Queensland Transcultural Mental Health Centre

Metro South Addiction and Mental Health Services

How Culture and Identity Intersect with Mental Health

MHRT Masterclass

21st of August 2024

Queensland Government

Acknowledgement of Country

We acknowledge the traditional custodians of the lands we all come to this virtual meeting today.

We pay our respects to Elders, past, present and emerging and acknowledge their spiritual connection to Country.

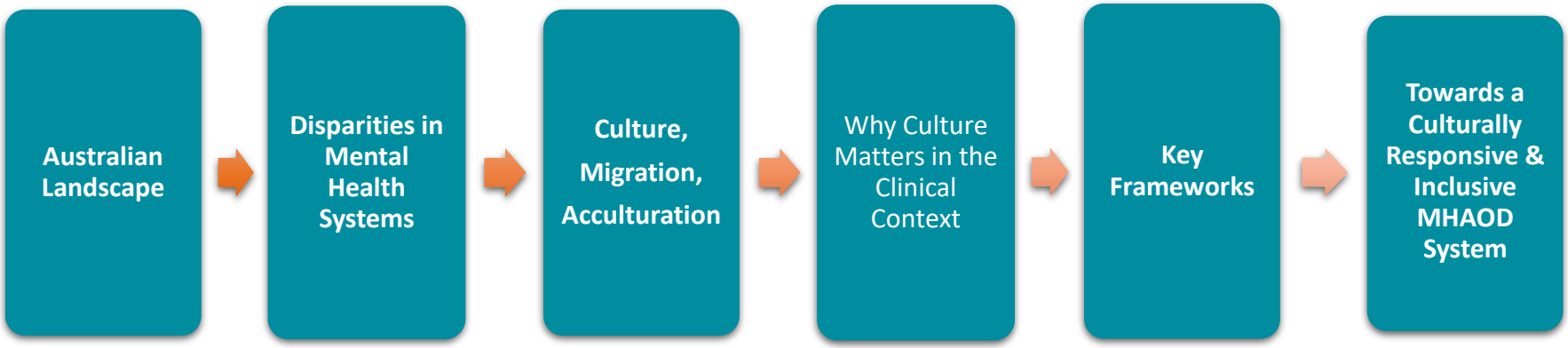
We give thanks for their sharing of this land with all of us.

Appreciation of those with lived experience

We also recognise the lived/living experience of people living with mental illness, problematic alcohol & other drug use, as well as those impacted by suicide & trauma, their families, carers & support people. Particularly, for us in QTMHC, we further recognise the lived and living experience of those going through significant trauma as they find refuge whilst trying to escape their lives.

We respect & value their opinions & their contributions towards their recovery & input into service delivery & systems transformation.

Overview


Australian Landscape
Disparities in Mental Health Systems
Culture, Migration, Acculturation
Why Culture Matters in the Clinical Context
Key Frameworks
Towards a Culturally Responsive & Inclusive MHAOD System

1

2

- Lifelong commitment to self-evaluation and self-critique
- Recognition of assumptions, biases and values in the self and others
- Acknowledges power imbalances and intersectionality
- Promotes respect, partnerships and collaboration
- Institutional accountability

[1]British Columbia Women's Hospital, Canada

[2]Tervalon & Murray-Garcia (1998)

Cultural Competence

"We see things not as they are, but as we are ourselves."

H. M. Tomlinson

"To be culturally effective doesn't mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world."

Okokon O. Udo

Diversity in Queensland*

True or False?

- Almost 50% of people are born overseas or had at least one parent born overseas
- More than 1 in 10 spoke a language other than English at home
- There are more than 180 overseas languages spoken in Qld
- People born overseas come from over 220 different countries

*Diversity figures June 2018, Department of Local Government, Racing and Multicultural Affairs

1.1%

Population growth

In the 12 months to June 2022, Australian population growth was about 1.1 percent of the population

170,918

Net Overseas Migration

In the 12 months to Jun 2022, Australian NOM was 170,918

143,556

Permanent skilled and family visas

There were 143, 556 skilled and family permanent visas granted in 2021-22

13,307

Humanitarian visas

There were 13,307 humanitarian visas granted in 2021-22

1.9 mil

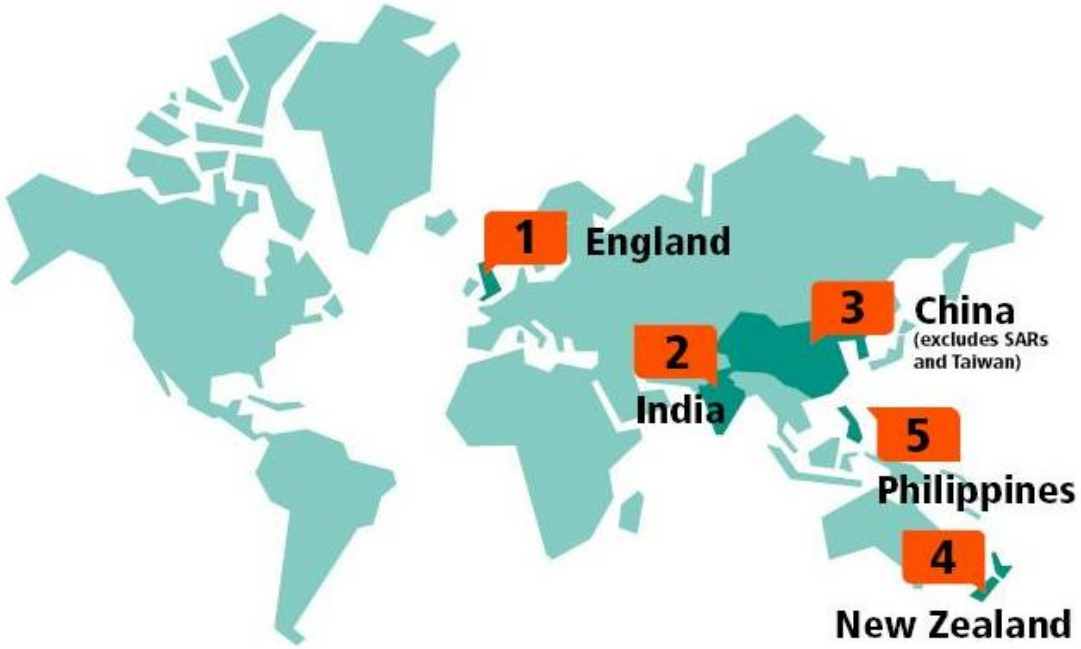
Temporary visas

There were 1,926,337 people who had a temporary visa in Australia as at 30 June 2022

Our Landscape

- In 2021, more than seven million people in Australia were born overseas, this is almost 30 per cent of the population.
- It is an increase from 6.1 million, or 26 per cent, in 2016. Over a million people arrived in Australia since the 2016 Census.
- The most common countries of birth are: England (4%), India (3%), China Mainland (2%) and NZ (2%).
- About 23% of respondents reported speaking a language other than English at home.
- Collectively, Australians speak over 400 languages. Of these, 167 are actively spoken Aboriginal and Torres Strait Islander languages.

Top 5 countries of birth (excluding Australia)



(ABS Census, 2021)

Identifying CALD Consumers:

Identifying CALD Consumers. Is the person?

1. Born overseas
2. Has one or two parents born overseas
3. Have dual cultural identity
4. Speak a language other than English at home.

YES to any one of these questions = Culturally and Linguistically Diverse

Diversity figures snapshot

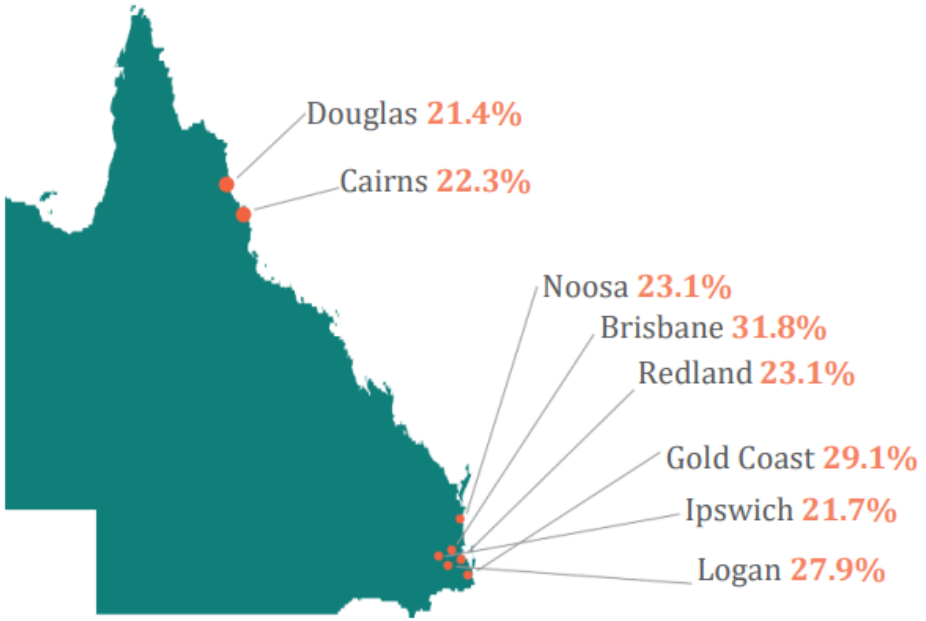
A summary of the diversity of Queensland's population, 2021 Census results

Collectively, Queenslanders spoke more than **190 overseas languages** other than English at home, reported an affiliation with one or more than **110 religions** and came from more than **220 countries and territories**.

More than **1 in 5** Queenslanders were born overseas.

Number of Queenslanders born overseas grew from almost **900,000 in 2011** to more than **1,100,000 in 2021**.

Local Government areas with the highest proportion of people born overseas

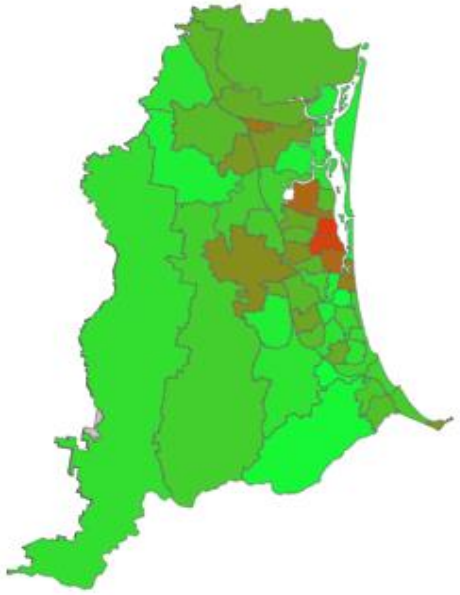


There were **14 suburbs** across the Brisbane area where more than half the population was born overseas.

Disparities in mental health care

- Access to public mental health services is lower when compared to people born in an English-speaking country
- More likely to be:
  - diagnosed with a psychotic illness
  - treated involuntarily
  - secluded
  - treated on a forensic order
  - referred via an Emergency Department
  - have a longer average length of stay on an inpatient ward
  - less likely to be followed up within 7 days of a referral

Disadvantaged Score

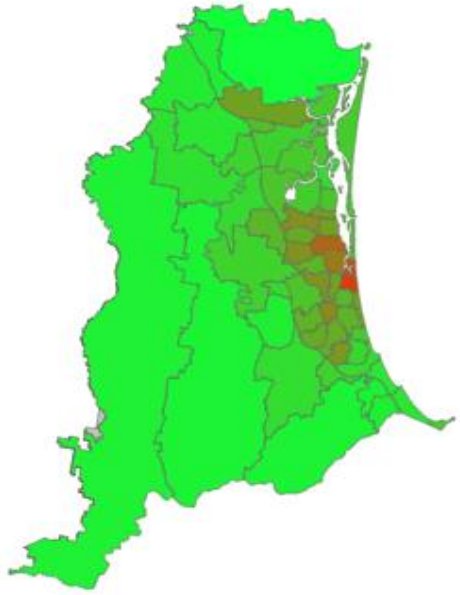


A lower score indicates that an area is relatively disadvantaged compared to an area with a higher score.

Most Disadvantaged 937

Most Advantaged 1066

NESC %



Non English Speaking Country of Birth. Higher % is shaded darker.

Lowest NESC Pop'n 130

Largest NESC Pop'n 2,763

Our challenge

ONLY 7% OF PEOPLE

accessing public mental health services in 2015-16 were born in a non-English speaking country (NESC). There is a low rate of access to mental health services for people from a NESC due to a number of barriers.

1 IN 3

people from a non-English speaking country are treated involuntarily compared to one in five people born in English speaking countries . That means if you are born in a NESC you are 10% more likely to be treated involuntarily (33% vs 23%).

BY 2020

more than 30% of Australia's older population will have been born outside Australia. In 2015-16 18% of people born in a NESC who received a mental health service were aged 66+ compared to 8% born in English speaking countries.

PEOPLE

from culturally and linguistically diverse backgrounds consistently have higher levels, and greater numbers, of socially determined risk factors for mental health problems.

Our response

Improve data and planning mechanisms to target our resources in areas of greatest need and address disparity in mental health care for people from culturally and linguistically diverse backgrounds.

Build mental health workforce capability to be more culturally responsive via easier access consultation services, education, training supervision and mentoring.

Improve transcultural mental health clinical capability and integration across the specialist workforce to deliver timely and high quality transcultural mental health services across Queensland.

Strengthen community partnerships and integration to better target mental health prevention, early intervention and treatment programs.

Who we are...

Our vision

(The future we want to create)

Mental health services where cultural responsiveness is business as usual

Our purpose

(What we are here to do)

To provide specialist state-wide services and programs for culturally and linguistically diverse (CALD) individuals, families, groups, communities and organisations to facilitate culturally responsive mental health care with a focus on complex mental health problems across all age groups and the continuum of care.

Our Principles

(Guiding the development of a new service plan)

Equitable and accessible

Health inequities occur when health services are not accessible or utilised by certain groups of people. In Queensland, mental health services data shows that mental health services are underutilised by people born in NESCs and that there are issues in the quality of care they receive. An equitable approach to mental health care prioritises at risk groups and those most in need and ensures access to services.

Culturally responsive and effective

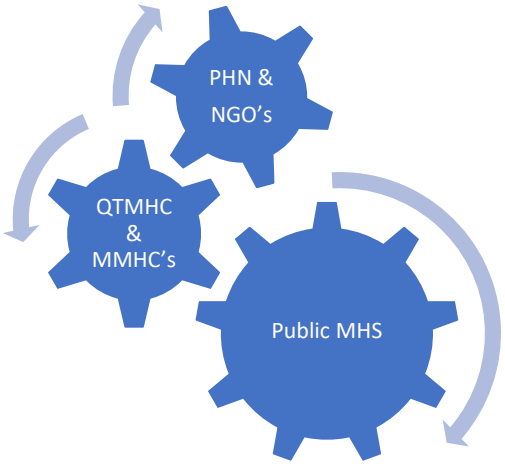
Cultural explanatory models of mental health and illness within CALD individuals and communities are a key focus. Culturally responsive mental health care focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of mental health services[1].

Person-centred and responsive to individual needs via a collaborative approach

The mental health and wellbeing of consumers from a CALD background relates to many broader social and economic factors. A collaborative approach across sectors, services, agencies and communities is the most effective way to meet individual needs within a broader social-cultural context across the age spectrum and the continuum of care.

Addresses health inequities

Cultural beliefs about mental health problems and wellbeing impact on whether (and how) people from a CALD background access services. A focus on the social determinants that shape mental ill-health in CALD communities and on reducing stigma and increasing mental health literacy among multicultural communities is required. This includes health systems and policies as important determinants of health because they influence the type and quality of health care available to a population.



Thinking in Systems

Understanding Systems

Influencing Systems

to achieve..

Culturally Responsive Mental Health Systems

Service Model

CALD populations at risk of experiencing mental health problems

CALD populations experiencing early signs of mental health problems

CALD individuals experiencing symptoms of mental health problems

COMMUNITY LEVEL INTERVENTION

Resiliency building programs
Stigma reduction
Mental health literacy
Mental Health First Aid
Culturally responsive disaster planning & recovery

EARLY INTERVENTION

Intake, triage & referral
Support to access services
Suicide prevention
Support navigating the mental health system
Targeted responses for vulnerable groups

CLINICAL INTERVENTION

Consultation liaison
Socio-cultural mental health assessment
Psycho-education and relapse prevention
Short-term therapeutic interventions
Care coordination and community linking
Complex care case conferences
Discharge and referral support
Support to use culturally appropriate frameworks

FOUNDATION

SECTOR DEVELOPMENT

(Reforming the system to ensure CALD individuals most at risk of experiencing mental health problems, or those most in need are prioritised and receive high quality care)

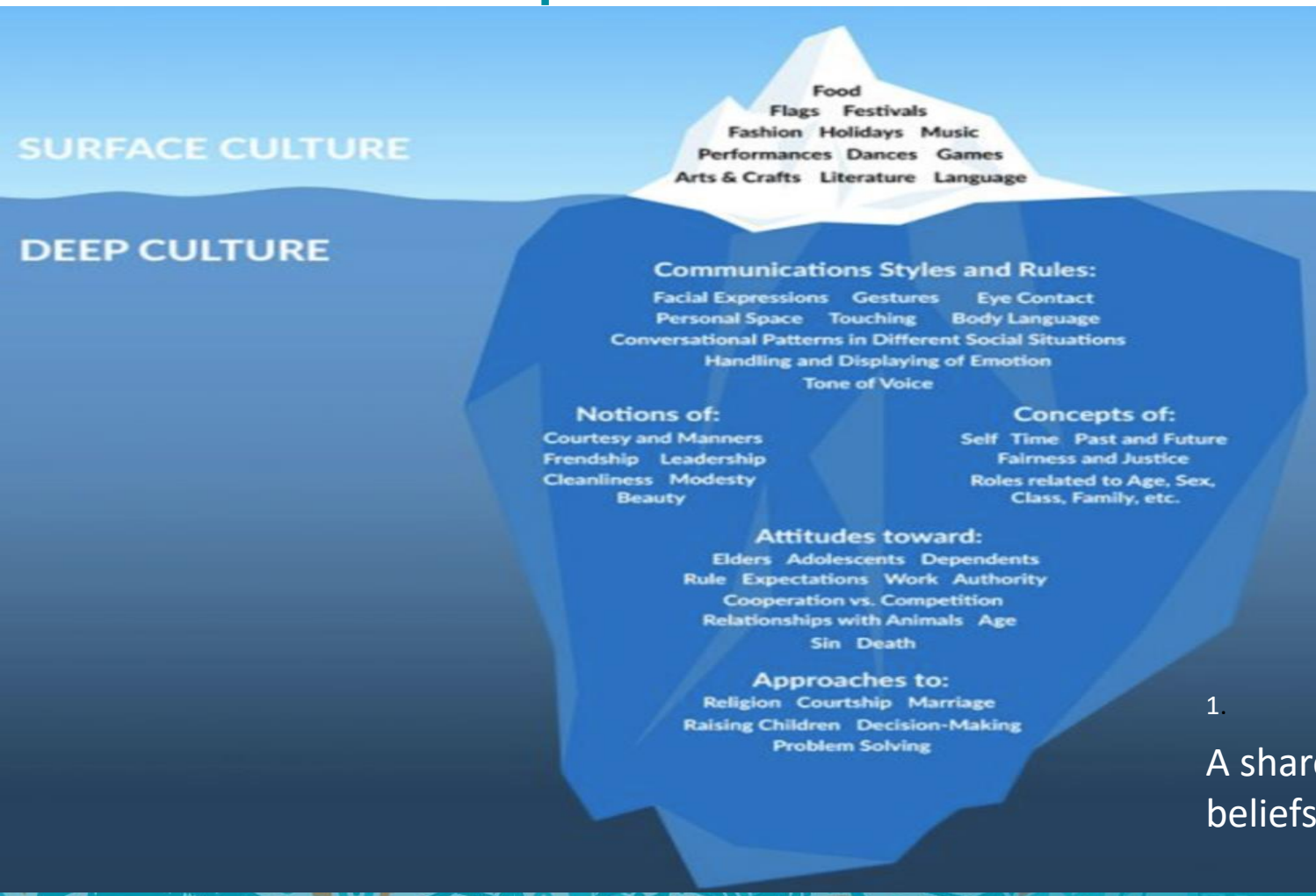
Cross-sector planning and engagement
Support for the implementation of the *Framework for Mental Health in Multicultural Australia* (MHiMA) in mental health services in Hospital and Health Services
Transcultural mental health policy and planning input
Promoting input from CALD individuals with a lived experience of mental illness
Coordination and leadership of transcultural mental health positions in Hospital and Health Services

WORKFORCE DEVELOPMENT

(Supporting translation of cultural competency awareness, transcultural knowledge and skills into practice)

Online staff education and training programs
Professional development program
Best practice guidelines, resources and practice tools
Advanced practice supervision, mentoring, networking & peer support
Bicultural mental health workforce model
Research, education and field work via academic partnerships
Support to use interpreter services and provision of training to interpreters in mental health

The Concept of Culture



1.

A shared system of values, beliefs and behaviours.[2]

1. : https://talkfreely.com/
2. http://www.mhima.org.au/

Queensland Government

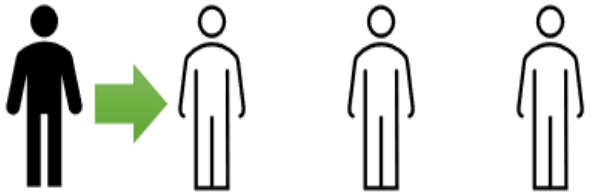
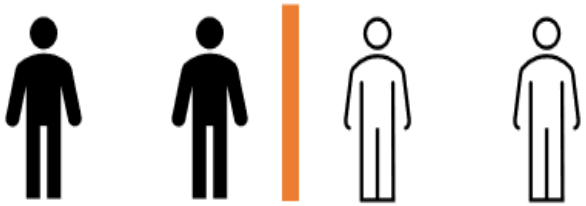
What defines my identity?

Migration, Settlement and Acculturation

The Immigrants Void – Sculpture by Bruno Catalano

- The migration experience
- The acculturation journey
- Settlement challenges and acculturative stress

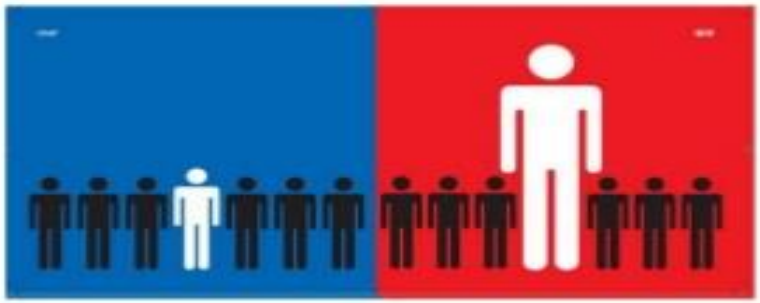
Acculturation Strategy

	Reject culture of origin	Retain culture of origin
Accept host (Australian) culture	***Assimilation*** 	***Integration*** 
Reject host (Australian) culture	***Marginalisation*** 	***Separation*** 

Cultural Dimensions

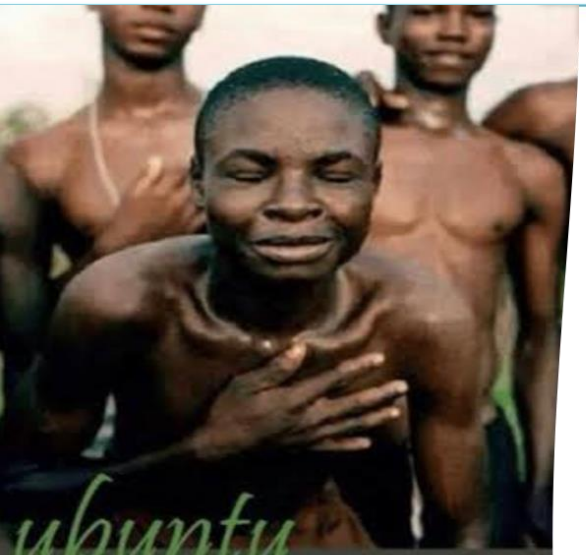
- Power Distance
- Individualism vs Colectivism
- Masculinity vs Femininity
- Uncertainty Avoidance vs Uncertainty Acceptance
- https://www.hofstede-insights.com/country-comparison/

Power Distance



Low PD

High PD



ubuntu

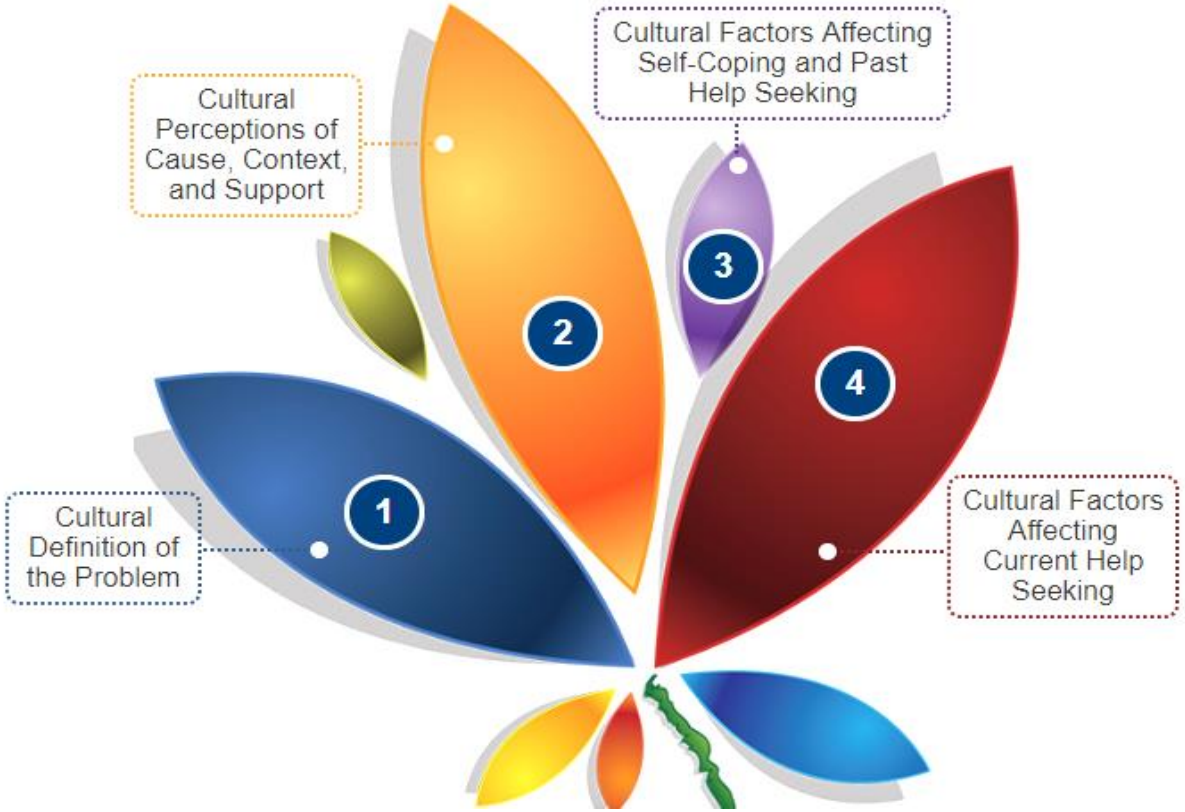
In certain regions of South Africa, when someone does something wrong, he is taken to the center of the village and surrounded by his tribe for two days while they speak of all the good he has done. They believe each person is good, yet sometimes we make mistakes, which is really a cry for help. They unite in this ritual to encourage the person to reconnect with his true nature. The belief is that unity and affirmation have more power to change behavior than shame and punishment. This is known as Ubuntu - humanity towards others.

An anthropologist proposed a game to African tribe kids. He put a basket full of fruit near a tree and told them that whoever got there first won the sweet fruits. When he told them to run they all took each others hands and ran together, then sat together enjoying their treats. When he asked them why they had run like that as one could have had all the fruits for himself they said: UBUNTU, how can one of us be happy if all the other ones are sad?

UBUNTU in the Xhosa culture means:

"I am because we are"

What is the clinical utility of the Cultural Formulation Interview?



Courtesy Centre of Excellence for Cultural Competence

Outline for Cultural Formulation

Domain 1:
Cultural identity of the individual

- *What are the language(s) spoken?*
- *What are the self-identified cultural affiliations and any other clinically relevant aspects of identity?*
- *What is the level of involvement with the culture(s) of origin and the host culture?*

Domain 2:
Cultural conceptualizations of distress

- *What cultural factors may be influencing the individual's experience of, understanding of, and communication about symptoms and problems?*
- *What is the impact of culture on coping and help-seeking patterns?*

Domain 3:
Psychosocial stressors and cultural features of vulnerability and resilience

- *What are the key stressors and supports in the social environment?*
- *What is the level of functioning and resilience when compared with the individual's cultural reference group?*

Domain 4:
Cultural features of the relationship between the individual and the clinician

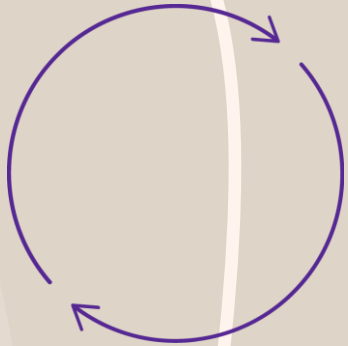
- *How do cultural, social & language differences affect how clinicians understand and respond to individuals?*
- *How might these factors influence assessment and ongoing care?*

Domain 5:
Overall cultural assessment

- *Summary of the implications of the information gathered. How do the cultural factors impact assessment, diagnosis and care for the individual?*

QTMHC Outline for Cultural Formulation (OCF) - Qld Transcultural Mental Health Centre | Metro South Health

Bias



- **Explicit bias** = attitudes or beliefs that we endorse at a conscious level (known to us and known to others).
- **Implicit bias** = unconscious responses, judgements and behaviours directed at others. Formed by socialisation and experiences that operate below one's conscious awareness.
- **Affinity / Similarity bias** = Our tendency to connect with others with similar beliefs, experiences, and backgrounds. Often considered an unconscious mirror of ourselves.
- **Confirmation Bias** = Seeking information that confirms a certain belief or decision and turning a blind eye other perspectives.

Tujague, N., & Ryan, K. (2023). Cultural safety in trauma-informed practice from a first nations perspective : billabongs of knowledge. Palgrave Macmillan. https://doi.org/10.1007/978-3-031-13138-7

https://toolbox.hyperisland.com/the-circle-of-trust-unconscious-bias

Understanding unconscious bias | The Royal Society - YouTube

Cultural consciousness

1. Power dynamics
2. Values
3. Emotions and Feelings
4. Knowledge
5. Uncertainty
6. Self Awareness

Adapted from the Big 6 Model on Reflective Practice

Types of Trauma Australian Population Face

•Transgenerational – inherited impacts of traumatic events, epigenetic research has confirmed this, DNA marker found, some debate remains around nature/nurture.

•Intergenerational – impacts and experiences of trauma, occurs between generations, includes family violence, disrupted parenting practices, etc.

•Single event – isolated trauma incident, clearly identifiable and usually less complicated to treat.

•Complex – multiple incidents of trauma in one's lifetime, includes prolonged periods of exposure to trauma via abuse, neglect, and/or dysfunction.

•*Racial trauma* – incidents experienced due to a person's race which has a detrimental affect on the person.

Why **CALD** Consumers have additional layers of complexity when it comes to trauma?

- A high proportion of BNLA respondents experienced traumatic events prior to arrival in Australia*
- *The risk of serious mental health problems is significantly associated with experience of multiple types of traumatic events.*
- *People at risk of serious mental health problems were more likely to have experienced multiple types of traumatic events, compared to those not at risk.*
- Oftentimes CALD consumers come from an environment from which they fled due to persecution, war, life threatening situations, injustice and/or multiple traumatic experiences (experiencing TNT, significant losses, missing loved ones, etc.)
- This may impact on the way they relate to government services and other "authoritarian figures" or health practitioners in perceived position of power;
- They sought/are seeking asylum which in itself is (re)traumatising due to the nature of pro-longed process, future uncertainty which further reinforces the sense of disempowerment, hopelessness, rejection and invalidation as a human being;

**National Centre for Longitudinal Data, BNLA: The Longitudinal Study of Humanitarian Migrants, Canberra, 2017*

Culturally Sensitive TIC's Foundational Principles:

Understanding trauma mechanisms, its various manifestations and treatment modalities

Promoting and ensuring **cultural** safety & cultural **competence**

Supporting consumer **regaining control**, choice and autonomy

TI Services **do not retraumatise** or blame clients for their symptoms and/or **maladaptive behaviours**

Healing happens in relationships

Culturally responsive **Integrative care**

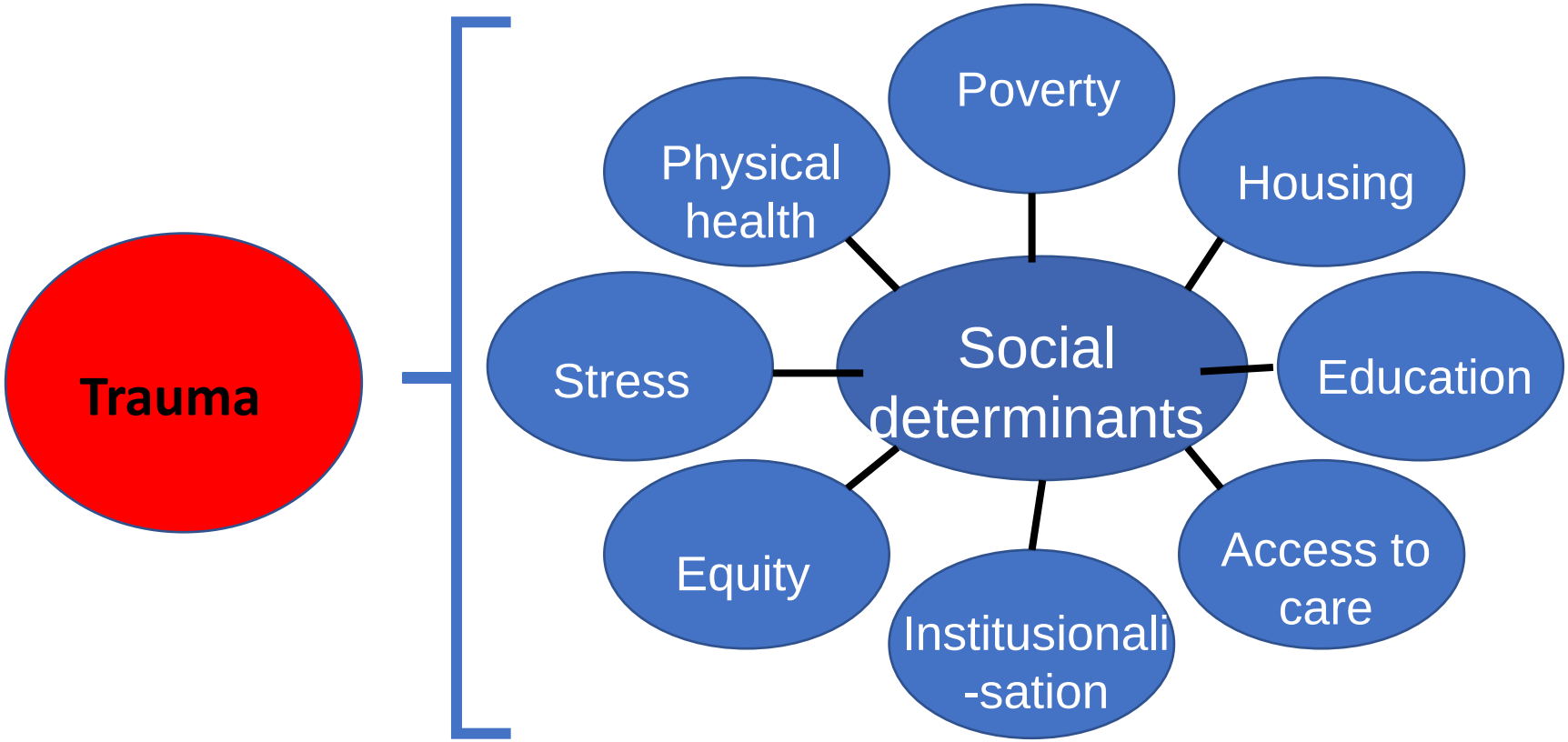
Recovery is possible

Resilience, Hope and Post Traumatic Growth


The wound is the place where the
LIGHT ENTERS YOU.
Rumi
SYMPHONY OF LOVE

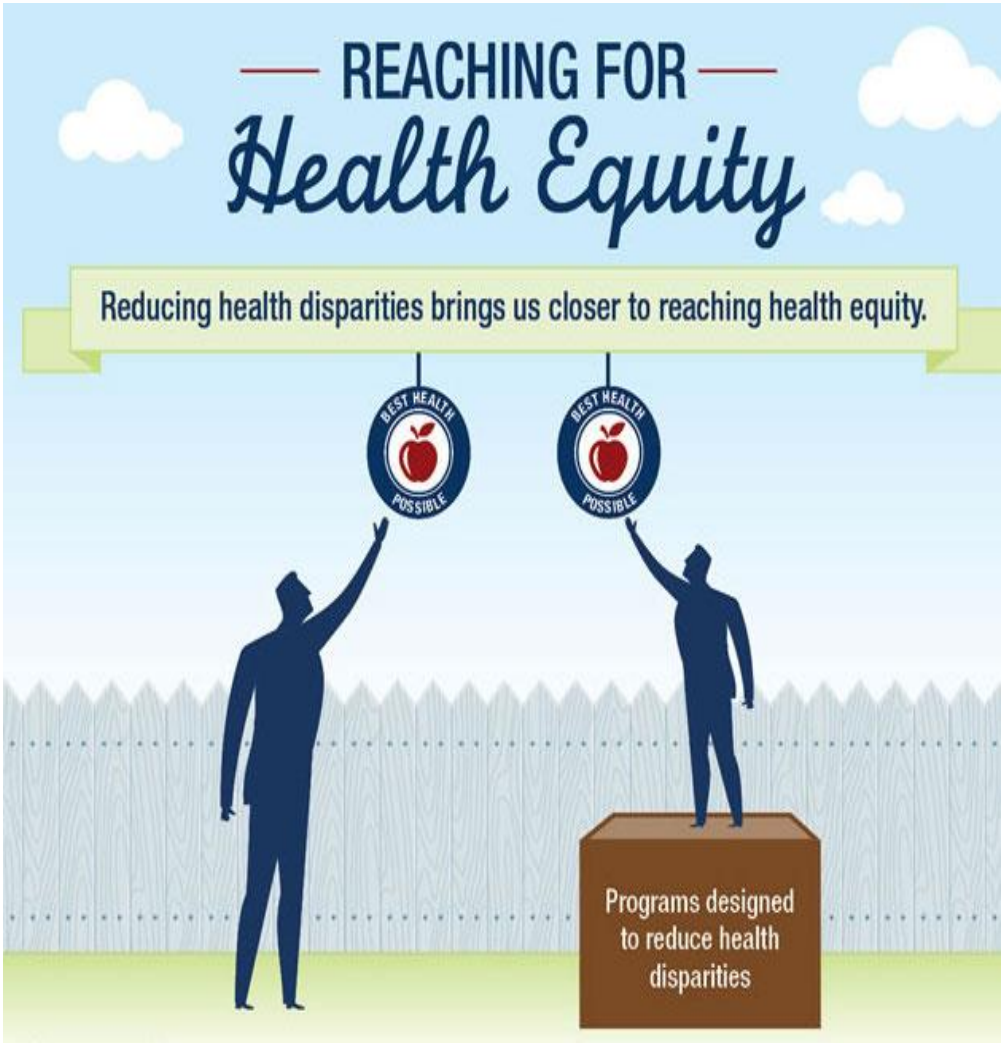
Stories of Resilience

Social Determinants in Mental Health



Primm, Vasquez, Mays, Sammons-Posey, McKnight-Eily, Presley-Cantrell, et al, 2010


SOCIAL DETERMINANTS OF HEALTH
Physical & Built Environment
Health Services
Healthy Child Development
Health & Wellbeing
Biology & Genetic Endowment
Social & Spiritual Environments
Social Support Networks
Income & Social Status
Education & Literacy
Employment & Working Conditions
Gender
Culture
Homelessness & Housing Instability
Lack of Access
Neglect or Deprivation
Psychological Stress
Illness & Disability
Lack of Participation & Representation
Limited or No Access to Supports & Services
Low Income
Fewer Opportunities for Achievement
Precarious Employment
Lack of Gender Equity
Marginalization, Racism & Discrimination
Live in an unsafe and/or unhealthy living environment
Lack of treatment
Increased severity of illness
Decreased health
Low educational outcomes
Cognitive & emotional trauma
Mental Health & Addictions
Inaccessibility
Stigma
Isolation
Powerlessness
Loneliness
Increased illness
Hopelessness
Deprived of resources
Lack of choices
Reduced employment options
Low health literacy
Workplace stress
Safety
Abuse
Low wages and employment
Exclusion
Trauma



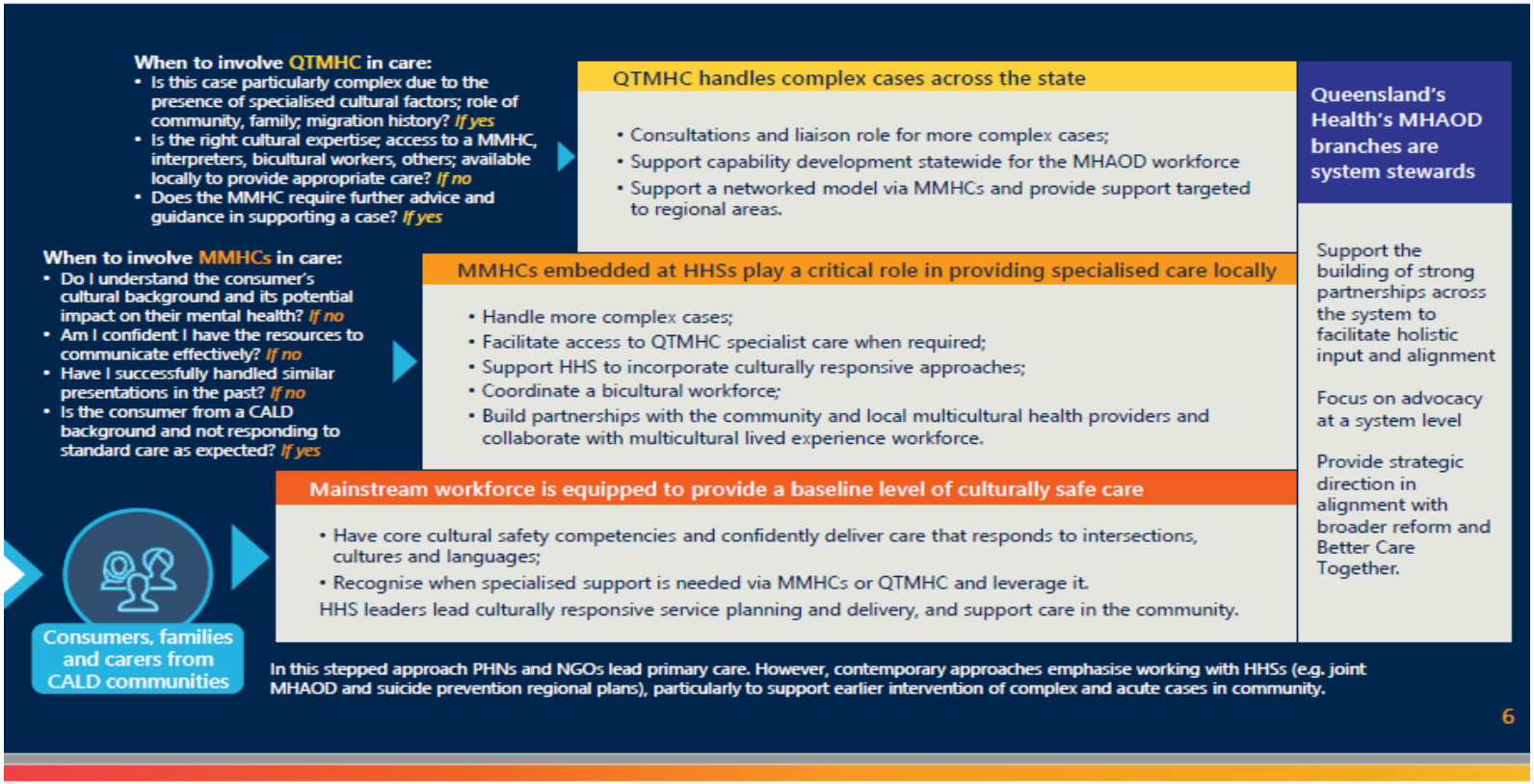
Health Equity focuses on

"ending institutional and discriminatory barriers that lead to health inequities and inequality.

In forensic mental health the focus is on the specific institutional and discriminatory barriers, both within the health systems, but also the justice system as they intersect for your clients"

A robust culturally responsive MHAOD service for people from CALD communities needs a stepped approach that delivers the right level of care at the right time.

This approach builds on similar networked approaches such as the NSW Virtual Allied Health Service and the Victorian Transcultural Mental Health's partnership planning framework.



Ten key actions and four enablers are needed to achieve the vision of a coordinated system that addresses the challenges that have been identified.

These opportunities, detailed further on the following pages, should align with broader reform to drive benefits for all consumers, carers and families.

QTMHC is here to help:

- Primary, secondary and tertiary Transcultural Clinical Consultation
- Resilience based programs designed for CALD communities to increase mental health literacy & decrease stigma
- Education, training & workforce development
- Culturally Responsive Suicide Prevention Training for Human Services workers – online training
- Cultural Consideration in Mental Health Assessments – online training
- Providing cultural consultation in relation to policies, frameworks and other mechanisms to influence clinical practice
- Research, Innovation, Clinical Redesign & Transcultural MH Practice Framework

Bicultural Workers – Who, Why, What, How

- Ensure cultural safety & enable cultural humility
- Build trust and engagement but also co-create strategies/plans for formulations and culturally appropriate recommendations
- Share understandings/perspectives
- Can initiate transformation of a health care setting by creating an inclusive and collaborative environment for providers and consumers alike
- Can break down bias, prejudice and other institutional barriers that exist in health care setting
- Cand provide an understanding of traditional beliefs, cultural practices related to healing modalities within their own communities
- Can build capacity from within to adapt to the changing needs of the community they service (Heifetz and Laurie, 1997)
- Understands a community's health beliefs, values and practices and changes that occur through acculturation
- Advocates for the consumer to ensure the delivery of effective health services

More information

For referral forms, consent form, brochures about our services, please visit the QTMHC website:

https://metrosouth.health.qld.gov.au/qtmhc

We also have a library of articles, translated resources, and consumer information in a range of languages:

Phone: 3317 1234

Email: QTMHC@health.qld.gov.au