CULTURALLY AND LINGUISTICALLY DIVERSE (CALD) POPULATIONS **POLICY POSITION STATEMENT DECEMBER 2021**

POSITION

1. Parliament should pass a Suicide Prevention Act and develop a Suicide Prevention Plan which should be tabled in Parliament and include a section on preventing suicide in CALD communities.
2. The Suicide Prevention Plan should include a focus on whole of government suicide prevention programs and services aiming to meet the needs across the generations of individuals and communities within Australia's culturally diverse population as well as improvements in workforce and data collection.
3. State, Territory and Commonwealth Governments should ensure that a range of organisations and individuals with expertise in culturally appropriate service delivery are involved in the design, implementation and evaluation of services. This should include people with lived experience – including carers and persons involved in family and international student support – and cover a range of needs from settlement support to the needs of older persons including second and subsequent generations and people with expertise in transcultural, torture and trauma-informed services.
4. Health systems should be augmented by funding a range of organisations within the CALD service delivery sector including those organisations that have links within specific CALD communities, with at this time a focus on the impact of COVID-19 pandemic.
5. State, Territory and Commonwealth Governments should consider additional options to ensure funded organisations have achieved demonstrated outcomes-based improvements for CALD individuals and communities and the extent to which organisations have a responsive organisational culture and structure which includes ensuring that quality links are developed and maintained with CALD community organisations.

CONTEXT AND COMMENTARY

Population

Australia has one of the largest multicultural populations in the world, with cultural and linguistic diversity a defining feature.[1] In 2020, there were over 7.6 million migrants living in Australia (out of a total population of 25 million), 29.8% of the population were born overseas.[2] It is projected that by 2026 one in four people in Australia aged 70 years and over will be from a CALD background.[3]

Suicide Prevention Australia recognises the commitment of the Australian Government to address suicide in the Australian population. There are a number of factors which mean that people from CALD communities may be more susceptible to the risk of suicide. These risks factors are complicated and not homogenous within any community. For example, the risk factors of a refugee can differ greatly from other migrants. CALD communities should be viewed dynamically and this should be acknowledged in policy development.

The COVID-19 pandemic has highlighted the need to partner with CALD communities to ensure timely information, quality services and effective health responses. Lessons learned from the pandemic response, in

[1] Minas, H., Kakuma, R., Too, L., Vayani, H., Orapeleng, S., Prasad-Ildes, R., … Oehm, D. (2013). Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion. *International Journal of Mental Health Systems*, 7(1), 23–48. doi:10. 1186/1752-4458-7-23.

[2] Australian Bureau of Statistics (2020), Migration, Australia. Canberra, ACT: https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release

[3] Gibson, D., Braun, O., Benham, C., & Mason, F. (2005). Projections of older immigrants' people from culturally and linguistically diverse backgrounds, 1996-2026. Canberra, ACT: Australian Institute of Health and Welfare.

particular impacts on multicultural communities, should inform future suicide prevention program design and delivery.

Whole-of-government approach

A whole-of-government approach to suicide prevention is required in Australia. Only around half of those whose lives are tragically lost to suicide each year were accessing mental health services at the time. The only way to work towards an ambition of a world without suicide is to work across Government agencies and the broader community to prevent suicide. This includes early intervention and prevention, postvention and capability building for human service providers and others who perform 'gatekeeper' roles.

Recent progress towards a whole-of-government approach, including the appointment of an Assistant Minister for Suicide Prevention and announcement of a National Suicide Prevention Office is positive. Across the community, there are examples of good practice that can support culturally inclusive suicide prevention activities, including, as part of ongoing reform including an upcoming National Agreement on Mental Health and Suicide Prevention.[4]

CALD communities interact with a wide range of Government social services and economic agencies. A whole-of-government approach is essential to address the risk of suicide in these communities. Suicide Prevention Australia's National Platform outlines the need for the Commonwealth Parliament to pass a *Suicide Prevention Act* (*see Policy Platform*) and develop a Suicide Prevention Plan which should be tabled in the Commonwealth Parliament.

Gaps in data and research on CALD factors render inequities invisible.

While very little is known about suicide and suicidality among this population in Australia[5], there is some data available to indicate that people from immigrant and refugee backgrounds may experience significant levels of psychological distress compared with other Australians. This is often related to pre-migration issues such as war and conflict and being separated from family and friends. Resettlement and the stress of adapting to a new culture can also affect mental health and wellbeing.[6]

It's been documented that a robust evidence base providing population-level data and accurate recording of deaths by suicide of individuals from CALD communities is fundamental in improving data collection. This includes improving data collection by coroners to inform policy, service, and program development.

Understanding the scale of need is challenging because some cultures may not report deaths as suicides due to stigma, resulting in some suicides reported as unintentional or accidental deaths.[7] There is a need for a greater focus across policy, research, and evaluation on suicide prevention in Australian CALD communities due to the lack of Australian studies looking at suicidality or suicide prevention in CALD communities.

Workforce: Improving cultural responsiveness – education and training

There are a number of initiatives in place to improve the cultural responsiveness of mental health services. The Embrace Multicultural Mental Health Project and the Framework for Mental Health in Multicultural Australia are an integral component of this effort. The 2021 Commonwealth Budget included $16.9 million to fund mental health early intervention supports and preventative measures for migrants and multicultural communities, and address the cultural competence of the broader health workforce. Some States and Territories have made similar investments in workforce capability.

Sustained investment in the education and training of government-run health and social services is needed to build a culturally responsive workforce. Funded mental health and suicide prevention programs should have specific cultural appropriateness targets included in their service agreements and program guidelines to clearly describe service delivery expectations and standards.

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[4] Mental Health Australia (2020). Embrace Multicultural Mental Health – Good Practice Guide.

[5] Madeleine Bowden, Alicia McCoy & Nicola Reavley (2019): Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review, *International Journal of Mental Health*, DOI: 10.1080/00207411.2019.1694204.

[6] Australian Institute of Health and Welfare (2008). Australia's Health 2008. Canberra: Australian Institute of Health and Welfare.

[7] Walker, S., Chen, L., & Madded, R (2008). Deaths due to suicide: the effects of certification of coding practices in Australia. *Australian and New Zealand Journal of Public Health*, Vol. 32, pp. 126-130.

A coordinated approach is required for reducing stigma and improving suicide and mental health literacy amongst Australia's CALD communities. Cultural competency standards and training amongst mental health and suicide prevention services across Australia is necessary. To support this, prioritising diverse workforces, including peer workers, increases the accessibility and appropriateness of services for frontline bilingual staff and at a program and policy level.

Integration of cultural responsiveness in the planning, delivery, and evaluation of suicide prevention services

Applying a 'one-size fits all' model to suicide prevention is neither appropriate nor effective for suicide prevention. System wide services, at the Commonwealth, State, Territory, and local level, should be adapted to develop culturally appropriate services and responses to address the barriers impacting the access of multicultural communities to suicide prevention services offered by Government and Non-Government services. For example, expanded access to alternatives to emergency departments for CALD individuals experiencing crises, including non-medical, non-stigmatising and culturally safe and responsive models of care.

Improved access to services

Suicide prevention and mental health services should take into consideration the needs of CALD individuals and communities to ensure equitability of access and to address risk factors. Australians from CALD backgrounds generally demonstrate reduced and variable rates of access to mental health services, with complexities related to country of birth, language spoken at home, and other factors such as age and gender.[8] Reasons for under-utilisation include language barriers, lack of health information, lack of understanding of appropriate healthcare pathways, Medicare ineligibility, healthcare costs, different cultural understandings of mental illness, normalisation of distress and stigma.[9]

Although Australians born in non-English speaking countries may access voluntary mental health services at reduced rates, there tends to be higher rates of involuntary admission of CALD people into in-patient facilities.[10] Consumers from CALD backgrounds tend to be hospitalised for longer and are more likely to present for treatment at the acute, crisis end of treatment[11]. Delayed treatment can be traumatic for individuals and their families and contribute to delayed recovery rates. Longer and involuntary hospital stays also increases the costs of care that may have been prevented through early intervention and preventative interventions. These factors may also contribute to safety and quality risks and can further undermine a lack of trust in health services for both the individual and community.[12]

Prevention efforts for suicide among CALD communities in Australia are limited. An assessment of activities funded as part of the Australian Federal Government's National Suicide Prevention Program showed that the uptake of system wide suicide prevention initiatives by CALD communities was poor, and that there were only a handful of small-scale suicide prevention programs targeted specifically at people from CALD backgrounds.[13]

Culture can also influence how individual's present with mental health conditions. This can lead to a lack of diagnosis and treatment in CALD communities. Culturally responsive and safe services, workforce diversity and peer workers and the key role of lived experience can support better outcomes from early intervention through to treatment.

Impact of stigma in access of services

CALD communities have diverse views of suicide and suicidal thinking, and vary in the way that their community, family, and friends respond to suicide. Some cultures associate a strong stigma with suicidal behaviours; and the stigma may extend beyond the individual to their family, carer, friends, and community. Stigma can cause people to avoid treatment out of fear of alienation, hide their symptoms or do not seek

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[8] Australian Bureau of Statistics (2011). Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications. Retrieved from: http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001~2011~Main%20Features~Introduction~1.

[9] Harding S, Schattner P and Brijnath B (2015). How general practitioners manage mental illness in culturally and linguistically diverse patients: an exploratory study.

[10] Victorian Transcultural Psychiatry Unit (2008). Access to Mental Health Services in Victoria: A Focus on Ethnic Communities. Retrieved from: http://www.vtmh.org.au/_literature_39239/Access_Report.

[11] Multicultural Mental Health Australia (2019). The State of Play: Key MH Policy Implications for CALD Communities.

[12] Minas, I.H., Lambert, TJ.R., Kostov, S., Boranga, G. (1996). Mental Health Services for NESB Immigrants, Bureau of Immigration, Multicultural and Population Research, Department of Immigration and Ethnic Affairs, Commonwealth of Australia, Canberra.

[13] Madeleine Bowden, Alicia McCoy & Nicola Reavley (2019). Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review. *International Journal of Mental Health* DOI: 10.1080/00207411.2019.1694204.

treatment until the issues becomes acute.[14] Spiritual and religious beliefs may contribute to this stigma, as well as social understanding and attitude toward mental health and suicide within a particular cultural community.

The role of family is crucial to the prevention of suicide within CALD communities. Family and social networks for many CALD people are key to both prevention and recovery of mental health conditions. Active collaboration and partnerships between public mental health services, suicide prevention programs, community organisations and faith-based services can help address barriers to accessing services. More broadly, building social capital can function as a strong protective factor for suicide prevention.

While stigma and shame around suicide exists for many communities, it may be particularly strong for those from CALD backgrounds. The stigma and shame around suicide may prevent individuals and families from CALD backgrounds accessing support after a suicide attempt or after the death of an individual by suicide. This may further isolate those individuals and families and further deepen the disparity of access to timely and appropriate health services. Stigma can also be faced intersectionally by individuals in CALD communities that identify with other groups that face stigma, for example, the LGBTQI+ community.

A holistic and whole of government approach to suicide prevention to CALD communities would embed a preventative approach to suicide prevention by providing adequate settlement support to address acculturation stress, which describes the psychological difficulties which arise during the acculturation process because of the conflict between trying to maintain one's own culture while trying to adapt to a new culture. Research has pointed to acculturation difficulties as a risk factor for suicidality, with key issues being language barriers, culture shock, employment difficulties, and financial stress.[15]

Delays in the processing of visa applications has a negative influence in the emotional wellbeing of individuals from CALD backgrounds.[16] Clearer guidance on criteria and timeframes on visa processing, as well as additional resources to address the impact of delays can support the emotional wellbeing of CALD communities.

[14] USDHHS Mental Health (2001). Culture, Race, and Ethnicity: A supplement to mental health: A Report of the Surgeon General.
[15] Madeleine Bowden, Alicia McCoy & Nicola Reavley (2019). Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review. *International Journal of Mental Health*, DOI: 10.1080/00207411.2019.1694204.
[16] Joanne Shoebridge, S. and Ross, H. (2018), Grieving mother calls time on drawn out visa process. Australian Broadcasting Corporation: https://www.abc.net.au/news/2018-11-22/grieving-mother-calls-time-on-drawn-out-visa-process/10544626.