RCVMHS and Victoria Transcultural Mental Health Roundtable, May 2020

Introduction:
Culture; focusing on access, equity and inclusion.
Cultural safety, cultural responsiveness and cultural humility as everybody's business.

Culture plays a significant role in how people experience their mental health.

Culture also shapes mental health practice and how services are structured and organised.

Culture is formed by many intersecting socio-political factors, including ethnicity, sexual and gender diversity, religion, spirituality, class, economic status, power, and life experience.

People from marginalised or priority groups, including migrant and refugee communities, report that when accessing mental health services, they ***'do not feel heard'***, '***do not feel safe'*** and ***'do not feel understood'***.

At VTMH our approach to building cultural responsiveness across the mental health service system is underpinned by human rights, intersectionality and social and cultural models of health.

Experiences in life are influenced by interactions between identities, contexts and social dynamics. In order to understand people's experiences of mental health and mental distress, we must also understand the impact of structures and systems and the drivers of inequity.

We take an intersectional approach to better understanding people's experiences. Applying an intersectional lens to the notion of priority groups can help us to understand that the separation of categories based on a single identity location is not reflective of a whole of person approach. We understand that people who have multiple identities associated with reduced social power can experience multiple and unique forms of discrimination that cannot be conceptualised separately; thereby 'existing' in multiple priority or marginalised categories simultaneously, with potentially cascading and intersecting unrecognised and unmet needs.

Taking an intersectional approach means looking beyond individual social locations (identities) and responding to the points of intersection.

People from migrant and refugee communities may experience specific mental health needs relating to their migration journey; to pre migration experiences of trauma and traumatic stress; to pre and post migration experiences of discrimination based on race, spirituality, faith, gender, sexual orientation and other identity markers or social locations; to language and communication barriers; to economic inequity and psychosocial stress, to the impacts of acculturation and to community attitudes towards migration and settlement.

In addition to these individual and community level experiences, there are the difficulties in accessing and navigating health services and systems that are ***not culturally safe and responsive*** and offer little in the service of cultural humility.

Mental health concerns become mental health risks when people's needs are not recognised and responded to in culturally responsive ways.

Cultural humility (Tervalon & Murray-Garcia, 1998) is a framework that can enhance mental health practice for all priority groups and can be conceptualised as:

1. ***The ability to maintain an interpersonal stance that is other-oriented;*** centering on life as lived (lived experience), knowledge 'alongside' not over or under, 'nothing about us without us', the context or social ecology of experience.

2. ***A commitment to lifelong learning and self-reflection;*** for individuals, teams and systems. Recognising and reflecting on how assumptions, conscious and unconscious bias, past experiences, socio-political factors etc. influence transcultural encounters.
3. ***Responding to power imbalances;*** structuring allies in our work, prioritising safety, privileging voice and choice. Focusing on and responding to human rights and social justice.

Culturally safe and responsive practice requires us to collectively work towards socially just practice.

We believe that community capacity building is a collective responsibility and recognise that life is multi-dimensional and complex; we expect many stories.

In order to address inequities in mental health, all service systems must be able to engage people from migrant and refugee communities through culturally safe and responsive service provision and build partnerships with local communities and social structures.

This entails prioritising the principles of access, equity and inclusion in the delivery of health services.

Rather than separate to and independent of, the current service delivery landscape in mental health, considered approaches such as targeted universalism; where strategies are targeted, but the goals are universal; can support the needs of priority populations, while reminding us that we are all part of the same Victorian community.

An additional note on Intersectionality as a framework for practice

We take an intersectional approach to better understanding people's experiences. We understand that people who have multiple identities associated with reduced social power can experience multiple and unique forms of discrimination that cannot be conceptualised separately. Taking an intersectional approach means looking beyond individual social locations (identities) and focusing on the points of intersection.

We recognise the impact of structural and systemic discrimination, inclusive of colonisation, on people's health and wellbeing and understand that mental health, mental distress and wellbeing have diverse meanings within and across cultures.

An intersectional approach: Recognizes, acknowledges, responds to, reflects on, designs for:

- Life is multi-dimensional and complex; we expect many stories
- People cannot be explained by single categories, such as gender, sexual orientation or ethnicity
- Experience is influenced by interactions between identities, contexts and social dynamics
- To understand someone's experience, we must also understand the interactions of structures and systems and the mechanisms of health inequity, discrimination, marginalisation and oppression
- People and communities can experience privilege and oppression simultaneously
- Structural inequity increases individual and collective risks in escalating marginalisation
- Relationships involve power dynamics, power imbalances are inevitable; the question is how we acknowledge and negotiate power, particularly the power of institutions
- Critical reflection at individual and systemic levels is a process to increase awareness about power dynamics and the positioning of mental health roles and systems in the broader social context

An intersectional lens in a transcultural context requires us to collectively work towards social justice - socially just practice, prioritising human rights, health equity and social-cultural inclusion as routine, best practice.