competence and sensitivity, and in the use of interpreters. Training in cultural competence and sensitivity to be provided for established general practitioners.
- The Health Service to ensure that the standards for health and mental health interpreting is periodically revised. Interpreters should receive information on these revisions, and supplementary training, in order to attain these standards.

Health and Mental Health Services: Program

- The Health and Mental Health Services need to identify interpreters working in the areas of health and mental health. Interpreters to receive training about clinical terminology, ethical issues, and cultural health beliefs. This information is necessary in order that health and mental health interpreters are efficient and culturally competent facilitators.¹

Mental Health Promotion and Settlement Services: Program

- Community Settlement Services workers to have access to training and ongoing support in mental health promotion for their client groups.²

Agencies to be involved:

Health Department of WA
Mental Health Division of WA
WA tertiary academic institutions
Multicultural Access Unit (MAU)

¹ The Multicultural Access Unit provides training for health and mental health interpreters.

² EPPCHU provides State-wide mental health promotion training for CSS workers and offers support in mental health promotion to CSS and other community based workers.

Department of immigration and Multicultural Affairs – Settlement services
Migrant resources centres
Health and mental health community based organisations

Process indicators

- A demonstrated increase in the cultural competence of health and mental health service providers.
- Cultural awareness and competence training is included in the curricula of tertiary and continuing education programs for health and mental health professionals.
- Increased cultural competence among health and mental health interpreters.
- Enhanced capacity of Community Settlement Services workers to support CALD carers and clients experiencing mental health related problems.

Outcome indicators

- Mental health service providers and support service providers attend training sessions in cultural competence.
- Mental health service providers and support service providers implement policies on standards of cultural competence.
- Community Settlement Services Workers have access to ongoing training and support in mental health promotion for their clients.

Mental Health Promotion

Health Services and Mental Health Promotion: Policy

- Community attitudes towards ‘mental illness’ appear to be affected by the availability of normalising explanations for ‘unusual behaviour’, and ‘psychological distress’. Given the strength of this pattern across the diverse communities consulted, it is strongly recommended that Health and Mental Health services develop mental health promotion strategies that present psychological ‘disorders’ as normal responses to life’s unexpected stresses - whether horrific, or mundane.
- Gender differences in caring roles to be acknowledged in mental health policy and promotion. Care-givers - who are often women - shoulder many responsibilities. In addition to access to support agencies, carers need access to enabling services, and concrete forms of assistance, such as ‘Meals on Wheels’ and childcare. Local councils to provide these services for carers from immigrant communities.

Mental Health Promotion: Policy

- Health and Mental Health Services to develop mental health promotion strategies, and public education campaigns to de-stigmatise ‘mental illness’. These should include normalising and positive examples of a culturally diverse range of people diagnosed with a ‘mental illness’.
- All strategies to be implemented and evaluated on a long-term basis. CALD community representatives to be involved at all stages of program development, implementation and evaluation.

Mental Health Promotion: Program

- Health, mental health, and support services to develop culturally competent, and community specific, mental health promotion strategies to reduce the level of stigma associated with “having a ‘mental illness’ in the family”, and with seeking external support for family problems.
- Senior mental health promotion officers to provide ongoing mentoring and support in cultural competence for mental health promotion officers. Access to comprehensive community profiles may assist mental health promotion officers in designing culturally appropriate programs

Mental Health Promotion and Settlement Support Services: Program

- CALD communities at risk, such as newly emerging refugee communities, to be targeted with culturally appropriate mental health promotion strategies and information about available support agencies. The commitment of settlement support services is necessary to ensure the success of this program.

Agencies to be involved:

Health Department of WA

Mental Health Division of WA

Western Australian Association of Mental Health (WAAMH)

Local government authorities

Support services for carers

Ethno-specific community organisations

Association for Services to torture and Trauma Survivors (ASeTTS)

EPPCHU

Multicultural Access Team (MAU)

Department of Immigration and Multicultural Affairs – Settlement services

Process indicators

- Specific CALD communities are targeted during Mental Health Week and Carers' Week.
- Increased integration of issues related to cultural background and language in mental health promotion strategies.
- Increased 'mental health literacy' among CALD communities.
- Decreased levels of reported stigma associated with 'mental illness' in CALD communities.
- Increased understanding amongst health and mental health professionals, of gender differences in caring responsibilities.

Outcome indicators

- Culturally sensitive mental health promotion, prevention and early intervention strategies are implemented.
- Culturally sensitive services are available for all groups within the community, regardless of language and cultural differences.
- Mental health services, and carers support services, assist in health promotion programs aimed at reducing the stigma attached to seeking help.
- Culturally appropriate strategies for destigmatising 'mental illness' are developed in collaboration with CALD communities.
- Mental health promotion strategies address the needs of female CALD carers.

Collaboration and Partnerships

Community, Support Services, Health Services and Mental Health Promotion: Policy

- Partnerships between the Health Service and ethnic communities, migrant centres and other support organisations to be actively pursued, and adequately resourced, in order that appropriate forms of community-based support are developed and implemented. Bilingual mental health professionals to be employed to assist in this process.

Settlement Support Services, Mental Health Services: Program

- In collaboration with Migrant Resource Centres, Community Settlement Services workers, the Mental Health Access Team, and other relevant community agencies, strategies to reduce the social isolation and at risk status of single migrants to be developed and implemented.

Agencies to be involved:

Health Department of WA

Mental Health Division of WA

Department of Immigration and Multicultural Affairs – Settlement services

Migrant resource centres

Support organisations for carers

Community based health and mental health services

Ethno-specific community organisations

Mental Health Access Team

Association for Services to torture and Trauma Survivors (ASeTTS)

Process indicators

- Increase in the mental health promotion component of community development projects.

Outcome indicators

- Development, piloting, and evaluation of culturally appropriate mental health promotion strategies.
- Decreased social isolation of single migrants.

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Project Title: Caring for the mentally ill in culturally and linguistically diverse communities

This project is being jointly undertaken by Alan Petersen of the School of Social Inquiry, Murdoch University ((360 6287) and Renata Kokanovic, Mental Health Promotion Officer, Community and Public Health Unit, Royal Perth Hospital (9224 1347). The aim of the project is to find out about carers' experiences of people with mental health problems and of mental health services for people in culturally and linguistically diverse communities. We hope the findings of this study will help improve services for carers of mentally ill people in different ethnic communities in Perth.

You can assist us by taking part in this focus group/interview. The time to complete the focus group discussion/interview will vary, however, we expect that it will take no more than one and a half hours. There are some questions which may be seen as personal and private. However, all information given during the focus group discussion/interview is confidential, and no names or other information which might identify you will be used in any publication arising from the research.

If you are willing to participate in this project, would you please complete the details below. If you have any concerns about how this study has been conducted, we are happy to discuss this further with you. Alternatively, you can contact Murdoch University's Human Research Ethics Committee on 9360 6677.

I (the participant) have read the information above. Any questions I have asked have been answered to my satisfaction. I agree to take part in this activity, however, I know that I may change my mind and stop at any time.

I understand that all the information provided is treated as confidential and will not be released by the investigator unless required to do so by law.

I agree that research data gathered for this study may be published, provided my name or other information which might identify me is not used.

Participant:

Date:

Investigator:

Date:

Investigator's name:

QUESTIONNAIRE
for support organisations and service providers

Name of organisation

Position of interviewee

Establishment date of organisation

Target group

Inclusion/Exclusion criteria

Roles/Objectives

Policy documents available?

How is the service accessed?
Where are the referrals coming from?
Is there a “roll-on” effect in accessing the service within communities?

At what stage do carers access the service? (early? crisis?)

What percentage of carers accessing the service are from a CALD background?

What is needed to ensure more proportionately balanced utilisation of your service by carers from CALD backgrounds?

What specific services are available for CALD carers?

Are there any bi-cultural and/or bi-lingual staff employed within the agency?

What strategies are used to promote the agency generally?

Within CALD communities?

Are you familiar with the role of the Community Settlement Services Workers?

CARERS QUESTIONS

1. When did you start looking after A?
2. How would you describe what is happening with A?
3. How does this condition affect A?
4. Has anyone ever explained what is wrong with A?
If so, who?
If not, how did you find out about the condition?
5. How did you respond to this explanation?
6. Did you get any help?
If so, what?
How did you get it?
How long after it started did you seek help?
7. Did you get help from?
 - Services?
 - Family?
 - Members of your church, temple, etc?
 - Other networks, e.g., self help groups, phone lines, voluntary organisations?
8. What happened after you received help?
9. What kind of help do you believe A should receive?
10. What do you expect will happen as a result?
11. How does this condition affect the family as a whole?
12. How does it affect you?
13. Can you remember a time or times when you found it especially difficult?
14. Ideally, what would you like to happen next with A?
15. Ideally, what would you like to happen next with you?
16. What sort of support would be most useful for you?

Focus groups topics of discussion

1. Experience with mental health related problems
2. Community attitudes about mental health/ illness
3. Differences between home countries and Australia related to perceptions on mental health/ illness and caring for people diagnosed with mental illness
4. Migration experiences and mental health/ illness
5. Community attitudes related to caring for people diagnosed with mental illness
6. Caring for people diagnosed with mental illness
7. Community knowledge and information about support services for carers
8. Barriers and access to support services
9. Suggestions for improvement of access to support services
10. Health promotion strategies related to caring for people diagnosed with mental illness

April 26th 2000

Dear

As part of a project researching the experiences of carers of the mentally ill in culturally and linguistically diverse communities, we wish to enlist your support. You have been identified as a practitioner with experience or a special interest in the area of mental health and it is felt your contribution to the project would be invaluable.

The first phase of the project involved interviewing support services to establish the type and level of support available for carers.

Currently we are conducting focus groups with community members exploring issues related to caring for the mentally ill in each specific community. The communities we are presently focusing on are Chinese, Croatian, Bosnian, and Polish.

The next phase, in which we hope you will participate, involves interviews with health professionals.

Interviews to be conducted with practitioners are expected to take between 30 minutes to an hour. All information obtained will be strictly confidential and no names or identifying information will be used in any publication arising from the research.

The project has been approved by Murdoch University's Human Ethics Committee who may be contacted on 9360 6677.

We hope that the findings from this project will ultimately assist towards improving services for carers of the mentally ill in culturally and linguistically diverse communities.

A member of our research team will contact you soon to establish whether you wish to participate in this project. If so, a convenient interview time will be arranged.

Meanwhile if you require further details please contact either of the undersigned.

Dr Alan Petersen

Renata Kokanovic

Senior Lecturer
Murdoch University
Sociology Department
petersen@socs.murdoch.edu.au
(08) 9360 6287

Mental Health Promotion Officer
Eastern Perth Public and Community
Health Unit
renakoka@rph.health.wa.gov.au
(08)92241347

Interview Schedule for GP's / Other practitioners

1. How do you usually get in contact with your patients/clients with mental health problems? Who refers them?
 - 1a. Where do you refer them, if they need to be referred? (GP)
2. According to your experience, at what point the patient comes to you?
3. If they wait until crisis point, why do you think this is so?
4. If the subject wasn't discussed openly by the consumer or carer (as the case may be) how did you reach the understanding about the existence of the problem?
5. How did you deal with the problem?
6. Do you think that there are some factors associated with migration which might influence mental health?
(For the established community? For recent arrivals?)
7. Have you noticed any (significant) differences cross-culturally in patients' /carers' perceptions about mental health related issues? What are they? How they are manifested?
8. How do respond to these differences?
9. How often do you see the carer of your patient/ client with the mental health problem?
10. Do you think that clients' / carers' perceptions about mental health contribute to the benefits people may or may not derive from counselling or other types of support?
11. What are some of the main problems associated with caring for someone with mental health problems in CALD communities?
12. Are you aware of what support services the carers are accessing?
13. Can you share some feedback you get from user of the services about (the appropriateness of) these services?
14. Any other comments / suggestions about how to better inform carers?
15. How to make services for carers more responsive to a variety of cultural needs?