Mental Health Network

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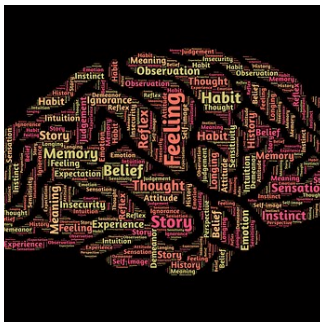
Mental Health Network
Multicultural Subnetwork Steering Committee Newsletter

Cultural Lens



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Engage, Inform and Learn....

The Steering Committee has been fully occupied with drawing on its collective expertise to provide considered comments to a number of mental health initiatives/consultations to ensure that culturally responsive mental health care for people from ethnoculturally and linguistically diverse (ELD) backgrounds are further developed or enhanced.

We previously reported on our input to the Ministerial Taskforce into Public Mental Health Services Infant, Child and Adolescent Mental Health. The Taskforce report is now released. It was pleasing to learn that the issues we raised about longstanding gaps in service provision for ELD children (0 – 12 yrs) were understood by the Taskforce. Strategies for addressing specified concerns were included among the 32 recommendations in the Taskforce report. Also, in choosing to use the preferred term ELD to describe our target cohort, the Taskforce has used *'language that is clear, safe, and inclusive. Where terms are used, the intention is not to judge or stigmatise any person or persons… nor is it intended to 'other', but to recognise unique needs'* (Taskforce Report, pp 10-11, 2022). Our involvement precipitated our further exploration of better ELD referral processes that may increase referral uptake by CAMHS and specialised services established for ELD cohorts.

The Steering Committee also contributed to the review process of the Mental Health Act (2014). The submission included case scenarios reflecting shortfalls within the current Act that require understanding of cultural context upon administration. For people from ELD background, whose worldview of mental health services and mental illness are shaped by ethnocultural influences and/or experiences attributed to their ethnic identity, continuing deficiencies within the Act can lead to re-traumatization culminating in very negative experiences as a person placed under the Act. An extract from our submission is included in this newsletter.

Subnetwork Steering Committee Members

Jose Ciciliamma
LGBTQI+ Advocate

Christina Foo
Snr Social Worker, CAMHS

Dr Samir Heble
Director of Psychiatry
(Clinical Governance , Mental Health Emergency Telehealth Service), WA Country Health Service

Iren Hunyadi
Consumer Advocate

Manjit Kaur
Subnetwork Steering Committee Co-Chair
Consumer Advocate

Ruth Lopez
Snr Policy Officer, Cultural Diversity Unit, WA Health

Leanne Mirabella
Social Worker, Disability and AOD Consultant

Dr Mark Porter
MST Program Manager, Specialised CAMHS

Angela Rao
Carer Advocate

Wendy Rose
Chief Executive Officer, Kin

Dr Bernadette Wright
Subnetwork Steering Committee Co-Chair
Clinical Psychologist, Primary Health Services

Neeka Zand
Youth Advocate

***Ex-Officios**:*
***Rod Astbury** - Mental Health Network Co-Lead*
***Cath Colvin** - Mental Health Commission Liaison*

** We have chosen to use the term 'ethnoculturally and linguistically diverse' (ELD) to refer to the target population for which our subnetwork has been established. We believe this term recognises that ethnicity and ethnic group identity, as much as culture, can significantly influence values and belief systems surrounding timely mental health service access, utilisation and anticipated outcomes that may be perceived by the person.*

CAMHS Multisystemic Therapy (MST) program: A lens on referral lessons learnt from working with ELD families

Dr Mark Porter, Steering Committee Member, MST Program Manager, Specialised CAMHS

MST is a specialised service for ALL families including ELD and Aboriginal families with children & adolescents (11- 16 years) with mental health and behavioural problems. The children are at risk of school expulsion, homelessness, substance abuse, and becoming known to the justice system and the police. Families are often from lower socio-economic backgrounds and afraid or ashamed to seek help, lest they bring unwanted attention from authorities leading to charges or child removal. ELD and Aboriginal families accessing MST have a history of inter-generational trauma, often manifesting as mistrust of authorities. Stigma deters seeking help from mental health clinics. Their understanding of the relationship between mental illness and behavioural disorders is impeded by low mental health literacy.

Respect the issues they have prioritised about their child...

Because we learnt that ELD families do not trust talking to a 'stranger' in a clinic environment, initial contact and ongoing engagement must be in the familiar surroundings of their home and at their preferred time to enable all adult carers to participate. Respect the issues they have prioritised about their child. For sensitive and effective service engagement with ELD families, a warm referral process would be desirable. This means the referrer to MST not only discusses with the family the services provided by MST, but gains consent to contact MST, makes the appointment and accompanies the family at the first appointment. Sensitively engaging with ELD families from the outset will facilitate trust building as they learn about the system and what they may realistically expect.

When a person from ELD background is placed under the Mental Health Act ('The Act')

The Steering Committee's submission to the review of the Mental Health Act (2014) – ('the Act') - recognises that within current legislation, provisions do exist to meet the needs of people from ELD background placed under the Act. However, anecdotal evidence suggests that these provisions are fragmented in nature, resulting in distressing experiences and challenges in developing therapeutic relationships.

Some experiences of people from ELD background who find themselves placed under the Act demonstrate how reasonable misassumptions by clinical staff can lead to a traumatizing experience for the person.

The following case studies were included in the Steering Committee's submission to the review of the Act. These case studies describe how proficiency in English, and length of stay in Australia, must not be the basis for presuming the person's English comprehension concerning mental health concepts, or their mental health literacy level. Despite the perceived spoken English proficiency observed, the ELD patient's understanding and their awareness of rules, their rights and roles under the Act must never be assumed.

Case Study A

A Vietnamese male in his 50s was admitted into hospital under the Act. He was fluent in English, lived alone but had supportive family in Perth. His family was never involved or informed of his care even though he had provided consent to the treating team to contact them. He also had difficulties in understanding and accepting his diagnosis and reasons for treatment.

Case Study B

A teenage African female was admitted into hospital under the Act. She was from a refugee background and was resettled in Australia with her parents about 8 years prior. Her parents spoke Swahili as their first language and their English was fluent for daily activities. However, they struggled to understand the concepts of mental ill health, the Mental Health Act, and reasons for treatment. They had never been asked if they required an interpreter.

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