OPENING DOORS & CONVERSATIONS

A SUMMARY

AN EVALUATION OF THE VICHEALTH MENTAL HEALTH LITERACY PILOT PROJECT

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PROJECT SUMMARY

One of the main purposes of this mental health literacy (MHL) project was to shift away from Western perspectives on mental illness and establish foundations to create culturally anchored methods of discussing and addressing mental wellbeing within non-Western cultural communities.

This project supported three cultural communities: South Sudanese, Sri Lankan Tamil and Pasifika.

Community consultants were selected by VicHealth to lead each program and ensure programs were culturally specific and community oriented. Programs were self-determined so that the community consultants were able to steward each program to best suit community needs, attitudes and accessibility.

MHL for non-Western communities should be fostered from the ground up through amplifying cultural, ancestral and community wisdom, knowledge and ownership.

While the community projects all took different approaches, each attained important MHL successes for their communities, that:

- **built capacity and knowledge** around mental health through formal training and experiential learning in running the projects
- **disseminated culturally relevant resources** about mental health tailored to community attitudes, beliefs and worldviews, including producing short films, flyers, social media posts and a spoken word performance
- **created and facilitated spaces**, both in-person and online, for connection and conversations about mental health and wellbeing that were also places of cultural safety to discuss impacts of racialisation and marginalisation
- **multiplied networks of support** where each program collaborated with or connected to other groups and organisations to support their programs, including local councils, cultural community groups and other government services.

EVALUATION QUESTIONS

The evaluation was guided by the concept of cultural rights and focused on two main areas: developing culturally anchored MHL resources, and fostering relationships, support and cultural safety. Related evaluation questions are listed below.

Developing culturally anchored MHL resources

Progress and production

- What have been the challenges in the programs/production process, and how have these been overcome?
- What have been the strengths of the programs in terms of producing the MHL resources?
- What are the unique ways each cultural community produced MHL resources?
- How has each program defined MHL and how has that shaped the structure and format?

Outcomes, MHL resources and impacts

- What are the ways the project/programs have influenced understandings of MHL and of social connection as a protective factor?
- What have people learnt or experienced from participating in the programs?
- What are the ways programs/outputs have sought to reach different audiences?

Fostering relationships, support and cultural safety

Partnerships and support

- What are the processes for establishing and maintaining partnerships?
- How are issues relating to the projects being addressed?
- How do the community consultants perceive the level of support and cultural safety from VicHealth and other partners?

Funding and resourcing

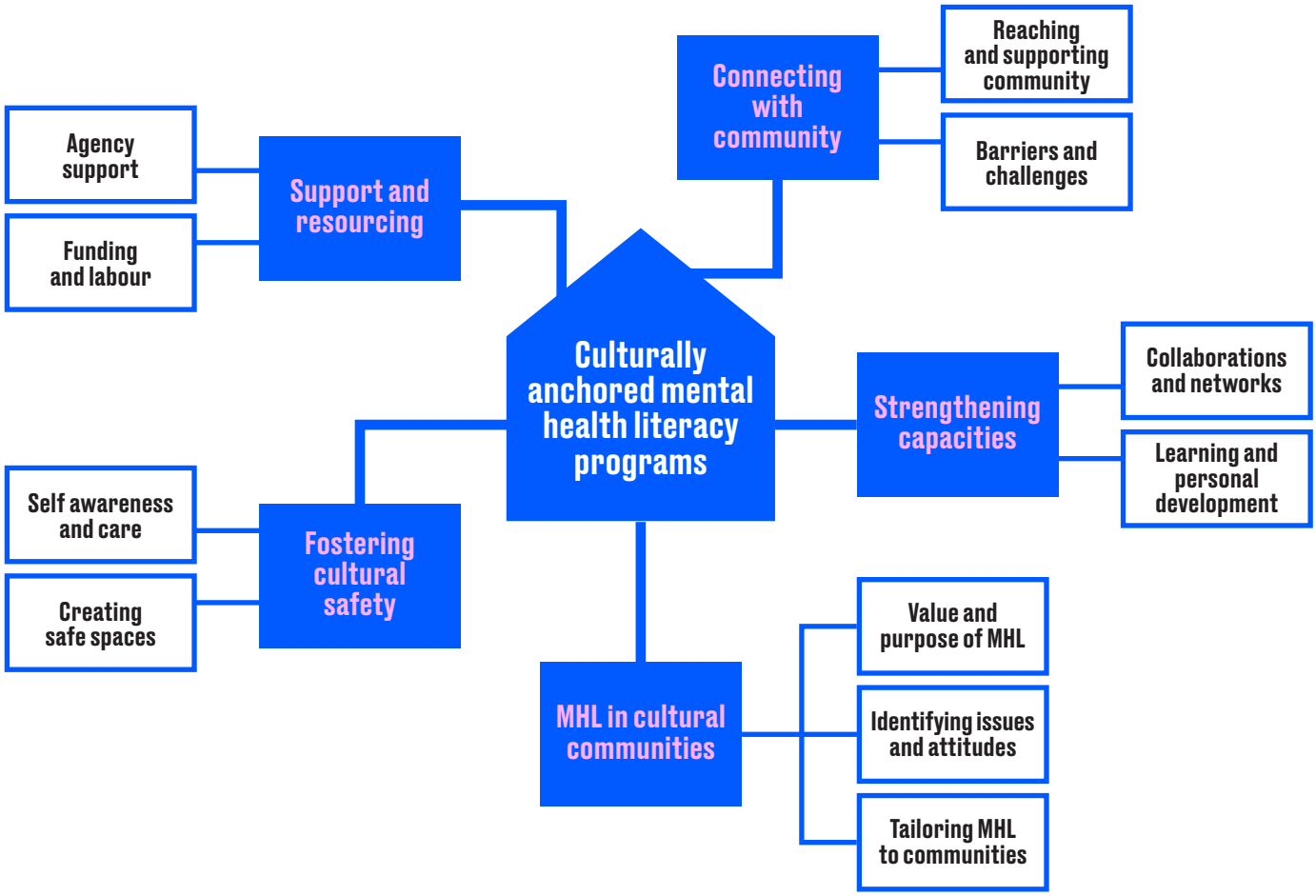
- How have community consultants perceived the level of funding?
- What costs were incurred outside of the project funding?
- What areas of resourcing or support did consultants report needed attention?

FINDINGS

Five main themes emerged from the interviews with community consultants, a community program participant and a member of VicHealth involved in managing the project.

These themes have been labelled as: **Connecting with community, Strengthening capacities, MHL in cultural communities, Fostering cultural safety**, and **Support and resourcing**. Within each theme, several sub-themes have also been identified. Main themes and the relationship to sub-themes can be found in Figure 1.

Figure 1. Map of main themes and related sub-themes from findings



Connecting with community

The different nature of each community project meant engagement strategies and approaches varied, as did the challenges faced.

Reaching and supporting community

Overall, it was observed that all community consultants and program facilitators needed to be resourceful in reaching and connecting with community, drawing on various strategies.

> *If they come to one discussion, we've got their email address and ways to contact them... we can send them a newsletter or email on ongoing resources. We don't want that support just to stop after they've come to our discussion ... we want to ensure they've got that support when they need.* **(S)**

A common theme in interviews was using social media creatively to reach and engage with people.

> *It started off with Instagram where we would go live, and then for our youth to jump online, [it's] interactive, fast. We'd have a conversation, but we'd also go on live, and they could see and host. And then there'll be some others who are helping film, and keeping an eye on the comments and letting us know, so we can interact with them, but also still holding this conversation. And that was really fun.* **(E)**

> *Social media has played a big part in our reach with our target audience, and how we expressed stories on Instagram. It's very easy to pull up a perspective, read it and be like, Oh, I relate to this. I know someone that is probably struggling with this. Let me just quickly hit share and send it to them. ... So, Instagram has definitely been a big catalyst for us. And we're really happy with the organic growth and how it's come across to people.* **(D)**

Some consultants expressed a need to evolve how they reach their communities and the need to be more diverse in who they attracted to their programs.

> *I think the only thing I really want to improve is outreach and engagement. Bringing in a wider audience, greater ages, life experiences, even willingness to talk.* **(V)**

It was noted that this kind of outreach/engagement for many of the consultants was a large part of the work involved in establishing and running their programs, and that it required continued effort and resources to maintain such engagement.

> *[The facilitator] singlehandedly runs the marketing, creates the content, looks at posting and the schedules for posting all the emails. It's a fair a bit of work, especially because this isn't the only initiative [they] run.* **(V)**

Community consultants often had to use their personal connections to their communities to gain attention for their projects, and they also spoke of their love and concern for their community as being important drivers for the work.

> *I know in the future, through that connection, they're going to build more connections through the people that I love and care for ... I love sharing my community with anybody and everybody. And as long as it's safe to do so ... we're starting that journey, we're still building a relationship with community and still figuring out how we can show up.* **(E)**

Because the work was personal, it also meant supporting the program facilitators.

> *A big part of my role has been mentoring and building and trying to keep people going through the course of this project. And then responding quickly when someone falls off the rails. For me, it's been a massive learning curve, and perhaps an insight for the project is to keep listening, listening, listening to what the community needs are.* **(R)**

A key message throughout the interviews and field observations was that while these mental health literacy programs were designed to support communities, there was also a need for the program facilitators and community consultants to be supported through challenges. Promoting and connecting with community was not always easy for the community consultants, partly due to barriers around MHL.

Strengthening capacities

This theme details the ways community consultants and program facilitators spoke about their own personal growth, and the ways they shared knowledge to foster cultural strengthening. Capacities were also described in terms of navigating their own relationship to their culture and the perceived sense of duty or obligation that can come with undertaking community work.

Learning and personal development

> *"I'm not the face of my community. I don't think one person should ever have to be the face of a whole community. And I feel like that's quite often put on to people of colour … which is not fair and not representative enough."*
> **(Community consultant)**

Many community consultants also indicated different, new kinds of learning by being a part of their MHL programs. Some of this was formal learning, such as mental health first aid courses, while other learning was more organic and experiential.

> *"Mental health first aid training … was super good going into these projects because we also have the academic Westernised understanding of mental health, but also our own cultural understanding. So having the ability to compare … because we have our own practices of how to take care of our mental wellbeing."* **(E)**

Several consultants also spoke of the impact of their projects on their own development in their relationship to culture, and the ways they thought about mental health.

> *"I think the biggest thing was learning that mental health can't just be an individual journey, like I thought, a long time ago, that it was just me and my own trauma that I had to go through."* **(D)**

> *"Coming from and counselling spaces, is a good opportunity for me to just feel safe and reflect as a man. I think I'm very conscious about the fact that I don't want anyone to fix my problems. I want someone to just listen."* **(Y)**

> *"The biggest thing for me was learning about struggles that older generations have been through, and having the advice passed down to me as well."* **(D)**

> *"I've definitely learned how to be more patient and also valuing others' time, as well as my own … and I feel like that's super important."* **(E)**

Collaborations and networks

Being able to develop connections with other organisations that built capacity and fostered knowledge exchange was a key support for many of the community consultants and facilitators. For some, connecting with organisations helped validate and strengthen their projects.

> *I can leverage these organisations and connections and say, "I'm part of a bigger network." That gives me more credibility, and I guess more confidence to be able to reach out and talk to people about what I do, and what it is that I want to do. So even though at the moment it's in its early stages, I can have a vision of what I want to provide for the community.* **(Y)**

The nature of these programs meant that community consultants were not working on communities but working with and within them. The people leading the programs all stated how important it was to try and connect to a diverse range of collaborators within their cultural communities, but that it was not easy, and it took time.

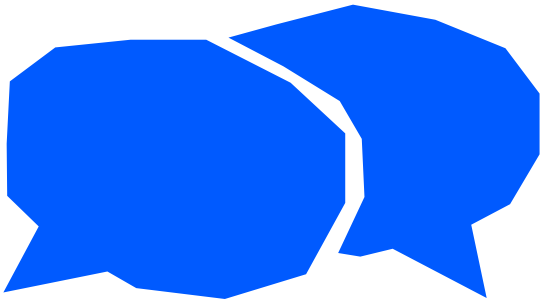
> *We had an event where different people from community had come in, we introduced ourselves and what our passions are and what we hope to achieve. And it was good because we got to meet more people who can provide support as well, who are considered leaders within our community.* **(E)**

> *It has to be organic, because we started talking in August, and then the group kicked off in January. And it took at least three months of me trying to figure out what it is and who it is that I wanted to connect with. And this place only happened because I'd known them from a year before, because of another project that I was working with.* **(Y)**

Interviewees also reported that bringing community consultants and program facilitators together would have been a useful way to find commonalities, to share ideas and resources, and offer support in culturally safe ways.

> *Collaborating with other cultural communities to understand how we can tackle the situation together, because we're all a minority in this country, right? But how can we also collaborate with those other communities, and identify issues that affect us, and come together and work towards that common goal of how we can support multicultural mental health in general? I would love to [have] a big discussion between us.* **(D)**

From these reflections, it is easy to assume that community members have pre-existing connections and that these are what underpin successful MHL projects. Rather, what was found here was that extensive work was required to develop and sustain those connections and supports among community members.



MHL in cultural communities

This theme captures how MHL was defined and used to frame each community project, but also some of the issues that can arise if Eurocentric concepts of mental health seep into approaches or ideas around mental health and wellbeing. Most community consultants and facilitators were acutely aware of the tenuous nature of conceiving mental health in limited ways, but also reported the utility of having something to frame their work, and were then able to add their own culturally anchored elements.

Value and purpose of MHL

All interviewees spoke positively about the value of mental health literacy for their communities. However, the real value stated by most community consultants in opening up conversations for people about their mental health was to connect these to the underlying issues that manifest as psychological distress. All pointed to the ways mental health is inseparable from much bigger issues such as coloniality and modernity.

> *You're also asking us to really reflect on our community's trauma. Part of that community's trauma is colonisation, which this condition is built on. And although we always try to acknowledge that we are settlers on this land, but also our lands have been colonised … our people have had to move to other places to look for more opportunities, or to find ways because the lands that we have lived on have also been deprived of nourishment and its natural resources.* **(E)**

Similarly, mental health and MHL were described by consultants as belonging to structural problems such as discrimination, displacement and racism.

> *Within the African community, the struggle to translate the concept of mental health and to access vital information and treatment can be daunting. For the South Sudanese community particularly, this struggle is layered with, but not limited to, the impacts of intergenerational trauma, displacement and discrimination. But we believe that together, we can overcome these challenges and build a courageous community that values mental wellbeing.*
> **(Next In Colour)**

> *For me, this kind of work really resonates strongly, because when we talk about why people are struggling with mental health challenges, it is a combination of forced displacement, it is racism, it is discrimination, all these things contribute directly to people feeling isolated, cut out, lonely. … I think that it's been the inability or the limitations in some of the spaces that I have seen with government funding, where you don't see those sort of intersectionalities.* **(R)**

Given this, it would be wrong to conclude that communities lack MHL, when in fact it was presented by several consultants that their cultural ways of knowing and coping have been disrupted or erased by the violence of coloniality.

> *What we're finding is a lot of the community know what mental wellbeing and mental health are, which is great. But it's now about finding the support for it, and understanding what you can do for yourself, to better support your mental health.* **(S)**

> *My mother advised me that we had a lot of cultural engagements and gatherings for men and women and children. And that's been disrupted, colonially. And as they come here, nobody's practising those things or passing them on to the next generation, and there's a lack of skills development. Being forced to assimilate is also part of the structural violence we experience.* **(I)**

Therefore, a 'lack' of literacy may be more correctly identified as the interruption of cultural, ancestral knowledge that is not captured by Western ways of framing mental health and wellbeing.

> *I understand, "Oh, so they already had things culturally that they were doing that have been disrupted." So sometimes it's good to come back to culture and understand what those practices look like for us, because they're not over-clinicalised. Sometimes it might be spiritual, might be music, it might be food, and the way that we practise those things are very different.*" **(I)**

What emerges from these findings is that MHL in racialised and marginalised communities can serve as an important way to locate the systemic and social issues that can cause psychological distress and reaffirm and strengthen some of the existing practices and approaches to wellbeing within their communities.

Identifying issues and attitudes

Community consultants and facilitators all identified issues specific to their cultural communities, and some of the perceptions and attitudes regarding mental health. These were often connected to bigger issues such as (un)employment, racism and generational and cultural differences.

> *Looking at the core of some of the biggest challenges facing communities, so, talking about family violence, talked about employment barriers, people's frustration, when they feel that they come here, they can't get to work. And that being an incentive to talk about issues. And the other one, which is going to be really critical, is racism. How people experience racism at work, on the street, at school, and being able to create the resources and the language of understanding the problem and understanding allies, and then understanding the pathways to act on it.*" **(R)**

> *I guess from a societal perspective, we can see that mental health is a lot more talked about today. Younger people are a lot more exposed to it. And I guess, growing up around it will help 100%. But again, the cultural factors are still at play. A lot of South Asians will live at home for longer than other people might. So, there's conflicting factors, right? You're seeing a society where these things are talked about, and you're living in a home where it's not. And sometimes it may be shunned. Silenced almost.*" **(V)**

Many consultants expressed how their personal journeys through mental health challenges gave them insight into the ways certain attitudes or beliefs in their cultural communities intersected with mental health literacy.

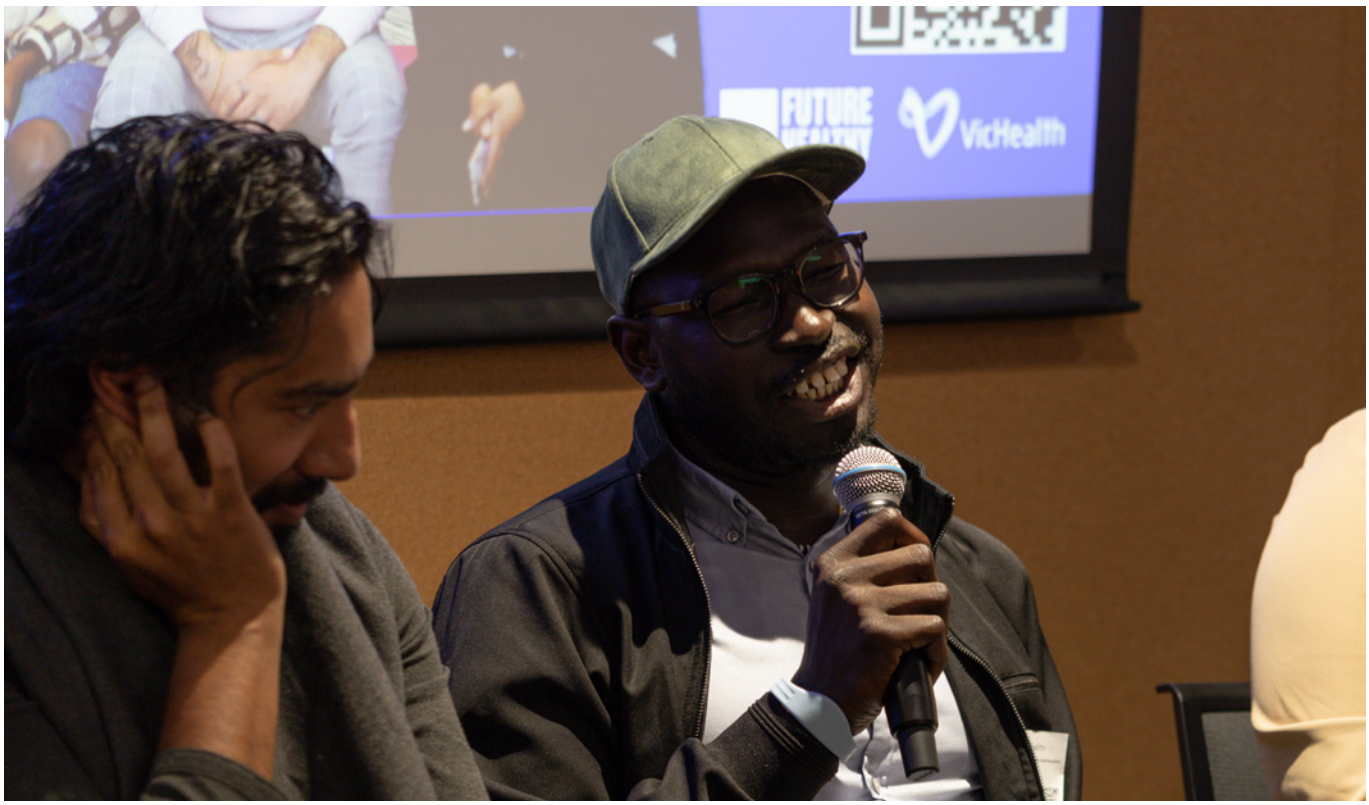
> *I have had mental health problems since I was very young, and my family lacked understanding and how to support me. And so instead of receiving support, I actually got pushed away from it.*" **(E)**

They also expressed the cultural incompatibility of Western approaches to thinking about mental health and the intergenerational impacts of migration on beliefs around help-seeking.

> *Whether it be things like depression, mental health, we don't have words for them. Inherently, they are Western findings. So, discourse around it just doesn't exist in these cultures. And another point was we're immigrants. We come here with nearly nothing, right? My dad was working hard. And I think when hard times came upon him, it wasn't like, I feel bad. I need to go get therapy. It's like, I need to make sure I can keep a roof over my family.*" **(V)**

> *Men in this generation haven't seen their fathers, brothers, uncles ask for help early on, when they needed the support. So, they don't realise that they can do that either. And so, how are men meant to ask for help, and they feel frustrated.*" **(Y)**

These excerpts are representative of the ways community consultants were able to draw on their knowledge of community issues and the barriers to help-seeking such as stigma, shame, lack of understanding and sense of incompatibility with Western approaches. This knowledge meant consultants were able to shape their individual MHL programs to more clearly meet the community needs.



Tailoring MHL with communities

One of the main challenges throughout all the MHL programs was translating Western-centric models and approaches to mental health and shaping them to be more culturally anchored.

All the consultants and facilitators mentioned the variety of ways they made adjustments to programs and approaches in line with their specific cultural considerations. These ranged from understanding how to frame programs to engage people, to offering resources in other languages.

> *"Tamil people are very proud and private people where it concerns matters of mental health and wellbeing, or intimate challenges. We come from a culture of just sleep on it, have a rest and get back to work tomorrow morning. So, we've had to be really clever with how we describe the resources that we're putting in front of people."* **(R)**

> *"We made videos of us talking about Tamil people, which is representation, relevance, talking about these issues in a tongue that is familiar. And I think that is infinitely more relevant than seeing a white person saying these things."* **(V)**

Tailoring their programs also meant tapping into the importance of personal histories, cultural identities and understanding some generational differences in how communities understand mental health.

> *"It was educational about the histories about some of the islands and some of the terminologies used, like Micronesian, Melanesian, Polynesian, where they came from, their impacts on how we view ourselves as a community, and whether or not it separates us or brings us together, or how that adds to identity or takes away these conversations."* **(E)**

> *"South Asian men specifically have never been asked, "How do you feel about anxiety? How do you feel about trauma?" And we know, in our culture, our parents, unfortunately, in this generation, they're never going to come up to us and sit us down and be like, "How are you feeling?"* **(D)**

Consultants and facilitators were cognisant of the complexity of the social and cultural factors that influenced the perceived purpose and value of programs trying to tackle mental health literacy. They drew on cultural knowledge to adapt and create programs to try and address some of the factors.

Fostering cultural safety

There was a need across all projects to ensure culturally safe spaces. This was fostered in some through curating settings that enabled participants to feel comfortable sharing stories, and in other instances it was to ensure the safety of program facilitators.

Self-awareness and care

Mental health literacy was shown to be bidirectional as most of the community consultants and facilitators were also building their own knowledge about mental health and wellbeing.

> *"Even though we're stepping into roles where we're taking care of community, a lot of the things that we realised that we had in common were we have forgotten to take care of ourselves along the way. We didn't know what that looks like. We discussed different ways we can take care of ourselves and the different parts of our lives that we need to take care of … our physical, emotional wellbeing, the different type of wellbeing that we had to acknowledge in those spaces."* **(E)**

Creating safe spaces

Some realised the safe space that needed to be created was for facilitators of the program to be able focus on their own safety and mental health needs.

> *"There were some hard questions asked about mental health. And there were tears, there was discomfort in the room. And after that experience, that's when I decided that I don't think we are ready to facilitate a space for the wider community, if there's still discomfort in this room and mental health is a challenge to speak about. So, I decided to really focus on our group. And, as people who are part of community, we are still doing our job by taking care of ourselves, and creating those conversations within our group. I decided it was just going to be for us."* **(E)**

The creation of safe spaces also involved thinking about what would make them more open and accessible for specific groups targeted by the program.

> *"I wanted to create a space where men can come and not necessarily be diagnosed… a place to just talk about life. Because there are a number of things that are making our life more complicated and making my life complicated. I thought there would be similar stories around this neighbourhood, especially after COVID."* **(Y)**

Another consideration was how spaces might be used to connect to other community services or supports.

> *"Because I really wanted to work in the community, I didn't want to have it in my backyard, as much as I could. I wanted to work with another agency. So, I reached out to a local community centre and asked them if I could use that space. So that's where I could actually get people to notice that there is another community centre, which is providing support for them."* **(Y)**

Ultimately, for many of the community consultants, it was a question of creating safe spaces that could encourage people to overcome the various barriers to help-seeking, and affording them safety in sharing stories, social connection and a place to have difficult conversations they couldn't have elsewhere.

There is an incredible amount of work that community consultants and program facilitators are undertaking in each program, and therefore a crucial underpinning of this work is support and resourcing.

Support and resourcing

This theme describes the various ways program facilitators and community consultants discussed support from VicHealth and the overall resourcing required for their programs. Resourcing here refers to all the ways interviewees discussed funding and other financial aspects, but also the various other forms of labour (such as emotional labour) that were required of them.

Agency support

MHL project leaders at VicHealth were unanimously applauded by consultants for their attention to cultural safety, willingness to provide more assistance when required, and ability to offer additional funding to support important capacity-building activities or to develop resources.

Community consultants and program facilitators discussed the double-edged sword of having extensive freedom to develop self-determined and community-led programs. While nearly all interviewees articulated great appreciation for the flexibility offered, they also expressed a desire for a framework to help guide their projects, and some expressed that at times it was difficult to know VicHealth's position.

> *I don't really know what VicHealth's stance is in what mental health literacy is. Or it would have been good to know what it is that they might have done previously, in other projects to promote mental health literacy.* **(Y)**

Several interviewees mentioned specific support they wished VicHealth could have offered and that they considered as being within VicHealth's remit. This was particularly the case when it came to interviewees discussing VicHealth's capacity for health promotion and the possibility that they could have done more for the programs in this area.

> *We would love to see more promotional value from VicHealth, putting it out there that these spaces are happening. Because as far as I understand, it's really just on us to put it out there. And correct me if I'm wrong, but we don't see a lot of direct marketing from VicHealth reaching out to the organisations at the same time … A bit more collaboration between us and the changemakers or people that really get to make those decisions would be better.* **(D)**

It was also evident that several community consultants and program facilitators think VicHealth offers training. This perhaps speaks to a misunderstanding of the role and identity of VicHealth for them.

> *It would have been nice, because I'm sure VicHealth has different sorts of training. And for us to attend that would have given us more confidence. Because at the moment I'm just seeking out my own training.* **(Y)**

Funding and labour

> *Of all the work that's involved … a lot of that is not covered by the funding.*
> **(Community consultant)**

Because community consultants and program facilitators are located within the communities they work with, they all indicated that they often went above and beyond what the project funding supported.

> *We haven't had any other official training because, money-wise, we are not funded at all really. It's [the community consultant] paying out of [their] pocket for us to have food at our meetings. I think even possibly to be hiring the rooms or booking them, stuff like that. And we don't get paid for our time either to hold these meetings and do things because we're doing it out of the need for community.* **(E)**

Most consultants spoke of the short-term nature of the funding and how it seeped into their thinking about the future of their programs. They all hoped their work would go on beyond the funding in some way, but obviously wished there could be more ongoing financial support.

> *They do go above and beyond for it. So, I'm not too sure what the picture is like for funding. But I know that it is something we keep in mind. And that we know it is only a finite amount.* **(V)**

All community consultants and program facilitators also had other jobs, careers and study commitments and, therefore, had to try and fit their MHL programs around these. Several described how taxing that was and, given some were precariously employed, there was a danger of them being torn between needing to earn a living and wanting to help their communities.

> *Getting the word out, connecting with people takes about a week in advance. And then I'm regularly posting on social media, doing research around what's out there, and attending forums, groups and Zoom sessions. I'm building my own skill set around what's available and what other people are doing. So, behind that two hours of a session a week, I'm putting in anywhere between 10 to 15 hours of my own time, looking at information and organically collecting data and resources to be able to support the men's group.* **(Y)**

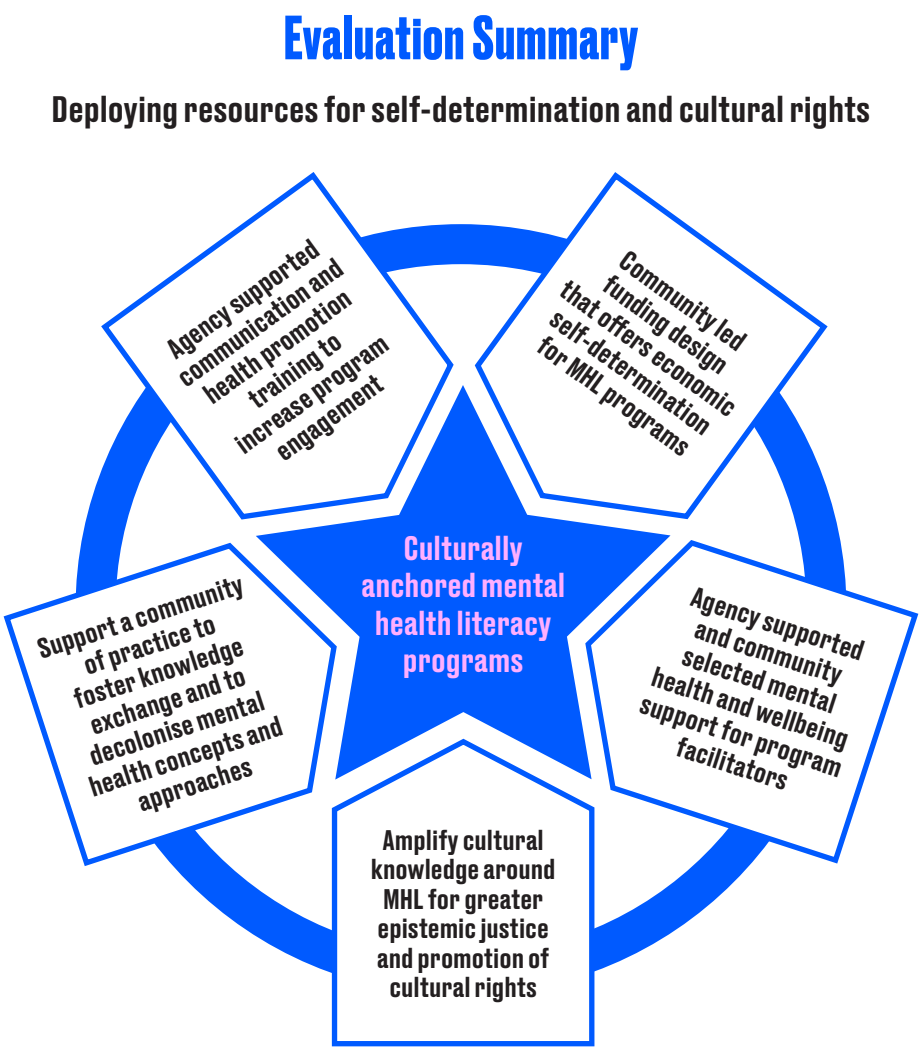
This is particularly important as any calculations for future funding should consider the potential for exploitation of community members' time and labour due to their inherent commitment to their communities.

RESOURCING AND POSITIONING FOR CULTURALLY ANCHORED MHL PROGRAM DELIVERY

Based on the main concepts of the evaluation, the key agency positionings and resourcing required to support self-determined, culturally anchored mental health literacy programs are:

- agency-supported communication and health promotion training to increase program engagement
- community-led funding design that differs from economic self-determination for MHL programs
- agency-supported and community-selected mental health and wellbeing support for program facilitators
- amplify cultural knowledge around MHL for greater epistemic justice and promotion of cultural rights
- support community practice to foster knowledge exchange and to decolonise mental health concepts and approaches.

Figure 2. Resourcing and positioning for culturally anchored MHL program delivery



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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.

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