National Mental Health Consumer & Carer Forum

(02) 6285 3100
nmhccf@nmhccf.org.au
www.nmhccf.org.au

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ADVOCACY BRIEF

CULTURALLY AND LINGUISTICALLY DIVERSE (CaLD) MENTAL HEALTH

Background

The term "culturally and linguistically diverse" (CaLD) is used to describe people who were either born overseas, or have parents who were born overseas, speak a language other than English, and identify with a specific religion and/or culture. Throughout this paper, the term CaLD refers to migrants and refugees who arrive in Australia from non-English speaking countries.

Australia is one of the most culturally diverse nations in the world, with almost half of Australians (45% or 10.6 million) either born overseas (26% or 6.2 million) or having one or both parents who were born overseas (19% or 4.5 million).[1] Migration is increasing from non-English speaking countries, mainly from the Asia Pacific region, particularly China, India and the Philippines, and shifting away from English speaking countries.

According to the United Nations Convention relating to the Status of Refugees [PDF] as amended by its 1967 Protocol (the Refugee Convention), a refugee is a person who is: outside their own country fleeing war or persecution across an international border. it is too dangerous for them to return home, and they need sanctuary elsewhere. A refugee has a well-founded fear of persecution due to his/ her race, religion, nationality, member of a particular social group or political opinion.

Migrants choose to move not because of a direct threat of persecution or death, but mainly to improve their lives by finding work, or in some cases for education, family reunion, or other reasons.[2] However, some migrants face extreme conditions at home, such as natural disasters, that have coerced them to leave. The grey area then expands when it comes to determining the difference between coerced (for certain migrants) and forced (for refugees).[3]

Key Points

- Australia's CaLD population often faces significant resettlement challenges, including the obstacles presented by the effects of conflict, torture and trauma and the migration or refugee journey itself. These experiences may present as grief, anger, depression and other mental health issues. For example, refugees in Melbourne have been found to be three times more likely to have a mental health issue and twice as likely to have post-traumatic stress disorder (PTSD) compared with Australian-born individuals.[4]
- Identifying and understanding the specific needs of refugees is essential to improving their health status. States and territories have refugee health networks which typically provide mental health programs. Programs include screening, assisting survivors of torture and trauma, delivering community health outreach for newly settled refugees, and providing an initial point of contact to the health system.
- Migrants and refugees are likely to experience isolation, frustration, pain, and anxiety[5] due to:

- Culture shock – the challenge of adjusting to a society with different social structures, values, expectations, political systems, spiritual norms and beliefs and practices; and
- Resettlement – the stresses associated with organising housing, health care, schooling and other services.

- Australia's CaLD population has a significantly lower level of access to mental health care and support than those in the wider community. This is due to language difficulties, different cultural understandings of mental health, cultural stigma, confidentiality concerns, unfamiliarity with the Australian health systems, and the overall lack of culturally competent health services. Culturally sensitive mental health literacy is vital for CaLD communities and can be delivered through community and spiritual leaders and in professional settings such as schools and workplaces.
- CaLD consumers tend to present to emergency hospital departments at the crisis stage, suggesting that their mental ill health has been prolonged resulting in a decrease in quality of life for them and their families/ carers.
- CaLD families/ carers have an important collaborative role in the planning of self-management goals and must be included in the development of care plans, along with consumers and clinicians, in the language they are fluent in through the use of trained interpreters where needed. Failure to provide interpreters is one of the main issues leading to misunderstanding and confusion for CaLD individuals seeking mental health support, with families/ carers often used as translators instead of professional interpreters.
- There is evidence for the important roles of CaLD consumer and family/ carer consultants, bicultural workers and peer workers to support CaLD consumers, families and carers and assist service providers especially in areas of large multicultural populations.
- *The Framework for Mental Health in Multicultural Australia*[6] is a free, nationally available online resource which allows organisations and individual practitioners to evaluate and enhance their cultural responsiveness.
- Data collection is generally based on the single indicator "born in a non-main English-speaking country", which is one of the four core Australian Bureau of Statistics cultural and linguistic indicators. CaLD communities are not homogenous, with differences based on gender, class, age, sexuality, first or subsequent generation migration experiences, temporary or permanent settler status, forced or voluntary migrant status, and other parameters of difference. It is generally agreed that the collection of data on mental illness among CaLD communities in Australia is inadequate.[7] Fozdar and Salter point out that 'quantitative data about effective treatments, stigma reduction and awareness raising is necessary to enable the design of more effective services and programs.'[8]

Recommendations

- Mental health services must provide culturally sensitive and competent services to CaLD consumers, families/ carers. Cultural competency training needs to be provided across all fields of mental health care. Mental health service providers, funders and policy makers in the public, private and community managed mental health sectors will improve their practice by using the Framework for Mental Health in Multicultural Australia [9]

- It is critical to ensure the provision of sufficient and readily accessible interpreters with appropriate training including mental health first aid.
- There must be increased and targeted engagement with CaLD communities through spiritual and community leaders to improve mental health literacy and awareness, support community resilience, enhance coping strategies and combat stigmatisation.
- There is a need for increased training and employment of CaLD consumer and family/ carer consultants, bicultural workers and peer workers.
- More detailed and nuanced data needs to be collected to improve the quality, accessibility and timeliness of information on multicultural mental health including deaths by suicide and self-harming and suicidal behaviours. Reliable and recent prevalence data is largely non-existent across Australia.

References

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[8] Farida Fozdar & Kara Salter (2019), Ibid., p. 42.

[9] Embrace Multicultural Mental Health (n.d.), Ibid.

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