

An **Innovation Paper** by Roses in the Ocean

Building capacity within culturally and linguistically diverse (CALD) communities through the lived experience of suicide.

Specific focus:

Tamil and South Sudanese communities of South East Melbourne

Acknowledgements

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EXECUTIVE SUMMARY

Purpose

The purpose of this Innovation Paper is to share key learnings our recent work in engaging and building capacity within Tamil and South Sudanese communities of South East Melbourne, through the power of lived experience of suicide. We highlight areas of challenge and opportunity and hope that by sharing our experiences to date we will invite further discussion and discovery of how we can collectively support suicide prevention work within culturally and linguistically diverse communities.

Roses in the Ocean

Roses in the Ocean is a national lived experience of suicide organisation dedicated to informing, influencing and enhancing suicide prevention in the community and in workplaces through the lens of lived experience. Much of our work involves empowering individuals to leverage their lived expertise, and communities to better recognise and respond to suicide. Driving system reform, co-designing innovative services, and affecting cultural change are key components of our work.

CALD Community Collaboration

Over the years we have connected with communities through Primary Health Networks including the South Eastern Melbourne Primary Health Network (SEMPHN) to deliver a selection of our capacity-building workshops including (Voices of In-Sight, Our Voice in Action and TouchPoints).

In November 2018, due to an identified need for support in a number of refugee communities, significant community consultation led to the delivery of the Voices of Insight workshop to members of Melbourne's Tamil community. The project was led by Layne Stretton (Senior Facilitator – Roses in the Ocean) in collaboration with Alison Asche (former Suicide Prevention lead of the Place Based Suicide Prevention trial at SEMPHN)

In 2019, an urgent need arose to build the capacity of the South Sudanese Australian community to respond to suicidal distress. SEMPHN and Roses in the Ocean agreed to shift focus and, following a period of consultation and co-design with community leaders, TouchPoints was delivered to faith leaders of the South Sudanese Australian community in December 2019.

Community Engagement

Considerable engagement with community in both formal and informal settings preceded the workshops, which assisted in gaining community trust and participation. Our investment in genuine community engagement fostered strong relationships with community and faith leaders which in turn opened up opportunities for collaborative adaptation of existing content and co-design of new components of our Voices of Insight (speakers training) and TouchPoints (gatekeeper training). The relationship resulted in upskilling of community leaders to co-deliver workshops, and, most recently, working to co-design avenues to reach community during COVID-19.

Outcomes and Learnings

Through the processes of consultation, collaboration, co-design and delivery of workshops to two disparate culturally and linguistically diverse (CALD) communities, we have identified four main areas of consideration when engaging CALD communities. While these focal points are neither exhaustive nor universal, they form a sound basis for further exploration of working with and engaging with CALD communities in suicide prevention.

- Politics, Religion and Societal Structures
- Linguistics, Literacy and Understanding
- Stigma and Discrimination
- Migration and Acculturation



Based on our positive and productive experiences with the Tamils and the South Sudanese, Roses in the Ocean will continue to identify opportunities to collaborate with and empower members of culturally and linguistically diverse communities to build capacity and improve engagement with suicide prevention in their communities. It should be noted, that a further Touchpoints workshop is in co-design phase for South Sudanese Australian women and additional workshops are planned for youth.

Identifying the needs of culturally and linguistically diverse people

In their submission to the Royal Commission into Victoria's Mental Health system, the City of Greater Dandenong referred to the need for "greater investment in capacity building of community leaders and cultural groups in order to build mental health literacy in a culturally appropriate and sensitive way that accounts for beliefs from different countries of origin" (*City of Greater Dandenong Submission to the Royal Commission into Victoria's Mental Health System*, n.d.).

Of all CALD groups, humanitarian migrants are some of the most vulnerable to poor mental and physical health, and at higher risk of suicidal distress (Welfare, 2018). Much of this can be attributed to a history of previous trauma. In many cases, humanitarian migrants are fleeing some form of conflict. Previous traumatic experience in their country of origin may include armed combat, violence, imprisonment, sexual assault, persecution, or loss. The experience of displacement and forced migration - and the journey itself – further exacerbates risk of suicide (Byrow et al., 2019).

COMMUNITY ENGAGEMENT PRINCIPLES

Roses in the Ocean's approach to community engagement and capacity-building within the Tamil and South Sudanese Australian communities aligns with our organisational values (deep listening, authenticity, connection, humility, learning, collaboration, health) and our unique lived experience lens.

The foundational principles on which Roses in the Ocean workshops are developed – capacity-building, empowerment, sustainability, valuing every story/ insight - align with the needs of CALD communities in several ways. Additionally, storytelling sits at the core of all Roses in the Ocean workshops and activities, as it does in many CALD communities.

Specifically, we know that people with a lived experience of suicide bring insight, wisdom and perspective that is critical to informing the best approaches to reducing emotional distress and pain and saving lives. Participants have the potential, once enabled with training and support, to facilitate impactful local suicide prevention solutions that drive positive change in addressing stigmatising attitudes and culture, while contributing to healthy and sustainable communities.

This sits comfortably alongside the recognised "need for greater investment in capacity-building of community leaders and cultural groups in order to build mental health literacy in a culturally appropriate and sensitive way that accounts for beliefs from different countries of origin".

We believe it is essential to engage with local communities in the development, co-design and delivery of any capacity-building workshops or any other suicide prevention activity. Roses in the Ocean engaged individuals and organisations across the CALD communities in order to build trusting relationships in an endeavour to maximise community involvement. This included attendance at community forums, youth gatherings and social events, as well as forming partnerships with local ethno-specific organisations that had existing and established relationships with key community



influencers. Productive relationships with bicultural workers and community leaders provided further leverage into the community, deeper insights into important cultural considerations, and a cultural lens throughout the development process.

Ongoing, deep engagement with community ensures that support is nuanced to cultural understandings of mental health and suicide prevention. Over time, this also provides the space to identify risk and protective factors specific to each community. It also allows for differences within a community (e.g. nuances in terms of gender, generations, ethnicity, faith) to be understood and training to be further adapted to meet these differences.

Embedding co-design at all stages of the workshop development and delivery and a co-facilitation/train the trainer model, ensures that the knowledge intrinsic to community guides all aspects of the workshops. The transfer of knowledge to the community further empowers and enables its members to contribute to suicide prevention and increases the likelihood that the knowledge base will be sustained. Having workshop developers and facilitators with a lived experience of suicide ensures that lived experience is central to the design, implementation, delivery and evaluation of initiatives. Our facilitators also bring a lived understanding of faith and an empathy and understanding that allows them to view challenges through the lens of trauma.

Building capacity within communities and in natural touchpoints (faith settings, youth groups, sporting clubs) contributes to ongoing sustainability as the necessary knowledge and skills related to suicide prevention are embedded in the community. This allows communities to determine and develop their own solutions and acknowledges that they are best positioned to do so. It also provides opportunities to engage and educate recognised community leaders in mental health literacy and suicide prevention to become voices of influence and lead conversations in their respective communities. Community touchpoints may also provide additional 'safe spaces' for individuals to seek support when in suicidal distress, complementing mainstream mental health services.

FOUR MAIN CONSIDERATIONS EMERGED

Politics, religion and societal structures

In order to inform learning it was necessary for us to understand different political and social structures and how they might relate to or differ from western society and culture.

When a death by suicide occurs within these communities, it challenges many assumptive world views that have been part of the community for many generations. In the case of the South Sudanese community, our lead facilitator drew from his own religious background to guide relevant faith leaders through parts of the Bible that discuss suicide. This approach helped break down some of the barriers to understanding and accepting suicidal behaviours.

Linguistics, literacy and understanding

While a basic level of proficiency in English was generally expected, several participants from the Tamil community were non-English speakers who required a translator. This raised concerns around the accuracy of translation given generally lower levels of literacy, reduced vocabulary, interpretation and presented challenges in comprehending suicide prevention commonly used terminology.

Although the South Sudanese Australian participants had sound English language skills, there were still challenges around limited vocabulary and potentially poor comprehension of terms, ideas and concepts - specifically around suicide and suicide prevention.



Stigma and discrimination

We found that stigma surrounding mental health manifested as discrimination, marginalisation and even minimisation in these communities. For the South Sudanese Australian community their limited experience with mental health generates a healthy scepticism of accepted western prevention or intervention modalities such as therapy, GP consultations, emergency services or intervention by authorities. The cultural stigma as well as the disconnect between the community and the system can further hinder initial and ongoing help-seeking behaviours.

The normalisation or desensitisation of violence and death that arises within war-torn countries brings specific challenges to discussion on suicide. It was apparent during the workshop that the South Sudanese were open in their discussion of suicide deaths including graphic detail around method. It was also noticed that the language Tamils used to describe someone else's suicidal behaviour was sometimes harsh and stigmatising, and many participants were reluctant to share their own lived experience of suicide for fear of such discrimination.

Prejudice and racism against new arrivals to Australia is also problematic. Stigma and prejudice may further isolate those individuals and families and deepen the disparity of access to timely and appropriate health services.

Migration and acculturation

It was noted that many humanitarian migrants (refugees and people seeking asylum) – as opposed to economic migrants – were often incumbered with historical trauma that can accentuate emotions and heighten the expression of grief and pain.

WORKSHOPS AND OUTCOMES

The Tamil Community Program was delivered in two workshops held in Melbourne over two weekends in November 2018, in partnership with SEMPHN.

Day one focussed on storytelling, structure and presentation. Participants and facilitators discussed and broke down their reluctance to share their stories. By the end of the day it became clear to participants how powerful stories can be and how they needed to develop the courage and skill to be examples of open and honest dialogue within their community.

Day two continued to discuss storytelling and messaging before moving onto a discussion about potential support for the community. A focus on Touchpoints and identifying touchpoints in the community followed. The group discussed what to do in situations of high distress and how they could establish a collaborative network of support and what strategies they might like to implement in the future. Two new non-English speaking participants joined the Tamil workshop on day two. While this slowed down the process due to the need for a language translator their presence was valued by all.

The South Sudanese Australian community program resulted in a TouchPoints (community gatekeeper) workshop being held at St Mary's Church on 14 December 2019. Attendees (8 men and 1 woman) came from a variety of faith-based environments including the Catholic Church, Uniting Church, Baptist Church and The Salvation Army.

The collaboration and co-ownership resulted in some 20 hours co-design of workshop content and delivery as well as mental health and suicide prevention resources for the South Sudanese Australian community. Resources shared at workshops, included information on mainstream mental health services, resource packs and crisis cards that used infographics to meet the needs of individuals with lower English language literacy.



The desired outcomes from the TouchPoints workshop remained the same: to understand the complexity of suicide, learn warning signs and invitations for help, increase participant's confidence to help a person in crisis, learn the importance of self-care, challenge common myths about suicide with facts and lived experience, apply the 5 steps of supporting someone: Reach out, Listen, Risk, Action and Get Help, and learn practical ways to support someone grieving after a suicide.

Two South Sudanese Australian community leaders opened and endorsed the workshop commenting 'the fact that Layne and Alison are here is testimony that the government is listening'. This was an important moment in building connection and credibility across community.

The workshop started by addressing faith and its compatibility with mental health, suicidal ideation and suicide, important because faith leaders are often the first point of contact for many people living with suicidal ideations and other types of risk.

During the course of the workshop, there was a shift in thinking around where suicidal ideation and suicide sat within the community's faith-based environment.

Both the Tamil and South Sudanese Australian workshops were affected by time constraints due, in large part, to communication challenges. While large chunks of material had been removed from the workshops to support literacy levels, conversations generally took longer as ideas and concepts needed to be translated, explained or simplified. So, although neither of the workshops covered all the intended material, they were successful in opening dialogue with the two communities about mental health and suicide prevention. Subsequently, we received encouraging client feedback including significant desire to continue with the next phase of development.

LEARNINGS

When we are given the opportunity to work with people from a CALD background, Roses in the Ocean believes it is essential that we acknowledge the situational limitations of our own 'western' views and adopt a culturally appropriate mindset and approach to vastly different cultural and societal mores. Our key learnings to date are:

1. No culture can be removed from its history. Participants' world views are as important as context, and time must be spent exploring the culture, respecting historical context and root cause of challenges, while dealing with the current situation.
2. CALD communities in Australia can differ greatly from traditional western culture, requiring a deeper understanding of the way faith and cultural beliefs influence how mental health and suicide are perceived in these communities.
3. Workshops and programs that are developed and delivered need to be culturally aligned and able to be delivered by members of the community. No change will occur until the community has the experience and capacity to establish community-based systems that work.
4. Working with CALD Communities requires flexibility across all areas of design, preparation and delivery. Both parties need to be prepared to allow things to flow naturally in order to achieve outcomes. The workshop facilitator needs to raise and discuss cultural nuances and unpack any barriers to acceptance of new ideas and subsequent action.
5. In order to effect change and to create space for new ideas, faith leaders are an integral part of the communication and influencing process.
6. Language barriers as well as low health literacy can contribute to reluctance to help seeking or reduced understanding of services on offer and how to navigate them.



7. Past negative experiences with authority – either in country of origin, during migration or in Australia – may result in distrust of mental health services and government agencies.
8. Understanding of complicated grief and the way that the community processes loss and grief is a critical component of the design and development process. Normalising conversations about mental health and loss through suicide and understanding grief, means that we understand how to build the right content and the right conversations.
9. Stigma is a major issue and influences how the community accesses or does not access the services that are currently available.
10. Some communities have their own way of expressing things relating to suicide. Sometimes these stories may involve details relating to method.

STRATEGIC RECOMMENDATIONS

- We suggest enhancements to access to mainstream mental health services through ongoing dialogue with community leaders to address challenges relating to help seeking.
- It is worthwhile exploring alternative support needs to better meet the needs of CALD communities e.g. Group/family work as opposed to 1:1 therapeutic support.
- Assistance should be provided to organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for CALD communities.
- Funding should seek to Improve the quality of mental health support for people from CALD backgrounds by improving cultural responsiveness and accessibility of mental health services.

NEXT STEPS FOR ROSES IN THE OCEAN

- We continue to work collaboratively with a range of ethnically diverse communities offering to co-design workshops such as Touchpoints and Voices of Insight with community members who are natural first responders e.g. faith leaders, youth ambassadors.
- Our work will seek to assist enhancing early intervention opportunities by supporting community responders to develop the skills and confidence to respond to individuals before their distress elevates to the level of requiring tertiary suicide prevention services.
- We are planning and continue to identify national and international initiatives that may have synergies with Roses in the Ocean's capacity building workshops, in order to share learnings and explore opportunities to build capacity through partnerships.
- We will continue to explore new ways of scaling up the work we do by leveraging and engaging with local communities and community leaders.



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