Our Metro South Community

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It is acknowledged that we work with individuals within our community who are marginalised, discriminated against and who have poorer life expectancy and physical health outcomes when compared with the general population. Within this community again are individuals who experience additional hardship including environmental and political circumstances that contribute to their overall picture of life challenges, recovery journey and resilience. Overarchingly, there is a need to further our cultural competence and sensitivity of practice when working with consumers.

Aboriginal and Torres Strait Islander Consumers: It is estimated that the life expectancy of Aboriginal and Torres Strait Islander people is lower than the general population by 10.6 years in males and 9.5 years in females. Non-communicable and preventable diseases account for an estimated 70% of this health gap. Some of these diseases include cardiovascular disease at 23%, diabetes at 12%, mental disorders at 12% and chronic respiratory disease at 9% (Markwick, Ansari, Sullivan, Parsons, & McNeil, 2014).

Added to recognition of health disparity between Aboriginal and Torres Strait Islander people and non-Aboriginal and Torres Strait Islander people, a sensitivity is needed along with an acknowledgement of the ongoing health inequalities that have resulted from the trauma experienced due to Australia's colonisation by Europeans (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2019; Merritt, 2011). Further to the recognition of systemic discrimination is the concept of barriers to help seeking, as help seeking has been shown to be lower in Aboriginal and Torres Strait Islander people (Coates, Saleeba & Howe, 2018). When considering this, it becomes essential that services are aware of these barriers and seek to actively dismantle them in order to fully service all consumers equally. Barriers of note include experience of racism and discrimination, lack of trust in mainstream services, negative past experiences, low mental health and addiction literacy, holding mental health and addiction stigma and shame, and lack of culturally appropriate services (Coates et al., 2018).

Key considerations for MSAMHS are therefore:

- Acknowledgement of potential trauma and its impact on presentation

- Consideration of the local community the consumer comes from

- Whole person perspective including physical, mental and spiritual wellbeing (Parker & Milroy, 2019).

- Consideration of Aboriginal and Torres Strait Islander concepts of health and methods of health care that are mindful of diversity and identity

- Not limiting health care to diagnosis or limiting care with the perspective of 'personal responsibility" rather than seeing a broader contextual causation and maintenance of poor health and good health (Markwick et al., 2014).

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- Referral to Aboriginal or Torres Strait Islander support staff

- Culturally aware staff who understand the impact of intergenerational trauma, the separation from culture, spirituality, language, and social injustice (Gilbert, 1995)

- Respond to barriers to help seeking.

Cultural Diversity: Cultural beliefs about what constitutes mental illness and how to respond to it affects how individuals from a culturally and linguistically diverse background seek help and whether they will choose to access mental health services (Cross & Bloomer, 2010). Although there are considerable research and data gaps in this area, evidence indicates that individuals from a culturally and linguistically diverse background have lower rates of mental health service utilisation when compared to the Australian-born population (Minas Kakuma, Too, Vayani, Oranpeleng, Prasad-Ildes, Turner, Procter, & Oehm, 2013; Colucci, Too, & Minas, 2017).

Some barriers for people in accessing mental health services include lack of knowledge about mental health services, language barriers, stigma of mental illness, concerns about confidentiality, cultural beliefs about mental health symptoms, negative experiences of using mental health services, concerns about not being understood or respected or cultural needs not being met (Minas, et al., 2013).

There are a range of factors contributing to an increased risk of mental health problems in people from culturally and linguistically diverse backgrounds, including: loss of family and social connections, discrimination, stresses of migration and adjusting to a new country, exposure to trauma before or during migration and a range of other social determinants (Baker, Procter, & Ferguson, 2016).

When working with people from culturally and linguistically diverse backgrounds it is important to address the barriers that prevent people from accessing mental health services and to identify the range of risk and protective factors that influence mental health and wellbeing. Mental health clinicians who work in culturally responsive ways seek to understand the illness experience of culturally and linguistically diverse consumers and work collaboratively with consumers and their family to respond to cultural needs (Cross & Bloomer, 2010).

Key considerations for MSAMHS are therefore:

- Respect for the cultural values and needs of the consumer and their family to support good therapeutic alliance and communication.

- Understanding what is culturally normative for the individual with respect to their cultural reference group and their own individual baseline.

- Understanding the challenges associated with using interpreters. Seek to offer interpreters even when an individual has a conversational level of English language proficiency. Ask about dialect and gender preferences.

- Explaining confidentiality and roles and responsibilities in a way that individuals can understand.

- Understanding an individual's cultural/ethnic/racial/spiritual/language identity (or identities).Understanding of the individual's level of acculturation with the host country.

- Understanding the cultural meanings of health and mental health and addiction and an individual's explanation of their illness or distress.

- Understanding the psychosocial environment and level of functioning with respect to cultural norms.

- Understanding of the unique circumstances of the individual and the impact and implications of these circumstances i.e. trauma, residency stress,

citizenship, and refugee status.

- Understanding that cultural differences between an individual and the clinician can influence communication, language, interpretation of responses and behaviours, relationship and rapport building.

- Facilitate referral to transcultural mental health services and other culturally appropriate treatment or psychosocial support services.

Diverse Sexuality and Gender: There are clear disparities in health outcomes within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and/or Asexual (LGBTQIA+) consumer community when compared with cisgender heterosexual community members. Members of this community are disproportionally affected by depression and anxiety in part due to experiences of gender and sexuality based discrimination (Briggs, Hayes, & Changaris, 2018).

Suicide attempt rates in the transgender population are worryingly high, around 11 times higher than in the general population, and LGBTQIA+ people aged 18-27 are five times more likely to attempt suicide in their lifetime (National LGBTI Health Alliance, n.d). As such, services need to be knowledgeable and inclusive of diverse gender and sexual identities. Some barriers to help seeking include overt and covert discrimination and a lack of LGBTIQA+ sensitive practice (Narang, Sarai, Aldrin, & Lippmann, 2019). This includes, but is not limited to, assumptions regarding gender, and not respecting name, dress, and pronouns when communicating with consumers. Additionally, the lack of acknowledgement of the impacts of familial and social rejection and exclusion, bullying and violence, historical social trauma and disrespecting identity can act as barriers to engagement (Klein & Golub, 2016).

Key considerations for MSAMHS are therefore:

- Tailoring interventions to meet the needs of LGBTQIA+ consumers.

- Linking consumers with peer groups and LGBTQIA+ services, whether face-to-face, online, or by telephone.

- Understanding the importance of safe spaces for the LGBTQIA+ community.

- Gaining a better understanding of contemporary research and standards of sensitive practice specific to LGBTQIA+ consumers.

- Understanding the challenges LGBTQIA+ consumers face with regards to social and familial relationships, including rejection.

- Understanding of how stigma, discrimination and marginalisation can impact on mental health, addiction, and physical health outcomes - including perceived or actual exclusion from support services.

- Understanding intersectionality in the context of LGBTQIA+ consumers.

- Understanding the impact of domestic and family violence on LGBTQIA+ consumers.

- Acknowledgement of struggles including prejudice, social stress, social exclusion, homophobia and transphobia, bullying, abuse and violence.