



May 2014

Culturally and Linguistically Diverse (CALD) Mental Health

Background:

Australia is one of the most culturally diverse nations in the world. It is estimated that about 40% of the Australian population are immigrants and their children, and that about 15% speak a language other than English at home. According to the Department of Immigration and Citizenship, rates of culturally and linguistically diverse groups moving to Australia have increased with the more recent migration and refugee intake. The earliest influx of migrants and refugees were from Northern and Southern Europe. During the last three decades people from various parts of Asia, the Middle East, Africa and Eastern Europe have settled in Australia.

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, as well as their children who are born in Australia.

Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse backgrounds are estimated to experience some form of mental disorder in a 12-month period, based on the findings of the National Survey of Mental Health and Wellbeing. This does not include second-generation Australians from multicultural backgrounds, many of whom face life stressors linked to their cultural identity or to traumatic events experienced by themselves or their parentsⁱ.

Key Points:

- Australia's CALD population includes refugees and other migrants who have had to overcome huge obstacles towards resettlement and who are often recovering from the effects of torture and trauma. They may be experiencing loss, grief, depression, anger, and other emotional difficulties. Their prospect for achieving a good quality of life relies on their ability to access culturally appropriate services,
- CALD Australians are susceptible to missing out on mental health services due to language difficulties, different cultural understandings of mental health, cultural stigma, unfamiliarity with Western health systems, and the overall lack of culturally competent health services^{ii iii},
- People from CALD backgrounds have a significantly lower level of access to mental health care and support in the wider community, due to stigma, language and cultural issues, resulting in much greater responsibility placed on family members without adequate culturally appropriate support or education.
- CALD consumers tend to access specialist mental health services through emergency hospital departments at a severe, or crisis, stage of their condition, which prolongs their ill health and decreases quality of life,

- The responsibility rests with mental health professionals to provide culturally sensitive and competent services to CALD consumers with mental health needs, their carers, and their families,
- Lack of cultural awareness and understanding in mental health services inhibits early diagnosis,
- Failure to make use of interpreters where required is one of the main issues leading to misunderstanding and confusion. Carers can be, and often are, used as translators but this should not be as a replacement for appropriately trained professional interpreters,
- The inclusion of CALD carers and family members in care plans have an important collaborative role in the planning of self-management goals.

Recommendations:

- **National surveys on mental health** include representative samples of CALD background populations to improve population relevance of findings^{iv},
- **Mental health data collections** include CALD relevant variables and these are analysed to inform the understanding of mental health in immigrant and refugee communities and the impact of mental health services and suicide prevention programs in meeting the needs of CALD populations,
- **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^v,
- **Recognition and awareness** of social, religious, and cultural diversity and cultural competency in the planning and delivery of responsive mental health services becomes core business for all service providers,
- **Increased funding** is allocated to CALD-specific and multicultural mental health organisations and agencies, and that more such agencies are created and dispersed across Australia to reach all those in need of mental health support,
- **Training and employment** of CALD consumer and carer consultant and other peer workers,
- **More interpreters and bicultural workers** with appropriate training including mental health first aid or MH Connect and cultural competency to be engaged and employed across all fields of mental health care,
- **Increased engagement** with CALD communities to improve mental health literacy and awareness, support community resilience, and enhance coping strategies,
- **Community education and outreach programs** supported and broadened to counter stigma and other barriers to engagement.
- Establishment of **mental health cultural diversity reference groups** comprising (where possible) of bilingual representatives from the mental health sector, including health professionals, community and other workers, carers and consumers to share their knowledge and experiences. These groups would discuss issues affecting CALD communities and recommend appropriate responses.

Resources

- MHiMA (Mental health in multicultural Australia) <http://www.mhima.org.au/>
- [Do some cultures have their own ways of going mad?](#) The Boston Globe

- [Evaluating the Access to Allied Psychological Services component of the Better Outcomes in Mental Health Care program \(June 2009\)](#) Melbourne University, Centre for Health Policy, Programs & Economics
- [National Cultural Competency Tool \(NCCT\) for Mental Health Services](#), MMHA 2010
- [FECCA's Position – Briefs on Selected Issues – June 2013](#)

References:

- ⁱ Commonwealth of Australia (2004)
Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia. Australian Government Department of Health & Ageing, Canberra.
- ⁱⁱ Federation of Ethnic Communities' Councils of Australia, FECCA's Position - Briefs on Selected Issues (2013)
- ⁱⁱⁱ *Mental Health and Australia's Culturally and Linguistically Diverse Communities*, A submission to the Senate Standing Committee on Community Affairs, July 2011, The Federation of Ethnic Communities' Councils of Australia (FECCA).
- ^{iv} Mental Health in Multicultural Australia *"Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion"* (2013).
- ^v Framework for Mental Health in Multicultural Australia: Towards Culturally Inclusive Service Delivery

Nominated NMHCCF contacts:

Elida Meadows, Eileen McDonald and Manjit Kaur
Please contact NMHCCF Secretariat

This information and content is provided freely and is unrestricted.
Acknowledgement of NMHCCF as author/s and date of access is requested.

The information contained in this document is of a general nature only and as such, NMHCCF cannot guarantee its authority, and we advise your further research.