Engaging Arabic Speaking Communities Within Mental Health Services

CALD Toolkit

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Introduction

Wellways Australia is a leading not-for-profit mental health and community services organisation dedicated to ensuring all Australians lead active and fulfilling lives in their community.

Wellways commissioned its 12-month CALD Project in 2020 with the aims of understanding why Arabic speaking participants were engaging in services so late within their mental health recovery journey, and what could be done to mitigate this. The CALD Project team included Ikram Moussa as Project Manager, and Maysoon McLeod and Lina Rehayem as Project Officers.

The CALD Project reached out to Arabic speaking communities within South-Western Sydney and provided mental health literacy education sessions to various community, faith-based and service organisations. Education sessions were delivered based on content purchased from Western Sydney University's Mental Health Literacy program for Arabic speaking refugee and migrant groups. In conjunction with the delivery of education sessions, 300 Arabic speaking community members completed surveys detailing their level of mental health literacy, barriers to service access, what qualities are essential to culturally inclusive service delivery and where information about mental health services is accessed. The scope of outreach included:

- 45 Mental health literacy education sessions.
- 23 Staff education sessions.
- 300 Surveys completed by the Arabic speaking community.
- 13 Radio interviews including SBS Australia with over 7,200 views.
- 18 Community staff members participated in eight co-design sessions.

This CALD Toolkit was developed as a resource informed by the Wellways CALD Project, providing organisations with a guide to engaging Arabic speaking communities within mental health services and reducing barriers to service access by increasing mental health literacy levels, community and service collaboration, as well as ensuring cultural competency.

Chapter 1 of this Toolkit provides a great overview of the existing barriers to service access the Arabic speaking community face, and will help to inform which of the four chapters you chose to access within the Toolkit. You may choose to access whichever chapter that is relevant to your needs as each is a stand-alone resource. However, for the most comprehensive understanding, we recommend reading the entire Toolkit.

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Toolkit disclaimer: This Toolkit and the CALD Project was commissioned by Wellways Australia. The opinions and analysis expressed in this document are based on existing literature, co-design sessions and feedback from community staff across mental health service organisations as well as survey data gathered from the community outreach efforts of the CALD Project.

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Chapter 1 – Barriers to Service Access and Engagement

Author: Ikram Moussa

Introduction

There are several barriers to the Arabic speaking community's (ASC) understanding and perceptions of mental health as well as their ability to access mental health services. Outlined below are key considerations that contribute to the complexity of mental health within the community, which will greatly inform the readers' understanding of how to market, create partnerships and inclusive service delivery.

Poverty

South West Sydney have more low income households compared to surrounding regions. ASCs suffer higher rates of poverty and financial stress due to low income, low education, low opportunities for re-education once migrated to Australia and lack of English language and literacy skills.[1]

Due to the lack of understanding about the mental health system in Australia, there may be hesitation to access mental health services due to fear it may impact the financial benefits that an individual is receiving such as Centrelink, NDIS and aged care or disability pensions. An individual's government income supplements may make up the bulk of a person's income, especially for older Arabic speakers, and fear of this being impacted by additional services may result in hesitation to access further support.

Language

Arabic speaking community members have differing levels of English proficiency, and this does not always increase in relation to the length of residency within Australia.[2] Second generation Lebanese migrants are more likely to retain their parents' language and senior Arabic speaking individuals are more likely to have lower rates of English proficiency.

Education

Arab Australians suffer substantially from lack of employment and education. Factors that contribute to this include low English language and literacy levels, mental health and disability, experiences of torture and trauma, employee discrimination on the basis of race or cultural beliefs as well as limited culturally competent education opportunities.

Arabic speaking youth, in particular Lebanese men, are more likely to experience employee discrimination and there are limitations to women's participation within the labour market due to the prevalence of responsibility for caring and childrearing. Despite access to a range of highly skilled employment opportunities within their home country, Arabic speaking migrants are overrepresented within the 'unskilled' labour market in Australia, often due to barriers presented to re-education within Australia.[1]

Social capital

There are barriers to the ASC's desire to engage with the wider community and ability to form social connections across non-Arab communities. This is contributed to by the 'war on terror' and negative narratives perpetuated by Australian media and

politicians that may cause Arabic speaking individuals to feel unsafe within their neighbourhoods as well as possess heightened concerns regarding police terror and violence.[1]

Intergenerational conflicts between youth raised within Australia and their parents can also occur, placing further stress within family units and across different aspects of the acculturation process.[2]

Mental health literacy

Lack of exposure and knowledge of mental health services

There are limited direct translations for different mental health professions within the Arabic language, which makes distinguishing between service professionals difficult. Within most Middle Eastern and North African (MENA) countries, psychiatric support is often medicalised, with limited options for holistic treatment. Mental health treatment is therefore seen as restrictive as well as severe, creating apprehension around engaging with mental health treatment for fear of being subject to therapy that is constraining.[2]

Because psychiatry in MENA countries is so medicalised and there is little early intervention or low to medium level supports provided, Arabic speaking communities might assume someone who is currently accessing mental health support in Australia has a severe mental health condition. In addition, for those who are looking to access low to medium levels of support, there might be assumptions that the main treatment option is medication. There exists further stigma about the use of medication as treatment for mental health within the ASC because of perceptions that it is part of restrictive treatment due to the medicalisation of support in home countries.[2]

There are also negative perceptions around the utilisation of medication as treatment for mental health due to beliefs about it being harmful or addictive. Therefore, families might be apprehensive about themselves or loved ones accessing mental health support if they do not want medication as a treatment option and might hold onto perceptions that if someone does not need high level support or would not benefit from medication then they are not ill enough to warrant treatment. Engrained perceptions and experiences within home countries that perpetuate the restrictive nature of mental health support can serve as a barrier to information seeking and access to mental health support.[2]

Presentations of mental health

Arabic speaking communities may have different presentations of mental health and a difficulty distinguishing mental health concerns from physical health concerns.[2] Psychosomatic presentations of mental health are not unlikely and are more prevalent within refugees and asylum seekers. This can hinder recognition of mental illness and reduce self-admission or access to appropriate services.

Perceptions of the cause of mental health

The Arabic speaking community have several different perceptions about the cause of mental health. The most common religious causes are believed to be a lack of spirituality, a punishment from God, demonic possession, and a lack of an appropriate level of faith. Environmental causes are believed to be stressful life events, drug and alcohol addiction and childhood trauma. Due differing beliefs about the cause of mental health, individuals may not interpret their mental health as a condition but rather seek to improve the aspects of their life they believe to be the cause.[2,3]

There is also a lack of knowledge about the distinction between different types of mental health conditions. Depression, anxiety, and PTSD are common experiences within the ASC, most notably within refugee populations. Studies have shown that because these mental health conditions are common, these experiences are normalised by the community as common suffering rather a mental health condition.[2]

Service delivery barriers

Institutional barriers exist around the ASC's ability to access appropriate care for their mental health.

Confidentiality concerns

Due to the stigma and shame surrounding mental health within the Arabic speaking community, confidentiality when accessing a service is extremely important.

The ASC is closely knit in most cases, and word of mouth is a powerful tool. If an individual is accessing a service it is important for them to know that details about themselves, their family and their opinions and views will be kept confidential. Individuals may fear social ostracisation if their information is shared with the community by a GP or mental health professional who they may encounter in a social context and is a part of their community.[2]

Mistrust of political structures within countries of origin plays a large part in inhibiting Arabic speaking service users from providing trust easily as in many cases they have not encountered an institution that is entirely confidential and uncorrupted.

Interpreters may pose a similar threat to confidentiality for an Arabic speaking client. This is because interpreters or staff that speak the Arabic language might be of the same cultural background and the participant might fear the interpreter will express judgement, relay the participants' details to the community or might even be someone the participant knows socially.[4]

Research suggests that low referral rates of clients to specialist and relevant health services may be contributed to by GPs. There are barriers to GPs diagnosing patients with mental health conditions, in fear of offending Arabic speaking patients and endangering their professional relationship.[2]

Stigma within the mental health system

There are discourses within the media surrounding the Arabic speaking population in Australia, specifically those of Muslim faith. Narratives about the 'war on terror', threats of terrorism and the perpetuation of negative cultural stereotypes within the media contribute heavily to the community feeling wary of engaging with institutions of Australia, who they may perceive as being more likely to treat them unfairly.[1]

Perceptions of psychiatry

Accessing psychiatric help is a step that is perceived to be a last point of call utilised when there is no hope for recovery from mental ill health. To reach a point of requiring psychiatric intervention is perceived as a point of futility to mental health treatment. Within home countries, there may have been a severe imbalance of power between government, institutional and psychiatry structures including involuntary incarceration, threat and unjust treatment. There is continued mistrust of institutions within Australia as a result. This can delay an individual's or the family's help seeking, resulting in a higher engagement rate within crisis services.[2]

Misdiagnosis

Research has shown that ASCs may fear their mental health condition being misdiagnosed and that this can lead to a reluctance to engage in help seeking. There are complexities in diagnosing an individual experiencing mental health concerns who identifies as CALD, as the way mental health symptoms manifest may be influenced by a person's culture and religion. Research has shown that there is misdiagnosis among CALD populations within hospital services by non CALD clinicians due to a lack of understanding about differing presentations of mental ill health. This may result in misdiagnosis and underdiagnosis, both of which affect the rate of timely and appropriate mental health assistance, especially in a crisis.[2]

Bilingual workers or interpreter services

Due to low English language proficiency, mistrust of institutional services and the importance of rapport and trust for the ASC when seeking help, bilingual staff and interpreting services are a necessity when servicing CALD communities. While confidentiality may present a concern for CALD clients, it is still imperative that Arabic speaking clients are given an option to utilise language support. Despite there being a large need for interpreters and bilingual staff for many of the Arabic speaking and CALD community, this is still not provided as often as it needs to be within services.[2]

Stigma / shame

Arabic speaking individuals are more likely to seek help from their family members, members of their religious clergy or no one at all due fear of the stigma they may face from their family and friends as well as the wider community. Attitudes of these three groups have been shown to affect how an individual with a mental health condition defines their level of distress. Based on the responses a mentally ill person may receive, they are likely to act based on the advice or stigma received. When we factor in misconceptions about the cause of mental health, shame around help seeking and general distrust of psychiatric services and medication; an individual who is struggling with their mental health will encounter a multitude of barriers to eventually accessing a mental health service.[5]

Because the majority of perceptions about what causes mental health are deficit-based and solutions are based on an individual's ability to summon up willpower or put enough effort into their religion, spirituality, family or money to resolve their illness; there exists a large amount of shame around mental health. If an individual is not able to 'fix' these aspects of their life, then it is because they have not put in enough effort or willpower to do so, rather than the result of a mental illness that impedes functioning.[5]

If an individual's mental health condition is known to their community, then they and their family may encounter stigma as a result. Family of the person with a mental health condition might be perceived as causing the condition due to not providing enough care or love to the individual. When a family experiences stigma from their community, it can isolate them from connections that are essential to maintaining a sense of wellbeing, belonging and emotional support systems.[6]

This may result in an individual feeling reluctant to share their experiences of mental health with their family or downplaying the intensity of their illness to avoid being subject to stigma. Because Arabic speaking communities have strong parent-child bonds, and respect and love for elders is a great part of life, individuals within the family unit who are struggling with their mental health might not disclose this to their loved ones in order to protect them from this stigmatisation and isolation from the broader community. Stigma around help seeking and mental health can therefore substantially impact an individuals' mental health journey, and result in low rates of identification and therapy for mental health conditions.[5]

Subsequently, carers from the ASC have reported feeling as though they are betraying their family member if they are seeking help, because they would therefore be treating that family member as a burden. It is common for carers from the ASC to communicate that they have access to more assistance than they usually do in order to order to mitigate being encouraged to access services.[6]

Gender

Women

Arabic speaking women are more likely to take on a caring role within their family unit and traditional gender norms are still present, most notably within older generations of migrants and refugees. Within home countries and due to war, women may be less likely to have received a higher education, leading to lower workforce participation in skilled work once immigrated to Australia.[2]

In more traditional Arabic speaking households, women may represent a family's honour "Sharaf" and their presentations within the community and overall wellbeing may be more policed than men. Not upholding the social norms might bring shame onto the family, leading to more of a desire to hide or deny any symptomatic mental health conditions she might have from the larger community.[2]

Studies have shown for Arabic speaking women there may be denial of mental health diagnosis due to fears about the way it may impact her marriage prospects. Fears may include:

- A partner withdrawing their marriage contract if a partner has a mental illness.
- When conflict arises between partners, that person might be compared to their mentally ill relative as a form of humiliation. Because mental illness is considered a deficit in one's ability, a family member being affiliated with a relative in this way may bring up feelings of stigma and shame within themselves.
- Divorce because a spouse has a mental health condition may occur. Studies have shown that the man is more likely to file for divorce on this condition due to beliefs that mental illness is hereditary and fears that children will be born mentally ill.[2]

Men

The mental health of men within the ASC may be affected heavily by instability within financial, social, environmental and familial structures. In traditional family structures, the husband will be solely responsible for financially supporting the family unit. When any of these four tiers are impacted, especially by immigration or refugee experiences, this can put substantial strain on the individual's mental health.[2]

Religious leaders

Religion and religious leaders play a prominent role in ensuring the Arabic speaking communities' spiritual, community and social wellbeing. On one hand, religion can serve as a large protective factor for mental health. Two of the largest religions within the Middle East and North African (MENA) countries are Islam and Christianity. Religion provides stability, direction and facilitates community, all of which create a supporting environment fostering hope, comfort, and connection. Arabic speakers who identify with a religion are able to reap the benefits of this.[7,8]

Religious leaders are also able to provide direction and support not only about religious matters, but across family, work and bereavement. Arabic speaking individuals will often identify with a select parish, clergy or mosque and religious leaders and community members will be a solid part of their lives, supporting them through funerals, births, and marriages. This serves as a powerful protective factor for Arabic speaking individuals who identify with a religious group and can foster emotional and mental wellbeing. This can be a preventative factor to mental health as well as a great support system when an individual is struggling with a mental health condition.[2,7]

On the other hand, the social and community experience of religion can impact help seeking and understandings of mental health. As discussed within the *Chapter 3: A Guide to Partnerships with Arabic*

Speaking Stakeholders section of this Toolkit, religious leaders still require support to build mental health literacy and assist in streamlining referrals into clinical mental health services.[7]

Migrants and refugees often suffer a loss of family, friends, and social structures, so the community that religion can provide may be utilised heavily. In combination with perceptions that lack of spirituality is a cause of mental health, an individual may rely heavily on religious institutions when attempting to resolve mental health concern. Religious leaders often provide spiritual guidance in times of need for mental health support, making them gatekeepers for help seeking in Arabic speaking communities. Their ability to accurately refer individuals to clinical support services in a timely manner is a key to breaking down stigma associated with mental health services, as well as early intervention.[2]

Refugees – unique challenges

There are unique challenges specific to the refugee experience for Arabic speakers, in addition to the barriers specified above.

In addition to language barriers, refugees often lack knowledge of the mental health system in Australia, how to access interpreting services as well as available mental health services. The first three years of settlement in Australia have been identified as the most difficult, throughout which a newly arrived refugee might require the most intensive mental health support. This is because a refugee would have arrived from war and conflict and would be required to learn the entirety of Australia's medical, social, political and financial systems in addition to potential experiences of mental health, disability or caring duties. This can be an extremely daunting task, and itself can impact on one's mental health and wellbeing, in combination with experiences of poverty and financial stress.[2,9]

Experiences of torture and trauma are extremely common among refugees and this can substantially impact one's ability to navigate and reach out for help from the mental health system. As discussed, fear of political, government or medical structures is a common experience in an Arabic speaking person's home country, which can be compounded even more if the country of origin is experiencing war and conflict. This in turn impacts an individual's ability to self-advocate and build trust and connections with service providers.[9]

For Arabic speaking refugees who have recently settled in Australia, caring duties for family members can impact on one's ability to engage in employment, English classes and services. A recently arrived refugee who is a carer might also need additional support to maintain their mental wellbeing.[9]

Asylum seekers – further unique challenges

In addition to the barriers experienced by Arabic speaking communities and refugees, asylum seekers experience their own unique set of challenges to their mental health recovery journey.

Uncertain visa status can be a deterrent to obtaining skilled employment and some visas do not permit a certain amount of work a week, if at all. This may lead to a lack of employment opportunities and experiences of poverty, forcing asylum seekers to rely on free services such as food banks, vouchers and out of pocket payments for essentials such as medication and general practitioner access. Physical disability may be the result of experiences during war and conflict, further compounding the financial impact of essential medical expenses.[12]

Some asylum seekers are not eligible for Medicare, which directly impacts their ability to access bulk billed services such as general practitioners, psychiatric, psychology and allied health services. Many mental health programs also require permanent residency

or citizenship to be accessed. Being placed on a long waiting list for public health services is often not a viable solution for asylum seekers who are experiencing mental health crisis, especially within the first several years of their stay within Australia.[11]

Non-crisis mental health or medical services often require medical records detailing the context of an individual's illness, and asylum seekers often start their journey within Australia with little to no personal belongings. Services may require documented evidence from a specialist recommending eligibility of services, which an asylum seeker may not be able to rebate through Medicare for. If an asylum seeker is unable to pay out of pocket to see a professional for the required number of sessions to obtain this evidence, they will be unable to access required support. This creates a chain reaction in which barriers to financial stability and Medicare eligibility impact on an asylum seeker's ability to access short term and long-term mental health support.[12]

Years spent in community detention both overseas, offshore and within Australia can severely impact mental health to the point of crisis. Access to support through migrant resource centres or torture and trauma therapy are beneficial, but wider support networks are also essential, especially once an individual exited from these programs. Experiences of torture within home countries can further compound on experiences of mental health and depression; and anxiety and PTSD are often found to be co-morbid in asylum seekers.[12]

Additional resources:

Australian Refugee Health Practical Guide for Asylum Seekers.[11]

NSW Refugee Health Service & STARTTS publication for working with refugees: *A Guide for Social Workers*.[12]

As a result

As a result of the barriers discussed during this chapter, Arabic speaking populations are:

- More likely to be admitted to hospital for their mental health needs involuntarily rather than voluntarily.
- Have a lower rate of access to hospital and community mental health services in comparison to non-Arabic speaking populations.
- More likely to be provided mental health support at an acute and crisis stage rather than early intervention.[10]

Chapter 2 – A Marketing Guide to Engaging Arabic Speaking Communities

Author: Maysoon McLeod

The purpose of this document is to serve as a guide to support organisations to implement specific marketing campaigns and activities that aim to engage the Arabic speaking community in South West Sydney (ASC in SWS). This engagement aims to help reach, inform, educate, and empower ASCs using a Culturally Accommodating and Safe Interface (CASI) Framework. CASI is essential to helping the Arabic speaking community accept treatment and recovery as an essential part of daily health and wellbeing.[27]

This guide utilises information and data collated from co-design sessions with key community staff members, academic and literature reviews, community leaders within our advisory group and findings acquired from pre and post surveys completed by Mental Health Literacy Program (MHLP) participants.

Topic 1: Current situation

Statistics show there is a significant lack of engagement in mental health and disability services from the ASC in SWS and Western Sydney. Because there is no clear definition of what it means to be Arab, the cohort are generally considered to be groups of people who speak a language of Arabic origin. Arabic speaking people originate from any of the 22 principal countries situated in the Middle East and North Africa (MENA).[24]

Multicultural NSW suggests that of the 2016 New South Wales population who speak Arabic at home, the top 5 countries of birth are:[14]

1. Australia (88,053 people or 43.9%)
2. Lebanon (50,732 people or 25.3%)
3. Iraq (19,868 people or 9.9%)
4. Egypt (12,861 people or 6.4%)
5. Syria (6,022 people or 3.0%)

South West Sydney has a much higher proportion of residents born overseas at a rate of 36% compared to just 26% for NSW. 53% of people in Fairfield were born in another country, while less than 16% in Camden, 12% in Wollondilly and 15% in Wingecarribee Local Government Areas (LGA) were born overseas.[14]

In the Fairfield LGA, 74% of residents (131,162 people) speak a Language Other Than English (LOTE) at home. In Bankstown, Liverpool, and Campbelltown LGA's 60%, 55% and 30% of the populations respectively speak a language other than English at home, whereas in Wollondilly and Wingecarribee the figure is less than 10%.

Over 43% of Arabic speaking people in NSW reside in South West Sydney. About 77% of the Iraqi born population in NSW resides in South West Sydney. About 15,658 humanitarian entrants (56%) of the state intake have settled in SWS between 2012 and 2016, predominantly in Fairfield, Liverpool and Bankstown LGAs." [21]

Survey demographics

297
SURVEYED

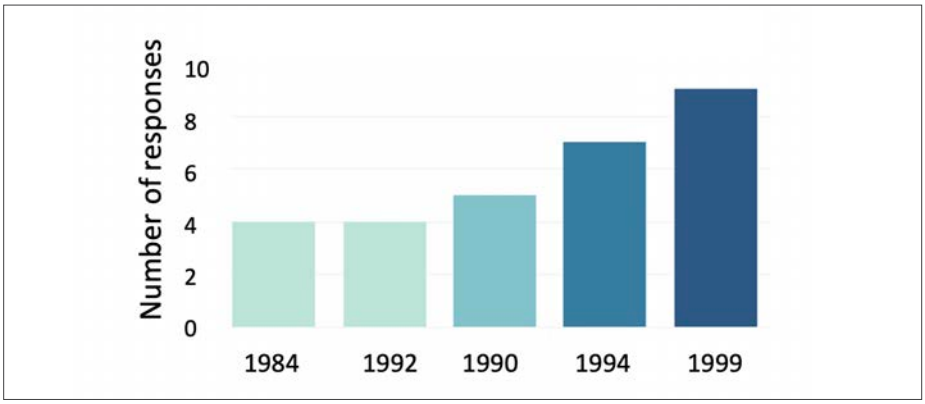
88%
BORN OVERSEAS

38%
IRAQI NATIONALITY

83%
FEMALE

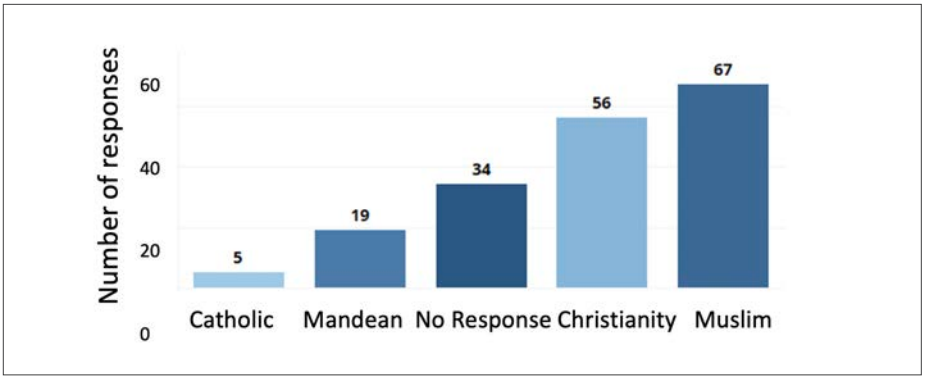
17%
MALE

Maximum responses based on year of birth



Maximum responses based on religion

36%
MUSLIM



As referenced within Survey Findings of this CALD Toolkit

Current access points and information sources

Findings from our community outreach surveys clearly indicate the following as the most common access points when seeking help for mental health concerns. It is important to consider these access points when engaging with ASCs, as explored in more depth throughout this guide:

1. GPs.
2. Internet.
3. Family and friends.
4. Social or support groups.
5. Social media.

71%

DESCRIBE THEMSELVES AS PEOPLE WHO DON'T HAVE A MENTAL HEALTH CONDITION OR NEED CARER HELP

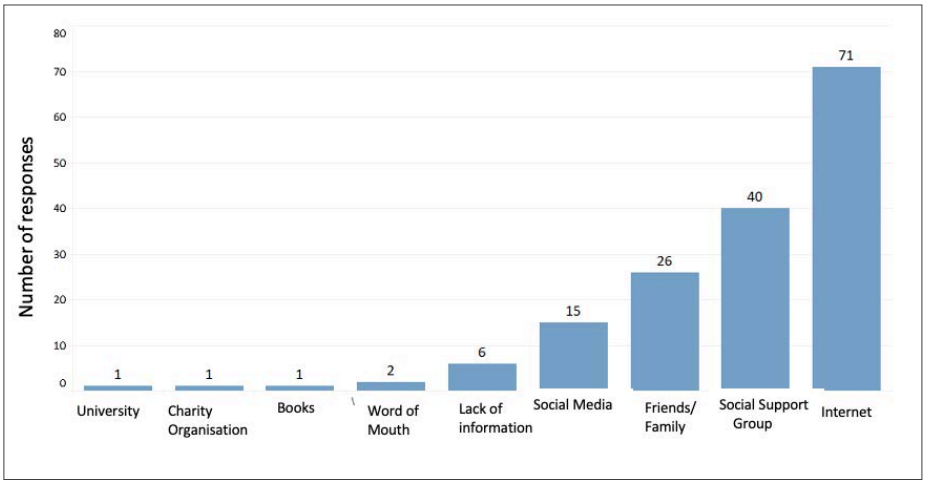
Pre-survey: One off question responses

We asked these people some one-off questions to better understand them. Below are their responses.

Who would you go to first if you needed help for mental health?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
GP	9	3	39	15	14	9
Online Community	1		3		2	1
Social or support group	1		3		1	
Religious Leader			6	3	1	
Partner			1			
Other			3	1	1	
Friends & Family	8	1	21	7	5	

What is your main source of information on mental health and/or disability?



As referenced within Survey Findings of this CALD Toolkit

Topic 2: The Culturally Accommodating and Safe Interface (CASI) framework

What are the important values of Arabic speaking culture?

- Strong family ties
- Parent-child ties
- Nationalism

Identity and ***cultural affiliation***

Extent of ***social integration***

- Spirit of hospitality
- Gender roles
- Emphasis on privacy
- Language and dialect spoken
- Religion/ denom-ination and spiritual life
- Honour and respect
- Community connections

The Arabic speaking client journey

Reach > Inform > Educate > Empower (CASI framework)

Link >

Connect (SICAS questionnaire) > Support (CASI framework)

Marketing to the ASC

Referral

Service provision

In our mission to help to reach, inform, educate, and empower the Arabic speaking community in South West Sydney (ASC in SWS) to access mental health services and supports, we identified 10 essential values that define what a Culturally Accommodating and Safe Interface (CASI) would encompass for an Arabic speaking person. CASI consists of 10 values that may inform an Arabic speaking person's identity and cultural affiliation and will help to assist organisations in understanding how to engage ASCs in a culturally responsive way.[27] Care needs to be taken to avoid any cultural stereotyping and profiling and readers should understand that cultural perspectives and values are ever evolving and changing.

CASI value 1: Family ties

Within the cultural identity of the ASC, parents traditionally play conventional roles in family life. Family forms an integral aspect of an Arabic speaking person's culture. Families maintain tribal and clan connections in many countries and loyalties are strong. Fathers in most Arabic speaking countries play the role of primary provider of the family and parents generally discuss and plan together before making decisions.[24]

Many mothers in Arabic speaking countries maintain a traditional role which may consist of raising the children, helping to educate them, and managing the household. However, it is important to note that although women have traditional roles within the family unit, they are often involved in business matters as traditions are changing, with women working outside the home as well as from the home.[24]

In turn, second and subsequent generations growing up in Australia may feel conflicting cultural pressures and heavy family responsibilities. The children of migrants must often navigate between the competing cultural values of their family and Australian society. Typically, while the older generation will idealise traditional values and practices, the younger generation will be more adaptive to dominant Australian values and customs.[27]

Moreover, respect for the elderly and older individuals is another value that is integral to family ties, as the elderly are considered esteemed, treated dutifully, and spoken to gently and politely. Consequently, they are consulted on all matters, even though their advice may not be followed. There is still a tradition of family business, so fathers and sons may sit together to discuss everything related to work and the household.[27]

Practical tips and considerations

- When interacting with an Arabic speaking person who happens to be a parent, address them by the "Mother/Father" of their eldest son or daughter. For example: Abu Ali or Um Ali. This consideration may also be used within the creative copy of print advertisements, as well as Arabic subtitles used in infographic videos and engagement with the ASC though education sessions and in-service presentations.
- When marketing an organisation's mental health services to the ASC, it is recommended that the central message is focused on the benefits the service may have for the whole family. This could help drive help seeking behaviour and eliminate any perceptions of stigma, shame or mistrust that exist within families.

CASI value 2: Parent/child ties

Children often live at home until they marry and move out of home, and in many cases, one son will live at home after marriage to care for his parents' needs. This is an example of the value of parent/child ties. In some Arabic countries of origin, the healthcare support system is under-funded and under-equipped, so young women rely on their mothers and grandmothers during childbirth and in the childcare that follows.[24]

Quote from co-design session contributor:

"Honouring experiences of motherhood and caring duties is important to assist women to validate their own experiences and resilience, and the importance and influence on the people who they care for and their families."

Since they may be heavy reliance and enmeshment of the parent/child ties to support a person's health and wellbeing (including their mental wellbeing), this protective value may become restrictive. As shared during our community co-design sessions, young Arabic speaking participants have reported feeling restricted by the stigma, shame or lack of mental health literacy their parents may possess when attempting to seek help. Involving families in the treatment of youth where appropriate can assist in breaking down barriers to service access and empower family members with the adequate tools to support their relative's mental health journey.

Practical tips and considerations

- When marketing to diverse age groups within the ASC, language should attempt to be empowering and relevant to youth, whilst respecting and maintaining the strong values of parent/child ties within the ASC. During MHLP presentations specific for youth, inviting parents or guardians to wait outside the venue may encourage engagement.
- Applications (apps) can be a useful way to communicate with the young Arabic speaking community, taking into consideration the high e-literacy rate among youth.[26]

CASI value 3: Nationalism

Nationalism for an Arabic speaking person consists of a strong affiliation and sense of belonging to one's home country and has long been an important element of cultural identity for the ASC. Whether immigrating to Australia voluntarily or by force, people of a diaspora typically preserve and celebrate their culture and the traditions of their homeland. This diaspora reality is partly a social construct – a consciousness based on excavating memory of homeland, history, meaning and feeling, fables and folklore, group identity, goals, and dreams.[23] It is a consciousness, driven by a desire for eventual return, that undermines and undercuts alienation in the 'temporary' home country. Diaspora inherently encompasses a protective, at times inadvertently performative nostalgia to protect an individual, while devoting themselves to national and cultural revivals.[23] The shared nostalgia of diaspora and nationalism comforts Arabic speaking people.[23] It is through better and empathic understanding of nationalism that is entwined with diaspora that organisations can develop a more CASI practice for the ASC.

Quote from co-design session contributor:

"Nationalism is important to their identity. They feel afraid of changing their identity when they first arrive, they go through a culture shock, due to differences in society, and the educated vs people from rural areas will measure how they can settle and integrate. This will go up and down. So, we remind them that they do not have to change their culture. It's about finding the balance."

Moreover, when referring to the Arab nation, it is important to acknowledge that there is great diversity in the ethnicity of the nation – the Arabic race is the largest group; other ethnicities are Kurdish, Chaldean, Assyrian, African, Pharo and Armenian. There is diversity in religious practice as well. Thus, migration from a particular Arabic League country may not indicate the migrant's ethnicity, religion or language spoken at home. Some individuals think of their identity in nationalistic or sectarian terms. Although they speak Arabic and share Arab culture, some individuals may refer to their identity as Lebanese (national term), Chaldean or Coptic (religious term) or Kurdish (ethnic term).[27] This was evidenced by our MHLP participant survey results, whereby although a participant speaks Arabic as their first language and has migrated from Iraq as their country of origin, they however identify with their 'Chaldean' heritage and can also speak Assyrian.

Practical tips and considerations

- Due to the complex and diverse nature of the value of nationalism, it is recommended that organisations are mindful when addressing nationalism and diaspora and conversation is tailored depending on the specific Arabic speaking audience being communicated to. Addressing a person's identity may be triggering due to experiences of trauma and political. If the conversation about a person's nationalism arises, it is recommended to offer sympathy to the situation in that persons home country. This acknowledges the difficulties that may have been endured and is likely to be deeply appreciated.[25]

CASI value 4: Spirit of hospitality

Due to the collectivistic nature of the Arabic culture, hospitality forms an inherent part of an Arabic speaking person's sense of identity. From sharing recipes, hosting gatherings with family and friends, to extending the hospitality to guests through food and accommodation, the spirit of hospitality is an essential part of identity for Arabic speaking people. As supported by insights gained during our community co-design sessions, providing catering to guests assists greatly in building rapport and connection with the Arabic speaking community.

Practical tips and considerations

- When catering at events that Arabic speaking people are attending (e.g., MHLP education sessions and any other community engagement activities), it is recommended that the event coordinator determine the cultural background of the expected audience to assist in providing culturally appropriate food for participants (i.e., Halal food for Muslim participants and avoiding forbidden foods such as pork, and vegetarian food for fasting Christian participants during Lent season).

CASI value 5: Gender roles

Gender roles within the Arabic Speaking Community play a huge role in the dynamic between male and female figures within the context of family, siblings, couples, and the community at large. Attitudes and perceptions of what it means to be female or male are often inherited over decades of both direct, as well as subliminal conditioning via family, media, community, and social environment. These ideas define the perceived expected roles of males and females within the ASC. Many refugee men for example are

highly focused on their immediate practical needs in relation to settling effectively in their host country.[18] Accordingly, practical assistance may be perceived as being more useful than psychological support, especially for men who have recently resettled in Australia.[18] In addition, some refugee men reported that talking about emotional or mental health difficulties will lead to increased distress. This is likely to be the case in the context of PTSD, where talking about symptoms will remind the individual of the traumatic events he or she has experienced, potentially leading to an increase in symptoms such as nightmares. It was reported that many individuals prefer to not to talk about their symptoms to avoid reliving painful experiences, and for fear that distress associated with being reminded of the trauma will prevent them from being able to function effectively in their everyday lives.[18] Dominant male figures within the family have the potential to play a large part in shifting paradigms of stigma and mistrust of mental health treatment and services, and encourage help seeking behaviours.

The role of mother or carer embodied by women in the ASC frequently extends to members of the immediate and extended family and is often assumed to be a part of parenting or spousal responsibility. This is evidenced by our participant survey results as well as anecdotal evidence gained during MHLP education sessions that indicate that participants perceive their carer roles as their duty and not granted the support of carer support programs.

Practical tips and considerations

- When marketing carer support services to the ASC, it is recommended that specific carer roles are illustrated in the design/copy of advertising materials. This will assist mothers who are carers to their child with a mental health or disability condition to self-identify as carers and encourage help seeking behaviour.
- Messages conveyed through marketing campaigns should gently encourage help seeking behaviour and should focus on the practical benefits of doing so. Practical benefits may include reduced carer burden, financial assistance as an incentive to male figures within the Arabic speaking families and access to culturally appropriate services.

CASI value 6: Language and dialects

Language and dialect are very important requirements to consider when marketing to the ASC. With a variety of differing Arabic dialects that branch out of the same root language [Arabic], using interpreters who speak the same dialect as the client (and communicating that this is available in marketing copy) is an essential to creating connection with intended audiences. This was strongly suggested by both our community co-design session contributors, as well as members of our advisory group.[17]

Practical tips and considerations

- When marketing to the ASC, it is strongly recommended that Modern Standardised Arabic (MSA) the formal Arabic written language, is used to translate/interpret any marketing copy, as this will ensure comprehension of the message across all Arabic Speaking Communities regardless of dialect spoken. MSA is formally taught in schools in all countries of origin for Arabic speaking people.
- When marketing to specific cohorts within the ASC (e.g., Iraqi, Lebanese, Syrian), it is strongly recommended that words which reflect the cultural nuances of that cohort are included in the copy (alongside Modern Standardised Arabic). This can help further connect with the audience and create a more CASI practice.

CASI value 7: Emphasis on privacy

Privacy is particularly important to the ASC and the lack of can be a large barrier to seeking help. As supported by our Arabic Mental Health Literacy Program (MHLP) survey results, privacy and anonymity is of high priority to majority of participants when

seeking services to support their mental health, as explored within *Chapter 1: Barriers to Service Access and Engagement* of this Toolkit.[17]

Practical tips and considerations

- When marketing to the ASC, ensure that appropriately translated/interpreted words that reflect *anonymity, confidentiality* and *privacy* are included within the advertisement. Ensuring clear communication around privacy will encourage help seeking behaviour.

CASI value 8: Religion, denomination & spiritual life

It is without doubt that ASCs identify quite strongly with religion and spiritual life as a guide to way of life and connection to community. Arabic countries are a highly theocratic society where God and religion are at the centre of life and daily living, and in some countries of origin, forms the basis of the country's governing laws and legislations.

Religious studies and scriptures are taught to school aged children and at times even before commencing formal primary education (for example: Christian liturgy on Sunday School during church Mass, or Islamic studies for pre-schoolers during prayer sessions and times of worship). In some Arabic speaking countries of origin, this compulsory education is entwined with the education of Islamic scriptures taught during Saturday School. It is important for organisations to develop an understanding of the religious denominations followed by the ASC.

Research demonstrates the importance of spiritual and religious life as a protective factor to mental health and physical ill health and determines religious clergy as first points of contact for people suffering from mental illness.[22] Our MHLP participant survey results also indicated a strong preference to consult with religious leaders when seeking support for any mental health concerns. However, there is also evidence to suggest that such leaders may have poorer knowledge related to the recognition and management of mental illness despite their significant influence. Therefore, improving their capacity to respond to refugees with mental health problems may play a role in promoting professional help-seeking where required. [22]

Spirituality as a deeply entrenched value is demonstrated across pleasantries used by the ASC, where the word 'Allah' that translates to 'God', is used when conversing and connecting with others. This linguistic practice is generally universal across all religions and faiths practiced amongst Arabic Speaking people and can pave the way to a more CASI practice between mental health service providers and the ASC.

Practical tips and considerations

- When marketing to an Arabic speaking community, use polite pleasantries that embody connection to God, religion and spiritual life, as this can help forge a stronger connection to audiences, improve the clarity of messaging and ensure CASI practice. This can be utilised across info/video-graphic advertisements or community service announcements, as well as verbal communication during radio advertising, or community engagement efforts such as psychoeducation sessions. Terms that can be used are:
  - Allah Yehmeek (male)/Yehmeeki (female) = may God protect you (when unwell)
  - Allah Yeshfeeki (male)/Yeshfeeki (female) = may God heal you (when unwell)
  - Allah Ysedak (male)/Ysedek (female)= may God make you happy (thank you/take care)
  - Allah Ykhaleek (male) / Ykhaleeki (female) = may God take care of you (thank you/take care)
- When targeting a specific cohort within the ASC, research the associated religious denominations, and acknowledge any dates of significance (religious or national celebrations) within marketing activities.[25] For example:
  - Acknowledge and respect the fasting season during Ramadan for Muslims.

- Acknowledge and respect the fasting (Lent) season during Easter for Christians.
- For more information, check SBS Cultural Atlas – [culture].[25]

CASI value 9: Honour and respect

The societies from which Arabic speaking people originate from are fundamentally conservative, and rules are expected to be followed diligently. Behaviour and public decorum are restrained and strictly governed in accordance with cultural values.[25] However, the spectrum of conservatism can vary across differing sub-cultures and countries of origin. For example, where the perception of honour once regulated much of Lebanese behaviour, the honour code is not currently followed as stringently, which has left cultural imprints on communication styles.[25]

The culture of honour is based on the idea that people should protect themselves and their family by giving a public impression of dignity and integrity and emphasising achievements. For many Arabic speaking persons, culture pressures individuals to conceal and deny anything that could tarnish their public impression.[25] This need to preserve public image can be the driving force behind stigma and shame and can impact on help seeking behaviour for fear of ostracisation, as referenced in *Chapter 1: Barriers to Service Access and Engagement* of this Toolkit.[19]

Practical tips and considerations

- Building trust is an important when creating a CASI practice for the ASC in order to increase help seeking. It is therefore strongly recommended that when marketing to the ASC, information and claims always true and correct. This helps to encourage connection and trust over time.
- When meeting and greeting Arabic speaking participants at community events or addressing the ASC in a radio interview, consider becoming acquainted with some of the signs of respect that are practiced during religious events (such as, no hand shaking between men during fasting season of Ramadan). Also consider addressing Arabic speaking people of stature by their relevant salutations of respect and endearment. Some examples include:
  - Addressing doctors by: Doctor 'first name' e.g., Hello Doctor Moustafa.
  - Ustaz = Mister (to address a gentleman)
  - Sett = Mrs/Miss/Ms (to address a lady)
  - Ukht = Sister (to address a fellow female)
  - Akh = Brother (to address a fellow male)
  - Hajjeh (female), Hajj (male) = Muslim transliterations of Arabic words that mean "pilgrimage" and "one who has completed the Hajj to Mecca.
- For more comprehensive information, see SBS Cultural Atlas – [culture].[25]

CASI value 10: Community connections

Community connections provide a sense of belonging and social connectedness, whilst offering extra meaning and purpose to everyday life. This is particularly true for Arabic speaking persons who have been displaced or immigrated to Australia due to civil war and political conflict. As described during community co-design sessions, ASC members might move to particular suburbs in the hope to expand social network and form stronger community connections with their ASC.

As we know, the acculturation experience is a long, arduous and non-linear process, which is why the value of community connections offers the ASC a consistent sense of belonging while attempting to settle into a new host country.

Practical tips and considerations

- Building trust is a huge factor to ensuring CASI practice. It is therefore strongly recommended that strong community connections and partnerships are formed between community and service

organisations that support the ASC (see more on this in *Chapter 3: A Guide to Partnerships with Arabic Speaking Stakeholders*).

- When attempting to engage with the ASC to market mental health services, it is recommended that organisations acknowledge the importance and value that 'community connections' provides to an Arabic speaking person's mental health journey and overall wellbeing. This applies whether crafting content for poster advertising, direct mail flyers or radio interview scripts.

Topic 3: Recommended marketing strategies

The utilisation of mental health services by the Arabic speaking community in South West Sydney is low mainly due to shame, stigma and mistrust. It is imperative for any organization that is planning to reach the ASC in South West Sydney to implement the recommended marketing strategies using CASI Framework as a guide to ensure cultural competency.[20] In the sub-topics to follow, we will explore the range of marketing strategies recommended to reach, inform, educate and empower the Arabic speaking community.

Above the line (ATL) marketing strategies

Above the line (ATL) marketing consists of activities that are not targeted at a specific customer and covers a wider territory. ATL activity will ideally generate brand awareness and the ASC will in turn be more likely to recommend an organisation to their peers, increasing referrals into services.[16]

Arabic community radio campaign

A post war immigration boom has seen 6.5 million people migrate to Australia. That's approximately 24 percent of the population who are new settlers to Australia (Department of Immigration and Citizenship Edition 2008). Some come to Australia as refugees, with poor English language skills and find they are struggling and alone in a foreign culture. Others may have English language skills but minimal community ties and want to learn about their new culture. New arrivals in Australia can face social isolation including difficulty finding housing, suitable work, and media in their own language or related to their culture. The associated loneliness with these challenges can be significant and access to accessible information is vital during the resettlement experience.[13]

Arabic community radio is one of the few mediums that offer news from home and a connection to culture. A Centrelink study (cited by Forde, Foxwell, and Meadows 2009) surveyed established and emerging ethnic communities and revealed that community or SBS radio broadcasts in an individual's own language was the second most preferred way to access Centrelink information.[13] During the CALD Project co-design workshops, was cited that reputable Arabic community radio stations conjure up feelings of trust and familiarity.

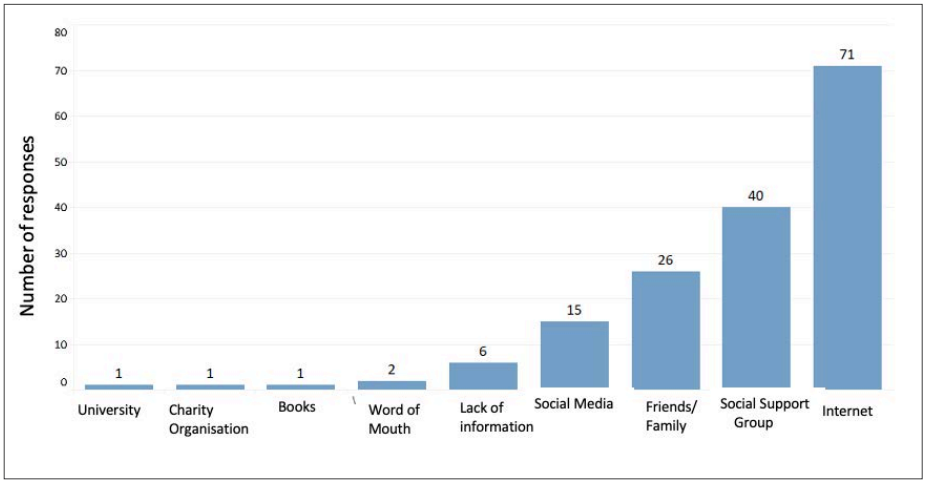
This reach can be implemented through a one-on-one radio interview, a Q&A segment with the listeners, or via a Facebook live community studio, reaching a wide audience and achieving word of mouth amongst the ASC. Targeted reach will also assist in generating enquiries and referrals into services when prompted with an instant call to action (call the number or visit the website to register) which can be provided at the end of an interview or Q&A segment.

Social media platforms

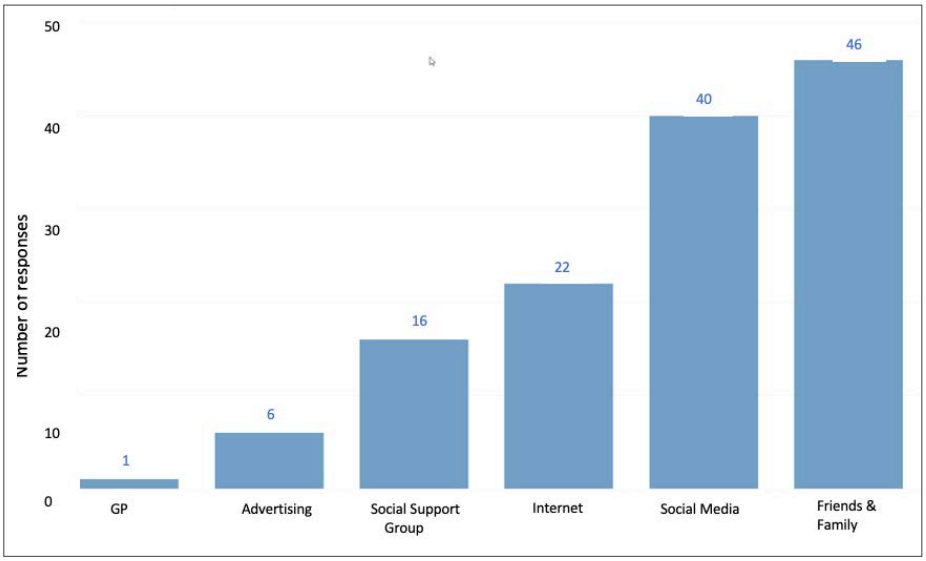
Social media platforms are strongly recommended as a powerful mode of advertising and community engagement. These visual platforms continue to grow in popularity, Instagram has seen a 15-point jump in users (from 31% to 46%), whilst Facebook remains the most popular, with 94% of social media users on the platform.[15]

Furthermore, Facebook Live can offer organisations a powerful platform to inform, educate and empower the ASC to seek mental health supports, with 8 out of 10 Australians accessing Facebook for information, news and entertainment. Organisations are able to track advertising and engagement using features that quantitively measure exposure and reach such as 'likes', 'comments', and 'views.'

Q. What is your main source of information on mental health and/ or disability?



Q. What is your main source of carer information?



As referenced within Survey Findings of this CALD Toolkit

It is strongly recommended that organisations dedicate resources to curating and posting consistent content that is tailored to various ASC cohorts and sub-cultures. This should be done using the Culturally Accommodating and Safe Interface (CASI) Framework as a guide to creating resonant content across official social media pages (particularly; Facebook and Instagram). Because we know that Arabic speaking communities regularly access social media for news, entertainment and connection with family and friends both locally and abroad (particularly Facebook and Instagram), this strategy would help situate your organisation as the provider of choice for mental health services and supports.

Below the line (BTL) marketing strategies

Below the line marketing or BTL consists of specific and direct marketing activities that will allow organisations to targeted individual groups of Arabic speakers. This mode of direct marketing is strongly recommended as it focuses more on conversions rather than building a brand. Engaging in BTL marketing strategies offers organisations a chance to customise and tailer specific activities to reach target segments within the Arabic speaking community (e.g., a more specific cohort such as newly arrived Assyrian Arabic speaking persons who have recently migrated from Iraq). Using BTL marketing strategies encourages trust and acceptance within the ASC, reducing barriers to service access.

Mental Health Literacy Program (MHLP) psychoeducation sessions in ethno- specific community groups

Wellways successfully delivered 35 Arabic Mental Health Literacy Program (MHLP) presentations to various ethno-specific community groups, service providers, social support groups, and migrant resource centres, reaching around 400 participants. Community co-design sessions strongly suggested that this outreach is expanded to more target groups including neighbourhood centres, community liaison officers, and school hub leaders.

It is strongly recommended that community engagement in the form of mental health literacy education is sustained, so that we can continue to reach, inform, educate, and empower Arabic speaking people to access mental health and disability supports they are entitled to.

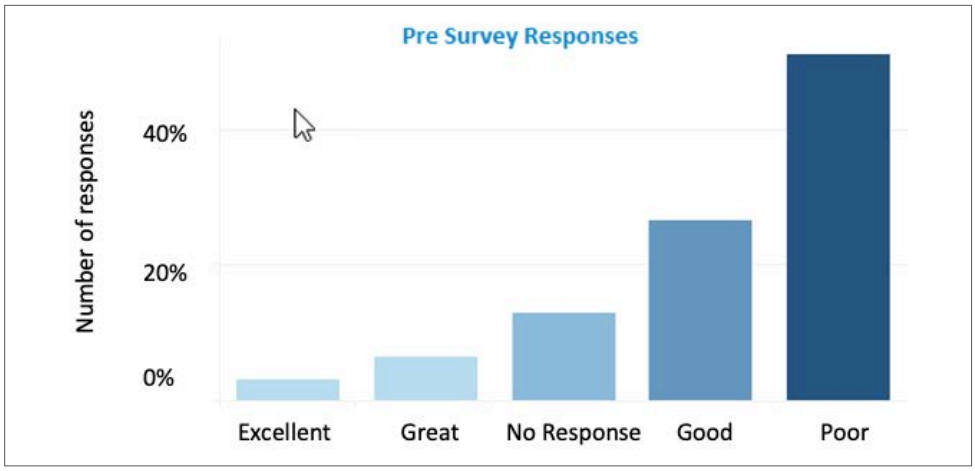
The following key elements have led to the successful delivery of these presentations:

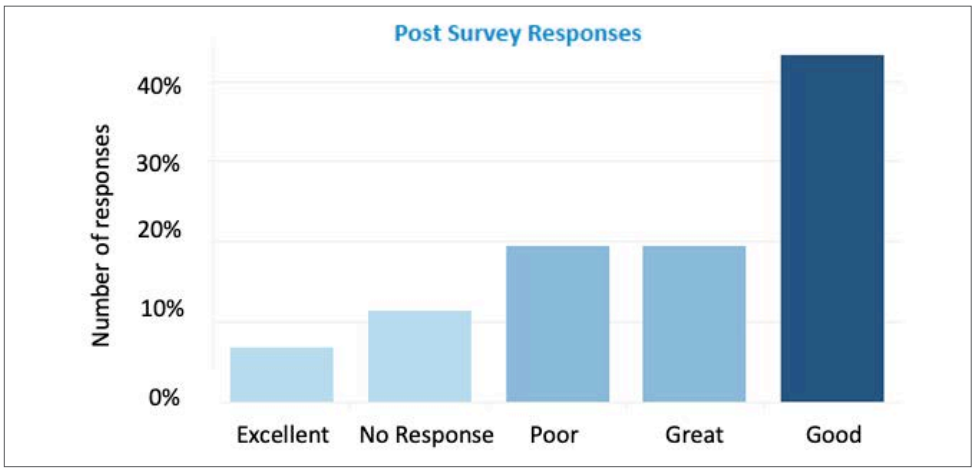
1. **Tailoring to the specific audience** based on demographics such as, sub-cultural background/ country of origin (e.g., Iraqi, Assyrian, Lebanese, Syrian, etc), age group, date of arrival to Australia, and literacy level (just to name a few). This allows us to engage and connect further with the audience to achieve a more CASI practice. Examples of this practice include - encouraging a young cohort of the ASC to install the Primary Health Network app, ***Recovery Point***, to encourage help seeking behaviour, by creating a simple pop quiz with questions regarding services available on the app (where Wellways is also listed) and giving away prizes (e.g., fidget toys) for those who participate.[13] Another way is to invite young audience members to 'role play' a scenario between two young people (one who is struggling with mental health issues, and the other who is the listener/helper). Additionally, the presence of **bicultural, bilingual presenters with lived experience of mental health has supported the process of building rapport and trust with the audience.**

2. **Promoting the tangible and immediate** benefits of services can encourage ASC members to engage in services. In the case of promoting Carer Gateway Services, **seven fast track referrals** were made during our Arabic MHLP psychoeducation sessions delivered **in the month of June 2021 alone**. This was due to the fact that the immediate and practical benefits of the service were promoted to the audience (such as, joining a 'carer retreat' to take a much needed break from the caring role, emergency respite for the care recipient in order for the carer to attend an emergency, emergency financial support through food vouchers, tools to support the caring role), and other benefits were promoted second (such as counselling, peer support, coaching, etc).

Q: Rate your knowledge of available Wellways services

*Most people's knowledge of Wellways services have been increased from **poor** to **good**.*





As referenced within Survey Findings of this CALD Toolkit

Engaging Arabic speaking religious leaders

Because religious leaders and healers are often a first point of contact for Arabic speakers struggling with their mental health, it is important to work collaboratively with religious leaders to ensure that they are well-equipped to individuals to qualified mental health providers wherever necessary.[29] See more on this in *Chapter 2: A Guide to Partnerships with Arabic Speaking Stakeholders*.

However, experience has shown us that engaging with religious leaders to deliver the Arabic MHLPs can be a very challenging task, due to complex issues surrounding some religious teachings often negating perceptions of mental illness, where strong faith and nurturing spiritual life is believed to be sufficient in maintaining mental and emotional wellbeing. To engage religious leaders and communities sensitively, it is recommended that organisations work together with a bicultural, bilingual mental health professional who is well known within the ASC. Organisations can create a religiously and culturally sensitive 'mindfulness track' to be played within venues of worship popular amongst the ASC. Mindfulness is considered a culturally acceptable treatment in many religious teachings across the ASC, and this practice is currently being trialled across group workshops with Arabic speaking refugees and asylum seekers in specific NSW regions, and so far, the feedback has been positive, as it is "helping them make sense of what they know." [29]

CPD Accredited program – general practitioners and allied health professionals

Our survey research findings indicate that the majority of our Arabic speaking MHLP participants prefer to consult with general practitioners (GPs) when experiencing mental health concerns.

Q. Who would you go to first if you needed help for mental health?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
GP	9	3	39	15	14	9
Online Community	1		3		2	1
Social or support group	1		3		1	
Religious Leader			6	3	1	
Partner			1			
Other			3	1	1	
Friends & Family	8	1	21	7	5	

Q. Who would you go to first for any carer help?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
Friends & Family	6	2	20	4	5	
GP	8		30	15	9	6
Internet			1		3	1
Mental Health Professional					1	
Other			2	1		
Religious Leader	1		6	2		
Social or support group	2		3			

As referenced within Survey Findings of this CALD Toolkit

With GPs practicing in the already over-populated and highly dense suburbs of South West Sydney, it is recommended that organisations co-develop and deliver a Continuing Professional Development (CPD) accredited MHLP. This program could be adopted from existing MHLP's and can be further co-developed by an education provider that is accredited by the Royal Australian College of General Practitioners (RACGP) in partnership with a bicultural and bilingual GP advisory team.[32] The program would be suitable for general practitioners, practice nurses and allied health professionals and can serve as a great incentive for the medical community to contribute to increasing help seeking behaviour among the ASC. Accrediting an Arabic mental health workshop as a certified CPD program would also provide your organisation with a competitive edge within the ASC market.[31]

Inter-agency presentations

Inter-agency presentations are an opportunity to provide information about your service to another service provider or stakeholder. This is an effective way to encourage referrals and information sharing across the mental health sector. .

Community Staff co-design session attendees suggest considering the following organisations when providing inter-agency presentations:

- Mental health networks.
- Settlement services agencies.
- Services Australia (more specifically; their internal CALD engagement team).
- Social Workers within hospitals.
- Non-crisis mental health services.
- Organisations that provide treatment and rehabilitation for torture and trauma survivors.
- Community groups.
- Clubs and ethnic associations.[28]
- Aged care service providers.[28]
- Bilingual and bicultural (Arabic/English) lawyers and doctors.[28]

Social media influencer (SMI) marketing

Given the high rates of social media use and access amongst the Arabic speaking community in South West Sydney, it is strongly recommended that Wellways collaborate with social media influencers to target Arabic speakers. The CASI framework should serve as a guide to assist in the selection of the most appropriate SMIs.

Social media influencers often have high credibility within the ASC and can assist in directing the community to the most appropriate mental health services and increasing help seeking behaviour. The credibility of a SMI is determined by their familiarity, trustworthiness, likeability, and popularity.[21] Taking into consideration the reduced overall trust that emerges due to experiences of war and terror common amongst the ASC, it is important to capitalise on figures that may procure a sense of trust as gatekeepers to marketing services and information.[18]

Vignettes

Sharing stories within ones community determines how attitudes and perceptions are shaped over time. Vignettes are an effective medium for normalising experiences of mental illness and treatment. Arabic Speakers with lived experience of mental health, exited or current clients or staff could be consulted to provide their stories.

An example of using vignettes to engage ASC communities is the **Tell Your Story**(TYS) intervention. This program was effective in reducing shame, help-seeking inhibition, and feelings of social inadequacy in a study of refugee men with post traumatic stress disorder (PTSD).[19] In addition, participants who took part in the TYS intervention showed significantly better physical health-related quality of life at followup.[19]

Print advertising and direct mail campaign

Traditional marketing channels are a favoured information sharing medium within the ASC. Print advertising can include a simple, versatile and highly visual flyer, distributed by mail around target residential suburbs within South West Sydney. Organisations can also leverage existing partnerships and relationships within relevant ethno-specific community groups and distribute information through networks, community and council mailing lists as well as direct mail distribution.

This simple, visual, CASI framework tailored flyer can also be tied into other mediums for a more integrated marketing approach. This can be achieved by creating a QR code on the flyer that invites the Arabic speaking person to upload their story onto a video compilation platform where they can upload a video sharing their story about how they sought mental health support. The QR code may also invite the Arabic speaking person to join a Facebook group dedicated to providing information about mental health services and available supports.

A poster can also be created and distributed across popular locations for the ASC in SWS. For a list of ideal locations for poster distribution, see *Inter-agency presentations* as well as MHLP psychoeducation sessions in ethno-specific community groups.

Infographic video with voiceover and subtitles

Community co-design attendees recommend infographic videos that include Arabic voiceover and Arabic subtitles (using Modern Standard Arabic) when attempting to engage Arabic speaking communities using video. Attempts at engaging the ASC throughout this project has demonstrated that videos which consist of interactive imagery, voiceover and Arabic subtitled text is very engaging to the ASC. Rather than creating a video that utilises footage of real human actors, a fixed series of images is simpler and more accessible. Adding voiceover and Arabic subtitles will accommodate ASC members with various levels of literacy as well as diverse sub-cultural cohorts within the Arabic speaking community.

Through the line (TTL) marketing strategy

A Through the line (TTL) strategy would attempt to take into consideration the scope and budget of an organisation and market to the ASC using the CASI framework to ensure the community are provided with accurate and culturally sensitive information about services they are eligible for.

Organisations should adopt a holistic marketing approach to reach, inform, educate, and empower the ASC in SWS. Using a CASI framework will guide the marketing strategy implementation and engagement process, with the aim to help encourage the ASC in SWS to engage in mental health services by building trust and rapport.[16]

Chapter 3 – Why should we build partnerships?

Authors: Lina Rehayem and Ikram Moussa

This guide will detail the essential considerations and steps to building partnerships with the Arabic speaking community (ASC). Partnerships are an important part of building the rapport of an organisation within the community they are serving, and a powerful marketing tool. Partnerships with the ASC can assist organisations to further understand service needs, access more potential participants as well as provide more comprehensive support to Arabic speakers struggling with their mental health.[33]

How we should build partnerships

Different communities require different approaches when building partnerships and may produce a variety of outcomes for your organisation. There should be measures developed to understand the impact of the partnership on your client's numbers, quality of service and presence within the community.[34] Building a partnership should include the following:

1. **Develop a demographic profile** about the cohort you are engaging using databases such as the Australian Bureau of Statistics (ABS) and the Australian Public Service Commission (APSC). Community profiles are useful as they provide statistics relating to the number of languages other than English spoken at home, religion, and ancestry.[35] This information will help an organisation to identify potential points of initial contact with communities.

2. **Research the community group** you are engaging to learn about their socio-political history, culture and religious practices.

3. **Understand ethnic and religious differences** that exist across individuals originating from the same country. The Arabic speaking community have a large amount of faith-based diversity. For example, the Lebanese community in Sydney adhere to several different religions, some of these include Maronite Catholicism, Roman Catholicism, the Greek Orthodox Church, Sunni Islam and Shia Islam.[36] This diversity needs to be considered in any partnership with an ASC. If an organisation is to form a partnership with any of these faith-based communities, existing conflict or underlying prejudices between institutions will need to be considered. For example, forming a partnership with the Orthodox church would differ from a partnership with the Maronite or Catholic church. Although both churches are Christian and their underlying faith is the same, the culture, traditions, dates of celebrations vary from one church compared with the other.

4. **Co-design with community members** can build trust and rapport between service organisations and communities, ensuring a strength-based approach to service delivery.[34] Sourcing community members across faith-based institutions, professions and community leadership is essential. A skilled co-design consultant could be engaged if the budget allows it and the recommendations published and followed through.

5. **Capitalise on the resources and strengths** that exist within communities. An example would be to utilise bilingual members of a church you might be engaged with to translate your communication and serve as a community champion on behalf of your organisation.[34]

6. **Mental health literacy education** is an asset that can be utilised to engage hard to reach communities. Mental health education is an emerging need within Arabic speaking communities and mental health-based organisations may already possess education sessions as an existing resource. Providing education sessions might also facilitate partnerships across several community groups or institutions, particularly if more than one is invited to the same seminar.

7. **Create a database** specifying the community groups and stakeholders your organisation would like to target.[36] This is a great tool to monitor the progress of partnerships and highlight areas requiring improvement or further effort. Ensure all staff members receive the necessary training to input data, print reports and technical staff are available for support.

8. **Study the organisation** you are forming a partnership with and understand its history, current programs and services. Ensure transparent conversations are initiated regarding other partnerships your organization may have within the community and the scope of services you offer. If necessary, profit and loss reports can be shared, and partnership scope and conditions stablished within a formal agreement.[3,7]

Accessing gatekeepers: Religious leaders

Religious leaders access majority of the ASC within Australia and are often considered the first point of contact for people who struggle with their mental health. They serve as a crucial point of trust and respect and a wide source of knowledge and support on a variety of interpersonal, faith, legal and financial topics.[3, 38]

Research shows that religious leaders have great influence over an individual's desire for professional assistance with their mental health recovery journey. Members of the ASC who lack English language skills and experience difficulty navigating the mental health system in Australia will often seek support from a trusted religious leader.[2]

There is evidence to support the fact that religious leaders still have poor knowledge relating to recognising, supporting and referring individuals with mental health conditions to appropriate care. This can pose a potential barrier to streamlining referrals from religious leaders into relevant mental health services. While both Christianity and Islam acknowledge demonic possession and lack of spirituality as a valid cause of mental health, research has shown that leaders are willing to refer people to providers if they deem it necessary. Mental health education initiatives are extremely useful in opening up access to services for people in need by improving the capacity of the Arabic speaking clergy to better recognise and support people with mental illness.[2, 3]

When engaging religious leaders in the context of partnerships, organisations should ensure the following:

- **Sharing information:** when engaging religious leaders, organisations should prioritise a soft entry approach. Requesting to display your translated resources within their physical locations, being introduced by a community member to a religious leader or attending local community events run by the religious leader/community are all effective ways to make your presence known respectfully.[2]

- **Respect and humility:** it is vital that organisations honor the high regard Arabic speaking communities have for religious leaders. Respecting community protocols, cultural practices and spiritual beliefs is essential. For example, it is preferred to not walk into the mosque with your hair uncovered if you are a woman. Message or call religious leaders during main religious events such as Christmas, Easter or Ramadan and wish them a Merry Christmas or a Happy Ramadan (or Ramadan Mubarak which means 'Blessed Ramadan'). These gestures are appreciated and are a sign of respect.
- **Cultural competency:** religious leaders are more likely to refer individuals to services that provide support across the Arabic language and culture. Ensuring you provide culturally competent services will encourage referrals.[2]
- **Consultation:** as discussed, religion can serve as a great protective factor. Seeking the advice of spiritual leaders can build rapport and facilitate information sharing. This can be achieved by involving leaders within meetings and reference groups and providing training opportunities within mental health. If stakeholders are gaining knowledge or resources, they may be more likely to engage in a partnership.

Chapter 4 – Service Provision Recommendations

Author: Ikram Moussa

The Arabic speaking community require organisations to uphold great quality of service provision specific to their needs. This guide details service provision recommendations for Arabic speaking clients but can be applied to wider CALD groups. This guide will detail what those needs are and provide recommendations on how they should be implemented, which will ultimately ensure the longevity and authenticity of an organisations marketing and partnership efforts.

Cultural competency

Underpinning all of the following considerations is the principle of cultural competency. Cultural competency is a core necessity across all organisations looking to service CALD communities. Federation of Ethnic Communities Councils of Australia (FECCA)[40] and The Australian Relationships Clearinghouse[42] are both great resources defining cultural competency and providing recommendations about how organisations can begin to implement this within their institutions.

The most comprehensive and interactive resource organisations can use is Embrace Australia's *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.*[41] This is a step-by-step resource service managers may utilise to access and build upon the quality of existing cultural competency across organisations or programs.

Using the framework of cultural competency, organisations should ensure the key areas of need explored in this chapter are implemented.

Bilingual staff

Bilingual staff are an intrinsic part of building the cultural competency of an organisation. In order to scope out recruitment targets and required skillsets and qualifications, it is good practice to collate data on the following:

- The cultural diversity profile of current clients
- The cultural needs of current clients. E.g., How many clients would be exclusively or more comfortable with a staff member who spoke their language and/or was from the same cultural background.
- The number of current staff who meet this demand.
- The number of future clients you are looking to engage in your program.[43]

From this data and before hiring required staff, it is important that internal processes are structured to best support bilingual staff in their practice and performance.

- Organisations should ensure that cultural and linguistic competency skills are recognised as an essential and often additional component of direct support work and are valued as part of professional development and performance indicators.

- Organisations should prioritise the hiring and retainment of CALD employees as part of their organisational strategy. Offering mentoring, professional development and training opportunities to reflect the employees skillset should be encouraged. This will ensure bilingual staff are not held within roles that require their language skills but are rather offered a range of opportunities that herald their unique insights into the communities they are a part of. The prioritisation of hiring bilingual staff should therefore also extend to senior leadership positions.
- Organisations should ensure that racism and discrimination are practices that are unacceptable within the workplace and that this is clearly communicated across the organisations' values and practice principles. [40, 42]

Position descriptions

Because bilingual employees might have connections to areas of the CALD community that you would like to market to, build partnerships or connect with, it is important for this to be reflected within the employee's position description. An employee creating and capitalising on community connections is of great value to an organisation and often requires effort from the staff member beyond the scope of the position they might share with non CALD staff members.

Therefore, it is essential that:

- Advertisements for bilingual staff specify that second language skills and connections with community are a performance indicator within the role.
- Including the word 'bilingual' in the role title is also encouraged, especially within front line positions, for example, 'Bilingual Case Worker' or 'Arabic speaking Support Worker'. This provides clear expectation of the need for the employee to utilise their cultural background, connections, and language skills within the role. It also sets the position apart as a role that prioritises CALD clients, which can contribute to your marketability as an organisation.
- If bilingual staff are hired within such a role, it is also important to consider that salaries appropriately reflect this.
- Direct or senior managers of bilingual staff should be proactive about sourcing and providing appropriate supervision and mentoring opportunities, especially due to the additional challenges that may be present for bilingual staff when supporting CALD clientele.

Mediums of advertisement should be broad in order to reach a wide array of CALD audiences. This may include advertising across community groups, CALD networks, ethnic media and settlement services agencies.

Q. Which of the following are most important to you when choosing a culturally appropriate service?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
Arabic Peer Workers with lived experience	1		5	3	1	
Bilingual Staff		1	2	2		1
Confidentaility, Bilingual Staff	8		31	7	13	2
No Response	2	2	20	9	8	6
Other			1			
Quality of Service	8		20	7	3	4
Reputation of the company	1			2		
Staff who are the same cultural background as you	2	1	9		3	

As referenced within Survey Findings of this CALD Toolkit

Bilingual staff profiles

Some ways to assess the suitability of a potential candidate during the screening and recruitment process is to consider the following:

- Providing a case study to the candidate that reflects the profile of your current CALD clients.
- Time spent working within community services can be as valued a skill than education background.
- Invite current clients to attend the interview panel. This can also be helpful if you will be linking a client with the candidate.
- Ask questions about the client's views on Arabic speaking cultures and religious groups other than their own. This can determine any internal bias or discrimination across other Arabic speaking communities, due to the complex array of civil conflicts, faith-based diversity and cultural sub-divisions that exist within Arabic speaking countries.
- Consider what age bracket you would like a candidate to be. As discussed, respect for elders is prominent within the Arabic speaking culture, while an older staff may be able to be matched to a younger client, older clients may prefer to be matched with an older staff member as they would be more likely to engage openly in recovery recommendations and support.
- Consider cultural and religious influences that determine which gender the client prefers their staff to be. People who follow the Islamic faith require staff to be of the same gender in most cases, as they are not able to interact with the opposite gender alone. This is why utilising the **SICAS model** is important, as requirements of CALD clients are able to be assessed appropriately. Please refer to *SICAS Questionnaire – A Worker's Guide* for more information.

Intake processes / Screening tools

It is important for organisations to ensure that intake systems reflect the language and cultural needs of the clientele they are serving. They should include the following:

- Culturally appropriate intake processes include assessment of a client's level of Social Integration and Cultural Affiliation Scale(SICAS). For a brief guide, please refer to *SICAS Questionnaire – A Worker's Guide* for more information and *SICAS Questionnaire Excel Sheet* for the formal assessment tool. For a more comprehensive guide, please access *Chapter 2: Topic 2 - A Marketing Guide to Engaging Arabic Speaking Communities* within the CALD Toolkit.
- A client should be asked clearly if they prefer phone, in person or bilingual staff to provide their translating needs during the client's first meeting with the organisation or the intake assessment itself. Providing a choice can ease fears around lack of confidentiality. Checking in with the client verbally or through survey forms after utilising interpreting services also allows the organisation to obtain feedback about their translating services.
- Clear information about complaints and feedback processes should be provided. Due to language and literacy barriers for some CALD cohorts, there should be translated forms and information available on company websites. There should also be clear information about the appropriate place to make a complaint or provide feedback.
- Clear information regarding confidentiality and mandatory reporting requirements. This information should be accessible in written translated format and should be reiterated to clients at least annually.
- Ask about any outstanding considerations that should be incorporated into the client's service delivery based on their cultural, religious or language needs. Provide reassurance that these considerations can be reviewed and changed at any point during their service delivery and provide clear

instructions about how they may do so.

- Utilise translated mental health screening tools such as the Depression Anxiety Stress Scales (DASS), General Perceived Self-Efficacy Scale (GSE), Refugee Health Screener 15 and Kessler 10 assessment. Transcultural Mental Health Services provide translated versions of these assessments across languages including Arabic.[2, 9, 42, 45, 46]

Training opportunities

Organisations should invest in cultural competency training for staff. FECCA provide a great list of training within their Cultural Competency in Australia guide.[39, 40]

Interpreting services

To effectively communicate with people from diverse cultures, it is important that the use of interpretating services is integrated within your organisation. Training on how to utilise interpreting services should be integrated within onboarding processes.

This will encourage staff to utilise interpreting services more to assist in their service delivery as well as reduce reliance on bilingual staff to translate on behalf of other employees. This will also build the capacity of non-CALD identifying staff to work across diverse needs and facilitate the development of a more skilled workforce.[10]

Translated materials

In addition to translated marketing material, it is important to translate all compliance, induction, feedback, fact sheets and information packages that are provided to CALD clientele.[44]

Quotes from the Community Staff co-design sessions:

"Trust is built around good listening, no discrimination and takes time."

"We need to be asking clients during the intake stage what they need to make them feel comfortable and safer."

"Because men can represent their families and communities in a lot of spaces, accessing women and youth can provide a deeper understanding of the needs of the community."

"Having organisational policies that promote cultural accommodation and respect is crucial."

"We can look to organisations who have been serving the community for a while to give us a good example of how to do things well."

"You can always teach skill and knowledge but it's rare to change someone's internal bias. We need to ensure staff are respectful and respect the client's cultural values."

SURVEY DEMOGRAPHICS

Appendix A

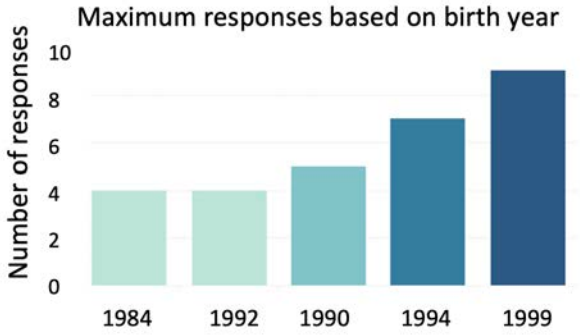
88% of the Responses received are from people who were **Born Overseas**

Highest Response Rate are from people who have **Iraqi Nationality** contributing **38%** of the total responses

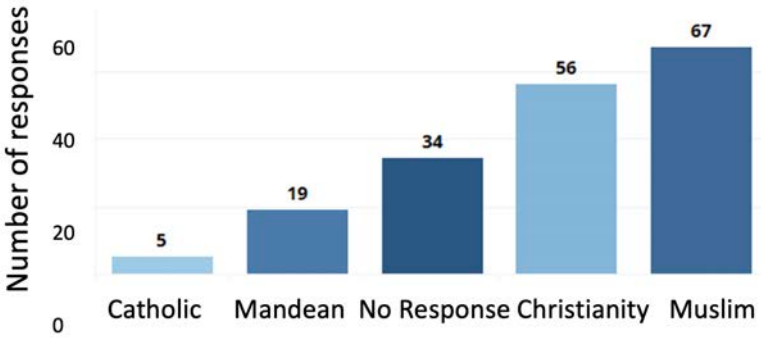
Out of **297** Pre-Survey Responses that we have received, the ratio of **female** responses was much greater than that of **males.**

83%

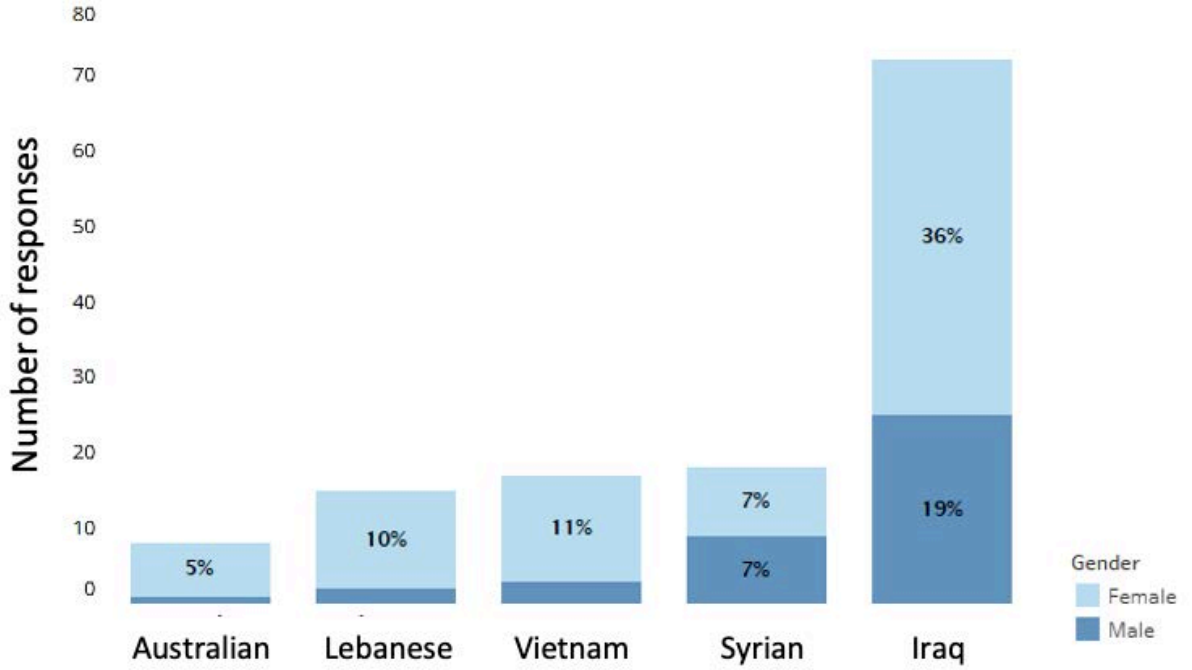
17%



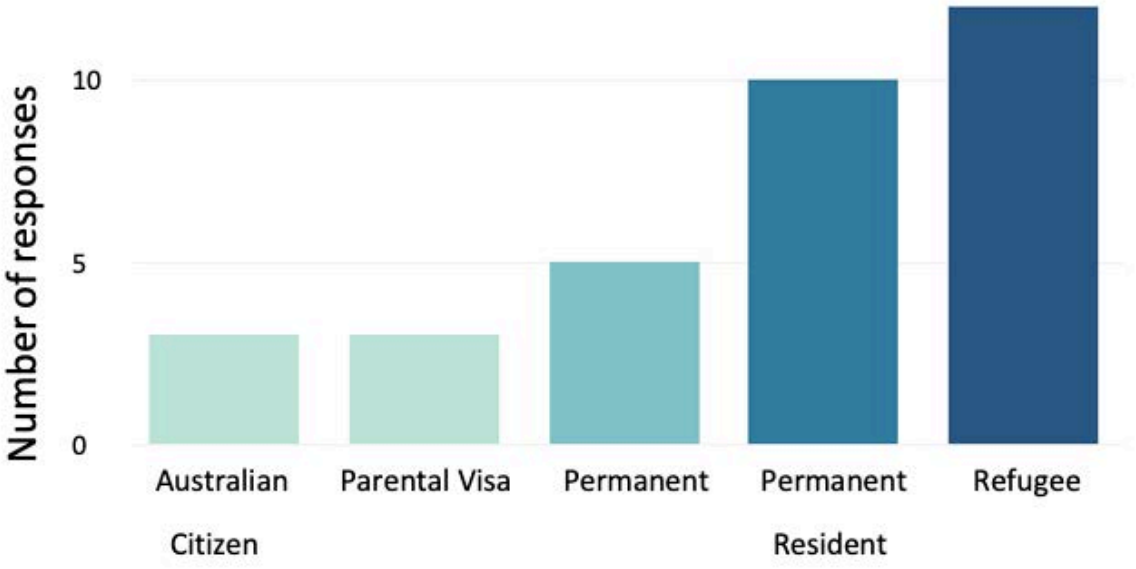
Highest Response Rate are from people who are from **Muslim** Religion contributing **36%** of the total responses



NATIONALITY BASED ON GENDER AND AGE



Out of **297** responses that we have recieved, only **28%** of people have either Permanent Residency or Australian Citizenship



PRE-SURVEY - ONE OFF QUESTION RESPONSES

Appendix B

Out of **297** Responses we received, **71%** described themselves as people who don't have mental health condition or need carer help

We have asked these people a couple of One-off questions to better understand them. Below are their responses.

---

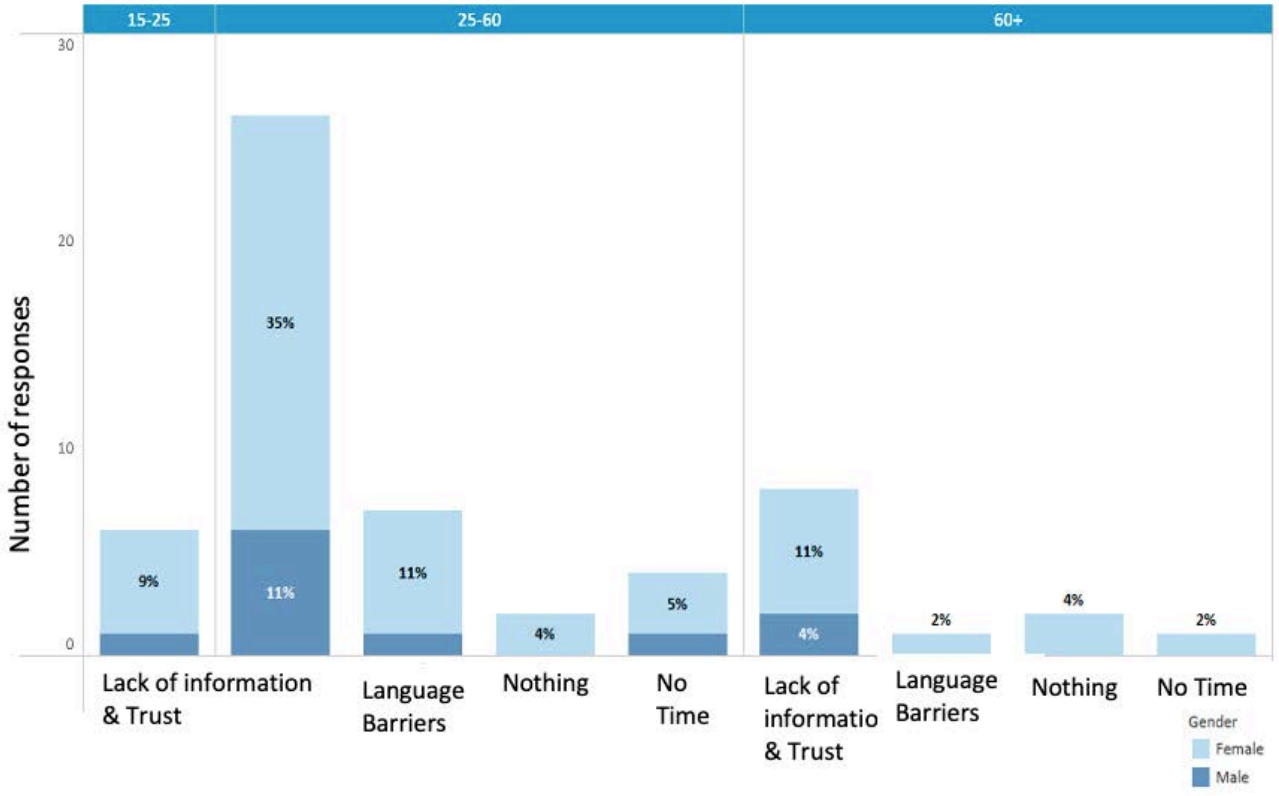
1. Who would you go to first if you needed help for MENTAL HEALTH ?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
GP	9	3	39	15	14	9
Online Community	1		3		2	1
Social or support group	1		3		1	
Religious Leader			6	3	1	
Partner			1			
Other			3	1	1	
Friends & Family	8	1	21	7	5	

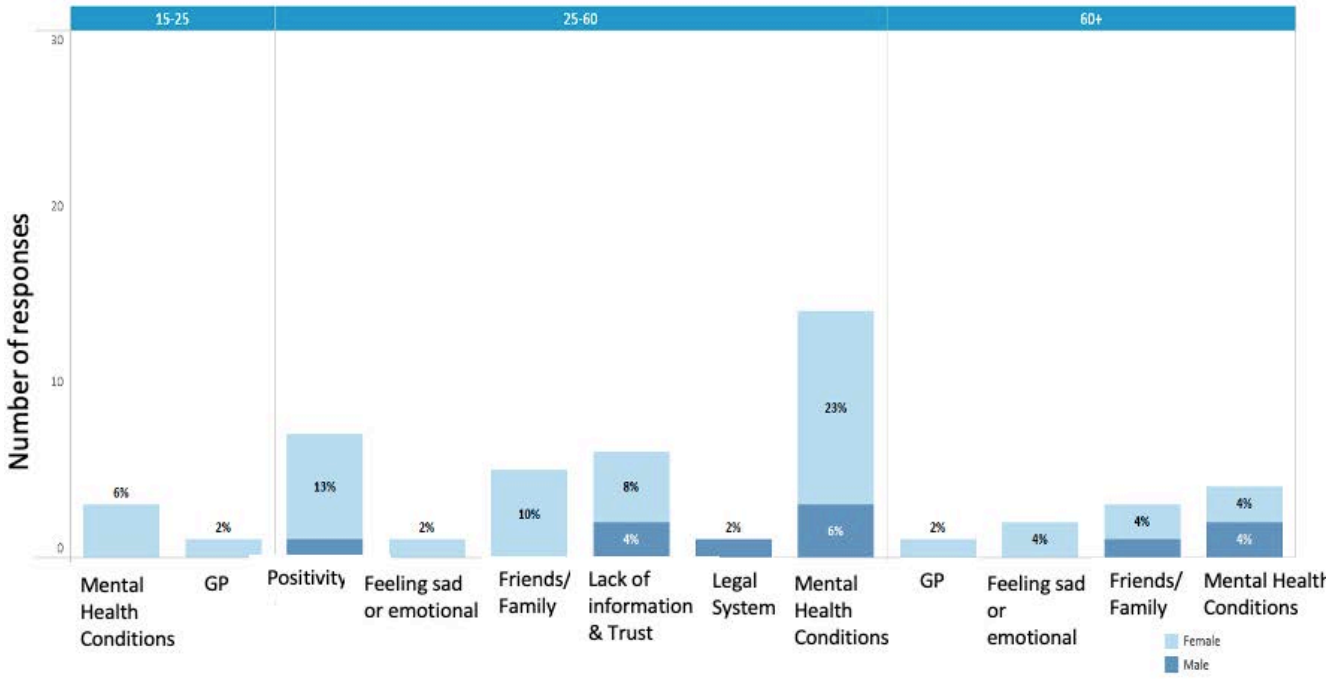
2. Who would you go to first for any CARER HELP?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
Friends & Family	6	2	20	4	5	
GP	8		30	15	9	6
Internet			1		3	1
Mental Health Professional					1	
Other			2	1		
Religious Leader	1		6	2		
Social or support group	2		3			

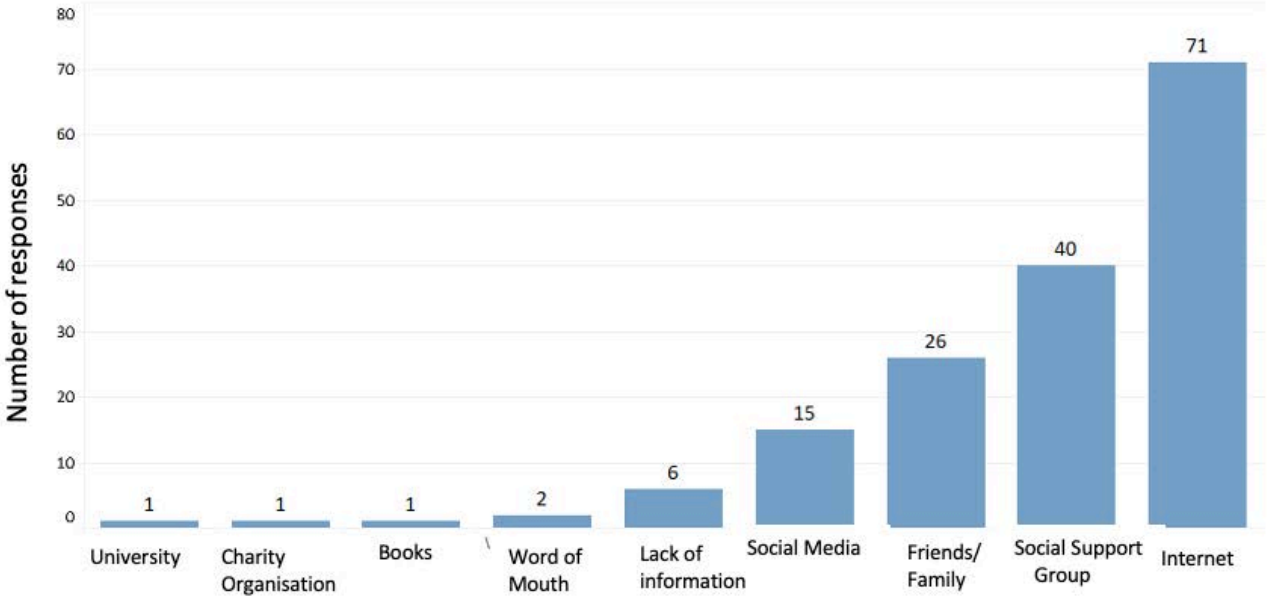
3. What has stopped you from getting help for your mental health/disability or carer needs?



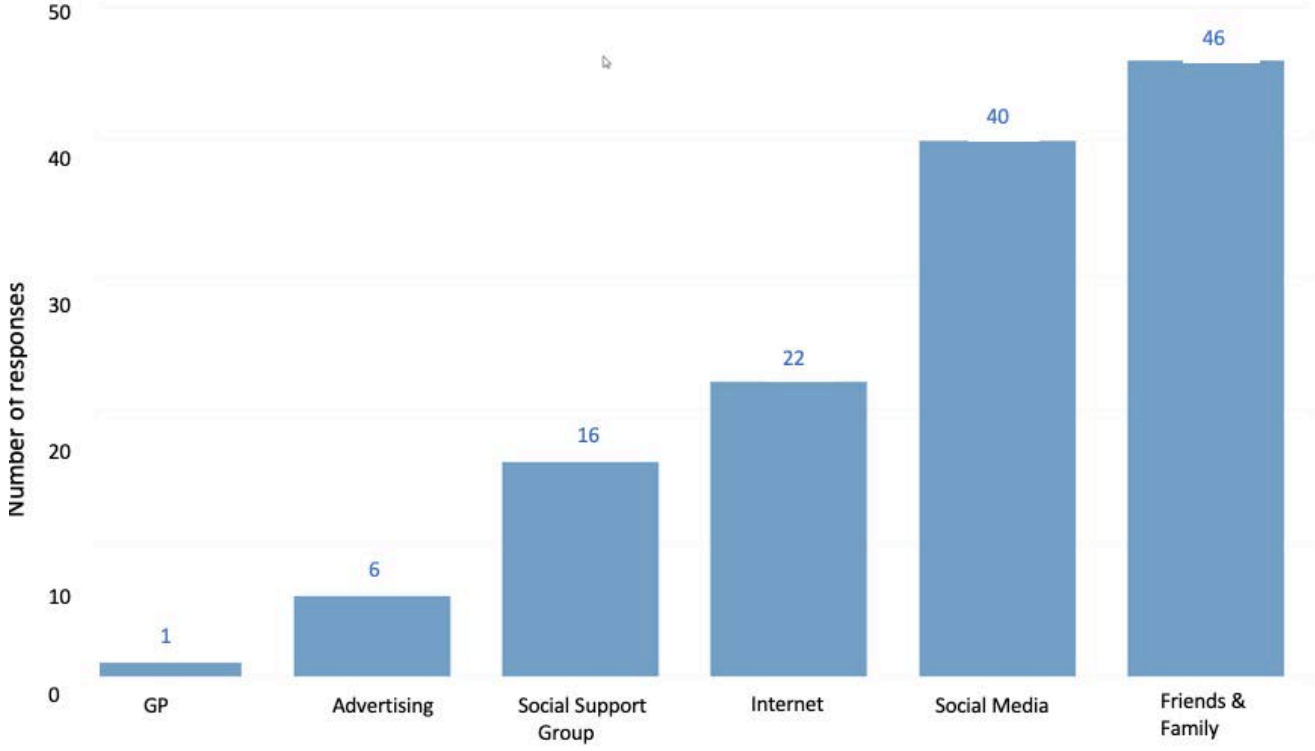
4. What made you eventually get help for your mental health/disability or carer needs?



5. What is your main source of information on mental health and/or disability?



6. What is your main source of carer information?



7. Which of the following are most important to you when choosing a culturally appropriate service?

	15-25		25-60		60+	
	Female	Male	Female	Male	Female	Male
Arabic Peer Workers with lived experience	1		5	3	1	
Bilingual Staff		1	2	2		1
Confidentaility, Bilingual Staff	8		31	7	13	2
No Response	2	2	20	9	8	6
Other			1			
Quality of Service	8		20	7	3	4
Reputation of the company	1			2		
Staff who are the same cultural background as you	2	1	9		3	

8. What is the cause of mental health?

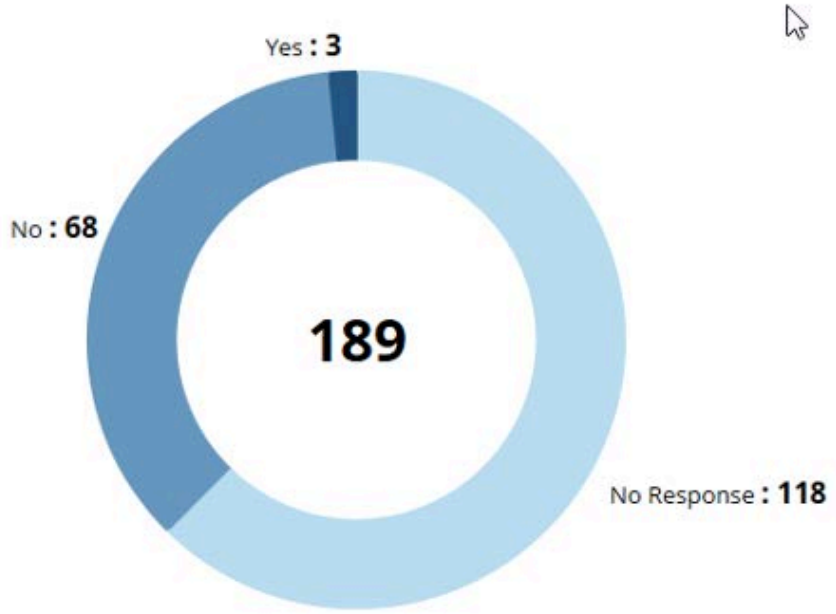
Stressful Life	41
No Response	20
Other	8
Childhood Trauma	7
Stressful Life, Drug and Alcohol Addiction, Childhood Trauma	5
Weak Faith	3
Childhood Trauma, Other	2
Evil Spirits	2
Stressful Life, Drug and Alcohol Addiction, Childhood Trauma, Evil Spirits, Weak Faith	2
Drug and alcohol addiction	1
Drug and alcohol addiction, Childhood trauma, evil spirits, weak faith	1
Other, An unexpected event that causes trauma	1
Other, Facing a traumatic event	1
Other, Issues with my relatives	1
Other, Personal problems	1
Other, Problems from the past	1
Stressful Life, Childhood Trauma	1
Stressful Life, Drug and Alcohol Addiction	1
Stressful Life, Drug and Alcohol Addiction, Childhood Trauma, Weak Faith, Other	1
Stressful Life, Drug and Alcohol Addiction, Other, War	1
Stressful Life, Other, War	1
Stressful Life, Weak Faith, Other	1
The disability	1

POST-SURVEY - ONE OFF QUESTION RESPONSES

Appendix C

1. Have you heard of Wellways before today?

36% of the people haven't heard about Wellways and their services



If so, where from?

Friends	1
Greenacre	1
Australia	2
Tafe	3
No Response	182

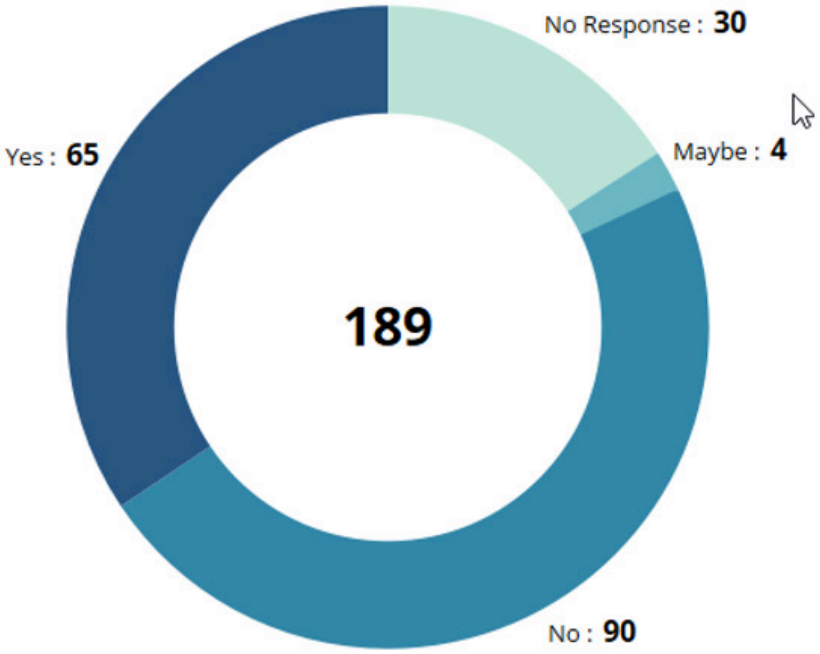
2. Would you use Wellways services? If yes, which one?

No Response	70
Consultant	1
good food	3
Helpline perhaps Counselling	1
I dont think so	1
I will keep it in mind if I find someone who needs it	1
I will see	1
If my health deterriorates	2
Maybe	7
maybe later on	1
N/A	2
No	37
No because my English is very bad	1
No because there are others	1
No I don't need help at the moment	1
Not sure, but I will keep the flyers so that I can contact you if I need to in the future	1
Not yet	1
Nothing	1
Physical Activity	1
Possibly	4
Possibly in the future	1
Private mental health practitioners	1
The Mental Health Services	1
Unsure	1
yes	30
Yes for any Mental Health issues i experiencee	1
Yes for sure I need your help	1
Yes GP	1
Yes helping my teenage son who suffers from depression and mental health issues	1
Yes I am in need of its services and would be very thankful for it	1
Yes i will ask for help for my Mental Helth	1
Yes i will ask for help if i need it	1
Yes if I have a problem i will ask for help without thinking twice about it	1
Yes if I need it Mental Health Services	1
Yes if i need their help	1
Yes if I need to	1
Yes Mental Health Program	1
Yes most of its services	1
Yes when required	1
Yes, physical activity	1
Yes, public and private health services	1
Yes, public and private health services and private mental health practitioners	1

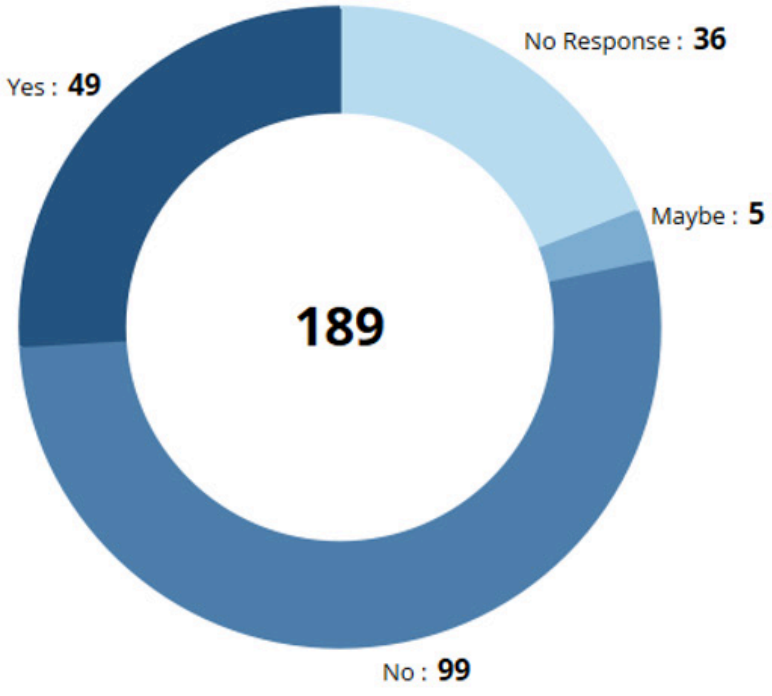
3. Would you refer someone to Wellways Services? If yes, which one?

No Response	88
Community mental health services and GP	1
Don't know anyone who needs services	1
food and cleaning	3
I might possibly refer clients to Wellways as i am the pathway advisor at Navitas Liverpool.	1
I would refer someone suffering from a Mental Health condition or Domestic Violence	1
If required	1
If they need help	1
Maybe	5
Maybe Yes	1
N/A	2
No	31
No sure	1
No, not yet because my English is very bad	1
Not yet	1
Nothing	1
Possibly	6
Unsure	1
Yes	28
Yes all its services are good	1
Yes for all services provided by this company	1
yes for Mental Health Services	2
Yes GP	1
yes i will	1
Yes if I need to	1
Yes Mental Health	1
Yes my daughter	1
Yes people who are sick	1
Yes, my daughter	1
Yes, public and private health services	1
Yes, public and private health services and private mental health practitioners	1
Yess	1

4. Would you like to join us and become a volunteer? This is a great training and career opportunity to educate your community about mental health.



5. Would you be open to attending a free 4-day workshop about understanding mental health, how to overcome stigma and begin your recovery journey?

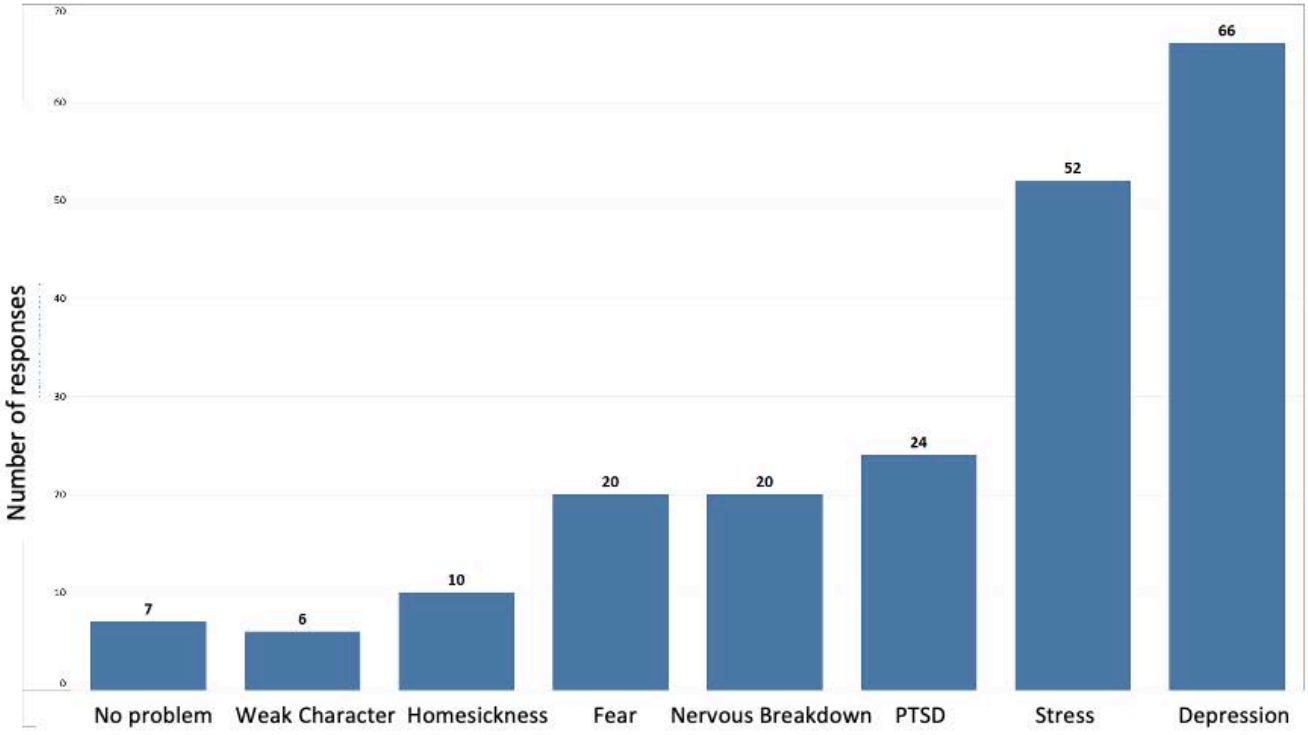


PRE & POST - COMPARISON QUESTION RESPONSE

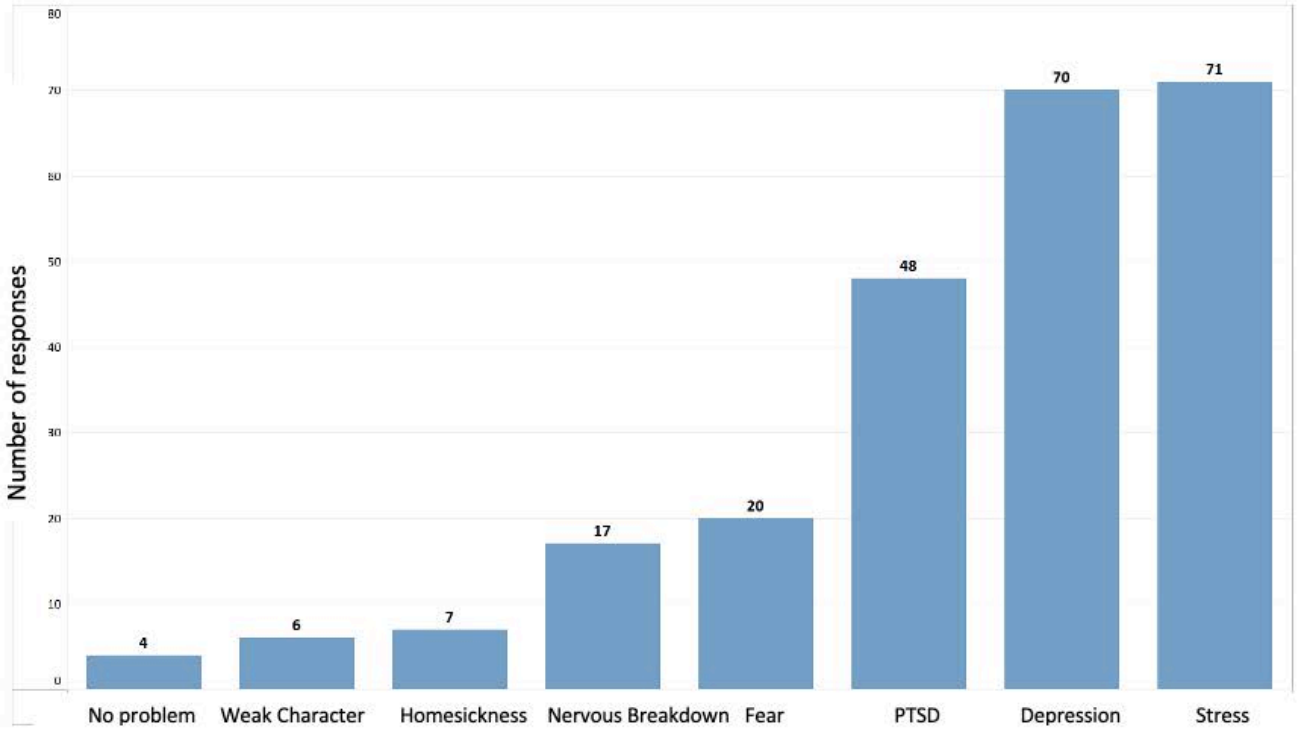
Appendix D

1. What would you say is Dawood's main problem?

Pre-Survey Responses

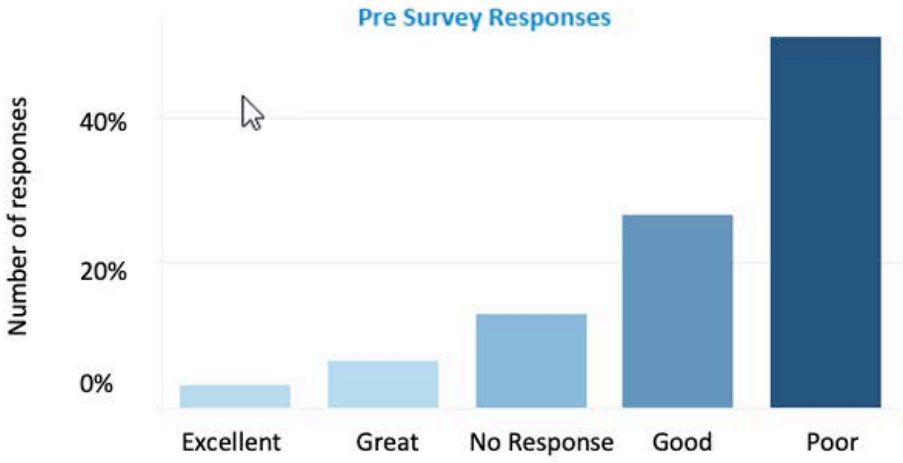


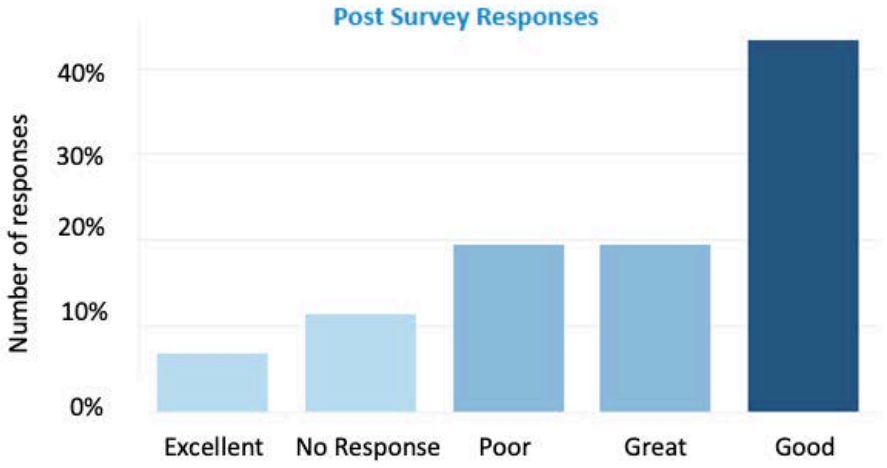
Post Survey Responses



Responses are similar pre and post survey but the rate of identification of PTSD has increased from **24** to **48**.

2. Rate your knowledge of available Wellways services

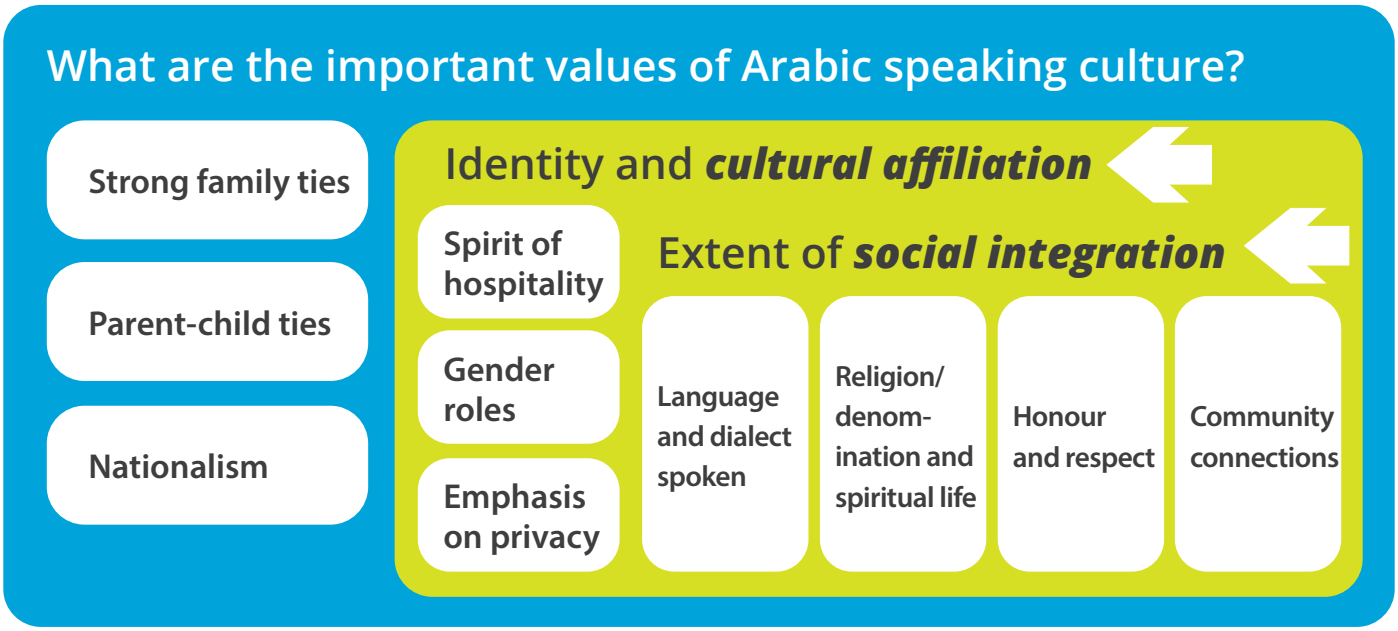




Analysis

The main difference between the pre and post survey responses are that most people's knowledge about Wellways Services **The main difference between the pre and post survey responses are that most people's knowledge about Wellways Services have increased from Poor to Good.**

SICAS Questionnaire – A Worker's Guide



The Social Integration and Cultural Affiliation Scale (SICAS) questionnaire is a tool that aims to assist mental health workers who are supporting Arabic speaking clients to understand the client's level of cultural identity and extent of social integration.

This questionnaire aims to help measure the two main variables of an Arabic speaking person's identity: 1) their level of cultural affiliation to their Arabic culture, and 2) their level of social integration into the Australian way of life. The score on this questionnaire, in addition to any anecdotal expressions that ensue during this conversation, aim to help create a more Culturally Safe and Accommodating Interface (CASI) between the mental health worker and Arabic speaking client.

To achieve a Culturally Accommodating and Safe Interface (CASI) between worker and client, it is recommended the following steps are taken:

1. **Refer to the 10 essential values that define the CASI framework.** These 10 values define the identity and cultural affiliation of an Arabic speaking person and will help guide the connection that is forged between worker and client. See *Chapter 2: Topic 2: A Marketing Guide to Engaging Arabic Speaking Participants* or *A Practical Guide to CASI Framework*.
2. **During the intake and registration process, conduct this questionnaire in a comfortable space**, with the presence of a suitable Arabic speaking interpreter where required. Ensure this process aims to generate a sense of safety and accommodation for the client to progress through to registration stage in order to support their mental health treatment and recovery journey.
3. **Collect the questionnaire responses and enter the scores into the *SICAS Questionnaire – Excel Sheet*.** This can be accessed on the CALD Toolkit webpage as a downloadable Excel spreadsheet. Type in the scores in each scale cell. For example, if the client scores 8 for question 1 of cultural affiliation: "It is important for the man of the house to provide for the family, while the woman takes care of the home", then type in the number '8' in that cell (cell J4), and so on for all responses.
4. **Once all scores are entered into the *SICAS Questionnaire Excel Sheet*, note the final % score** in the yellow cells for both categories (CA: cultural affiliation, and SI: social integration).
5. **Based on the final score for each question, refer to the practical tips and considerations** outlined in the CASI framework in *Chapter 2: Topic 2: A Marketing Guide to Engaging Arabic Speaking Participants*. These practical tips and considerations will help guide the worker to create a more Culturally Accommodating and Safe Interface. This is particularly important for responses with a score of 7 or more.
6. **Aim to repeat the questionnaire process on a regular basis** to determine any changes in the scores e.g., during service review.

Please note

These specific questions aim to explore how the clients perceive themselves as members of Australian society and residing in a host country that they now call home. This will help build rapport and forge an authentic connection between worker and client, whilst creating a more CASI setting for the client's journey into mental health treatment and recovery. It also utilises a personalised and less generalised or stereotypical approach to client engagement.

Acknowledgements

On behalf of Wellways and the CALD Project team, we would like to thank you for accessing this resource. We would like to thank co-design members listed below as well as the organisations, spiritual leaders, community leaders and staff members who contributed to the initiative. We thank them for supporting our project by opening their doors to our presentation provision, referrals and facilitating education and information sharing sessions.

We would like to thank the members of our advisory group for their invaluable insight, direction, and dedication to the Arabic speaking community and our CALD Project initiative. We would like to provide a special thank you to Professor Emile Chidiac and Sana Abo Khalil for sharing their inspiring stories detailing their lived experience, Dr Emad Berro for his great passion and facilitation of engagement with faith leaders and Dr Mustapha Alemeddine and Samantha Eid for their significant insights into the Arabic speaking community.

We would like to thank Leanne Robertson and Martina Abdo for their continuing guidance and Fouad Antonios for his contributions as Project Officer crucial to building the momentum and foundation of this project. We would like to extend a thank you to John Downie for creating the space within Wellways for this project and his ongoing passion and commitment to the CALD Project team.

Advisory group mentions

Professor Emile Chidiac – University Lecturer and Peer Educator

Dr Emad Berro – Microbiologist, President of the Arab Council of Australia

Dr Mustapha Alameddine – GP and President of the Australian Arabic Cultural Centre

Fouad Antonios – Home Care Manager, Jesmond Group (former Wellways CALD Project Officer)

Sana Abo Khalil – Carer and Community Leader

Samantha Eid – Mental Health Consultant, Transcultural Mental Health Centre

Co-design sessions – Community staff mentions

South West Sydney PHN – Pritika Desai, David Donatini, Devandra Sapkota

TAFE NSW – Samira Ghabir, Linda Hungchun, Daad Issa

Arab Council – Lina Merdawi

Anglicare – Cheryl Webster

One Door Mental Health – Loretta Doolan

Life Line – Ryan Roumieh, Jenny Holmes, Anne Rogers

Headspace – Marwa Kechtban, Linda Holman,

Services Australia – Monita Ardica

Stand By Support – Ayesha Nhem

The Multicultural Network – Lorena Recabarren

References

[1]Centre for Citizenship and Human Rights (2005). Arabic Communities and Well Being: Supports and Barriers to Social Connectedness, CCHR, Victoria.

[2]Youssef, J (2007). Arab community and religious leaders' views about utilisation of mental health services amongst Arabic-speaking people in Australia. Retrieved from: https://ro.uow.edu.au/theses/831/

[3]Slewa Younan et al. BMC Psychiatry (2020). Improving the mental wellbeing of Arabic speaking refugees: an evaluation of a mental health promotion program. Retrieved from: https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-020-02732-8

[4]Kaplan, I., Szwarc, J. & Valibhoy, M. (2014). Project TYRES – Talking with Young Refugees about Experiences of Services. Retrieved from: http://refugeehealthnetwork.org.au/project-tyres-talking-with-young-refugees-about-experiences-of-services/

[5]Abuzinadah, A Y (2019). Mental Health Literacy in the Arabic-speaking Community of Victoria, School of Global, Urban and Social Studies. Retrieved from: https://researchrepository.rmit.edu.au/esploro/outputs/doctoral/Mental-health-literacy-in-the-Arabic-speaking/9921863902601341

[6]Palliative Care Victoria. (2014). Culturally Responsive Palliative Care. Arabic-speaking background communities Cultural Profile, State Government Victoria.

[7]Mohr, S., Wong, R. & Keagy, C. (2019). Protective Factors in Muslim Women's Mental Health in the San Francisco Bay Area, Journal of Muslim Mental Health. https://quod.lib.umich.edu/j/jmmh/10381607.0013.204/--protective-factors-in-muslim-womens-mental-health-in-the-san?rgn=main;view=fulltext

[8]Cornah, D (2006). The impact of spirituality on mental health: A review of the literature, Mental Health Foundation. London: UK.

[9]Jones, M (2019). 'We need to raise our voices': Advice from people of refugee backgrounds living with Disabilities and their carers, Victorian Foundation for Survivors of Torture Inc [Foundation House]. Retrieved from: https://refugeenursesaustralia.org/we-need-to-raise-our-voices-advice-from-people-of-refugee-backgrounds-living-with-disabilities-and-their-carers/

[10]Multicultural Mental Health Australia Key Mental Health Policy Implications for CALD Communities in Australia – Findings from MMHA Consultations, Multicultural Health Australia. Sydney: Australia. Retrieved from: https://www.coursehero.com/file/93081464/sub-181a6pdf

[11]Australian Refugee Health Practical Guide: Asylum Seekers 2021. Retrieved from: https://refugeehealthguide.org.au/asylum-seekers/

[12]NSW Refugee Health Service & NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors [STARTTS] (2004). Working with Refugees: A Guide for Social Workers. Sydney: Australia. Retrieved from: https://www.startts.org.au/resource-working-with-refugees-social-worker-guide/

[13]Order, S. (2017). Community Radio: The joy of social connection. Murdoch University, Perth, WA. Retrieved from: https://researchrepository.murdoch.edu.au/id/eprint/38490/

[14]Australian Bureau of Statistics (2017) 2016 Census: Multicultural NSW, Language - Arabic, Birthplace. Retrieved from: https://multiculturalnsw.id.com.au/multiculturalnsw/language-by-birthplace?COIID=4202

[15]Australian Bureau of Statistics (2017) 2016 Census: Social Media Report. Retrieved from: https://www.sensis.com.au/about/our-reports/sensis-social-media-report

[16]Farooq, U. (2018), Marketing Tutor. Retrieved from: https://www.marketingtutor.net/atl-btl-ttl-marketing

[17]Multicultural Affairs Queensland, Department of Communities, Child Safety and Disability Services, Language Services Guideline (2016).

[18]Nickerson, A., Byrow, Y., Pajak, R., & Minihan, S. (2017). Tell Your Story (TYS) program: An online intervention to reduce mental health stigma in refugee men. Sydney: Refugee Trauma & Recovery Program (Beyond Blue).

[19]Youssef, J., Deane, FP. (2006). Mental Health, Religion & Culture, Volume 9, 2006 - Issue 1. Factors influencing mental-health help-seeking in Arabic-speaking communities in Sydney, Australia. Retrieved from: https://www.tandfonline.com/doi/full/10.1080/13674670512331335686?needAccess=true

[20]Vrontis, D., Makrides, A., Christofi, M., Thrassou, A., International Journal of Consumer Studies (2021), Social media influencer marketing: A systematic review, integrative framework and future research agenda. Retrieved from: https://onlinelibrary.wiley.com/doi/10.1111/ijcs.12647

[21]Primary Health Network, South-Western Sydney, Multicultural & Refugee health. Retrieved from: https://www.swsphn.com.au/multiculturalhealth#healthissuesinCALD

[22]Slewa-Younan, S. et al (2020). Western Sydney University. International Journal of Mental Health Systems. An evaluation of a mental health literacy course for Arabic speaking religious and community leaders in Australia: effects on post-traumatic stress disorder related knowledge, attitudes, and helpseeking. Retrieved from: https://doi.org/10.1186/s13033-020-00401-7

[23]Saleh, S. (2021). Overland Literary Journal. The day home did not change: the politics of nostalgia. Article retrieved from: https://overland.org.au/2021/08/the-day-home-did-not-change-the-politics-of-nostalgia/

[24]Bapat, M. (2021). Love to Know. Arab Culture Values: Enhancing Your Understanding. Article retrieved here: https://family.lovetoknow.com/arabic-culture-values

[25]BS Cultural Atlas. (2021). Cultural Profiles. Retrieved from: https://culturalatlas.sbs.com.au/countries

[26]Golchert., J et al (2019). US National Library of Medicine. National Institutes of Health. Retrieved from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492415/

[27]Palliative Care Victoria (2014). Culturally Responsive Palliative Care. Arabic-speaking background communities Cultural Profile, State Government Victoria.

[28]Cultural and Indigenous Research Centre Australia (CIRCA). The Department of Ageing, Disability and Home Care (DADHC). (2008). Planning Ahead in Culturally and Linguistically Diverse (CALD) Communities.

[29]Saab., H et al. (2021). Way Ahead Mental Health Association NSW. Arabic Mindfulness. Retrieved from: https://wayahead.org.au/arabic-mindfulness/

[30]Primary Health Network. (2021). Recovery Point (available via App and web browser). Accessed here: https://recoverypoint.org.au/

[31]The Royal Australian College of General Practitioners (RACGP) Official Website. (2021). Education – Professional Development. Retrieved from: https://www.racgp.org.au/education/professional-evelopment/qi-cpd

[32]National Disability Insurance Scheme (NDIS) Official website. Information for GPs and health professionals, NDIS. Retrieved from: https://www.ndis.gov.au/applying-access-ndis/how-apply/information-gps-and-health-professionals#cpd

[33]Ooi, D. & Young, C. (2021). Building inclusive partnerships with culturally and linguistically diverse (CALD). March Report No. 652.2021. Communities, Bushfire and Natural Hazards CRC, Melbourne. Young Institute of Sustainable Industries and Liveable Cities, Victoria University.

[34]Young, C., Pyke, J., Maharaj, N., Cormack, C., Rasmussen, B., Jones, R. (2018). Diversity Inclusion: Building Strength and Capability: Non-peer reviewed research proceedings from the Bushfire and Natural Hazards CRC & AFAC Conference Perth, 5–8 September. Institute of Sustainable Industries and Liveable Cities, Victoria University.

[35]Work Group for Community Health and Development. (2020). Understanding culture and diversity in building communities, community toolbox. https://ctb.ku.edu/en/table-of-contents/%20culture%20

[36]Dr Soutphommasane, T., Whitwell D.G., Jordan, K., Ivanov, P. (2018). Leading for Change: A Blueprint for Cultural Diversity and Inclusive Leadership Revisited. https://humanrights.gov.au/our-work/race-discrimination

[37]Cormick, C, (2018). Community Values Survey:Diversity and inclusion: building strength and capability.

[38]Kenny, S., Mansouri, F., Spratt, P. (2008). Arabic Communities and Wellbeing: Supports and Barriers to Social Connectedness. undertaken by: CCHR (Centre for Citizenship and Human Rights), Deakin University, 2005 In partnership with Victorian Arabic Social Service.

[39]The Federation of Ethnic Communities' Councils of Australia [FECCA] (2011). Mental Health and Australia's Culturally and Linguistically Diverse Communities: A Submission to the Senate Standing Committee on Community Affairs. Retrieved at: https://fecca.org.au/

[40]FECCA (2019). Cultural Competence in Australia: A Guide. Retrieved from: https://fecca.org.au/submission-report/cultural-competence-in-australia-a-guide/

[41]Embrace Multicultural Mental Health (2020). Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery. Retrieved from: ://embracementalhealth.org.au/service-providers/framework-landing

[42]Sawrikar, P & Katz, I (2008). Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia, Child Family Community Australia, vol. 3, pp. 1-20. Retrieved from: https://aifs.gov.au/cfca/publications/enhancing-family-and-relationship-service-accessibility-and-delivery-cultural

[43]Department of Human Services (2006). Cultural diversity plan for Victoria's specialist mental health services 2006 – 2010, DHS, Victoria. Retrieved from: https://www2.health.vic.gov.au/about/publications/policiesandguidelines/cultural-diversity-plan-mental-health-services

[44]Newtown Neighbourhood Centre Inc (n.d.). Working with Carers from Culturally and Linguistically Diverse Backgrounds: Resource Kit [Multicultural Neighbour Aid Project]. Sydney: Australia.

[45]Tribe, R., & Lane, Pauline (2009). Working with interpreters across language and culture, Journal of Mental Health, vol 18(3), pg 238. Retrieved from: https://www.researchgate.net/publication/232059308_Working_with_interpreters_across_language_and_culture_in_mental_health

[46]Transcultural Mental Health Centre 2021. Lebanese community in NSW and mental health. Retrieved from: https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/health-professionals/lebanese-community-in-nsw-and-mental-health

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