Northern DHB Support Agency Ltd

Working with District Health Boards towards excellence in health and disability support services

Mental Health and Disability Destigmatisation Programmes for Culturally and Linguistically Diverse (CALD) Groups: Literature Review

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1. Executive Summary

The *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* for improving access to Disability Support and Services

- The CALD Child Health and Disability Programme is part of the *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* (see Appendix A). This is a region-wide approach to improving the health of the CALD populations served led by Waitemata, Auckland and Counties Manukau District Health Boards.
- Waitemata, Auckland and Counties Manukau District Health Boards are implementing a range of programmes to improve the responsiveness of their primary and secondary health and disability services for their Asian, migrant and refugee populations.
- The joint work undertaken by Auckland region DHBs is improving access to and the cultural responsiveness of DHB child disability, rehabilitation and respite services for Asian, migrant and refugee patients.
- This literature review has been undertaken to inform the development of a CALD community disability awareness plan.

CALD Disability Community Awareness Programmes

The Asian Families Positive Action Project (The Asian Network Inc. (TANI), 2011), Auckland New Zealand

- In 2011, TANI started the Asian Families Positive Action Project based on the learnings from two workshops delivered to Chinese and Korean parents of disabled children by the Waitemata DHB CALD Child Health and Disability Programme in 2010.
- TANI established a steering group to oversee development of the programme. The steering group included community members and representatives from Auckland and Waitemata District Health Boards and Non-Government Organisations.

The objectives of the project were to:

- Raise awareness and understanding of disability and reduce the high level of stigma found in Asian communities
- Encourage the Asian communities (Chinese and Korean) to take ownership of disability issues and to partner with disabled people and organisations.

The programme consisted of interactive tailored workshops designed for different Asian ethnic groups, parents of disabled children and elderly groups.

Workshops included education about the Social Model of Disability; exploration of the term 'accessibility' and what it means to disabled people; how the community can take ownership of the need to be inclusive of disabled people and; empowering Asian parents with disabled family members to improve coping skills and develop their understanding of disability policy and services in New Zealand.

Key learnings from the project included:

- Education and awareness raising works well in Asian communities. For Asian people it as a quick and powerful switchover from their traditional views to the new Social Model.
- Nevertheless there is a serious gap between the level of understanding of disability issues between mainstream and Asian communities.
- This is particularly so with the understanding of including disabled people within society. For example, Asian people with and without disabilities did not expect that people with disabilities could be employed.

Accessing the Chinese Community for Disability Awareness Programmes (Liu, 2001)

- There are sub-cultures within the general Chinese culture. That is, there are differences between people who originated in Hong Kong versus those who originated in mainland China or Taiwan. In addition, the cultural values/beliefs can be quite different between first-, second-, third-, and fourth-generation Chinese Americans.
- Use Mandarin/Cantonese speaking staff
- Use Chinese media, such as Chinese newspapers, radio stations and TV channels when

conducting outreach.
- Conduct outreach in schools, senior centres and churches/temples.
- Collaborate with existing community organizations and service providers.
- Develop educational materials to be distributed to community members/organizations in the Chinese language.

Korean Disability Awareness: Media Campaign (Kim-Rupnow, 2001).

- Efforts have been made to eradicate prejudices against people with disabilities and their accompanying stigma. For example, the Korean Broadcasting System (KBS) produced three special TV shows about people with disabilities within three months, an unprecedented number of shows on a single topic (Cho, 2001). This program, "*Sunday Special*", covered various topics during prime evening hours and received numerous awards and consistently high ratings. The shows focused on the hopes and dreams of people with disabilities and the attitudes of Koreans toward them.

Disability and the Muslim Perspective: An Introduction for Rehabilitation and Health Care Providers (Hasnain et al., 2008).

- Many health and rehabilitation professionals in the United States generally know and use the "correct" thinking and attitudes toward disability and know that those ideas must be applied to people from other countries and with different cultural backgrounds. The main point of understanding traditional Muslim views and practices is not to remove those aspects as soon as possible and replace them with "correct" modern views but instead to incorporate a perspective toward issues of difference (Miles, 2007).
- When working with a large, rather diverse group such as "Muslims," one that has monotheistic cultural roots in three or four millennia of history, large-scale and significant shifts of thinking and practice can come only from within.

- Recommendations for outreach include:
  - Promote ongoing education in various diverse underserved Muslim communities through traditional and non traditional outreach, including public awareness campaigns.
  - Reach out to local mosques, Islamic centers, and Muslim organizations to identify, recruit, and engage the community in conversations about disability and health.
  - Use non traditional outreach methods such as conducting informal information workshops at community events, use ethnic cable and radio programs, and post information at groceries and other local stores about health and disability resources.
  - Increase local and national efforts to recruit and train Muslim students to enter disability studies and rehabilitation fields.
- Recommendations for service delivery include:
  - Encourage use of well-thought-out inclusion policies in schools, vocational training programs, work settings, recreational and social activities, and spiritual and religious community events.
  - Develop cross-cultural training in educational curricula for working with Muslim groups, and other institutional interventions that will ensure culturally appropriate health care and access.
  - Identify important family, school, religious, and community variables related to favourable treatment and rehabilitation outcomes for Muslims with disabilities and their families.
  - Involve Muslims with disabilities in all stages of research activities and program and policy development to develop culturally appropriate materials and interventions.

Lu'i Ola : Pacific disability awareness promotional campaign (Ministry of Health, 2008)

- Ministry of Health initiatives to address the problem of disability stigmatisation in Pacific communities have included the Lu'i Ola Pacific disability awareness promotional campaign, similar to the Like Minds Like Mine mental health campaign.
- This campaign first aired on Radio 531PI in November 2005, and was continued through to June 2006. This campaign, as part of the New Zealand Disability Strategy, has contributed towards improved disability awareness in the Pacific community of Auckland.
- The Lu'i Ola project supports the concept 'Together I Am Able'. This means that everyone has a part to play to enable Pacific disabled peoples to live in their home and take part in their Pacific communities.

- There are a number of key programmes including - The Lu'i Ola Pacific Communities Embracing Disability and the Pasifika Church Disability Toolkit. The toolkit incorporates comments from Pacific church ministers, Pacific peoples with disabilities, representatives from disability providers, members of the Pacific community and members of the Lu'i Ola group.

CALD Mental Health Community Awareness Programmes

Engaging Chinese immigrant communities to counter the stigma and discrimination associated with mental illness: Kai Xin Xing Dong. (Jackson, Yeo & Lee, 2008).

- This paper demonstrates a Chinese Like Minds, Like Mine '*Kai Xin Xing Dong'* media project to counter stigma and discrimination associated with mental illness in Chinese immigrant communities in Auckland, New Zealand.
- The project utilised suitable communication media to reach the widest population in Auckland Chinese communities, to educate the Auckland Chinese communities about mental illness and to develop and distribute educational resources.
- Further, the programme aimed to assist people from Auckland Chinese communities with experience of mental illness to communicate with others about their experience, and to include people with experience of mental illness in all aspects of the project's development, delivery and ongoing evaluation into all the project's outcomes (Jackson, 2008).
- The target group of this project was Chinese who are aged 16 and above, and who access Chinese media, such as newspapers, radio or television.
- The common languages are used are either Mandarin or Cantonese.
- The project concluded that mental health issues among Chinese communities, stigma, discrimination and denial are best addressed by communities and by awareness raising which is culturally congruent. Information is the key, and this should be delivered through sources easily accessible to Chinese communities.

Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities (Multicultural Mental Health, Australia (MMHA), 2009).

- Multicultural Mental Health Australia 'Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities' program. In Queensland, this program has been implemented with bi-cultural mental health promoters who work directly with 12 communities to raise awareness that stigma surrounds mental health, and to run free education programs in the local community languages
- MMHA launched a series of audio mental health fact sheets which were recorded and produced in partnership with SBS Radio
- The series provides basic information about the types, causes, symptoms and treatment options available for these illnesses. It aims to inform communities and assist them in managing their illness, as well as providing information for where to seek further assistance.

Muslim Mental Health Awareness Programme: Auckland region (Shah & Culbertson, 2011).

- Imams can serve as key links to accessing Muslim communities, since mosques are the common and most frequented meeting places for Muslims and the imams are esteemed as respected clerical leaders and elders in the communities.
- Muslims tend to approach them for advice on any number of issues, including those relating to mental health, such as family, social, and psychiatric problems, and they entrust the imams with personal and family information.
- An analysis of data in the United States by Wang, Berglund, and Kessler (2003) found that religious leaders continue to provide more mental health care than psychiatrists, including treatment of people with serious mental illnesses. Imams can therefore play a very important role in encouraging the community to understand and accept the importance of mental health awareness and in supporting those who suffer from mental illnesses.
- Based on the findings from the above literature, it became obvious that the area of Muslim mental health was overdue for exploration in New Zealand. Since the Muslim communities in New Zealand are relatively new and small as compared to those in the United States and the United Kingdom, and many members are recent immigrants or refugees, the mental health issues faced by these

communities are rather different, thereby necessitating a different approach.

- Bate and Robert (2002) emphasised the importance of collaboration between the private sector and public health services, and this could contribute to the public sector's quality improvement initiatives. Similarly, there is a need for collaboration *with* the community to utilise members' knowledge in improving the quality of service delivery *to* that particular community. When mental health services work in collaboration with the imams, the mental health needs of the Muslim community are more likely to be identified and addressed, and in turn, the knowledge gained from such encounters can be used by mental health professionals to improve their knowledge of the community and hence improve the quality of service delivery.

South Asian Mental Health Awareness (SAMHAJ) in Jersey, USA. (SAMHAJ, 2011).

- SAMHAJ presents a mental health series in collaboration with public libraries in New Jersey to educate the South Asian community on mental health issues. These informal and informative Question and Answer sessions are intended to provide a stigma free environment for community members to learn more and seek resources.
- In 2011 SAMHAJ organized an educational event "*Understanding Mental Health - Ask the Experts!",* where mental health experts answered questions and provided information to South Asian families. Topics discussed included stress, anxiety and depression, children's and adult mental health, as well as resources for coping and understanding of these issues. Mental health advocates provided educational material and information on local resources, including a new self-help group for caregivers of those affected by mental illness in Edison.
- Each year, SAMHAJ offers an opportunity for members and supporters to come together and celebrate Indian community support and to share stories of courage and hope. The event highlights the fact that finding support and comfort in your own community is an important part of wellness and recovery.

2. Introduction

The CALD Child Health and Disability Programme is part of the *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* (see Appendix A). This is a region-wide approach to improving the health of the culturally and linguistically diverse (CALD) populations served led by Waitemata, Auckland and Counties Manukau District Health Boards.

The joint work undertaken by Auckland region DHBs is improving access to and the cultural responsiveness of DHB child disability, rehabilitation and respite services for Asian, migrant and refugee patients. This literature review has been undertaken to inform the development of a CALD disability community awareness plan.

The Culturally and Linguistically Diverse (CALD) Mental Health and Disability Destigmatisation Programmes considered in this review reflect a diversity of approaches. They range from social marketing mass media campaigns, community development initiatives, regional and settings-based campaigns, campaigns and programs directed towards specific ethnic communities, and multi-strategic approaches.

Mental health and disability population-based campaigns / programmes broadly focussed on destigmatising address discrimination against people with mental illness and with disabilities. These approaches promote wellbeing and resilience, the development of coping skills, as well as addressing specific mental health and disability issues.

The literature identifies the following characteristics of effective health promotion campaigns:

- Multi-strategic and multi-level campaigns
- Well-designed and thorough formative research
  - Culturally, geographically, and age appropriate messages
  - Strong, simple, memorable messages
- Specificity of programme design and strategies for target audiences
- Adequate investment and commitment
  - Funding
  - Infrastructure
  - Time
- Consultation and partnerships at all levels
- Well-designed evaluation - process, impact and outcome
- A strengths based approach

The literature review includes: disability destigmatisation programmes for North American Chinese, Korean and Muslim communities; and the Lu'i Ola Pacific communities embracing disability campaign in New Zealand. Mental Health Destigmatisation Programmes reviewed include: the Chinese Like Minds, Like Mine '*Kai Xin Xing Dong'* media project to counter the stigma and discrimination associated with mental illness in Chinese immigrant communities in Auckland; the Muslim Mental Health Awareness Programme provided by Affinity Services in Auckland region Muslim communities (Shah & Culbertson, 2011); the Multicultural Mental Health Australia (MMHA) *Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities* program in Queensland; and a South Asian Mental Health Awareness (SAMHAJ) community awareness campaign in Jersey, USA.

3. CALD Disability Destigmatisation Programmes

Asian Families Positive Action Project, Auckland, New Zealand

Report on the Asian Families Positive Action Project, The Asian Network Inc. (TANI), December 2011

During 2011 TANI was funded by the Office of Disability Issue via the Ministry of Social Development to offer the Asian Families Positive Action Project. The objectives of the project were to

- Raise awareness and understanding of disability and reduce the high level of stigma found in Asian communities
- Encourage the Asian communities (Chinese and Korean) to take ownership of disability issues and to partner with disabled people and organisations.

The programme design was based on the learnings from two workshops delivered to Chinese and Korean parents of disabled children by the Waitemata DHB CALD Child Health and Disability Programme in 2010. TANI was a partner in planning and delivering these workshops. In addition, TANI established a steering group to oversee development of the programme. The steering group included community members and representatives from Auckland and Waitemata District Health Boards and Non-Government Organisations.

The programme consisted of interactive tailored workshops designed for different Asian ethnic groups, parents of disabled children and elderly groups. Workshops included education about the Social Model of Disability, exploration of the term 'accessibility' and what it means to disabled people, how the community can take ownership of the need to be inclusive of disabled people and empowering Asian parents with disabled family members to improve coping skills and develop their understanding of disability policy and services in New Zealand.

Key learnings from the project were:

- Education and awareness raising works well in Asian communities. For Asian people it was a quick and powerful switchover from their traditional views to the new Social Model.
- Nevertheless there is a serious gap between the level of understanding of disability issues between mainstream and Asian communities.
- This is particularly so with the understanding of including disabled people within society. For example, Asian people with and without disabilities did not expect that people with disabilities could be employed.
- The short time frame of the project limited the amount of social change that could happen. Social change requires an ongoing campaign over a longer time period.
- Many Asian people are still too occupied with settlement issues to pay attention to the social change campaign. This was true for both parents of disabled children and people within the wider community.
- Language was a more serious issue that expected.
- One size does not fit all for the diverse Asian populations.
- The smaller Asian communities such as Vietnamese, Cambodian, Indonesian and Afghani did not have access to the programme because of the short time frame.
- There is less interest from the younger generation in disability issues.

- It is a time consuming process to get communities together to discuss such an issue, but it is worth it because it works.

Recommendations for further work include:

- Awareness raising workshops should continue.
- Parallel to awareness raising through workshops, an ongoing media campaign of short messages in the Asian media (online and print) would be effective. The messages could be a series of short, powerful statements, taken, for example, from the New Zealand Disability Strategy. An example is *"Disability is the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairment other people have."*
- Work with already existing groups in the communities, particularly those already involved in disability support and utilise their networks to further disability awareness in Asian communities.
- Support groups/individuals already involved in disability support by acknowledging their achievements e.g. a pamper day for parents with information stalls, special traditional lunch, massage, nail art, etc. Other supports could be leadership workshops and fun days for volunteer groups/individuals/teachers.
- Work with faith based groups, such as the 'Everybody welcome?' programme that was planned by a church based service. This could be developed to fit different religious groups including less visible Asian communities.
- Continue identifying further potential groups and opportunities in the wider Asian communities.

Chinese Communities: Disability Awareness, USA

Liu, G.Z. (2001). *Chinese culture and disability: Information for U.S. service providers.* New York, USA: CIRRIE, University at Buffalo, The State University of New York.

Recommendations

Accessing the Chinese Community for Disability Awareness Programmes

- There are sub-cultures within the general Chinese culture. That is, there are differences between people who originated in Hong Kong versus those who originated in mainland China or Taiwan. In addition, the cultural values/beliefs can be quite different between first-, second-, third-, and fourth- generation Chinese Americans.
- Use Mandarin/Cantonese speaking staff
- Use Chinese media, such as Chinese newspapers, radio stations and TV channels when conducting outreach.
- Conduct outreach in schools, senior centers and churches/temples.
- Collaborate with existing community organizations and service providers.
- Develop educational materials to be distributed to community members/organizations in the Chinese language.

Korean Disability Awareness: Media Campaign, USA

Kim-Rupnow, W.S. (2001). ***An introduction to Korean culture for disability service providers.*** **New York, USA: CIRRIE, University at Buffalo, The State University of New York.**

Korean Disability Awareness: Media Campaign

- In the special editorial section of *JoongAng Ilbo* [Korea Central Daily of Hawaii] (2001) written specifically for the 21st annual celebration of a "*Changaein ui nal*" (Day for People with Disabilities), the editor criticized the lack of a long-range planning and support by the government and nonprofit organizations. "In Korea, it is hard to find convenient facilities for people with disabilities in public parks and recreation facilities, buildings and parking lots.
- Efforts have been made to eradicate prejudices against people with disabilities and their accompanying stigma. For example, the Korean Broadcasting System (KBS) produced three special TV shows about people with disabilities within three months, an unprecedented number of shows on a single topic (Cho, 2001). This program, "*Sunday Special*", covered various topics during prime evening hours and received numerous awards and consistently high ratings. The shows focused on the hopes and dreams of people with disabilities and the attitudes of Koreans toward them.
- The first episode depicted the life of Kich'ang Kim, a famous artist who lost his hearing at age six. He learned to read as a result of his mother's dedicated tutoring. He could not endure the ridicule and teasing at a regular school and dropped out. Rather than dwell on what he could not do, his mother discovered his talents in art and sent him to a master artist for private lessons. It did not take long before his artistic talents began to blossom and earn awards in national art competitions. A woman artist with a prestigious college degree and wealthy family background fell in love with Kim and married him, despite her parents' opposition and threats to disown her because of his disability. Later in his life Kim said that his deafness, combined with his wife's inspiration, had opened the door for him to pursue endless experiments with his art.
- In 70 years as an artist, he created more than 10,000 works encompassing a wide variety of genres, including traditional and contemporary, oriental and western paintings. He overcame childhood ridicule and frustration to become an internationally renowned artist through exhibits in America and Europe. Most of his works were sold. Later in his life he contributed much of his wealth to building an advanced facility to provide wellness services and job training for people with disabilities. Although he became a wheelchair user after several strokes, he never stopped painting until he died at the age of 88. Kim became a role model for young people with disabilities. He said, "Use your talents to learn the skills that are employable, then make money, get married, and support your family." (Cho & Cho, 2001).
- The second program episode portrayed the love and dedication of an American couple with sight impairments (Cho & Nam, 2001). In spite of their own disabilities, the couple was successful in adopting and raising four Korean children who also had sight impairments and had been abandoned by their biological parents. Ellen, one of the adopted children, was a high school senior getting ready to go to a college. She remembered clearly the day her mother took her shopping and left her in a mall and never came back. Ellen was not sure what would have happened to her if she had been left to fend for herself without the

unconditional love provided by her adopted parents. Now she wants to be productive and pay back her parents. The story raised the question, "Why can't everyone accept the differences in individuals and love them as this American couple does?"

- The third program concerned several Americans with disabilities who regained mobility, communication capability and sensory ability by taking advantage of highly advanced technology (Cho, 2001). It urged a change in Korean public policy by pointing out that the employment rate of people with disabilities in the U.S. has increased fourfold since the passage of the Americans with Disabilities Act.
- The three shows offered snapshots of Korean attitudes toward disability and provoked a new understanding of people with disabilities and the innovative tools that can support them. The presentation of individuals with disabilities in this case was powerful and beautiful. It showed them overcoming internal and external obstacles, striving to reach their full potential and contributing to their own welfare and that of their families and communities. It remains to be seen whether Korean attitudes toward children with disabilities will move in a more positive direction.

Disability and the Muslim perspective, USA

Hasnain, R., Cohon Shaikh, L. & Shanawani, H. (2008). Disability and the Muslim Perspective: An Introduction for Rehabilitation and Health Care Providers. Center for International Rehabilitation Research Information and Exchange.

Partnering with Brokers from the Muslim World

- Few of those involved in U.S. disability and health care service systems have put enough emphasis on creating linkages with community and spiritual leaders of diverse and marginalized cultures to explore ways to improve access to services and opportunities for their community members with disabilities, despite the importance of such work and its potential to improve care.
- To date, efforts have been limited and rarely have focused on understanding the assets and strengths of Muslim communities in the United States. An important next step, which is taking place in a few places around the world, is including Muslims with disabilities, both men and particularly women, in leadership roles and initiating dialogues about the needs and opportunities for Muslims with disabilities and their families (Thomas, 2001).
- Many health and rehabilitation professionals in the United States generally know and use the “correct” thinking and attitudes toward disability and know that those ideas must be applied to people from other countries and with different cultural backgrounds. The main point of understanding traditional Muslim views and practices is not to remove those aspects as soon as possible and replace them with “correct” modern views but instead to incorporate a perspective toward issues of difference (Miles, 2007).
- When working with a large, rather diverse group such as “Muslims,” one that has monotheistic cultural roots in three or four millennia of history, large-scale and significant shifts of thinking and practice can come only from within.

Lobbying for Better Access: Establishing Leadership

- Currently, those who organize Muslim religious or community events rarely make efforts to include persons with disabilities. Moreover, the majority of the more than 1,200 mosques in the United States have inadequate disability access, as measured by the standards of the Americans with Disabilities Act (http://www.ada.gov/). The National Council on Disability found that only 47% of Muslims with disabilities attend religious services, compared with 65% of those without disabilities, possibly for reasons such as inadequate access (Akram, 2006).
- Betty Hasan Amin, whose hajj (Muslim pilgrimage) is described in Hasnain et al. 2008, developed a proactive way of dealing with such barriers. She decided to publicize the fact that she, as a quadriplegic, was unable to access her local mosque, as well as the more general problem of poor access for her fellow Muslims with disabilities (Akram, 2006; Amin, 2000). Through her lobbying, she convinced her mosque to include wheelchair ramps and a ground-level floor prayer room.
- Many individuals with disabilities, especially women, have been stigmatized because people do not understand who they really are (El-Khalek, 2004). Often, disability is considered to be a personal or family matter rather than an issue to be addressed at the social, state or country level. Even though many success stories exist in the Muslim world, often it is the efforts of the individual or their family that have made the difference.
- El-Khalek illustrates this statement by describing four Muslim women with disabilities living in Egypt who succeeded in various aspects of life without any professional intervention or formal supports. Few Muslim communities have significant disability movements or even leadership by persons with disabilities. Despite the positive work being done, Muslims with disabilities must make their voices heard in all aspects of life and citizenship, not only to empower themselves but also to help others in the community to overcome their fears of encountering people with disabilities.

Additional Recommendations

- The following recommendations are based on the literature, interviews, and ongoing interactions with Muslims with and without disabilities:

Outreach Efforts

- Promote ongoing education in various diverse underserved Muslim communities through traditional and nontraditional outreach, including public awareness campaigns.
- Reach out to local mosques, Islamic centers, and Muslim organizations to identify, recruit, and engage the community in conversations about disability and health (Barrio, 2000; Laird, 2006).
- Promote positive images of Muslims with and without disabilities on television and in movies, as well as in newspaper and magazine articles.
- Use nontraditional outreach methods such as conducting informal information workshops at community events, use ethnic cable and radio programs, and post information at groceries and other local stores about health and disability resources.
- Increase local and national efforts to recruit and train Muslim students to enter disability studies and rehabilitation fields by promoting health and social services service professions as valuable career options.

Service Delivery Efforts

- Encourage use of well-thought-out inclusion policies in schools, vocational training programs, work settings, recreational and social activities, and spiritual and religious community events.
- Use certified bilingual interpreters and traditional healers who have made themselves open to scientific medicine and who understand the mentality of its providers to serve as culture brokers between minority Muslims clients/patients and the majority culture of service and support systems (Ferguson & Candib, 2002; Kim, 2006).
- Assess the perspectives of health care and disability providers on the care of Muslim patients in order to develop cross-cultural training educational curricula, and other institutional interventions that will ensure culturally appropriate health care and access (Laird, 2006).
- Identify important family, school, religious, and community variables related to favourable treatment and rehabilitation outcomes for Muslims with disabilities and their families.
- Involve Muslims with disabilities in all stages of research activities and program and policy development to develop culturally appropriate materials and interventions.

Lu'i Ola: Pacific Communities Embracing Disability, New Zealand

Lu'i Ola is a Pacific disability project working group made up of representatives from the:

- Pacific disability community.
- Pacific disability service providers and
- Thirteen local and regional government agencies.

- Lu'i Ola supports the concept 'Together I Am Able'. This means that everyone has a part to play to enable Pacific disabled peoples to live in their home and take part in their Pacific communities.

Lu'i Ola has a number of key programmes. One of these is the Pacific disability awareness campaign

The Lu'i Ola Pacific Communities Embracing Disability website (http://www.luiola.org.nz/?sid=31) includes information for communities in English, Samoan, Tongan, Cook Island and Niuean languages

- Disabilities, Their Types and Causes http://www.luiola.org.nz/?sid=34
- How to include disabled people http://www.luiola.org.nz/?sid=35
- Removing the barriers http://www.luiola.org.nz/?sid=36
- Church Disability Plan http://www.luiola.org.nz/?sid=37
- Church Disability Assessment http://www.luiola.org.nz/?sid=38
- Disability Organisations and Resources http://www.luiola.org.nz/?sid=39
- We Should all be Treated the same http://www.luiola.org.nz/?sid=40

Pasifika Church Disability Toolkit

- The toolkit incorporates comments from Pacific church ministers, Pacific peoples with disabilities, representatives from disability providers, members of the Pacific community and members of the Lu'i Ola group. An information manual, a training workbook and promotional materials as well as a DVD are part of the toolkit. Some of the resources are translated into Pacific languages. The toolkit has been circulated to Pacific church communities in the Auckland region.
- The toolkit can be downloaded from http://www.luiola.org.nz/?sid=31

Media Promotional Campaign

- A media campaign programme was launched to promote the Pacific church toolkit. This campaign involved a series of interviews on Pacific radio, television and newspaper using Pacific disabled peoples.
- The toolkit and the media promotional campaign are part of the communications campaign project, which aims to heighten the awareness of disability and disability services in the Pacific church community and attempt to challenge and shift behaviour and attitudes.

Ministry of Health (2008). Pacific Peoples' experience of disability: A paper for the Pacific Health and Disability Action Plan review. Wellington: Ministry of Health.

Cultural perspectives and attitudes to disability

- Some Pacific people continue to believe that a person's impairment is the result of an affliction or curse brought about by their own (or their parents' or ancestors') marital infidelity, breach of tapu or sin (PIASS 2005). In addition, certain words denoting disability in Pacific languages have negative connotations. For example, in the Samoan language a blind person is commonly referred to as 'tau aso', meaning 'your days are numbered'
- Discrimination can come from all parts of the Pacific community, including the church, and stems from the notion that disabilities are linked to divine punishment. The church plays a major role in the life of most Pacific families and is often a centre of support, so it can become a source of distress or embarrassment for many disabled individuals and their families.
- Health and Disability National Services Directorate (HDNSD) have identified stigma (negative mind sets and stereotypes towards people with disabilities) as a significant problem in Pacific families and communities. Experienced Pacific disability practitioners consider that Pacific people in general have a long way to go in terms of addressing and changing these entrenched stereotypes, attitudes, and beliefs regarding people with disabilities. The increasing number of Pacific people born and educated in New Zealand is expected to contribute, in time, to a more inclusive attitude towards disability and to reduce traditional prejudices.
- Ministry of Health initiatives to address the problem of disability stigmatisation have included funding a pilot Pacific disability awareness promotional campaign, similar to the *Like Minds Like Mine* mental health campaign. This campaign first aired on Radio 531PI in November 2005, and was continued through to June 2006. This campaign, as part of the New Zealand Disability Strategy, has contributed towards improved disability awareness in the Pacific community of

Auckland. HDNSD is currently developing a proposal to explore the potential for continuing the campaign, including the potential for a national roll-out.

Options for Future Work

Based on the information presented in this paper, the following options for future work are proposed for further consideration and discussion.

Improvements in service delivery and quality of care

- Investigate options for more relationship-based advisory and advocacy approaches to help Pacific people to navigate the available disability support services.
- Encourage providers and the disability workforce undertaking training to improve cultural competence so that they better understand Pacific people's perceptions and experiences of disability.
- Develop career pathways that attract disabled Pacific people to join and progress within the disability workforce.
- Introduce targets for Needs Assessment and Services Co-ordination to report against; for example, set a target percentage of clients to have re-assessments to check on their uptake of services following their initial assessments.
- Investigate the synergies and co-ordination between needs assessment agencies, disability providers and mainstream primary health organisations, and how these work for Pacific people, and make improvements as indicated from this investigation.
- Establish more community-based initiatives to help overcome isolation and provide a safe environment for discussion, information sharing and mutual support.
- Research the experiences of disability of Pacific disabled children and youth and their families, and appropriate models of care.
- Describe Pacific family and community attitudes towards disability, and the influence of traditional beliefs and attitudes.
- Examine the issues that disabled Pacific people and their families face when navigating the disability support service system.
- Identify the workforce needs of disabled Pacific people and the barriers to entering and re-entering the workforce.

4. CALD Mental Health Destigmatisation Programmes

Engaging Chinese communities: New Zealand

Jackson, N., Yeo, I., & Lee, D. (2008). Engaging Chinese immigrant communities to counter the stigma and discrimination associated with mental illness: Kai Xin Xing Dong. In S. Tse, A. Sobrun-Maharaj, S. Garg, M. E. Hoque, & Y. Ratnasabapathy (Eds), *Building healthy communities: Third international Asian health and wellbeing conference*. University of Auckland: University of Auckland.

- This paper describes a Chinese *Like Minds, Like Mine* media project '*Kai Xin Xing Dong'* to counter stigma and discrimination associated with mental illness in Chinese immigrant communities in Auckland, New Zealand.
- The programme comprised social marketing and consumer training, and was supported by a representative community advisory group and local community agencies.
- It was important that all messages conveyed during the project were aligned with the national *Like Minds, Like Mine* campaign.
- The project utilised suitable communication media to reach the widest population in Auckland Chinese communities, to educate the Auckland Chinese communities about mental illness and to develop and distribute educational resources.
- Further, the programme aimed to assist people from Auckland Chinese communities with experience of mental illness to communicate with others about their experience, and to include people with experience of mental illness in all aspects of the project's development, delivery and ongoing evaluation into all the project's outcomes (Jackson, 2008).
- The target group of this project was Chinese aged 16 and older, and who access Chinese media, such as newspapers, radio or television.
- DeSouza and Garrett (2005) indicated that the majority of Chinese in New Zealand speak Mandarin, and the common languages that are used are either Mandarin or Cantonese.
- The content of promotional materials ranged from newspaper articles through radio talk shows to brochures, and these examined and explained the Chinese understanding of health and mental health as well as the rationale behind countering stigma and discrimination associated with people who experience mental illness.
- Information produced by the *World Health Organisation* (WHO) relating to disabled peoples human rights were used in this project
- The media campaign included the history of the *Like Minds, Like Mine* campaign, as well as the Mason Report which resulted in the introduction of a major restructure of mental health services (Yeo, 2007).

First Phase

- A Chinese writer and editor and a *Kai Xin Xing Dong* coordinator were contracted to run this project, and the first phase ran for six months.
- The media campaign was run for three months through two Chinese newspapers based in Auckland, *The Chinese Herald* and *The Chinese Express*. Both newspapers are free and are placed in major Chinese supermarkets, food courts or Chinese-run businesses. Each of these newspaper stories used 500 words to exemplify personal experience of mental illness.
- Stories were based on real personal experiences, contributed by people who had experience of mental illness. Each of the stories included two Chinese language free telephone counselling service numbers, Chinese Lifeline and The Problem Gambling Foundation's Asian service. However, names and genders were changed to protect the rights and privacy of the contributing individuals.
- During this time, the coordinator was carrying out community liaison to get Asian/Chinese Health/Mental Health services to make this project known.

- A focus group followed after the media campaign. This project was done in conjunction with the support of and constant input from *Bo Ai She* (a Chinese consumer self-help group) from a consumers' perspective (Yeo, 2006).

Second Phase

- The second phase began in 2007 for a six-month period (April – October) and had a much bigger emphasis on a media campaign and included Chinese newspapers, radio, community liaison, focus group, *Speaking Your Mind* (Community Voice – Speakers Bureau) training and developing a Chinese *Like Minds* brochure.
- The second phase of media campaign, lasting three months, was carried out using Chinese newspaper media which included *The Chinese Messenger*, *The Chinese Mirror* and *The Chinese Herald*. The first two are circulated in Auckland, Wellington, Christchurch and Dunedin, and the later is solely based in Auckland. The stories used 1000 words to allow more detail of personal experiences to be shared with readers.
- Besides this, there was a three-month radio talk show on Chinese Radio BBC 90.6 FM. This was a success, and was carried out for a further three months based on the radio show's popularity (Yeo, 2007).
- *Speaking Your Mind* training has been a big part of a mainstream community approach to counter stigma and discrimination, and this was the first to be carried out in the Chinese community based on Chinese language. This was delivered in conjunction with the Regional Consumer Network and the Mental Health Foundation with the participation of members of *Bo Ai She*. Again, this was a huge success in itself.
- A Chinese *Like Minds* brochure was developed to counter stigma and discrimination among Chinese people who experienced mental illness, and a slogan was developed to be part of this campaign. This idea was borrowed from the mainstream *Like Minds* media campaign, such as “know me before you judge me”. In Chinese, it is a slogan which emphasises a collective approach: “I too have a loving and caring heart and hope you have a loving and caring heart toward me, too”. In Chinese, *Xin* means “heart”, which also conveys a deeper meaning of human caring and generosity (Yeo, 2007).

Results

- By the end of the second phase, a focus group evaluation was held in Affinity Service, *Bo Ai She* and with Advisory group feedback. There were twenty-two participants in the focus group, the majority of whom were from mainland China, and they were either people who had experience of mental illness or someone who had a family member who had experience of mental illness.
- The most popular and frequently used media by Chinese people are Chinese newspapers, Chinese cable TV, Chinese radio and Chinese Internet, and this again has been consistent with the information provided by the *Asian Communication Media House* (ACOM) in New Zealand.
- Fifteen of the participants found out about the project either from the radio or newspapers, or through a friend, a counsellor or a colleague attending the conference with *Bo Ai She*: however, seven had never heard about this project before.
- In general, the participants felt that this project had been able to provide valuable information regarding increased knowledge of mental health, and a change in

attitude from family members and neighbours. In the end, the participants were asked to share their thoughts about this project:

"Do as much promotion as possible; provide updates and information to different mental health organisations/services; and focus on discrimination only … there was an expression of gratitude for receiving help and support from mental health services".

"Because of this project they have felt more hopeful and hopefully more involved in this project … it is a good project, and I enjoyed the participation in this project".

Further recommendations by the focus group include:

- Inviting health practitioners to discuss why it is important to counter stigma and discrimination against people who experience mental illness.
- The hope and need to educate employers and people who experience mental illness around their rights. There is still a lot of stigma and discrimination happening among Chinese Communities.
- A strong hope to further this project.
- The Advisory group of *Kai Xin Xing Dong* has been in existence since late 2005. The members of the advisory group have been identified as people who work closely one-on-one with Chinese people who experience mental illness, or who work closely with the Chinese community in general. There is also strong leadership and input from Chinese consumers, and this includes the coordinator and members from *Bo Ai She*.
- There were further recommendations by the advisory group before the end of the second phase, and the key recommendations include:
  - further training and up skilling of Chinese people who experience mental illness in order that they themselves can facilitate workshops within Chinese communities.
  - producing a resource booklet of stories from the Chinese articles provided by people who experience mental illness, using Chinese radio media to further promote and disseminate the information.
  - carrying on with the community liaison, especially with Chinese churches or temples.
  - carrying out an attitude change survey in order to better measure the effect of any further *KXXD* promotion within the community.

Discussion

- Many mental health NGOs and government secondary mental health services were established before this project began, and despite the best efforts of those involved to ensure the sustenance of this project, it could never function alone or in isolation.
- Services such as the *Problem Gambling Foundation Asian Service*, *Chinese Lifeline*, *SF (Supporting Family) Auckland*, *Chinese Mental Health Consultant Service*, *Asian service* at WDHB (Waitemata DHB), *Affinity Asian Service*, *BoAiShe* and *Yan Oi Sei* have all played a crucial part in ensuring the successes of this project by sharing resources. Without these mental health services having been made available for Chinese communities, this would only have increased the burden on mainstream services.
- Therefore, working closely with outsiders and partners, and using an inter-sectoral approach has been invaluable to Chinese communities.

- The application of a cultural congruence approach in tandem with sound social marketing strategies has been the key ingredient in effectively countering stigma and discrimination associated with Chinese people who experience mental illness in Auckland's Chinese communities during phases one and two (Jackson, 2008). The beliefs which have been strongly held in Chinese communities, such as Taoism, Buddhism and Confucianism, have enormous implications for the view of mental illness. In addition, the collective approach with its emphasis on interpersonal relationships, hierarchy and kinship would not be in line with a western bio-medical model which has a strong emphasis on an individual approach. With its fundamental Chinese values, therefore, *Kai Xin Xing Dong* raises awareness by using a collective approach with key messages of looking after each other and connecting with the communities (Jackson, 2008).
- The support from the Ministry of Health, the Mental Health Foundation and the consumer self-help group *Bo Ai She* deserve much credit for applying an effective approach to engaging with Chinese communities, and this in turn also helps to raise the awareness of those three organisations in Chinese communities. By choosing media which relate to Chinese communities, such as local Chinese newspapers or Chinese radio, and applying Chinese symbolic metaphors, i.e. using the lotus in the *Kai Xin Xing Dong* brochure in the Chinese New Zealand context, this gives meaning and relevance to Auckland Chinese communities (Ferketich, et al.; Wynadem, et al., 2005).
- The systematic approach of the *Like Minds, Like Mine* history and the concepts behind this project in the newspaper articles and radio talk shows helped share information with Chinese communities and reinforced the strong rationale behind the implementation of *Kai Xin Xing Dong* in order to counter stigma and discrimination associated with people who experience mental illness. The *Like Minds, Like Mine* national Plan 2007 – 2013 valuing of specific population groups, such as Pacific and Asian groups has given value to the Kai *Xin Xing Dong* project.

Conclusion

- Mental health issues among Chinese communities, stigma, discrimination and denial are best addressed by communities and by awareness raising which is culturally congruent. Information is the key, and this should be delivered through sources easily accessible to Chinese communities.

Reducing Stigma in Multicultural Communities: Australia

Multicultural Mental Health, Australia (MMHA) (2009). *Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities. MMHA: NSW, Australia.* http://www.tmsg.org.au/the%20resources.pdf

- Multicultural Mental Health Australia 'Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities' program. In Queensland, this program has been implemented with bi-cultural mental health promoters who work directly with 12 communities to raise awareness that stigma surrounds mental health, and to run free education programs in the local community languages (see Appendix A).

Multilingual mental health CDs produced in partnership with SBS Radio

- MMHA launched a series of audio mental health fact sheets which were recorded and produced in partnership with SBS Radio.

- The series covers 10 mental health topics: Mental Illness, Personality Disorder, Schizophrenia, Anxiety Disorder, Mental Health and Coronary Heart Disease, Bipolar Disorder, Depressive Disorder, Suicide, Supporting Parents and Families and Challenging Behaviours.
- The audio fact sheets are available on CD and in digital format in over 20 languages. These are an extension of the "*What Is…"* series of multilingual mental health fact sheets that were produced by MMHA last year with funding from the Department of Health and Ageing.
- The series provides basic information about the types, causes, symptoms and treatment options available for these illnesses. It aims to inform communities and assist them in managing their illness, as well as providing information for where to seek further assistance.
- The "*What Is…"* mental health series available on CD - can be played on radio and in people's homes. It better reaches the entire community, including those with low literacy levels (such as the elderly).
- The "*What Is…"* series of mental health fact sheets has since been expanded into audio formats and adapted for those living with a print disability. It is also available in Braille, large print, electronic text for the internet and audio formats such as CD and Daisy.
- The "*What Is…"* audio series can be ordered directly from MMHA - ph) 02 9840 3333. The fact sheets can be downloaded from the MMHA website – www.mmha.org.au

Mental Health Awareness: Muslim Populations, New Zealand

Shah & Culbertson (2011). Mental Health Awareness among Imams Serving New Zealand's Muslim Population. *New Zealand Journal of Counselling 31*, (1), 87-97

- Clerical leaders, imams are key members of Muslim communities, and they provide spiritual guidance and advice to Muslims resident in New Zealand, including an increasingly diverse immigrant population.
- The aims of this study were to ascertain imams' knowledge of and beliefs about mental health and to identify any gaps in their knowledge of local mental health perspectives and services, as well as to explore the role of imams in providing support for individuals and families within the Muslim community who have mental health issues.
- In their role as leaders, imams provide a type of counselling service to the community and are called upon to offer advice on a range of issues directly related to mental health.
- In this study, ten imams were interviewed regarding their knowledge of mental health and their role in providing support in this area. Establishing dialogue with imams about local perspectives on mental health would go far toward addressing the mental health needs of Muslim communities by exploring the ways in which mental health training could be incorporated into the imams' own culturally appropriate healing practices.
- Members of Muslim communities attend the mosque on a regular basis for prayers and other religious events. Imams (clerical leaders) are regarded as the most esteemed members of the various Muslim communities and they play an important role in increasing health awareness and counselling other community

members (Abu-Ras, Gheith, & Cournos, 2008; Padela, Killawi, Heisler, Demonner, & Fetters, 2010). Imams hold special importance in terms of gaining access to Muslim communities, in the sense that mosques are usually the only place where Muslims come together as one entity.

- Each ethnicity within the Muslim community has its own leaders and elders who serve as support people for those ethnicities. However, the organisational structure of each community is similar and imams of local mosques are seen as the overall community leaders and respected by all.
- There are some differences, of course, in the ways that different sects practise their religion, but the religious beliefs behind those differences are the same for all Muslims, for they all follow the same Qur'an and Sunnah (the living example of the prophet Muhammad). Therefore, adopting a more holistic mental health approach to research in the Muslim cultural community, rather than focusing on individual ethnicities, seemed the best approach for this project.
- As well, imams have direct access to the overall community and are considered to be the source of guidance and support, irrespective of their individual ethnicity.
- Most Muslims living in Auckland either are refugees or have emigrated from countries in which the socioeconomic conditions left many people disadvantaged. Research indicates that refugees and migrants experience significant resettlement issues, including facing many barriers to accessing health services (Lawrence & Kearns, 2005).
- In general, most of the immigrants and refugees have no knowledge of mental health or even general health services in New Zealand (Lawrence & Kearns). At the same time, anecdotal evidence suggests that the services are rarely culturally responsive and they face nearly overwhelming difficulties in understanding the needs of Muslims, even if the communities have knowledge of the services available (Lawrence & Kearns).

Background and Aims of the Study

- The Auckland District Health Board (ADHB) is presently adopting an evidence-based approach to the development or reconfiguration of funding and mental health planning. As part of this process, the board is utilising a project-based approach to planning and examining services across the spectrum or continuum of delivery.
- Mental Health Awareness among Imams Serving New Zealand's Muslim Population Affinity Services, a community-based nongovernment organisation (NGO), was contracted by the ADHB to assess the level of knowledge of mental health within the wider Muslim community, increase mental health awareness, identify potential barriers to access, and determine how to improve access to mainstream mental health services.
- As part of this process, the project aimed to engage imams and assess their willingness to participate in delivering a psychoeducational message to raise awareness of the mental health needs in Muslim communities.

Research Method

- A qualitative approach was used in carrying out this study. The project team initiated the study by communicating with imams from the local mosques in Auckland. The first aim of communication with the imams was to explain the purpose of the project and to assess their willingness to support it in raising mental health awareness.

- In the initial stages of communication, the project team became aware that, as a result of different cultural beliefs and their lack of knowledge about local conceptualisations of mental health, the imams did not feel comfortable discussing this issue. Later, however, through processes of communication and building trust, the imams accepted the importance of mental health awareness, and they came to understand more about the persistent need for their involvement in mental health issues.
- Gaining the support of the imams was itself a successful first step. From those mosques that provide regular services to the Muslim community, the project team invited imams to participate who were actively involved in the social services of the community as well as providing guidance as spiritual leaders. They omitted small centres where prayers are performed on an occasional basis and that did not have a regular imam.
- Participation was entirely voluntary and prospective participants were given information about the aims and purpose of the study, as well as some time to think about participating. They were also made aware that any outcomes of the research might be made available publicly.

Results and Discussion

- The six major aspects of the results are:

Level of Basic Mental Health and Services Knowledge by Imams

- The imams interviewed were all immigrants, from a number of different countries; none were New Zealand-born. This is interesting when compared to studies conducted on the same topic in the United States and the United Kingdom by Sameera and Reddy (2007) and Hussain (2009), where Muslim communities have been present for centuries, which is not the case in New Zealand.
- Studies done by Osman et al. (2005) and Leavey (2008) showed that imams in those countries had varying levels of mental health training and qualifications. More than half of the imams surveyed by Osman et al. (2005) had some kind of mental health or counselling qualification or training, whereas the findings of the current study demonstrate that only two out of the ten imams interviewed had some form of qualification relating to mental health.
- Among the imams interviewed, only one additional imam had some knowledge of mental health. Furthermore, only two of the imams we interviewed had some knowledge about Auckland-based mental health services.
- These findings do not necessarily indicate that the imams knew little about mental health; it became evident that several of them were involved in mental-health-related work in the community.
- The difficulty in speaking with the imams was in identifying what the term “mental health” means in the New Zealand context.
- Another important finding was that, initially, most of the imams appeared hesitant to talk about mental health in the Muslim communities. However, when they became aware that mental health is not limited to people with serious mental illnesses and that a variety of mental health issues are commonly present within the whole community, they became more comfortable talking about these issues in the community, as well as their own experiences of mental health in the Muslim communities.

Issues about which Community Members Usually Approach Imams

- On the one hand, the imams stated that they did not have much knowledge of mental health, nor were they qualified in the subject. On the other hand, when asked about the kinds of issues for which they are usually approached by members of the Muslim communities, their answers indicated that they provide virtually direct mental health services to their communities without being aware of it.
- The following are the issues identified during the study for which imams were approached and which they deal with on a regular basis:
  - Financial stresses
  - Depressed mood
  - Issues of settling in to a new culture and a new country
  - Seeking advice and guidance
  - Feelings of isolation, especially in the elderly
  - Mental issues related to physical problems
  - Post-traumatic problems
  - Marital issues among migrants
  - Teenage relationship issues with parents, including drug problems.
- These include common issues faced by most people in society, but they can nevertheless have a huge impact on one's mental health. For immigrants and refugees, these challenges can be intensified by the stressors associated with immigration and trauma, thereby complicating their mental health distress and their needs in comparison with the general population.
- In the case of imams, people approach them not only for a second opinion, but, in fact, most people in Muslim communities share their secrets and issues only with the imams. This level of trust by community members, along with access to the information they share with the imams, places these clerical leaders in an important position for raising mental health awareness in their communities.
- These findings point toward an interesting idea, that if the imams have some basic mental health tools as well as the ability to identify issues relating to mental health, they can then use their position to encourage the person seeking advice to access help from specific mental health services if required. This will have a long-lasting impact on the mental wellbeing of the Muslim communities.

Barriers to Muslim Communities' Access to Mainstream Mental Health Services

- Since the imams had little knowledge of the mental health system in New Zealand, their views of the barriers to accessing mental health services by the community may well reflect the limited knowledge and access that Muslim communities have to general health services overall. However, their views do highlight some important issues regarding access to mainstream mental health services.
- One of the main issues the imams raised in relation to barriers was their lack of awareness of the available health services. This is an important issue, especially for new immigrants, and most members of the Muslim communities living in Auckland are recent immigrants.
- The lack of knowledge about Muslim culture by non-Muslim health professionals is also an important issue that runs parallel to the issue of a lack of knowledge about health services. If the health professionals, especially in primary health care, had a better understanding of the culture of their clients, it would be much easier to educate them about the available mental health services.

- This purposeful education is needed because most of the Muslim immigrants in New Zealand are from countries with underdeveloped socioeconomic cultures, and from societies that have been severely disrupted by armed conflict, and hence are without well-developed mental health systems, as exist in New Zealand. As well, most of the ethnicities within the Muslim communities are from developing countries and are closely linked to each other.
- As a result, an enormous sense of cultural stigma and discrimination associated with mental illnesses exists (Lauber & Rössler, 2007).
- Language creates another barrier that affects the ability of people within New Zealand's Muslim communities to freely express their views on their day-to-day life and their mental wellbeing.
- Lastly, a lack of finances for some members of the community is a barrier to accessing health services. This issue can also be linked to the lack of knowledge about health services, because some people do not know that most services are public health funded.

Suggestions for Overcoming Barriers to Accessing Mental Health Services

- Suggestions by the imams for overcoming those barriers for Muslim community members in accessing mental health services emphasised two main issues. In their view, the Muslim communities need to be educated about mental health services, and similarly, health professionals need to be given some sort of cultural awareness education.
- Imams also indicated that the community leaders could play a vital role in educating their communities about health services in general, and mental health services in particular. Some imams also indicated that translating some of the service brochures into the languages commonly spoken by Muslims—for example, Arabic—would also have an impact on educating Muslims about mental health services.

The Role of Imams in Raising Mental Health Awareness in Muslim Communities

- Imams have shown a keen interest in the project and have been very supportive throughout the process. When asked about their role in raising mental health awareness in the Muslim communities, their responses reflected the opinion that they were the key people in their communities.
- The majority of the imams indicated that they could play a key role in educating Muslim community members about mental health through speaking about it during the Friday *khutba* (sermon) and in other social gatherings.
- However, the majority of the imams also indicated that they needed to be trained in some form of basic mental health knowledge to be able to educate their communities.

Imams' Willingness to Participate in Mental Health Training/Workshops

- Since the imams recognised that their knowledge of western concepts and approaches to mental health was very limited, and yet they were involved in the role of providing mental health support to the Muslim communities, they accepted their need to receive basic mental health training in order to better support and encourage those in their communities who were suffering from mental health issues. They saw that they could also raise mental health awareness by educating their communities. The majority of the imams showed a keen interest in participating in mental health training or workshops in order to be better equipped. Only a few of the imams showed some reluctance to participate in the

training, but that was due primarily to their time limitations and work commitments. However, no one gave a completely negative response.

Future Directions and Recommendations

- In recent years, the implications of cultural and religious beliefs have been identified as one of the important foci of researchers in mental health tools for recovery.
- This study opens ways for using culturally competent pathways to improve mental health service delivery to ethnic minorities living in New Zealand by those health service providers who have accepted that the one-model-fits-all pathway does not work in a multicultural society.
- The Muslim community has been perceived in a simplistic and generalised way by health professionals as being a difficult community to access. This study not only identifies the main access point for these communities by involving imams, but also identifies ways to work in collaboration with Muslim communities.
- Imams could play a significant role not only in raising mental health awareness within Muslim communities but also by providing a useful resource for mental health professionals through giving advice regarding cultural and religious issues related to mental health.
- The project team now intends to support imams in gaining basic western mental health knowledge and training in order to equip them to deal with any mental-health-related issues they identify in the community or when approached by someone with problems. This will also help create communication channels with the imams, who will provide ongoing assistance to the health professionals in terms of gaining access to cultural support when needed. Additionally, it will help community members gain increased access to mainstream mental health services.

Conclusion

- Undertaking this study has opened new avenues for further research initiatives exploring the role of the wider community itself in the utilisation of culturally competent pathways for mental health service delivery. This not only applies to Muslim communities but also suggests a direction for exploring the possibilities of the role and importance of religious leaders from other communities in raising mental health awareness and increasing access to mainstream mental health services.
- The research findings have confirmed the hypothesis that imams can play a significant role in supporting their community members with accessing help for mental health issues, and that a strong need exists for training imams in basic mental health knowledge as well as for training health professionals in cultural awareness. However, deeper and more extensive research is still needed into the viewpoints of Muslim clients of mental health services and their families.

South Asian Mental Health Awareness: USA

South Asian Mental Health Awareness (SAMHAJ) in Jersey, USA. (2011). Community Awareness Campaign. Jersey, USA, SAMHAJ

- SAMHAJ presents a mental health series in collaboration with public libraries in New Jersey to educate the South Asian community on mental health issues. These informal and informative Question and Answer sessions are intended to provide a stigma free environment for community members to learn more and seek resources.
- SAMHAJ observed Mental Illness Awareness Week in October 2011 with a series of lectures, featuring Mood Disorders, Child and Teen Mental Health and Coping with Stress in Your Daily Life, at the Plainsboro Public Library in Plainsboro, NJ.
- In 2011 SAMHAJ organized an educational event "*Understanding Mental Health - Ask the Experts!",* where mental health experts, answered questions and provided information to South Asian families. Topics discussed included stress, anxiety and depression, and children's and adult mental health, as well as resources for coping and understanding of these issues. Mental health advocates provide educational material and information on local resources, including a new self-help group for caregivers of those affected by mental illness in Edison.
- Each year, SAMHAJ offers an opportunity for members and supporters to come together and celebrate Indian community support and to share stories of courage and hope. The event highlights the fact that finding support and comfort in your own community is an important part of wellness and recovery.

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6. Appendices

Appendix A

Auckland Regional Settlement Strategy (ARSS) Migrant Health Action Plan

The *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* is a whole of government strategy for improving settlement outcomes including health outcomes in Asian, refugee and migrant populations.

The ARSS is part of the New Zealand Settlement Strategy which is led by the Department of Labour http://www.ssnz.govt.nz/living-in-new-zealand/government-support/nz-strategy.asp

Goal 4 of the Auckland Regional Settlement Strategy (ARSS) Migrant Health Action Plan: Enhance Physical and Mental Health Outcomes

The goals for the ARSS were approved by the Cabinet Policy Committee and DPMC in November 2006. Goal 4 of the ARSS which is to: 'Enhance Physical and Mental Health Outcomes', states that 'health care services should ensure that they are accessible and responsive to the health needs of migrants and refugees, and do not create health inequalities'. The ARSS Migrant Health Action plan aims/objectives are to:

4.1 Improve ethnicity data classification systems in the health sector for refugee and migrant populations
4.2 Review refugee and migrant health needs assessments in the Auckland region
4.3 **Identify disability support service needs for refugees and migrants in the Auckland region**
4.4 Prioritise refugee and migrant health needs in the context of DHB's District Strategic Plans and District Annual Plans
4.5 Develop primary health interpreter and translation services for the Auckland region
4.6 Develop a coordinated intersectoral approach to refugee and migrant health care management
4.7 Assess health service delivery capacity for refugee and migrant groups in the Auckland region
4.8 Develop programmes for workforce development related to refugee and migrant populations in primary and secondary health and disability sectors
4.9 Develop a model of primary mental health care for refugee and migrant populations
4.10 Develop a chronic care management model of care appropriate to refugee and migrant populations

- The *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* is a region-wide approach to improving the health of the culturally and linguistically diverse (CALD) populations served led by Waitemata, Auckland and Counties Manukau District Health Boards. Waitemata, Auckland and Counties Manukau District Health Boards are implementing programmes to improve the

responsiveness of their primary and secondary health and disability services for their Asian, migrant and refugee populations.

- The project is sponsored by Denis Jury, General Manager, Funding and Planning, Auckland District Health Board on behalf of the Auckland region DHBs and managed by a steering group comprising representatives from Waitemata, Auckland and Counties Manukau DHB Planning and Funding teams and a representative from the Ministry of Health

- The project is aimed at improving health outcomes for Asian, migrant and refugee populations because it is evident from international and New Zealand health studies that the culturally and linguistically diverse (CALD) groups in our populations have:
  - disparities in health status compared to national groups even when adjusted for income and health conditions;
  - barriers to health care and disability services and;
  - under-utilisation of the health and disability services that are available

- The *Auckland Regional Settlement Strategy* (ARSS) *Migrant Health Action Plan* is aligned to achieving the Government's goals of:
  - better, sooner, more convenient' primary health care;
  - proactively supporting high need populations;
  - better managing chronic conditions;
  - better diabetes and cardiovascular disease services and;
  - improving patient safety and the quality of care for non-English speaking populations

- The joint work undertaken by Auckland region DHBs is improving access to primary and secondary health services, for Asian, migrant and refugee patients, by:

  - providing interpreting services to all primary care providers in the Auckland region
  - providing cultural competence training to all DHB funded primary and secondary health workforces
  - improving monitoring and reporting on Asian, Middle Eastern, Latin American and African (MELAA) population health
  - **Improving access to and the cultural responsiveness of DHB child disability; rehabilitation and respite services**
  - developing mental health services that are culturally responsive to Asian, migrant and refugee groups
  - supporting cardiovascular disease and diabetes prevention initiatives in Asian, South Asian, Middle Eastern, Latin American and African populations
  - promoting chronic care management models that are appropriate for Asian, migrant and refugee groups

- The implementation of the *Auckland Regional Settlement Strategy, Migrant Health Action Plan* is a partnership between Waitemata, Auckland and Counties Manukau District Health Boards and is managed regionally by the Northern DHB Support Agency (NDSA). The implementation phase of the regional programme of work began in August 2008 and is ongoing
- The *Auckland Regional Settlement Strategy Migrant Health Action Plan* deliverables are incorporated into Waitemata, Auckland and Counties Manukau District Health Board's District Annual Plans as consolidated regional work

Appendix B

Lu'i Ola Pacific Communities Embracing Disability

There are many different types of disabilities. In order to understand them, they are explained below.

MOBILITY – PHYSICAL DISABILITY

People who find it hard to or cannot:

- Walk about 350 metres without resting.
- Walk up or down stairs.
- Carry an object as heavy as five kilograms for 10 metres.
- Move from room to room.
- Stand for longer than 20 minutes time.

AGILITY – PHYSICAL DISABLILITY

People who have difficulty with or cannot:

- Bend over to pick something up off the floor.
- Dress or undress themselves.
- Cut their own toe-nails.
- Grasp or handle small objects like scissors.
- Reach in any direction.
- Cut their own food.
- Get themselves in or out of bed.

HEARING DISABILITY

- There are degrees of hearing impairment. While some people are deaf, others will have a lesser degree of hearing loss.
- People who have difficulty hearing or cannot hear what is said in a conversation with one other person and/or a conversation with at least three other people.
- Children who are deaf or have difficulty hearing that is not corrected by hearing aids or grommets.

VISION DISABILITY

- There are degrees of vision impairment. While some people are blind, others will have a lesser degree of vision loss.
- People who have difficulty seeing or cannot see ordinary newsprint and/or the face of someone from across a room, even when wearing corrective lenses.
- Children who are blind or have difficulty with seeing that is not corrected by glasses or contact lenses.

INTELLECTUAL DISABILITY

- People who since their earliest years have had significant difficulties in learning new information or new skills.

SPEAKING DISABILITY

- People who have difficulty speaking or being understood because of a long-term condition or health problem.

PSYCHIATRIC/PSYCHOLOGICAL DISABILITY

- People who, because of a long-term emotional, psychological or psychiatric condition, have difficulty with or are stopped from doing everyday activities that people their age can usually do, including communicating and socialising.
- Children who, because of a long-term emotional, behavioural, psychological, nervous or mental health problem, are limited in the kind or amount of activity that they can do at home, school or play.

Appendix C

Multicultural Mental Health Australia 'Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities program.

Briefing notes about MMHA new resources
19 February 2009

multicultural MENTAL HEALTH AUSTRALIA

* *Stepping Out of the Shadows: Reducing Stigma in Multicultural Communities*

This resource is a new training package that has been developed for CALD community workers to educate their communities about mental health to help reduce stigma towards mental illness.

This package contains additional resources including a DVD and bilingual mental health fact sheets.

The training package aims to:

- reduce stigma
- help individuals, families and communities from CALD backgrounds deal with mental illness and address the stigma associated with it
- increase their knowledge about mental health and decrease stigma

The training kit aims to build a greater awareness of mental illness, dispel myths and misunderstanding, raise acceptance of mental illness as another illness, break down the stigma associated with mental illness, assist families and encourage them to seek the medical help required.

MMHA has already piloted the training kit nationally. Expert Trainers have already been selected from each state and territory under the direction of MMHA. Some of the Expert Trainers have since trained their community leaders, who will be supported by MMHA during this funding round, to roll this stigma reduction training kit into their immediate communities. The Community Trainers are responsible for working at the grassroots level in raising awareness and acceptance of mental illness.

The implementation of the training kit will rely on the commitment and goodwill of many people working in the mental health and multicultural community sectors around the country.

To be involved in the national roll-out of this training, please call MMHA – 02 9840 3333

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