



Government of Western Australia
Mental Health Commission

MULTICULTURAL ADVISORY GROUP

Date: 26 October 2020
Location: Dumas House, West Perth
Attendees: Mr Abdullah Khan
Ms Nafiso Mohamed
Dr Edward Zhang
Dr Casta Tungaraza
Ms Joansy King
Ms Maria Osman
Ms Andrea Creado
Mr Surya Ambati
Mr Said Padshah
Jennifer McGrath, Mental Health Commission (MHC)
Kim Lazenby, MHC
Susanne Sharp, MHC
Marion Huntly, Department of the Premier and Cabinet

Mr Abdullah Khan

- There is so much stigma around mental health that parents don't often give their children permission to get help.
- There needs to be education about mental health for parents to break the stigma.

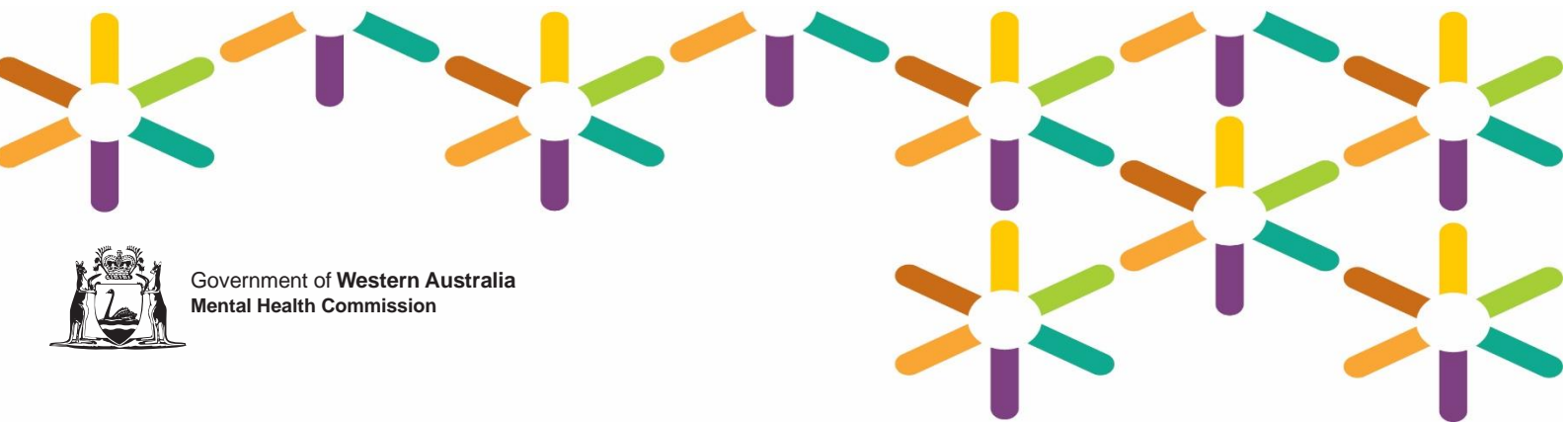
Ms Nafiso Mohamed

- Young people tend to educate parents.
- Parents need to access basic information to understand it.

All – mental health needs to be tackled via community education similar to the way in which COVID-19 has been tackled.

Dr Edward Zhang

- It is taboo to get help for mental health issues.
- Young people may also face racism.
- Alcohol and other drug (AOD) use is not a serious problem in the Chinese community.
- Five problems young people face with respect to mental health:



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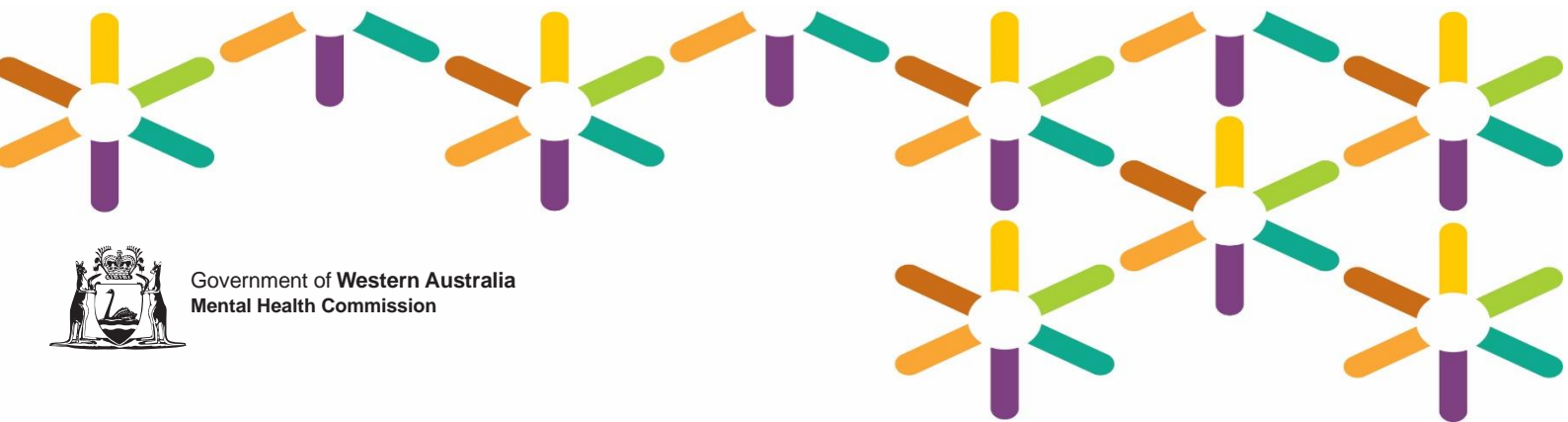
- Lack of information – All information is in English; need bilingual information, across more communication channels to ensure people receive accurate information.
- Cultural problems, in particular stigma – Parents or young people feel it's a shame to have a mental health issue so they don't obtain help.
- Social disconnection – The Chinese community may appear to celebrate a lot but actually they don't tell people what their difficulties or problems are, they tend to conceal problems
- Vulnerability – Chinese young people are vulnerable to mental health issues due to adversity they encounter. This adversity includes: campus bullying; questioning identity (who am I? how can I fit in?); parental pressure (Chinese parents encourage children to study hard, work hard); and not being involved in activities with other young people.
- Actions to be taken to tackle these problems - Need regular information and educational sessions; information needs to be in people's own language; and collaborative events with other communities to create connection.

Dr Casta Tungaraza

- Need to understand the root causes and the drivers of mental health issues for young people; these include isolation and exclusion, trauma and racism, which are all big issues.
- Racism is occurring, including at primary school – teachers need to be combatting racism.
- Racism needs to be acknowledged explicitly and as part of preventative measures.
- Unemployment and homelessness are also important.
- Racism is rising due to COVID-19 – doesn't just affect young people.

Ms Joansy King

- Sees significant amount of AOD-related issues.
- Many years ago it was impossible to access services and they cost a lot of money; it is still the same – nothing has changed.
- Waiting periods are long and there are not enough services for young people, especially once they reach 25 years of age.
- There is a lack of rehabilitation services.
- At school, buying drugs is easier than buying alcohol; schools need to be educated on how to address AOD issues and need to be involved in AOD prevention.
- Need to do more to help young people involved with criminal justice system; parents expect their young people to get help when they are involved with this system due to AOD use but they don't get this help.



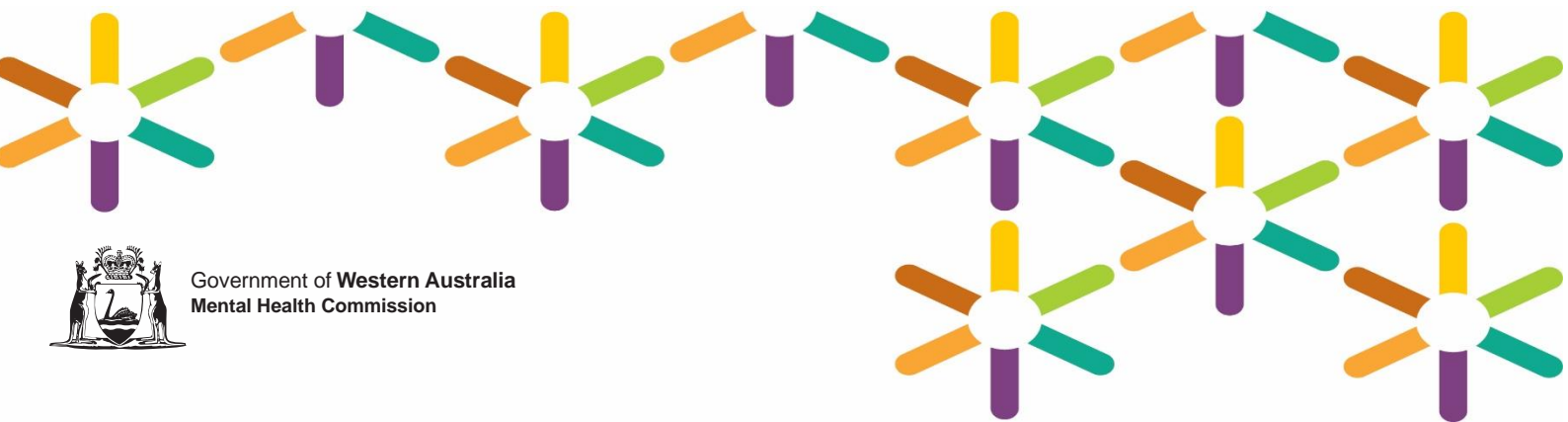
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Ms Maria Osman

- Community Mental Health, AOD Council – people from Culturally and Linguistically Diverse (CALD) backgrounds not represented on this group; MHC agreed to provide details of Multicultural Sub-network.
- Issues for young people who are survivors of torture and trauma need to be separated from mental health; these are separate issues.
- There needs to be workforce planning/workforce strategy to address the institutional racism experienced by health care graduates from CALD backgrounds.
- There are already good models of working with young people such as ROOTS TV, that help address taboos by talking about them.
- We need to decolonise practice among services, as we have a very monocultural service model, even if services are not overtly racist.
- Instances of interpreters not wanting to acknowledge mental health issues; underlines that we should be commissioning multicultural services so interpreters are not needed.
- Research and consultancy involving CALD communities needs to be undertaken via consultants with CALD backgrounds (there are plenty), so that cultural sensitivity/skills and involving people who are respected in the communities are demonstrated.
- Need an intersectionality approach for young people from CALD backgrounds who are also LGBTI etc.

Ms Andrea Creado

- Need culturally inclusive and aware practices in services; need to create safe spaces, including culturally safe, for young people from CALD backgrounds.
- Many services don't understand cultural issues so young people have to first explain their culture before they can talk about their mental health or AOD issues.
- Do parents know the signs of AOD use?
- Young girls face a number of issues, including sexual health impacting mental health, because of a lack of education.
- To address this, need to work with young people by going into schools, targeting girls in particular, and talking about mental health, physical health and sexual health (all of which interact). Ishar Women's Health Service has developed some videos to assist.
- Racism is being experienced by children, at public and private schools, and at university.
- If you're not excelling at something, you're not going to be accepted, so you may turn to AOD to be accepted by mainstream society.
- MHC and WA Primary Health Alliance are not commissioning multicultural services; instead they commission large services who have no connection with multicultural communities; these large agencies then ask multicultural services to train their staff, provide facilities etc; would be better to commission the multicultural services directly.



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Mr Surya Ambati

- A big issue affecting international students is getting a job. They face systemic racism. This impacts their mental health, but when they look for a clinic they can't find one.
- There are 76 language group-based organisations in the Indian community in Western Australia; MHC should work with these groups to distribute information; also some good General Practitioner advocates who could be involved.
- Would like to talk more about suicide and suicide prevention, including among international students; this is very important.

Several

- There used to be a Transcultural Mental Health Service based in the CBD, which was really good; it trained interpreters, and provided education about how to talk to communities about
- Issues associated with stigma (very intensive course); this went to Bentley, then got whittled away until it disappeared.
- Need sustainable, grass roots programs addressing these issues.