ORIMA Research pays respect to Aboriginal and Torres Strait Islander Peoples past and present, their cultures and traditions and acknowledges their continuing connection to land, sea and community.

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Summary of findings from mental health workforce core competency research with people from culturally and linguistically diverse (CALD) backgrounds

This research was funded through a grant from the National Mental Health Commission

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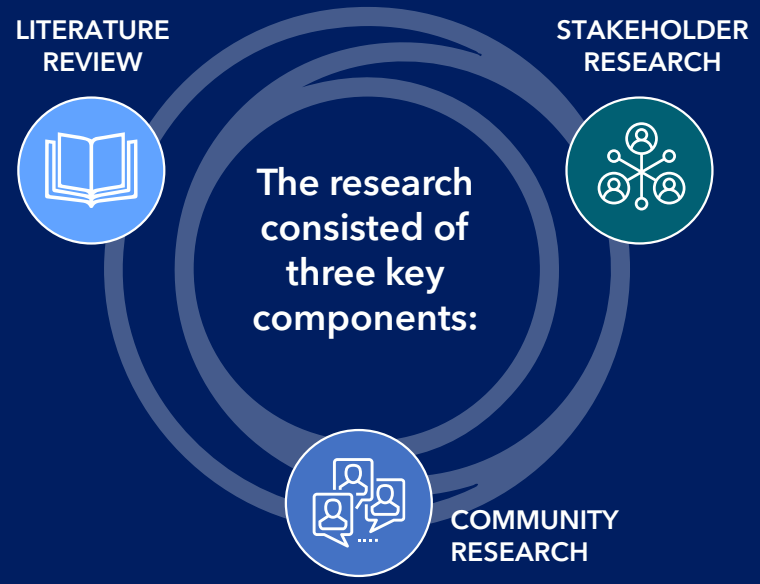
Background and methodology

The objective of this research was to identify the knowledge, attitudes and skills required of professionals in the mental health workforce to meet the needs of people in two priority populations: people from culturally and linguistically diverse (CALD) backgrounds; and people from lesbian, gay, bisexual, transgender, queer, questioning, intersex and asexual (LGBTQIA+) communities. This document presents a summary of the findings and core competencies identified from the research with CALD communities.



Throughout the report we use 'CALD' respectfully to refer to people living in Australia who were born overseas, or with parent(s) or grandparent(s) born overseas, in countries other than those classified by the Australian Bureau of Statistics as 'main English-speaking countries'. This includes those from communities with diverse languages, ethnic backgrounds, nationalities, traditions, societal structures and religions. While we have spoken with participants from a range of circumstances and locations, we acknowledge that aspects of these findings may not be applicable to the whole population of peoples from CALD backgrounds in Australia.

Literature review: existing literature was reviewed to inform the development of research materials and an initial draft set of core competencies

Stakeholder research: conducted with 22 representatives from mental health and wellbeing services and advocacy and support organisations working with CALD communities

Community research: conducted with 25 CALD participants who had accessed or felt they could have benefited from access to mental health services, as well as family members and carers of people from CALD communities who had accessed services.

Core competencies were iteratively tested and refined with participants throughout the research.

Findings in relation to competencies for CALD community members

Contextual background

CALD communities may experience unique mental health needs

Overall, the research found that mental ill health and the provision of effective mental health services is an area of need for CALD Australians, however gaps exist in the research available. The literature review found that there is currently limited data and consistency in relation to the reported prevalence of mental ill health among CALD Australians. However, there is evidence that mental health concerns among CALD communities are underreported. The research found that contributors to mental ill health among CALD communities may include: isolation; experiences of trauma (including experiences of racism); experiences of the resettlement processes (e.g. stress of the migration experience, challenges of a new environment, etc.); visa challenges; and differing perspectives or values between individuals, families and communities.

Stakeholders perceive that cultural competency can be viewed superficially in the workforce

Some stakeholder participants reported that, over the last decades, there has generally been greater recognition of the need for all services to be culturally safe and inclusive in Australia. However, it was felt that in practice this could often be treated as a 'tick-box' exercise (e.g. attending a webinar on cultural practice) rather than a dynamic and ongoing process of culturally responsive learning and engagement. Most stakeholder and community participants reported feeling that there were currently significant gaps in the capacity and capability of the mental health workforce to provide appropriate and effective care to clients from CALD backgrounds.

Experiences accessing and using services

Participants reported that **enablers** to accessing mental health services included:

- Being informed about the services that are available.
- Being encouraged and reassured that it is normal to seek support.
- Having access to free and/ or confidential help.

The research identified a range of **barriers** to help seeking and engaging with mental health services, including:

- Limited familiarity with concepts of mental health (among some CALD communities).
- Social stigma or shame about mental health.
- Limited perceived relevance of mental health supports (e.g. in communities where the concept of seeing a 'professional' for social and emotional support was not familiar or desirable).
- Limited awareness of services and how to access services.
- Lack of affordability (including lack of access to Medicare or similar funding for some).
- Negative perceptions and experiences with health and mental health services (e.g. feeling judged or looked down upon because of language or background, being exposed to rude or derogatory statements, or being stereotyped or stigmatised by professionals).
- Concern about confidentiality.
- Cultural and language barriers (i.e. where services do not cater to those cultural or language needs).

The research found that negative experiences with mental health professionals were common including:

- Feeling judged or being made to feel uncomfortable due to language or culture.
- Feeling confused and uninformed and/ or not being communicated with about what to expect.
- Encountering communication challenges (e.g. being misunderstood, and/ or interpreters being used ineffectively or inappropriately by mental health professionals).
- Being provided with services that lacked cultural sensitivity or safety (e.g. being given advice or asked questions that lacked cultural consideration, experiencing awkward or uncomfortable interactions).
- Being unable to access appropriate cultural or peer support workers.

Core competencies

Core competencies were felt to be just one piece of the puzzle in supporting access to mental health support. While there was support for workforce competencies to support professionals to work effectively with people from CALD backgrounds, the research found that there are other important areas of mental health service delivery which are important to address to ensure individuals from CALD backgrounds are aware of services and can engage with them if needed.

The research highlighted the importance of ensuring that the core competencies complement existing work which seeks to support the mental health of people from CALD backgrounds. In particular the work of the Embrace Project, which was established to provide a national focus on mental health and suicide prevention for people from CALD backgrounds and provides a range of resources for services and professionals (Embrace Multicultural and Mental Health, 2022).

The competencies identified focus on:

Improving knowledge about the considerations that factors such as language, cultural diversity and migration experiences may create for providing mental health care to people from CALD backgrounds.

Promoting attitudes that encourage professionals to recognise the impacts their own culture has on their approach to providing services and being open to the range of perspectives and goals that people from CALD backgrounds may have in relation to their care.

Developing skills that support effective communication approaches and the ability to sensitively and holistically support individuals' needs, as well as their comfort engaging with a professional.

A summary of the **knowledge-based, attitudinal** and **skill-based core competencies** identified in the research can be found in the following pages.

Knowledge-based competencies

This section describes the knowledge-based competencies – which includes specific areas of knowledge, understanding and awareness that professionals should have for working with communities.

Knowledge-based competency:	Those in the mental health workforce:
Awareness of local demographics *(e.g. awareness of languages spoken and cultural backgrounds) to support knowledge of potential needs present in the local area.*	• Know localised demographic data (e.g. nationalities/ cultural identities, languages spoken and whether clients are likely to be: recent migrants, refugees or asylum seekers; international students; or first, second or third generation children of migrants). • Recognise potential cultural factors that may impact on service delivery preferences in their local area (e.g. preferences for same gender professionals). • Know how to access appropriate translation and interpreter services to meet the local language needs where required.
Awareness of basic cultural differences *(e.g. diversity of families, communities and values, as well as languages) to support identification of potential opportunities to better understand an individual's need and goals for their care.*	• Know that every client has a different background and social context which may impact on them in different ways. • Are aware of basic differences that may be observed between cultures, such as individualistic and collectivist cultures. • Can sensitively and appropriately work with clients to understand their unique background and context (including stressors, preferences, and goals).

Knowledge-based competency:	Those in the mental health workforce:
Awareness that different cultures may have their own understandings, perspectives of and treatments for mental health *(e.g. what it is, it's causes, how it's experienced and perceived and approaches to care), as well as different ways of talking about or communicating about mental health, including potential stigma.*	• Understand that there are differences in what mental health means and how it is understood – for example, whether it is highly stigmatised, viewed as a gift or understood as being linked to concepts such as mental fortitude or religious practice. • Understand that there may be differences in how mental health/ distress may be experienced and expressed, and/ or different expectations across cultures – for example, displays of high, overt emotion or being more restrained/ withdrawn. • Understand that there may be differences in how mental health is most appropriately talked about – for example, talked about directly or more indirectly (e.g. without use of specific diagnostic labels). • Understand how different conceptions of mental health may impact an individual's perspective of what treatment approaches may be most appropriate for them – for example, whether medication is viewed as an appropriate inclusion in a treatment plan. • Understand the importance of adopting a more proactive referral and outreach approach to link individuals from CALD backgrounds to mental health services, and promote the need for good mental health.
Understanding that approaches to care can be limited by the system the professional is trained and operates within *This may be impacted by the practice norms in Australia (e.g. Western biomedical model), including in relation to approaches to diagnoses and prescribing/ treatment methods.*	• Can recognise and identify how their practices and approaches to mental health have been informed by their training background, the structures of the system they operate within and their own cultural background. • Can identify when normative therapeutic practices in relation to diagnoses and treatment may be inappropriate or ineffective for individuals from CALD backgrounds. • Recognise the need to engage in ongoing training, supervision, conversations with peers and colleagues, and seeking feedback from individuals, communities and organisations to critically review and update knowledge in relation to effective models of care to meet the diverse needs of clients.

Knowledge-based competency:	Those in the mental health workforce:
Awareness of potential negative associations from previous experiences with health and public services… *…and how this may impact trust and comfort in engaging with these services.*	• Are aware of how different CALD communities may have experienced discrimination/ racism, felt ignored, looked down upon, judged, been unsupported or made to feel unwelcome in their interactions with health services and professionals in Australia or overseas. • Understand the potential need to be patient when working with clients who have had negative experiences to build trusting relationships when commencing at the service or with a new professional. • Ask individuals what has or has not been effective for them when they have interacted with services in the past, and take steps to adjust their approach based on feedback. This is also important for those who work in other support roles in a service (e.g. receptionist) who a client from a CALD background may interact with.
Understanding of the social and environmental determinants that may impact an individual's wellbeing… *…rather than only focusing on individual factors. These factors may include isolation, financial stressors, family and intergenerational issues, visa uncertainty, experiences of racism and/ or other challenges.*	• Are aware of the factors which contribute to past or ongoing mental distress for individuals and may have a higher prevalence among people in Australia from a CALD background – for example, pre-arrival and settlement experiences among migrants, exposure to trauma among refugees and exposure to racism. • Are able to use a trauma-informed approach to ask relevant questions and openly discuss these issues. • Understand potential care needs outside of mental health services – for example, where practical or tangible support is required to address mental health stressors (i.e. lack of employment opportunities, homelessness or separation from community).

Knowledge-based competency:	Those in the mental health workforce:
Awareness of intersectionality *This includes how cultural identity may intersect with other aspects of a person's life (e.g. disability, gender, religion or LGBTQIA+ identity) to impact the care they may require.*	• Understand how experiences, such as of diverse gender identities, sexualities or disabilities may be perceived, experienced or understood within a particular community. • Understand that services and health professionals sought by individuals may need to be safe, inclusive and supportive from a range of different perspectives. • Are able to navigate and adapt the language, questioning, assessment and advice provided based on the intersecting needs of the individual – where relevant, incorporate skills, knowledge and competencies developed for other cohorts (e.g. LGBTIQA+ frameworks), or to understand and respond when knowledge and skills may differ due to the intersecting experiences of clients.

Attitudinal competencies

This section describes the attitudinal-based competencies – which includes the attitudes and beliefs that professionals should have about their practice and the communities they work with.

Attitudinal competency:	Those in the mental health workforce:
Recognising personal bias, values and cultural norms and how these may impact care *Acknowledge and be willing to challenge personal perspectives, experiences and limitations, including when to refer an individual to a more qualified or better-matched professional.*	• Proactively seek to understand their own values, cultural norms and perspectives and critically reflect on how their experiences and worldview inform their practices and approaches to mental health – for example, what it means to be a good and healthy person or in a healthy relationship. • Can recognise or identify limitations in their approach or professional practice, and know when to either adapt their own approach or when to refer a client to a better-match professional. • Discuss reflections and opportunities to improve approaches with colleagues and supervisors.
Being open minded, curious and interested in learning *(e.g. in relation to customs, values and community systems). Professionals should be humble, genuine and avoid pre-conceived assumptions.*	• Demonstrate curiosity and enthusiasm to understand and learn about clients and their perspectives – including customs, values, social and community norms – either by asking clients, or by doing their own independent research into communities (and then sensitively exploring/ confirming these without making assumptions or stereotyping the client). • Genuinely valuing and seeking out other perspectives, and be willing to have their assumptions challenged. • Avoid making any assumptions about a client's mental health, wellbeing or care before opening dialogue and checking that they have understood what the client is saying (e.g. repeating back to clients what they have understood and checking if it is correct).

Knowledge-based competency:	Those in the mental health workforce:
Respecting, appreciating, and acknowledging cultures *Understanding and leveraging the strengths of culture and adopting a strengths-based style of engagement.*	• React positively and affirmingly to people if they share information about their language, religion, family, community or social norms. • Are open to and curious about learning about a person's experiences, and react without judgment (including when something shared is seen as 'strange' or 'negative' from the perspective of the professional's own cultural background). • Are accepting of the range of interpretations of what makes a mentally well person, and differences in values and relationships. For example, where family dynamics may be different in some communities, a deficit-based approach may look at community and family obligations and see only the stressors or burdens rather than value and opportunities these bring.
Taking a client-centred perspective *This may include being patient, flexible and taking the time to listen and learn about an individual and their story, as well as valuing their strengths and lived experience.*	• Are open to taking the time required to listen, understand and build rapport and trust with an individual. • Appreciate the importance of working with the individuals to identify and work towards their own goals, and find solutions that are tailored to these. • Seek to help individuals find the strengths and opportunities that their diversity may bring. • Regularly check in with individuals to receive feedback and adapt the service, treatment plan and supports as required to best meet their needs.

Knowledge-based competency:	Those in the mental health workforce:
Adopting a growth mindset in relation to cultural competency/ responsiveness *Being willing to conduct independent learning, rather than relying solely on clients to educate or viewing it as a 'tick-box' exercise.*	• Recognise that cultural responsiveness is an ongoing process and are willing to seek new opportunities to develop and evolve this competence. • Take responsibility for their own learning in relation to culture and recognise that it is not the responsibility of individual clients to educate professionals beyond their own experiences and practices. • Actively look for opportunities to learn about the specific cultural or linguistic background and context of individuals they are working with.

Skill-based competencies

This section describes the skill-based competencies – which includes the practical and tangible behaviours and actions through which professionals embody and enact these competencies.

Skill-based competency:	Those in the mental health workforce:
Actively building rapport… *…to create trusting relationships, including through basic steps such as learning how to pronounce and use an individual's name.*	• Ask individuals their name, and if needed, learn how to pronounce this accurately. • Take questioning at the pace an individual is comfortable with and invest time in initially getting to know the individual and their story. • Proactively ask individuals about their previous experiences with services and what worked and didn't work for them.
Having diverse communication skills *Effectively and sensitively using interpreters; understanding story telling approaches; actively listening (seeking clarification and confirming understanding); and using plain English.*	• Utilise active listening skills, including summarising back to individuals what they have understood them to be saying and seeking clarification or confirming understanding. • Have the practical skills required to work with interpreters before, during and after sessions (see best practice guidelines for working effectively with interpreters in mental health settings, e.g. VTPU, 2006; AUSIT, 2007; APS, 2013; ASLIA 2011). • Understand that there are differences in communication styles, and can identify and adjust their approach when different communication methods are being used by individuals (e.g. narrative/ story telling approaches or more direct/ indirect communication).

Skill-based competency:	Those in the mental health workforce:
Adopting recovery-orientated approaches… *…and working with an individual as an equal power holder towards their goals. This includes where culture may be an important part of a person's healing and self-care process.*	• Work with individuals to understand their goals and preferences in care, and respect where goals may differ from a professional's personal perspectives or assumptions (e.g. what a healthy life or healthy relationships look like). • Identify where cultural practices may or may not be a part of a person's recovery process, and work to incorporate these as required. • Ensure they understand an individual's context and goals before providing solutions, such as advice, treatment and/ or prescriptions.
Ability to keep individuals informed… *…in a language and format that could be understood (e.g. what to expect in and from a service, confidentiality and an individual's/ family's rights).*	• Are able to communicate the purpose of mental health services and what progression and escalation within a service or the broader mental health system may look like. • Are able to inform people about what they can expect from a service, including their role and the professional's role. • Are able to explain to an individual (and their family members as and when required) their rights within the service, including how their confidentiality will be protected and limits to their confidentiality. • Can determine the best approach to ensuring the information is communicated clearly, including using plain English and/ or verbal or written information in the individual's preferred language. • Are able to communicate this information to families where this is appropriate, particularly in acute settings.

Skill-based competency:	Those in the mental health workforce:
Reacting in a professional and non-judgemental way to information about culture, religion and use of language *Being empathetic and reassuring through verbal and non-verbal cues (rather than judgmental or dismissive).*	• Are aware of their verbal and non-verbal reactions (e.g. facial expressions, tone, body language) to information shared, particularly in relation to family, culture or religion which may not be normative or familiar for the professional. • React in a neutral and non-judgemental way to any information a client may share (i.e. not overly positive or negative).
Enabling individual-led exploration of topics… *…including respecting an individual's comfort zones and discussing culture only as and when appropriate for care.*	• Ask and understand if there may be topics individuals do not want to discuss or may not want to discuss yet (e.g. about their relationships), or if there are particular things that make individuals more or less comfortable (e.g. talking in a group setting). • Communicate service expectations, including what topics may be discussed, or may be useful to discuss over time. • Sign-post or tell clients about upcoming topics and questions and seek feedback about whether the client is comfortable discussing these.
Ability to refer and support access to services… *…including for culturally specific supports where appropriate.*	• Can identify the limitations of their own practice or approaches, and know when to refer on to a better-matched service. • Know what referral pathways exist or where to find referral pathways, and know how to refer, including to accommodate different visa status limitations. • Can support clients through their referral process and ensure they do not get 'lost' in the system.

Skill-based competency:	Those in the mental health workforce:
Engaging and collaborating with families, peer workers, cultural and religious leaders and community organisations… *…where this aligns with an individual's needs and recovery-oriented goals.*	• Can work with clients to understand their family and community networks and the roles these play as risks and protective factors in their mental health. • Work with clients using recovery-oriented approaches to understand when there is a need to engage and collaborate with families, peer workers, cultural and religious leaders and community organisations for a client's care. • Are able to engage with families in a constructive manner where this is useful and desired by the individual. • Are able to assist clients to find and link in with community organisations where these are desired.
Adopting trauma informed approaches… *…with consideration of an individual's experiences and traumas that may impact mental health.*	• Understand and practice the core principles of trauma-informed approaches to care. • Broadly understand the traumas that may be commonly experienced by those from CALD backgrounds (e.g. refugees and asylum seekers, migration trauma, intergenerational trauma, racism and family-related trauma). • Seek out training, techniques, and resources on trauma-informed approaches to ensure they are appropriately equipped.

Next steps

While the research sought to engage with key stakeholders and community members to develop, test and refine the core competencies, they have not been tested yet with the general mental health workforce. It is suggested that future research may include testing the core competencies with the general mental health workforce. Additionally, the competencies could be shared more broadly for open comment and feedback from stakeholders, including those who may not have been able to participate in the research. This may include showing the more detailed information associated with the core competencies which was not specifically tested through this research process.

Future work may include a gap analysis and seek to better understand enablers and barriers for professionals in the mental health workforce when providing services to people from CALD backgrounds. To support professionals to engage with the competencies, next steps may involve understanding how currently available training, supports and resources can be leveraged and promoted, as well as using a codesign approach to determine the resources, training and supports professionals may need to improve their competency.

In addition, future research may explore what meeting the competencies may look like more specifically for different areas of the workforce (e.g. those working more directly in mental health compared to those who may have a role in referring or connecting people to mental health support).

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Thank you

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