Empowering Ethnic Communities: Fostering Inclusive Service Provision through Relationship building

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Transcultural Mental Health Access Program
Action on Disability within Ethnic Communities

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Purpose
Action on Disability within Ethnic Communities (ADEC) has recently received funding to undertake a new community development program in transcultural mental health. This is in recognition that previous methods aimed at increasing access to mainstream mental health services have not been entirely successful. Whilst these methods do have a critical role to play in ensuring culturally competent service provision, research suggests that people from ethnic communities are still not accessing mental health services at the same rate as other Australians.

ADEC is proposing a model to improve access to mental health services based on research and its own experience working with ethnic communities over the last 25 years. This model includes both service provision and community capacity building. Whilst mental health services will be used as an example, it is believed the model is also relevant to health services generally.

Overview of ADEC
ADEC is a statewide, community-managed non-profit organisation specialising in providing individual advocacy and direct services to people with a disability and their carers from over 50 ethnic communities across Victoria. ADEC also provides consultancy, information and training to other service providers on how service providers can become more culturally responsive.

About the Authors
Rajiv Ramanathan is Coordinator of the Transcultural Mental Health Access Program at Action on Disability within Ethnic Communities. This program has been funded to work across the state of Victoria to increase access to mental health services for people from ethnic communities.

Clare Hickman is a Community Development Worker within the Transcultural Mental health Access Program at ADEC. The focus of this program is to work with multicultural organisations, ethnic groups and communities to develop their understanding of mental health problems and service options.

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Introduction and Context: The State of Play in Victoria

Diversity in Victoria

Victoria is one the most ethnically diverse states in Australia with 23.8% of the population born overseas. In Victoria, those speaking a language other than English at home accounted for 25.6% of the population (ABS 2006).

In addition, the source countries of recent migrants have changed from the UK and the Southern European countries to countries from Africa, Asia and the Middle East (VOMA 2004). This has implications for the planning, coordination and delivery of *culturally proactive* (vis-a-vis culturally responsive) services.

The specialist mental health system in Victoria

The specialist mental health system in Victoria is targeted at people with a severe mental illness. It includes both clinical mental health services, and Psychiatric Disability Rehabilitation and Support Services (PDRSS) which are non-clinical support services based in community settings for people with a serious mental illness and related psychiatric disability. This service system is separate from other services which provide health care to people with less complex mental health needs such as general practitioners, community health centres and private mental health professionals.

Mental health service use by Victoria's ethnic communities

In Australia, there is a lack of mental health research dealing with non-English speaking population groups, with these groups included in only 2.2% of published articles and attracting only 1.5% of competitive research grant funding (Commonwealth of Australia, 2004).

However, limited research, which was mainly conducted in Victoria with clinical mental health services, shows that people from CALD backgrounds have been under represented in mental health service access and utilisation (Commonwealth of Australia, 2004, Stolk et al, 2006, Klimidis et al, 1999a, 1999b). This is highlighted in recent research by Stolk et al (2006), who examined changes in access rates over the decade between 1995/96 and 2004/05. This research suggests that whilst utilisation of mental health services have increased overall for ethnic communities over the decade, this has been at a markedly slower rate than for Australian born, meaning that comparatively, the gap between access rates for these groups has actually worsened (Stolk et al, 2006).

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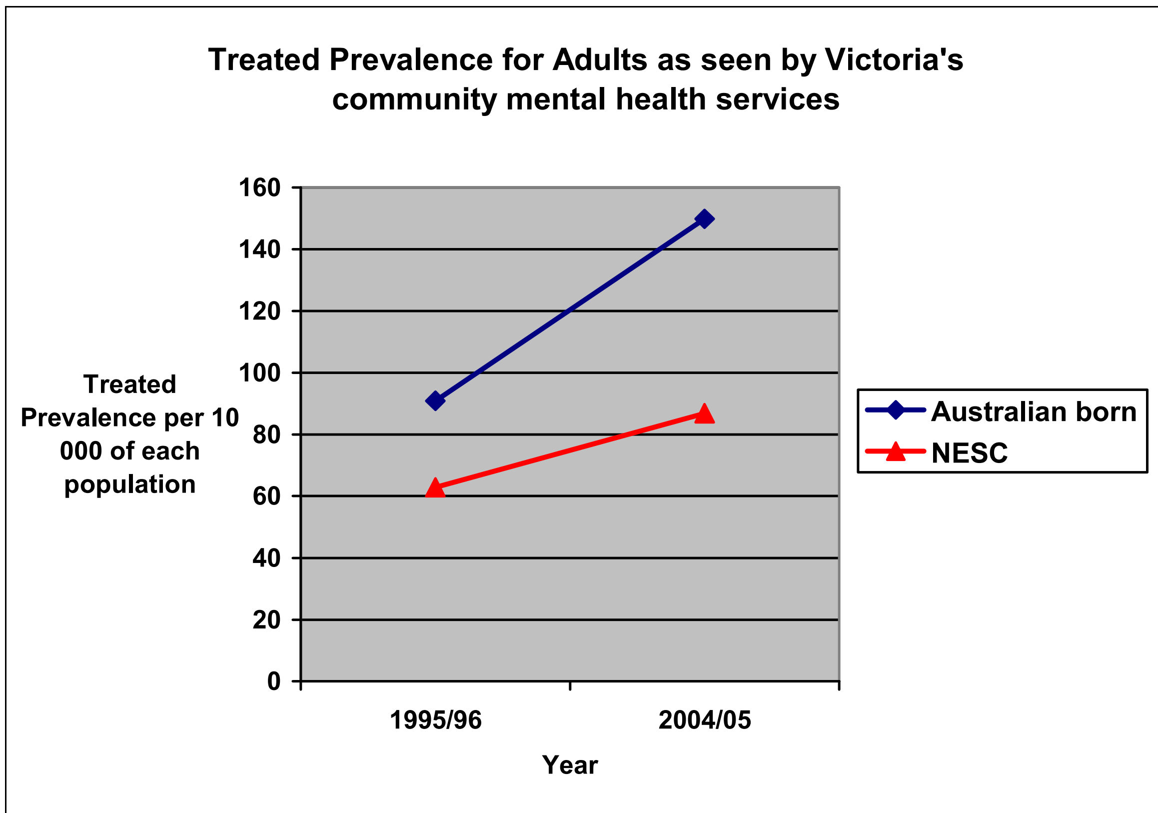

Source: Adapted from Stolk et al 2006, table 3.

Data collection issues with Victorian Psychiatric Disability and Rehabilitation Support Services (PDRSS) make it difficult to analyse service utilisation within this sector but data does suggest that there are fewer clients with low English proficiency than would be expected given the proportion of people in the community who do not speak English well or at all (Department of Human Services, 2006).

Prevalence of Mental Health Problems within Ethnic Communities

One potential argument for the lower levels of mental health service use amongst ethnic communities has been that there is a lower prevalence of mental health problems within these groups. However, research suggests this is not the case.

Unfortunately studies that have been done on prevalence of mental health problems within the broader community have generally excluded people with low English proficiency, and there is limited research conducted specifically on the prevalence of mental health problems within migrant communities and across cultures (Stolk et al 2006).

A Victorian mental health study of the primary care sector does indicate however that non-English speaking groups were not under-represented in this sector, leading researchers such as Stolk et al (2006) to conclude that their under-representation in specialist mental health services was due to service barriers rather than a lower prevalence of mental illness.

In addition, there are a number of risk factors associated with migration, such as separating from family and friends and settling into a new country, and also experiences prior to migration (especially for refugees) which may make people from ethnic communities more at risk of a range of mental health problems (DHS Cultural Diversity plan 2006, p. 3).

Methods of Increasing Access to Mental Health Services for Ethnic Communities

Existing approaches

Victoria's specialist mental health services have sought to address issues of access to services for people from an ethnic background through a range of policy initiatives and interventions over the last decade.

These have primarily focused on service development and include:

- cultural competency training[1] for staff
- cultural diversity policy development within agencies and service providers
- increasing and encouraging interpreter use

However, the Victorian government's Department of Human Services' report, *Cultural Diversity Plan for Victoria's Specialist Mental Health Services: 2006 – 2010*, suggests that:

> "…despite a range of policies and interventions designed to increase mental health workers' cross-cultural competence, the disparities between mental health service provision to people born in non-English speaking countries and that to those born in English speaking countries have generally remained unchanged over the past ten years."
>
> (Department of Human Services, 2006, p.6)

Why is service development not enough?

There are a number of factors which mean focusing on service development and ensuring people from an ethnic background are treated appropriately when they present at services may not be enough to increase rates of service usage by ethnic communities.

These factors include:

- cultural perceptions of mental illness and the causes of illness
- beliefs about the treatment of mental illness
- stigma towards mental illness within the community
- lack of knowledge of mental illness and where to seek help

These factors are critical because they influence whether the person decides to seek help for their mental health problems in the first place and will be discussed in further detail below. Again, whilst these factors relate specifically to mental illness, many of them may also apply to other health conditions.

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[1] The National Health and Medical Research Council defines cultural competence as "a set of congruent behaviours, attitudes and policies that come together in a system, agency or those professions to work effectively in cross cultural situations." (NHMRC 2006). Cultural competency training within this context refers to the professional development and training that agencies undertake in order to work effectively across cultures.

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Cultural perceptions of mental illness

People from different ethnic backgrounds and cultures have many different understandings of the causes of mental illness, which may impact on their belief of the appropriate treatment (Fan 1999). Whilst it is important to respect these beliefs, it is also important to understand how they may impact on a person's willingness to seek help and also who they may choose to seek help from.

Whilst many believe that mental illness is caused by biological or societal factors others may believe in religious or cultural causes, for example that mental illness is the result of bad deeds, bad karma or evil spirits (Bakshi, Rooney, O'Neil 1999). When this is the case those experiencing mental illness and their family members may not consider the issues as treatable, or may turn to spiritual leaders or other sources for treatment. These beliefs can also contribute to stigma towards the person experiencing a mental illness because they can encourage community members to blame the person and not associate with them (Bakshi, Rooney, O'Neil 1999).

Beliefs about the treatment of mental illness

Sometimes the way mental illnesses are treated in a person's home country will influence their decision on whether or not to seek help in Australia, especially if they haven't received adequate information about what services are available. This was an issue raised by consumers in a consultation undertaken by Multicultural Mental Health Australia and their partners in 2004, with one consumer commenting *"we come from cultures and countries where if you have a mental illness, you end up being locked up and the keys are thrown away"* (MMHA 2004).

Stigma within the community towards mental illness

As suggested earlier, stigma, which is described as the "application of a negative label or mark that distinguishes people in the community" (Bakshi, Rooney, O'Neil 1999, p.iv) can also significantly affect a person's willingness to seek help (Fan 1999). Stigma results in negative attitudes, behaviours and feelings towards those with a mental illness such as avoidance, ridicule, fear or viewing those with a mental illness as weak, bad or dangerous (Bakshi, Rooney, O'Neil 1999, Kokanovic, Petersen, Mitchell & Hansen 2001, p.72). It can strongly affect people's willingness to seek help because they become concerned as being identified as having a mental illness within their community.

Lack of knowledge of mental illness and where to seek help

Whilst knowledge about mental health and illness within non-English speaking communities is improving, research suggests that people from ethnic communities often may not be well informed about the causes, symptoms and service delivery options available (Rooney in Bakshi, Rooney, O'Neil 1999, p.4, Kokanovic et al 2001, p.72). Without this knowledge, even if people are willing to receive treatment for a mental health problem they may not know where to go to get the right help. Again, this was an issue highlighted by CALD consumers who suggest "there needs to be more information about what services are available" (MMHA 2004) and was also found to be the case in a study of Asian migrant students in Australia, who had a significantly less knowledge of services available when compared to anglo-Australians (Fan 1999, p.55).

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How community capacity building can help: evidence in research

Working with ethnic communities to address some of the issues discussed above can increase the likelihood that people will present at health or mental health services for treatment. In other words, it can help get people in the door, at which point the role of service development and ensuring the individual receives a culturally appropriate service becomes crucial.

This approach is supported by a number of research studies. A literature review by Proctor (2004) at the University of South Australia compared successful strategies in the UK, Canada and US to improve access and equity to public services for people from ethnic minorities concluded that successful access and equity strategies had the following in common:

> "…successful efforts to improve the services offered to ethnic minority communities are based on integrating change across multiple levels of policy and service planning. These efforts are also based on developing ***significant and participatory relationships*** with local community networks and agencies from other service sectors"
>
> (Procter, 2004, p. 66)

This study identified some of the following as prerequisites for successful approaches:

- Anti-discrimination and equal opportunity legislation that provides rights to residents and citizens and establishes service obligations for public and publicly funded services.
- Overt public policy that acknowledges the issues of inequality.
- Policy that is realised in equity targets and improved data collection methods so that service managers and policy makers are able to quantify the extent of how services are meeting the diversity of needs of community members.
- Leadership and commitment from management and service staff.
- Targeted and integrated service models, i.e. A combination of targeted strategies to ethnic communities as well as mainstream integrated services
- Cultural competence training
- Community education and community development strategies that build relationships with and build networks with various ethnic communities and leaders.

More specifically, the report identified that community network building strategies helped to strengthen community knowledge of the health issues, address stigma within those communities and build referral and advocacy pathways. It also acknowledged that large agencies would need to allocate time and resources to building relationships with multiple communities such that their overall cultural diversity strategy would have a mix of population specific strategies (i.e. different strategies for new and emerging strategies vis-à-vis more established communities).

An example of this approach has recently been implemented in the UK, where 500 full-time community development workers have been employed as part of the new national *Delivering Race Equality* policy in mental health. Initial evaluations have shown that the policy's community development approach is making inroads into engaging with black and minority communities (Killaspy et al, 2006 and Thomas et al, 2006).

Looking at the Australian context, combining both service development and community capacity building has also been recommended by a number of actors. Stolk et al (2006) from the Victorian Transcultural Psychiatry Unit for example recommended in a recent unpublished study, that apart from ongoing cross cultural training and professional development, community education strategies should be developed to improve ethnic community knowledge of mental health services and reduce stigma (Stolk et al, 2006).

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Similarly, the National Health and Medical Research Council, who recently published a comprehensive guide on cultural competency in health suggest that alongside developing policy that supports culturally competent practice and supporting individuals to develop a culturally competent skills set, a culturally competent health system needs to support community development within ethnic communities as a key strategy (NHMRC 2006, p.31). The report suggests that "approaches that combine community development, capacity building and peer education help establish reciprocal relationships and strengthen a community's capacity to support its members and liaise with the health sector" (NHMRC 2006, p. 27).

Finally, focusing on ethnic communities as well as service development is also identified in the *Framework for the Implementation of the National Mental Health Action Plan 2003 - 2008 in Multicultural Australia*, with one of the four key action areas calling for more capacity building and community education that promotes good mental health and prevents mental health problems (Commonwealth of Australia, 2004).

In summary, the research above suggests that in addition to increasing cultural competency of health services at both a policy and practice level, community capacity building and education have an essential role to play. This relationship can be seen in the following diagram.

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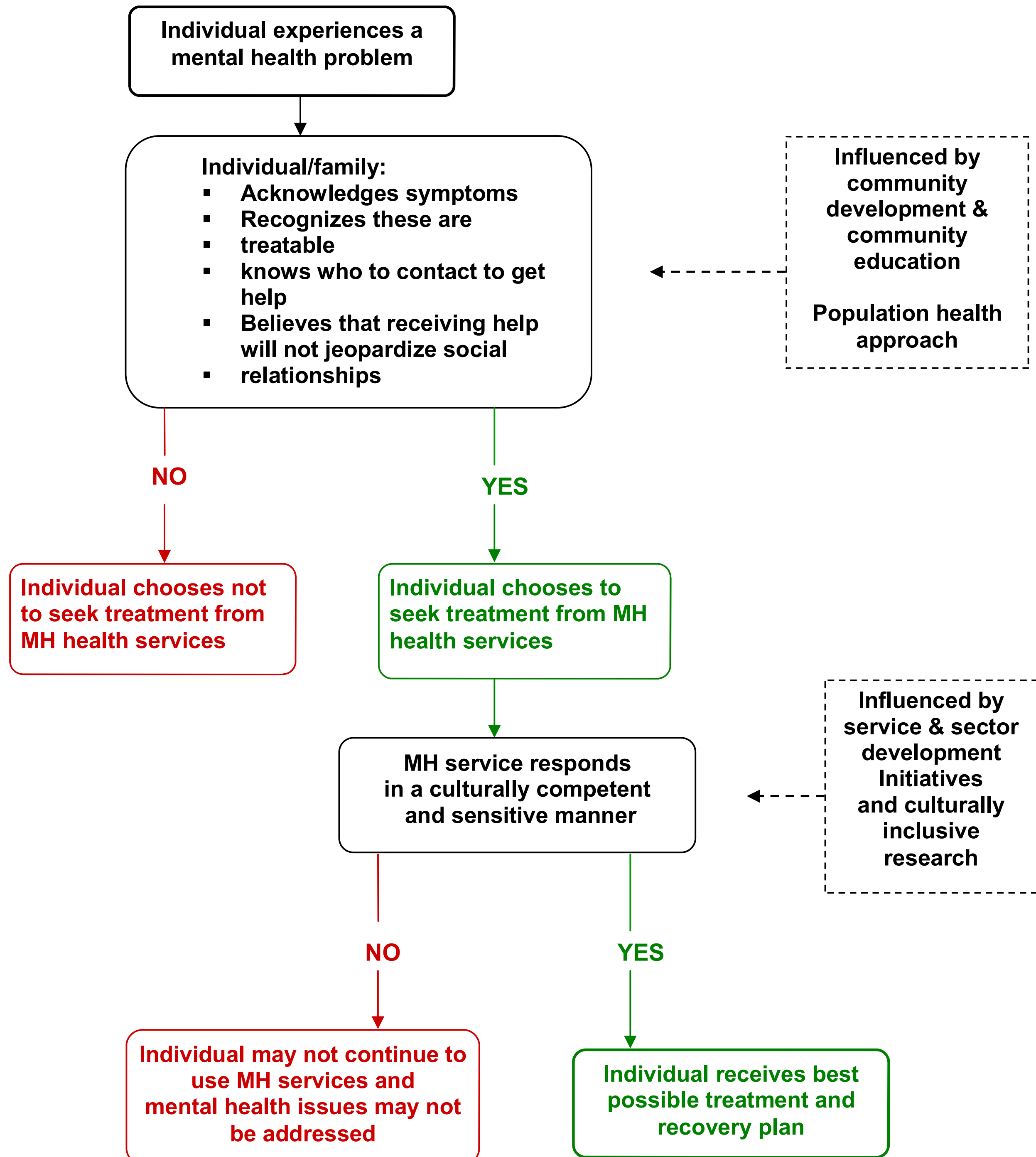
The Role of Community Development and Service Development in Improving Access to Mental Health Services for Ethnic Communities



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A model that combines service development and community capacity building

In light of the limited success of some methods of improving access to services and the research highlighting the importance of incorporating community capacity building into existing models, ADEC is proposing a culturally proactive model to increase access to services that combines service development with community capacity building. This model also draws from ADEC's experience with working with ethnic communities from over 50 language groups over 25 years. The model proposes the following components:

Relationship building
Building relationships with ethnic communities through reaching out and engaging with ethno-specific and multicultural organisations needs to be the foundation of any strategy to increase access to services. This has an important role to play in:

- building trust and rapport between service providers and communities
- humanising mental health services by allowing community members to interact with mental health professionals and community workers
- allowing services to enhance their knowledge in relation to cultural beliefs and practices of ethnic communities (QTMHC & Harmony Place 2003)
- allowing community members to improve their understanding of mental health and services available (QTMHC & Harmony Place 2003)
- allowing service providers to adapt their services in response to the specific needs identified by community members

It may involve:

- researching the demographics within your catchment area and comparing this to the ethnicity of your current clients to determine where gaps exist in your current service provision
- contacting your local migrant resource centre, local council or ethnic communities council to gain further insight into the communities in your area and to gain contacts of local ethno-specific organisations and community leaders
- engaging in a dialogue with members of ethnic communities about their health needs and how you may increase access to your service

Importantly, once these relationships begin to develop, community members and services can work together on increasing access to services.

Community capacity building and education
As research suggests, community capacity building and education has an important role to play in increasing awareness of services within the community and also assisting community members to develop the capacity to identify and look after their health needs.

Any community education needs to be developed in partnership with ethnic communities to ensure it is culturally appropriate and relevant to a specific community's needs (see relationship building above).

It may include for example:

- ethnic media campaigns, utilizing both print and radio
- conducting community education sessions by training bilingual community educators
- providing translated resources (both print and audio) to ethno-specific and multicultural community groups

Cultural competency training
Many service providers are already providing cultural competency training for their staff and this remains an essential part of any overall strategy.

Rather than providing cultural competency training as a stand alone unit, agencies need to be working towards mainstreaming cultural competency within their organisation by ensuring that this is a core component of each of the agency's usual training programs.

Again, where possible, this should be developed by directly engaging with ethnic community members and organisations. In essence it is important to remember that just as service providers may be experts in a certain health area, ethnic community members are experts in their own culture (Proctor 2003) and their conceptualisations of health issues.

Policy commitment
Policy commitment at both a sector and organisational level is an essential starting point to increasing access to services as it provides an overt statement of commitment at management level.

Without this overt commitment to achieving culturally inclusive and accessible services, priority may not be given to cultural competency training within the organization and resources will not be allocated to relationship building or community capacity building. Organisational wide policy statements also work towards ensuring that culturally proactive initiatives become "*mainstreamed"* into a whole-of-organisation approach.

Resource Allocation
Resource allocation by a service provider and their funding bodies, to ensuring their service is culturally inclusive and accessible, is essential and requires services to view cultural diversity as a core part of their business rather than an add-on.

Relationship building, community capacity building, community education, cultural competency training, and policy development don't happen by themselves. A commitment to this model involves allocating time and resources to make it happen. The "costs" of resource allocation should be weighed up with consideration of the costs to the community of not implementing initiatives to improve access and the resulting societal costs associated with increased isolation of ethnic community members from mainstream health services.

Summary
This paper has put forward a holistic model designed to increase access to mental health services for people from ethnic communities, given that existing methods of increasing access to services have not been highly successful[2]. It is based on research that suggests reaching out into communities and developing relationships with community members has an important role to play in creating a culturally accessible service.

The model suggests that once these relationships have been developed, and services begin to engage in a dialogue with ethnic community groups and leaders within their catchment areas, services and communities can begin to work together to identify and address their particular health needs. Importantly, this model is built on the premise that relationships need to be reciprocal, where ethnic communities are respected as experts of their own culture.

[2] It should be recognised that there are many good examples of service initiatives in mental health that have improved accessibility. The point, though, is that these initiatives are few and far between.

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