Joint position statement

Engaging people from culturally and linguistically diverse (CALD) backgrounds in relation to depression and anxiety

November 2013

Purpose

The purpose of this position statement is to communicate the joint position of *beyondblue* and Mental Health in Multicultural Australia (MHiMA) about engaging with people from culturally and linguistically diverse (CALD) backgrounds, their families and communities in relation to anxiety and depression.

We acknowledge the complexities of this work and the value that working in partnership contributes to addressing community engagement in relation to anxiety and depression. This position statement has been written collaboratively and builds on work undertaken by *beyondblue*, MHiMA and other individuals and organisations.

Key messages

Australia is one of the most multicultural countries in the world. This cultural and linguistic diversity requires that mental health organisations and services:

- respectfully integrate an understanding of cultural and linguistic diversity and build organisational capacity to be culturally responsive within all aspects of planning, delivery and evaluation
- recognise that conceptualisation, expression and experiences of anxiety and depression vary across and within CALD communities; and require tailored responses
- understand the relationship between migration and mental health, including the impact of pre- and post-migration experiences
- work collaboratively with people from CALD backgrounds, their families, friends and community groups to ensure initiatives to engage with CALD communities are meaningful, respectful and sustainable
- address perceptions of stigma related to mental health issues
- understand the relationship between racial discrimination and mental health and proactively address all forms of discrimination through organisational policies and practices
- work with accredited interpreters, translators and relevant workforce with multicultural expertise to develop appropriate mental health messages and communication with people who have low levels of English language proficiency
- use and share the experiences of CALD communities and the findings of applied research to reduce the impact of depression and anxiety experienced by people from CALD backgrounds.

Background

First Australian nations, clans and language groups have lived and cared for the land now known as Australia for tens of thousands of years. Over this time, Aboriginal and Torres Strait Islander people have had contact with many cultures and people.

> "My experience is that when the culture is better understood and sense of meaning and values explored to build greater depth of knowledge about the client and their values, [the] family and world they have experienced, a better outcome for people in terms of their needs and assessment in mental health is possible."
>
> *— Online forum participant, Service provider*

A significant and lasting change to the cultural and linguistic diversity of Australia was the arrival of the First Fleet and settlers. The flow of immigration to Australia in more recent times has been influenced by numerous government policies. The most significant of these was the White Australia policy, created in 1901 and dismantled in 1973.[1] The arrival of asylum seekers and refugees further added to the cultural and linguistic diversity after Australia became a signatory in 1954 to the United Nations Convention on the Status of Refugees 1951.[2]

In the 2011 Census, more than a quarter of the Australian population reported being born overseas; and 46 percent of people reported having at least one overseas-born parent.[3]

> "I feel that it is important to go to the communities and consult with them, ask them what they need and evolve programs and services based upon CALD community visions of need."
>
> *— Consumer* feedback from online forum*

Engaging people from CALD backgrounds as well as their families, friends and communities in all aspects of service delivery is important to meet the needs of Australia's diverse population and to develop culturally-responsive mental health services, including primary health care.[4]

Joint position

- Respectfully integrate an understanding of cultural and linguistic diversity and build organisational capacity to be culturally responsive within all aspects of planning, delivery and evaluation.

Depression and anxiety in relation to CALD communities

Depression and anxiety can affect people from all cultures. Culture influences the experience, expression, course and outcomes of depression and anxiety, help-seeking and the response to health promotion, prevention or treatment interventions.[5] Therefore, it is important to consider cultural beliefs and values when engaging people from CALD backgrounds to facilitate the best recovery outcomes.

There is some data available to indicate that people from immigrant and refugee backgrounds may experience significant levels of psychological distress compared with other Australians. This is often related to pre-migration issues such as war and conflict, and being separated from family and friends.[6] Resettlement and the stress of adapting to a new culture can also affect mental health and wellbeing.[6]

Some studies indicate no difference in the prevalence of depression and anxiety for second generation immigrants compared to children of Australian born parents.[7,8] Yet, other data highlights diversity within and across cultural groups in terms of the prevalence of depression and anxiety.[9]

> A significant contributor to lower prevalence of health conditions is "the observed 'healthy immigrant effect', whereby the health status of immigrants at the time of arrival is high, but subsequently declines and converges toward the native-born population, is well known within the existing literature".[10]

In the work already undertaken by *beyondblue* and MHiMA to better understand engagement with CALD communities in relation to anxiety and depression, it has become clear that a 'one-size fits all' model is neither appropriate nor effective. It is important that research findings are applied to develop culturally-appropriate services and responses to assist people from CALD backgrounds with depression and anxiety.

Further research is also needed to understand the varying ways in which depression and anxiety are experienced and understood among CALD communities and between people seeking support and service providers. The pathways people from CALD backgrounds, their families and community members take to seek support for depression and anxiety also need to be better understood.

Joint position

- Recognise that conceptualisation, expression and experiences of depression and anxiety vary across and within CALD communities; and require tailored responses.

Risk factors for depression and anxiety in people from CALD backgrounds

The experience of migration is a major determinant of mental health and wellbeing among people from immigrant and refugee backgrounds.[11] People migrate for a variety of reasons such as to study, seek work, live closer to family or avoid political or religious persecution. Migration experiences vary significantly for each person, family or community group. Generally, migration is largely a positive experience for settled immigrants and refugees. It is also of significant economic benefit to Australia in meeting skill shortages as well as contributing to the cultural fabric of our national identity.[12]

Key factors associated with an increased risk of depression and anxiety experienced by people from CALD backgrounds may include the stress of adapting to a new culture, racism and discrimination, social exclusion, language barriers, pre-migration trauma and access to quality, culturally-inclusive mental health services.

"Immigration brings much needed skills and labour. It has also given us energy, ingenuity and enterprise. Immigration and cultural diversity have created economic renewal and prosperity in our communities."[12]

The association between these determinants and depression and anxiety include:

- Acculturative stress – High levels of the stress adapting to a new culture are associated with high levels of depression. This association also applies to second-generation young people due to inter-generational family cultural dynamics.[13] Acculturative stress is also associated with anxiety.[14,15,16]
- Detention – People who have experienced detention face additional risk factors, such as those associated with social exclusion.[17] Other relevant factors include being ineligible to access some services, unemployment, and suspension of legal rights. The lengthy period that may occur to determine residency status and process family reunion applications commonly creates feelings of uncertainty, insecurity, isolation, powerlessness and health issues including depression and anxiety.[18]
- Language – There are strong associations between experiencing a language barrier, stress, and self-reported poor health.[19]
- Health services – Access to appropriate and integrated health services impacts greatly on health and wellbeing, particularly for those who are disadvantaged.[20,21] The provision of culturally-inclusive mental health services which focus on promotion, prevention and early intervention are essential to reduce the impact of anxiety and depression on people from immigrant and refugee backgrounds.[22]

Joint position

- Understand the relationship between migration and mental health, including the impact of pre- and post-migration experiences.

Stigma

The World Health Organization (2001) defines stigma as "a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society".[23] Stigma may affect people of any cultural or linguistic background who are affected by a mental health issue. Cultural beliefs and values may shape how people perceive and experience stigma associated with mental health issues. For example, in collectivist cultures, stigma may be associated with issues of shame and protecting the family name, whereas in other cultures, stigma may be associated with mental health issues being seen as a sign of personal weakness.[24] These beliefs and values may affect if, how and what types of support people seek.[25]

"Stigma and shame about mental illness and disorders are very common, as they affect marriage prospects, work opportunities and hereditary aspects"

— Consumer feedback from online forum*

Racial discrimination

Racial discrimination occurs when a person is treated less favourably than another person in a similar situation because of their race, colour, descent, national or ethnic origin or immigrant status.[26] Studies from around the world have shown that experiences of racial discrimination are related to poor physical and mental health.[27] Ferdinand and colleagues highlighted a link between psychological distress and experiences of racism by people from CALD backgrounds who were living in Victoria. Forty percent of respondents from CALD backgrounds who experienced nine or more incidents of racial discrimination in the previous twelve months reported high or very high psychological distress, which can lead to a mental health condition such as anxiety and depression.[27]

The Australian Racial Discrimination Act, 1975 protects all individuals against discrimination in many areas of public life. The Act places a requirement for every person living as a lawful resident in Australia to be able to access or use services directly delivered or funded by government and professional services like those provided by doctors.[26]

The double negative of stigma and discrimination

Stigma and discrimination associated with mental health conditions have negative impacts on the quality of life for people with depression and anxiety, and their families, friends and communities. It can affect many aspects of life such as access to recovery services, employment, housing and personal relationships.[28] Often, the stigma and discrimination associated with depression and anxiety may be worse than the conditions themselves.[29] In 2001, the World Health Organization (WHO) identified stigma and discrimination towards people with mental health issues as "the single most important barrier to overcome in the community", and the WHO's Mental Health Global Action Programme (mhGAP) cited advocacy against stigma and discrimination as one of its four core strategies for improving the state of global mental health.[30,31]

Joint position

- Work collaboratively with people from CALD backgrounds, their families, friends and community groups to ensure initiatives to engage with CALD communities are meaningful, respectful and sustainable.
- Address perceptions of stigma related to mental health issues.
- Understand the relationship between racial discrimination and mental health and proactively address all forms of discrimination through organisational policies and practices.

Engaging with CALD communities in relation to depression and anxiety

Key factors for people from CALD backgrounds that can lead to positive mental health and wellbeing include a high level of acceptance and social inclusion in the host country, social and family support to provide assistance and buffer against discrimination, an adequate level of education, proficiency in the host country's language, employment, economic opportunities, self-efficacy, and the availability of quality health services.[32,33,34,35]

> "Take the time required to engage effectively with people from CALD backgrounds. Due to language and cultural issues, communicating about concepts and systems, which may be alien to them, takes time. At the same time, do not underestimate people's ability to understand and absorb information."
>
> *— Carer* feedback from online forum*

To better understand what works effectively to engage people from CALD backgrounds to reduce the impact of depression and anxiety, *beyondblue* commissioned MHiMA to conduct a literature review of current evidence on this topic.[36]

> "Additional and consistent research into CALD-specific mental health is needed to provide the baseline and guiding point for future projects and endeavours in the arena of CALD mental health."
>
> *— Carer* feedback from online forum*

The review revealed that there is a scarcity of literature documenting effective strategies to engage people from CALD backgrounds to reduce the impact of depression and anxiety. However, findings from the available evidence showed that it is essential to ensure that engagement is meaningful, respectful and sustainable. The review also recommended that people engaging with CALD communities:

- Understand how mental distress is recognised and expressed in different communities, what people call the experience of mental distress, when, how and why help is sought, and what CALD communities consider to be a good outcome.
- Ensure information obtained from CALD communities is translated into action which is timely, meaningful and demonstrates real benefits to community members. Information which is gathered for the purpose of research or service evaluation, but where no further action takes place, leads to distrust in communities.
- Where appropriate, engage family members, informal supports, or the wider CALD community in conversations and education about maintaining mental health and information about mental health issues.
- Identify and use alternative communication strategies which meet the needs of CALD communities – for example, the anonymous nature of online support may be more appropriate for some people from CALD backgrounds, as well as the use of ethnic media.
- Consider factors which are likely to enhance engagement with CALD communities, including community members' preferences related to a safe venue, the gender of health professionals, language barriers, communication channels using simple English and accredited interpreters, and the importance of building rapport and trust with individuals and wider community contacts.

Joint position

- Work with accredited interpreters, translators and relevant workforce with multicultural expertise to develop appropriate mental health messages and communicate with people who have low levels of English language proficiency.
- Use and share the experiences of CALD communities and the findings of applied research to reduce the impact of depression and anxiety experienced by people from CALD backgrounds.

About MHiMA

MHiMA provides a national focus on issues relevant to CALD communities in relation to mental health and suicide prevention. MHiMA is committed to delivering practical, evidence-based advice and community engagement support to government, non-government providers, primary health care professionals, consumers, carers, their families and communities.

MHiMA's vision is for an open and inclusive society committed to human rights and diversity in which everyone requiring mental health services is able to access support irrespective of cultural or linguistic background. MHiMA is committed to achieving this vision by developing effective and respectful collaborations across all sectors to address the mental health needs of Australia's CALD populations.

About *beyondblue*

beyondblue is an independent, not-for-profit organisation working to increase awareness and understanding of depression and anxiety in Australia and to reduce the associated stigma and discrimination.

beyondblue's vision is an Australian community that understands depression and anxiety, empowers people to seek support, and supports recovery, management and resilience. *beyondblue* works across a range of settings and brings together expertise in order to provide information and programs to support those affected by depression and anxiety, and to improve the mental health of all Australians.

Joint initiatives between *beyondblue* and MHiMA in 2012–13

Engaging with CALD Communities to Reduce the Impact of Depression and Anxiety: A review of current evidence

The review examined published literature from the past twenty years and referenced examples of what works effectively to engage people from CALD backgrounds to reduce the impact of depression and anxiety.

Engagement of CALD men around depression and anxiety: A desktop analysis

This analysis was part of *beyondblue's* Beyond Barriers project, which aimed to increase understanding of signs and symptoms and encourage men to take action on depression and anxiety. The project also aimed to reduce barriers to seeking support including stigma. Men from CALD backgrounds were among eleven priority groups for the project. The desktop analysis produced by MHiMA will inform the project in relation to effective communication strategies for engaging CALD working men aged 25 to 55 by utilising best available practice.

The *beyondblue* National Anxiety Strategy Advisory Group

This group was established to guide the development of *beyondblue's* National Anxiety Strategy and national awareness campaign. MHiMA's participation in the advisory group assisted in development of the research questions, promoted research participation through relevant community networks, reviewed and provided feedback on the findings and consideration of key themes and messages, assisted in the formulation of the campaign objectives and provided advice regarding campaign dissemination.

The 'Engaging CALD Communities Online Forum'

This three-week online health professional forum explored issues and effective practices relating to engaging people from CALD backgrounds around mental health issues including depression and anxiety. Members of MHiMA's Consumer and Carer Working Groups also shared their experiences in relation to engaging CALD communities to reduce the impact of depression and anxiety.

Framework of Mental Health in Multicultural Australia – Towards Culturally Inclusive Service Delivery: Pilot testing with *beyondblue*

MHiMA has developed a new framework called Framework for *Mental Health in Multicultural Australia: Towards Culturally Inclusive Service Delivery*. Visit www.mhima.org.au/framework for more information. The framework has been developed to help services to understand, respond to and deliver improved mental health outcomes for CALD communities. *beyondblue* was one of thirteen organisations that participated in the national pilot testing of the framework.

Perinatal mental health of women from CALD backgrounds: A guide for primary care health professionals

This resource was released in May 2013. It was developed by *beyondblue* in collaboration with MHiMA, a national health professional reference group and in consultation with people from CALD backgrounds with personal experience of perinatal mental health issues.

The resource was developed to assist practitioners to provide culturally appropriate and safe perinatal emotional and mental health care for women of CALD backgrounds and their families. Applying a cultural responsiveness approach, the resource shows practitioners how to consider cultural, social and religious values, beliefs and preferences, and incorporate them into engaging, assessing and providing a quality service.

For more information visit www.beyondblue.org.au/about-us/news/news/2013/06/14/new-resource-encourages-culturally-appropriate-care-for-expectant-and-new-mums

Key

MHiMA defines consumers and carers as:

* Consumer: a person who uses or has used a mental health service or who has experienced mental health issues or a mental health condition.

* Carer: a person who provides personal care, support and assistance to a person with a mental health issue or mental health condition. Carers may include family members, friends, neighbours, foster carers as well as legal guardians and other people significant to the consumer.

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