



MENTAL HEALTH NGO SUBSECTOR COMMISSIONING: FEEDBACK PAPER

**Culturally and Linguistically
Diverse People and
Communities**

June 2023

ACT Commissioning for Outcomes
2022- 2024

WHAT WE KNOW

Canberra is home to many different cultures, with nearly 1 in 4 Canberrans speaking a language other than English at home¹.

The term 'culturally and linguistically diverse' (CALD) captures many people with unique experiences from across different language and cultural groups. People from CALD communities bring a diversity of experience that strengthens the ACT Community.

Mental health commissioning consultations have reinforced findings that there are varying mental health needs for our culturally and linguistically diverse communities. Previous consultations have also highlighted the unique needs of people from refugee backgrounds and children of migrants.

While there is limited data on mental health within CALD populations, national evidence seems to suggest that people who were born in non-English speaking countries seem to access voluntary mental health services less than the rest of the population². The 'Living Well in the ACT' survey (2020), also found that Canberrans whose main language spoken at home is not English have poorer than average mental health compared to English-speaking households³.

This implies that CALD communities in Canberra experience greater challenges to their mental wellbeing and more barriers to access. While promotion, prevention and early intervention are main aspects of modern mental health delivery, these programs do not generally engage CALD communities⁴.

Question: How can prevention and promotion activities better engage with CALD communities?

There are a number of challenges and barriers we know impact a CALD person's experience with mental health. These include:

- Communication Barriers
 - Communication can have a large impact on how an individual's understanding of the services available and how to access them or engage with ongoing care.
- Loss of close family connections
 - Leaving family groups can make people feel isolated or lonely.
- Cultural stigma or competing values
 - Community groups may have different values to an individual seeking support, or hold attitudes that may reduce help seeking behaviour.
- Racism or discrimination
 - Negative attitudes from other people can affect mental health.
- Stress of migration or adjustment to living in Australia
 - Moving to Australia can be stressful, increasing the need for psychosocial support.
- Trauma
 - People from CALD communities can experience trauma in different ways, including intergenerational trauma.
- Limited opportunity to find employment or use skills
 - Skills or previous work may not be available in Australia causing stress.

**Question: Which of these barriers, or others you can identify, are the biggest barriers for:
a) CALD people to access and engage with services; and
b) for services to provide culturally sensitive and appropriate care for CALD people?**

POLICY AND FRAMEWORK DOCUMENTS

To deliver the best services and supports for CALD communities, best practice needs to consider the barriers discussed above and consider mental health prevention and promotion programs to engage with people earlier. Intervening early, increasing awareness, and reducing stigma, will help prevent people from experiencing severe mental health concerns.

A number of national and local pieces of work say that best practice includes increasing the cultural competency and safety of services. The following list provides some of the Policy and Framework documents that support this best practice of accessibility and ensuring active choice in services:

- Mental Health in Multicultural Australia⁴
- The Embrace Multicultural mental health- Framework for Mental Health in Multicultural Australia⁵
- ACT Wellbeing Framework⁶
- National Safety and Quality Health Service Standards⁷
- National Safety and Quality Mental Health Standards for Community Managed Organisations⁸
- Mental Health Statement of Rights and Responsibilities⁹
- National Mental Health and Suicide Prevention Agreement¹⁰

DESIGN CONSIDERATIONS

The Mental Health Commissioning team wants to identify and reflect the needs of the community both in this commissioning process and future work. In this it is important that services to be commissioned are culturally competent and can support or refer anyone who is seeking help. Services should be accessible and support the needs of all Canberrans.

Question: What needs to be done to support mental health commissioned NGO services to be more accessible for people from CALD communities?

Cultural competency has been shown to be directly linked to better health outcomes for CALD consumers¹¹. It requires the workforce to go beyond cultural awareness to being culturally responsive.

Question: How can services be supported to develop their cultural competency? In your experience, what challenges to this have you experienced?

Noting there are further steps to take in engaging with the CALD communities, and making services accessible regardless of the target group. There are a number of options to explore to directly support CALD communities in Canberra. These may include:

- **Increased availability of translation services** and software related to mental health care and coordination. These could reduce communication barriers, however would require service education so that they can be used effectively.
- **Mental Health lived experience workers** of identified cultural groups may help break stigma and can provide increased cultural understanding. However, in small communities this may present challenges for recruitment and for encouraging people to talk about how they are feeling.
- **Refugee and family based counselling** is another option to explore for a CALD community specific service. This could directly support those who are refugees through targeted support not available to broader communities.

- **A trauma-based service** may offer a more intense support to those who have experienced trauma and need support. This service would once again be targeted and reduce capacity for broader community work.

Question: Noting the suggested options above, or any others you can think of, what would be your top priorities for services supporting CALD communities?

POTENTIAL OUTCOMES

Through Commissioning there are a number of Principles in the Blueprint that we expect all services to achieve. Alongside these, there will be a number of outcomes that will drive service delivery and reporting.

Noting this a broad group with varying cultural identities, belief systems, and languages, it is important to recognise outcomes that have impacts for CALD communities. These outcomes may be used in commissioning or other future work to help the system be more accessible and effective for all.

Question: What do we need to measure to make sure we have the right services and supports for CALD people, and that those services and supports are having a positive impact on people's lives. For example:

- **A change in social participation or inclusion for people from CALD communities; and**
- **Increasing mental health knowledge for people from CALD communities.**

Question: What challenges do NGO services have for recording and measuring data relating to CALD people?

REFERENCES

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ACRONYMS

ACTHD ACT Health Directorate

NGO Non-Government Organisation

CALD Culturally and Linguistically Diverse

CHN Capital Health Network

CHS Canberra Health Services

MHJHADS Canberra Health Services Mental Health, Justice Health, Alcohol & Drug Services

ORCAS Organisational Cultural Responsiveness Assessment Scale

PHN Primary Health Network



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