CONTENTS

THE HON SIR JAMES GOBBO AC CVO

Chairman, Australian Multicultural Foundation

It is my great pleasure on behalf of the Australian Multicultural Foundation to welcome delegates and speakers from Australia and internationally to the Diversity in Health 2005 Conference.

The conference will provide an opportunity for all to share models of excellence in health promotion for a diverse community and a new perspective on old issues and information on new challenges of health and well-being for a multicultural Australia. The conference will broaden our understanding of the migration experience and the impact on health.

The organisers have put together a very impressive list of experts, practitioners, consumers and policy makers to make this event informative, innovative and practical. We are very grateful to the many local and international speakers, presenters and chairs who have generously agreed to give their time to share their expertise, experience and knowledge with us.

Finally, I wish to thank our partners the Diversity Health Institute and Multicultural Mental Health Australia, and the many sponsors and volunteers who have provided us with the much needed resources and support to make Diversity in Health 2005 – It's Everybody's Business a success.

THANK YOU

On behalf of the Australian Multicultural Foundation, the Diversity Health Institute, and Multicultural Mental Health Australia, we wish to thank all our sponsors for their generous support; the many volunteers and organizations for giving their time so generously; Ms Mirka Odlevakova, Conference Coordinator, for her excellent work in coordinating the event; Ms Lynn Cain for program planning; Mrs Anita Raiti for administration; and Ms Meg Griffith for her advice and assistance. We also wish to thank the Advisory Group for their individual advice.

We are very grateful to all presenters and speakers for their invaluable contribution and to all the conference delegates for their participation and interest.

Mr B. (Hass) Dellal OAM

Executive Director

Australian Multicultural Foundation

Mr Abd Malak AM

Director

Diversity Health Institute

THE HON JOHN COBB MP

Minister for Citizenship and Multicultural Affairs, Australian Government

I am delighted to be taking part in the official opening of the 2005 Diversity in Health conference in Melbourne.

The conference provides an important opportunity for health professional and policy makers to convene and listen to eminent local and international experts, discuss the latest research, and consider the physical and mental health priorities for Australia's multicultural community.

The wide ranging themes covered at the conference include Capacity Development, Models of Excellence in Health Promotion for a Diverse Community, Intergenerational Health, Migration and Health, Promoting a Supportive Environment, and Organisational Cultural Competence. These themes promote inclusiveness where difference and diversity are embedded and respected.

The work of building culturally competent health care services that respond to the needs of all Australians is vitally important.

I commend the efforts of the Australian Multicultural Foundation, Multicultural Mental Health Australia and Diversity in Health Institute for organising this inspirational medical conference.

THE HON BRONWYN PIKE MP

Minister for Health, Victorian Government

Melbourne is pleased to host the Diversity in Health 2005: It's Everybody's Business National Conference. In Victoria we are proud of our State's cultural diversity, recognising its contribution to our social, cultural and economic strength.

Diversity is indeed everybody's business, and getting it right within a health setting is critical.

Promoting and protecting the health and wellbeing of people from culturally and linguistically diverse communities is core business for the Victorian Department of Human Services. I am pleased to see so many of the issues we are grappling with here in Victoria – mental health, migration and intergenerational health issues - reflected in the conference program.

The health and wellbeing of refugees is a global issue, that we are seeking to address at a local level through the development of the Refugee Health and Wellbeing Action Plan. The presentations by internationally respected academics including Professor Leslie Swartz and Professor Rodreck Mupedziswa will help to inform our future work in this area.

I congratulate the organisers for creating an innovative program and wish all conference delegates an enjoyable and rewarding conference.

CO-HOSTS

Australian Multicultural Foundation

Diversity Health Institute
Quality Health Care for a Diverse Australia

multicultural
MENTAL HEALTH AUSTRALIA

MAJOR SPONSORS

Australian Government
National Health and Medical Research Council

VicHealth

AMES
Adult Multicultural Education Services

Australian Government
Department of Health and Ageing

SUPPORTING SPONSORS

Victoria University of Technology
Institute for Health & Diversity
Institute for Community Engagement & Policy Alternatives

beyondblue
the national depression initiative
www.beyondblue.org.au

Queensland Government

Australian Government
Department of Immigration and Multicultural and Indigenous Affairs

CO·AS·IT

VMC
VICTORIAN MULTICULTURAL COMMISSION

VITS LanguageLink

MFB
Protecting Our Community

SBS radio

Victoria
The Place To Be

NSW HEALTH

Registration:	16 October	Sunday	4.00pm-6.30pm	Upper Foyer
	17 October	Monday	7.00am –10.00am	Epicurean Room
			10.00am – 3.00pm	Upper Foyer
	18 October	Tuesday	8.00am – 3.00pm	Upper Foyer
	19 October	Wednesday	8.00am – 1.30pm	Upper Foyer
Opening:	17 October	Monday	9.00am-9.45am	Grand Ballroom
Welcome Reception:	17 October	Monday	6.30pm-7.30pm	Grand Ballroom
Conference Dinner:	18 October	Tuesday	7.00pm-11.00pm	Governor's Wing

Speakers Preparation Room - (HOPETOUN Room)

Speakers need to go to the Speaker Prep Area and check-in. This is to be done no less than 45 minutes prior to your presentation commencing. There will be a procedure that you then go through to ensure that everything will be ready for you when you get to the room that you will be doing your presentation in.

Dress Code

Smart casual for sessions and evening functions

Disabled Access

The hotel has disabled access from the car park and street level. Delegates with special needs should contact the Conference Secretariat so appropriate arrangements can be made.

Name Badges

Name badges must be worn at all times.

Car Parking and Public Transport:

Hilton underground car park - parking rate for the Conference delegates is $15 per entry per day. Special Event Rate discount cards can be collected from the Hilton Concierge Department on the ground floor. Residential car parking at $12 per day. Space cannot be guaranteed and is subject to availability.

Meter parking available around area 4hrs and full day, however will need to arrive early in order to secure a spot.

Train – Jolimont train station is across the road

Trams – no 48 and 75 tram from Flinders st stop outside the hotel, five stops from Swanston Street.

Tickets for Zone 1:

The City saver $2.20 - allows a single journey on either a train, tram or bus within the city centre

Two hours ticket $3.10 - Allows unlimited train, tram and bus travel for at least two hours on the day of first validation

Daily ticket $5.90 - Unlimited train, tram and bus travel for a whole day on the day of first validation until the end of services that day

Eating Out

Melbourne offers cuisines of all types and nationalities. With ideal growing conditions, a mix of ethnic cultures from around the globe and some of Australia's most innovative chefs. You'll find over 3,000 restaurants, cafes, bistros and bars, not only reflecting the cosmopolitan nature of the city, but also dishing up the world on a plate. Thai, Chinese, French, Spanish, Greek, Vietnamese, Indian, Italian, Japanese, Mexican and Vegetarian – no matter what your tastes, you're sure to find it here. Many restaurants have a BYO (bring your own wine) policy and many serve wine by glass.

Explore Richmond for cheap and cheerful Vietnamese dishes, Lygon Street for Italian classics, Johnston Street, Fitzroy for Spanish tapas, Southbank, Fitzroy and Acland streets, St Kilda one of the most popular spots for young Australians.

Arts Festival (6 – 22 October)

Melbourne International Arts Festival is one of Australia's leading international arts festivals and has an outstanding reputation for presenting unique international and Australian events in the fields of dance, theatre, music, visual arts, multimedia, free and outdoor events over 17 days each October.

First staged in 1986 under the direction of composer Gian Carlo Menotti it became the third in the Spoleto Festival series – joining Spoleto, Italy, and Charleston, United States. Melbourne's Spoleto Festival changed its name to the Melbourne International Festival of the Arts in 1990. Past artistic directors are John Truscott, Richard Wherrett, Leo Schofield, Clifford Hocking, Sue Nattrass, Jonathan Mills and most recently Robyn Archer. In 2003, the Festival was renamed Melbourne International Arts Festival. The Artistic Director for 2005 & 2006 is Kristy Edmunds.

Spring Racing Carnival

Melbourne is the place of the World's Greatest Racing Celebration. The Spring Racing Carnival is launched on 29th September at Federation Square, and continues through to the end of the Carnival on 17th November.

Whether for you it's the horses; the jockeys and trainers; the fashion, colour and glamour, or just a great day out. More information on www.racingvictoria.net.au.

Comprehensive information on Melbourne and Victoria:

The Melbourne Visitor Centre:

Location: Federation Square, corner Swanston and Flinders Street

Opening hours: Every day 9am-6pm

Services: free brochures and maps; public transport information and ticket sales; internet and e-mail facilities; Souvenirs and gifts; greeter service: free half-day orientations on food for individuals.

MONDAY

Yallah Shabiba!: The Anti-Racism Action Band

by Kate Gillick, Victorian Arabic Social Services

Monday, 17th of October – Official opening

A.R.A.B is a high energy fusion of contemporary and traditional performing arts from their 2005 show Yallah Shabiba!" (Come on young ones!).

A.R.A.B, the Victorian Arabic Social Service's (Anti-Racism Action Band) is a unique youth performing arts project open to Arabic and non Arabic youth, working to increase self esteem and challenge racism amongst young people in the North and North West of Melbourne.

A.R.A.B explores race, cultural difference, self confidence and the universality of friendship through a collaborative high energy fusion of rap, beat box, Arabic drumming, spoken word, belly dance, hip hop, video and comic monologue. It currently works on a weekly basis with 120 youth from around 30 cultural backgrounds, aged between 13 and 17.

A.R.A.B is currently supported by Vic Health, Arts Victoria, City of Moreland and the City of Hume Winter Music Festival.

"No More Mualagh" Resource

will be launched by Ms Jan Donovan, Director, National Prescribing Service Limited and Associate Professor Nicholas Procter, University of South Australia

Monday, 17th of October, 3.15 pm, Upper Foyer

A valuable resource that provides a model for delivery on promoting mental health issues and learning from culturally diverse communities will be launched at Diversity in Health 2005. The resource is based on the successful "No more Mualagh" project which worked with the Afghani community to help Afghani people living in rural Australia learn more about depression, how it is treated and how to safely use medicine their doctors give them. Multicultural Mental Health Australia (MMHA), National Ethnic Disability Alliance (NEDA) and Associate Professor Nicholas Proctor from the University of South Australia conducted the project, with funding from the National Prescribing Service (NPS) under the Community Quality Use of Medicines Rural Project Scheme.

Welcome Reception and Launch of Institute for Health & Diversity, Victoria University

by Professor Elizabeth Harman, Vice Chancellor, Victoria University and Professor Maurice Eisenbruch, Director of the Institute for Health & Diversity

Monday, 17th of October, 6.30pm – 7.30pm, Grand Ballroom

The Institute is a University-wide initiative. It brings together Victoria University's research and learning expertise in health, diversity and culture. It is embedded in Western Melbourne, a crucible for cultural diversity in this country. It is committed to partnerships across the state, the nation, and the Asia Pacific region.

The Institute of Health & Diversity will become a key new state and national resource, focusing on applied research and provide real life practical solutions.

TUESDAY

Art Exhibition

will be launched by Mr Abd Malak AM, Diversity Health Institute

Tuesday, 18th of October, 10.30am Upper Foyer

The exhibition of ten pieces of recent work by Dr Farvardin Daliri is based on the theme of the limits of humans to fathom the extent of this unimaginably vast universe. These paintings explore the possibility of imaging the universe through our metaphysical capacity. These colourful compositions reflect the artist's lifelong attempt to contemplate the end of the boundaries of the universe. As this wonderful universe has no imaginable boundaries, these abstract paintings suggest that at every end there is a beginning.

Wellbeing Booklets Resource

will be launched by Ms Yvonne Morgan, North Peace Tribal Council, Canada

Tuesday, 18th of October, 3.00pm Upper Foyer

New booklets have been developed by the Transcultural Mental Health Centre on four wellbeing topics, in a number of community languages. The booklets focus on the importance of obtaining and maintaining mental health and wellbeing and encourage communities and individuals to reflect on these matters.

The booklets aim to increase awareness of the factors and forces that affect health quality of life and wellbeing; help identify issues of concern and facilitate efforts to bring about change. The booklets also aim to empower individuals with the skills needed to take control over and improve their mental health and wellbeing.

The four topic areas are:

- Promoting wellbeing
- Stress and stress management
- Problem solving and setting goals
- A good night's sleep

The first three topics are available in the following languages: Arabic;Chinese; English; Farsi; German; Greek; Italian; Spanish and Vietnamese. The fourth topic is available in the following languages: Arabic; Chinese; English; Greek; Italian and Maltese.

Conference Dinner

Tuesday, 18th of October, 7.00pm-11.00pm
Governor's Wing

Theatre piece "A Passport to Heaven" performed by **Tania Lentini, VJ Shanmugan** and **John Barresi**

Italian grandfather makes an appointment with his local doctor and finds that he is away on conference but has a replacement, an Indian doctor…

Performance by **Timothy McCallum**

WEDNESDAY

Launch of "Good Practice Principles", Guide for Working with Refugee Young People

by the Department of Immigration, Multicultural and Indigenous Affairs

Wednesday, 19th of October, 10.30am-11.00am
Stradbroke room

The publication is a project of the Victorian Settlement Planning Committee(VSPC). The VSPC is a partnership of Federal, State and Local government agencies and community organisations that plans for the effective delivery of settlement services in Victoria. A working group was formed (with membership drawn from government and community agencies who participate in the VSPC) to develop the Good Practice Principles Guide. The Chair of the working group is Ms Mardi Stow, Manager of the North Region of Victorian Foundation for Survivors of Torture. DIMIA provides Secretariat support to the working group.

The GPP guide is a tool for youth sector workers and government staff, particularly those with limited experience in working with refugee young people, aimed at enhancing their responsiveness to this particular client group. The guide identifies three core values underpinning what workers do and identifies a number of principles and strategies to guide their work. The values are Understanding, Trust and Social Justice & Access.

"Peace Tree" Project

will be launched by Mr George Lekakis, Victorian Multicultural Commission

Wednesday, 19th of October, 3.30pm
Grand Ballroom

"The Peace Tree" is an engagingly educational project exploring the thoughts of children from diverse cultures and faiths who are growing up in multicultural Victoria. This visual project allows children to create symbols of Peace and Harmony to be engaged by all. The project is currently initiated in the USA, Canada, India, Pakistan and Germany and now in Australia. We wish to thank the **Carlton Primary School** students for the beautiful symbols they have created for this project.

continued next page

Cooking Demonstrations

Everyday during lunch breaks, Upper Foyer

Three of the AMES catering enterprises will demonstrate their skills in preparing traditional cuisine during the lunch breaks at the Conference.

AMES social enterprises are designed to create economic opportunities for CALD migrants and refugees who exhibit significant disadvantages due to lack of competitive labour skills.

CALD communities own and control their respective enterprises. AMES assists in building the capacity of CALD groups, develop their enterprise tailored to community needs and provide ongoing support for the enterprise maintenance, growth and sustainability.

The Spicy Girls is a corporate catering service enterprise specializing in Mediterranean and halal food. The enterprise is comprised of seven owners who migrated to Australia from Syria, Lebanon, South America and Iraq.

The SMART Cuisine owners are women migrants from Sri Lanka, India, Africa, Bangladesh, and the Cook Islands. Whilst school canteen is the enterprise primary income stream, it aims to expand the income stream through general catering service.

The Sorghum Sisters a social enterprise owned and operated by four African-Australian women originally from Eritrea, Ethiopia and Somalia. The Sorghum Sisters are currently going into production of Injera traditional bread and staple from the countries making up the Horn of Africa.

DIVERSITY IN HEALTH 2005 – PROGRAMME AT A GLANCE - **MONDAY**

Sunday October 16					
		4.00pm - 6.30 pm	Registration		
Monday October 17					
		7.00am - 5.00pm	Registration		
		9.00am - 9.45am	Traditional Welcome		
			Introduction and Welcome	Mr Hass Dellal AM	Executive Director, Australian Multicultural Foundation
			Opening Remarks	The Hon. Kaye Darveniza MP	Parliamentary Secretary to the Premier of Victoria
			Official Opening	The Hon. John Cobb MP	Minister for Citizenship and Multicultural Affairs Australian Government
			Closing Remarks & Anti Racism Action Band	Mr Abd Malak OAM	Director, Diversity in Health Institute and Multicultural Mental Health Australia
Monday October 17 Clinical Innovation, Research and Policy • Migration & Health • Organisational Cultural Competence					
PLENARY	**GRAND BALLROOM** Chair, Hass DelllalOAM *Australian Multicultural Foundation*	9.45am - 10.05am	**Migration and Health, Local Challenges**	The Hon. Bronwyn Pike MP	Minister for Health, Victorian Government
		10.05am - 10.25am	**Public Policy and Mental Health in a Cultural Diverse Australia**	The Hon. Jeff Kennett AC	Chairman, beyondblue
		10.25am - 10.50am	**Migration and Health, Universal Challenges**	Prof. Rodreck Mupedziswa	School of Social Work, University of Zimbabwe
		10.50am - 11.15am	**Morning tea**		
INVITED SYMPOSIA 11.15am - 12.45pm	**BALLROOM 3**		**1. Public Policy PANEL discussion**	Ms Julie Austin	Senior Policy Adviser, Carers Australia
			Chair: Mr George Lekakis, *Victorian Multicultural Commission*	Mr Tom Calma	Aboriginal and Torres Strait Islander Social Justice Commissioner, HREOC
				Mr Nathan Smyth	Assistant Secretary, Health Priorities & Suicide Prevention Branch, Aust Govt.
				Ms Marilyn Wise	Executive Director, Australian Centre for Health Promotion
	BALLROOM 2		**2. Torture, Trauma and Refugees**	**Ms Susan Chou Allender**	**Community and Settlement Services General Manager, AMES**
			Chair: Mr Paris Aristotle AM,	Mr Paris Aristotle AM	Director, Victorian Foundation for Survivors of Torture and Trauma
			Victorian Foundation for Survivors of Torture & Trauma	Mr Jorge Aroche	Director, Service for the Treatment and Rehabilitation for Torture & Trauma Survival
	BALLROOM 1		**3. Education, Training**	Ms Samia Baho	Statewide FARREP Coordinator, Working Women's Health
			Chair: Prof. Elizabeth Waters, *Deakin University*	Ms Judith Miralles	Director, Judith Miralles & Associates
				Ass. Prof. Nicholas Procter	School of Nursing and Midwifery, University of South Australia
	DELACOMBE ROOM		**4. Language**	Ms Barbara Mountjouris	Director, Victorian Office of Multicultural Affairs
			Chair: Mr Demos Krouskos, *North Richmond*	Mr Stefan Romaniw OAM	Executive Director, Community Languages Australia
			Community Health Centre	Ms Senada Softic	Director, Victorian Interpreting and Translating Services
		12.45pm - 1.45pm	**Lunch**	**inc. AMES Cooking Demonstrations/The Spicy Girls**	
		1.45pm - 3.15pm	CONCURRENT PROFFERED PAPERS		
		3.15pm - 3.45pm	**Afternoon Tea**	**"No More Mualagh" resource launch by Multicultural Mental Health Australia and National Prescribing Service**	
		3.45pm - 5.15pm	CONCURRENT PROFFERED PAPERS		
		6.30pm - 7.30pm	**Welcome Reception & Launch of Institute for Health and Diversity, Victoria University**		

• Speakers Preparatory Room – Hopetoun

DIVERSITY IN HEALTH 2005 – PROGRAMME AT A GLANCE - **TUESDAY**

Tuesday October 18	Providing a Supportive Environment • Capacity Development And Diverse Communities • Health and the Role of Philanthropy				
PLENARY	**GRAND BALLROOM** Chair Ms Elizabeth Cham *Philanthropy Australia*	9.00am - 9.30am	**Providing a Supportive Environment**	Dr Fiona Wood AM	Head of Burns Unit, Royal Perth Hospital, Australian of the Year 2005
		9.30am -10.00am	**Indigenous Health & Spirituality**	Ms Lillian Holt	Vice-Chancellor's Fellow of the University of Melbourne and Indigenous Advocate
		10.00am -10.30am	**Mental Health Issues in a Culturally Diverse Australia**	Ass. Prof. Harry Minas	Director, Victorian Transcultural Psychiatry Unit
		10.30am - 11.00am	**Morning tea**	**Art Exhibition Launch**	
INVITED SYMPOSIA 11.00am - 12.30pm	**BALLROOM 3**		**1. Health Issues in our Region** Chair: Mr Conrad Gershevitch, *Federation of Ethnic Communities' Council of Australia*	**Prof Maurice Eisenbruch,** **Mr Robert Tickner** Ms Julia Fraser[1] and Dr Chee Ng[2]	**Director of Centre for Culture and Health, University of NSW** **CEO, Australian Red Cross** [1]Director, Leaddership and Community Programs, Asia Link. [2]Psychologist
	BALLROOM 2		**2. Disability and Cultural Diversity** Chair: Ms Diana Qian *National Ethnic Disability Alliance*	Ms Licia Kokocinski Prof. Leslie Swartz Mr Tony Vardaro	Executive Director, Action on Disability within Ethnic Communities Professor, Dept of Psychology, University of Stellenbosch, Research Director, Human Science Research Council of South Africa President, National Ethnic Disability Alliance
	DELACOMBE ROOM		**3. Religion** Chair: Dr Prabir Majumdar *Ethnic Communities' Council of Victoria*	Prof. Graham Lindegger Ms Judy Rigby Ms Monique Toohey	University of Kwa-Zulu Natal, South Africa Pastoral Care & Spirituality Services, The Royal Women's Hospital Psychologist
	BALLROOM 1		**4. Volunteering PANEL discussion** **Chair: Ms Lynn Cain,** *Australian Multicultural Foundation*	**Ms Lynn Cain** **Mr Nigel Caswell** Ms Dianne Embry Mr Andrew Giles	**Training and Project Development Manager, AMF** **representing Parks Victoria** **Executive Officer, Volunteering Victoria** CEO, Prostate Cancer Foundation Australia
		12.30pm - 1.30pm	**Lunch**	**inc. AMES Cooking Demonstrations/The Sorghum Sisters**	
		1.30pm - 3.00pm	**CONCURRENT PROFFERED PAPERS**		
		3.00pm - 3.30pm	**Afternoon Tea**	**Launch of "Wellbeing Booklets for CALD Communities"**	
		3.30pm - 5.00pm	**CONCURRENT PROFFERED PAPERS**		
		7.00pm - 10.00pm	**Conference Dinner**	**"A Passport to Heaven" performed by Tania Lentini, VJ Shanmugan and John Barresi and songs by Timothy McCallum**	

• Speakers Preparatory Room – Hopetoun

DIVERSITY IN HEALTH 2005 – PROGRAMME AT A GLANCE - **WEDNESDAY**

Wednesday October 19 • Intergenerational Health Issues - Youth and Aging • Medicine/Alternative Health Solution • Culture Music Dance Art and Health

PLENARY				
GRAND BALLROOM	9.00am - 9.30am	**Intergenerational Issues**	Prof. Leslie Swartz	Research Director, Human Science Research Council of South Africa
	9.30am -10.00am	**Health Promotion and Prevention**	Dr Rob Moodie	CEO, VicHealth
Chair Ms Monica Pfeffer, Dept of Health, Vic Govt.	10.00am -10.30am	**Philanthropy and the Health Sector**	Lady Southey AM	President, Philanthropy Australia
	10.30am - 11.00am	**Morning tea**		
INVITED SYMPOSIA 11.00am - 12.30pm				
BALLROOM 1		**1. Media/Communication/Arts**	Mr Pino Migliorino	Managing Director, Cultural Perspectives
		Chair: Ms Jill Morgan	Mr Rick Randall	Belgium Ave Neighbourhood House and Office of Housing
		Director, Multicultural Arts Victoria	Mr David Stanley	Director, Convenience Advertising Pty Ltd
BALLROOM 3		**2. Migration and Health from International**	Ms Else Berglund	Analyst, Swedish integration Board
		Perspective	Mr Mahatma Davis	CEO, ArabMedicare.com and Diversity Health International, USA
		Chair: Ms Meg Griffiths	Ms Yvonne Morgan & Lorraine Boucher	Consultants, **North Peace Tribal Council, Canada**
		Multicultural Mental Health Australia		
BALLROOM 2		**3. Intergenerational Health PANEL Discussion**	Dr Melissa Kang	Department of General Practice, University of Sydney
		Chair: Ms Carmel Guerra	Prof. Boyd Swinburn	School of Exercise and Nutrition Science , Deakin University
		Centre for Multicultural Youth Issues	Prof. Trang Thomas AM and Dr Heather Hill	Department of Psychology and Disability Studies, RMIT
DELACOMBE ROOM		**4. Women's Health**	**Ms Munira Adam and Ms Jane Howard**	**Women's Health West**
		Chair: Ms Kim Webster	Prof. Lenore Manderson	Key Centre for Women's Health in Society, University of Melbourne
		VicHealth	Ms Odette Tewfik	Project Co-ordinator, Family Planning Queensland
	12.30pm - 1.30pm	**Lunch**	**inc. AMES Cooking Demonstrations/The SMART Cuisine**	
	1.30pm - 3.00pm	CONCURRENT PROFFERED PAPERS		
	3.00pm - 3.30pm	**Afternoon Tea**		
	3.30pm - 4.30pm	Launch of "Peace Tree" project, Carlton Primary School	Mr George Lekakis	Chairperson, Victorian Multicultural Commission
		Summary & Closing of the Conference	Ass. Prof. Steven Boyages	Chief Executive, Sydney West Area Health Services

This program was correct at the time of printing

• Speakers Preparatory Room – Hopetoun

Clinical Innovation Research & Policy

Migration & Health

Organisational Cultural Competence

Diversity in Health 2005
IT'S EVERYBODY'S BUSINESS

PLENARY & SYMPOSIA ROOMS

MONDAY

SESSIONS	TIMES	VENUE
OFFICIAL OPENING	9.00am - 9.45am	GRAND BALLROOM
PLENARY SESSIONS		
Migration and Health, Local Challenge	9.45am - 10.05am	GRAND BALLROOM
Public Policy and Mental Health in a Health in a Cultural Diverse Australia	10.05am - 10.25am	GRAND BALLROOM
Migration and Health, Universal Challenges	10.25am - 10.50am	GRAND BALLROOM
SYMPOSIA SESSIONS		
1. Public Policy PANEL discussion	11.15am – 12.45pm	BALLROOM 3
2. Torture, Trauma and Refugees	11.15am – 12.45pm	BALLROOM 2
3. Education, Training	11.15am – 12.45pm	BALLROOM 1
4. Language	11.15am – 12.45pm	DELACOMBE ROOM

FLOORPLAN PAGE 118-119

PLENARY

This session will look at policy implications and programs in meeting the health needs of a culturally diverse Australia. There will be further exploration of the mental health needs and the migration experience with a comparative presentation from South Africa, which since 1994, has attracted large numbers of refugees and asylum seekers.

Chair: Mr Hass Dellal OAM

Executive Director, Australian Multicultural Foundation

MIGRATION AND HEALTH, LOCAL CHALLENGES

The Hon Bronwyn Pike MP

Minister for Health, Victorian Government

Bronwyn Pike is currently the Victorian Health Minister in the Bracks Government, and is the sitting member for the seat of Melbourne.

First elected to the seat in 1999, Bronwyn set about rebuilding Victoria's public housing system as Minister for Housing and Community Services. Her current responsibility is as Minister for Health, a portfolio which was appointed to Bronwyn after the 2002 State Election.

PUBLIC POLICY AND MENTAL HEALTH IN A CULTURAL DIVERSE AUSTRALIA

The Hon Jeff Kennett AC

Chairman, beyondblue

Jeff Kennett's career has involved service in the Armed Forces as an officer serving in Malaya and Singapore, a Member of the Victorian State parliament from 1976 to 1999 during which he occupied a number of Senior Positions. This concluded with 7 years as The Premier of the State of Victoria. Currently Mr Kennett pursues a diverse range of commercial and community activities, both here and overseas, including his involvement as Chairman of Beyondblue the national depression initiative.

MIGRATION AND HEALTH, UNIVERSAL CHALLENGES

Professor Rodreck Mupedziswa

Acting Deputy Director, University of Zimbabwe, School of Social Work

Professor Rodreck Mupedziswa is currently with University of Zimbabwe, School of Social Work. He is a former winner of the prestigious Foreign and Commonwealth Scholarship which enabled him to study at the London School of Economics and Political Science (University of London). Prof. Mupedziswa has, in the last 20 years, taught at a number of tertiary institutions and is currently Editor of the Journal of Social Development in Africa.

Prof Mupedziswa, has been a consultant with several regional and international agencies, including the World Health Organisation (WHO), United Nations Development Programme (UNDP), UNICEF, United Nations University (UNU), and currently Development Innovations and Networks (IRED; Southern and East Africa Office).

SYMPOSIUM ONE

PUBLIC POLICY PANEL

Chair Mr George Lekakis, ***Victorian Multicultural Commission***

Making Carers a Public Policy Issue

Julie Austin, Senior Policy Adviser, Carers Australia

As a result of the deinstitutionalisation of care policies in the 1980s, unpaid family carers are now providing the bulk of care in the community. This has shifted the pressures of care to the private sphere, making it "hidden" within households. While it is socially and economically preferable for people to be cared for in their own homes, outside support is vital for most care situations to be sustainable.

Over the next thirty years, as the population ages, demand for care will increase. At the same time, the ratio of carers to those needing care will drop dramatically. In 2001 there were 57 primary carers for every 100 people over 65 years of age with a severe or profound disability needing care and living in the community. By 2031 this ratio is projected to drop to just 35 carers for every 100 people aged over 65 needing care.

The response from governments to the increasing demand for formal community care to support the unpaid, informal care has been highly variable and generally insufficient to sustain the system.

In addressing the current and growing demand, there are unresolved public policy issues that must be addressed such as: to what extent should formal community care supplement informal care and how people without primary carers manage; how do we accurately estimate unmet need and establish appropriate levels of services, which are then reflected in benchmarks, planning ratios and resourcing; and to what extent should public funding be used to provide formal care and will the private sector respond to demand.

Indigeneous Health Issues and Public Policy

Tom Calma, Aboriginal and Torres Strait Islander Social Justice Commissioner, HREOC

Aboriginal and Torres Strait Islander peoples have the poorest health and lowest life expectation of any of the racial groups in Australia. The Commissioner reflects on some of the reasons for this, and sets out some of the elements that should be incorporated into culturally adapted health services for Aboriginal and Torres Strait Islander peoples and any broader address that reflects the distinct cultures and aspirations of Aboriginal and Torres Strait Islander peoples.

Partnerships in the Development of Mental Health Policy

Nathan Smyth, Assistant Secretary, Department of Health and Ageing

The Australian Government, through the National Mental Health Strategy (NMHS) and the National Suicide Prevention Strategy (NSPS) promotes and supports the development of sound policy, good practice and the development of high quality mental health care for Indigenous Australians and people from culturally and linguistically diverse (CALD) backgrounds.

This presentation will provide an overview of some of the partnerships with multicultural and Indigenous communities which have supported progression of the NMHS and the NSPS. It will briefly outline future projects with Divisions of General Practice to encourage better understanding of the mental health needs of their Indigenous communities and to work towards reducing barriers to them accessing allied psychological services.

The multicultural mental health program, funded under the NMHS is aimed at helping services and people from CALD backgrounds to better understand mental health related issues. The Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia, endorsed by the Australian Health Ministers' Advisory Council National Mental Health Working Group, is a key policy document to ensure the continuing improvement of the treatment and care of all Australians regardless of their cultural background.

While there are variations between immigrant groups, overall suicide rates for people from CALD communities are similar to rates for the Australian-born population. On the other hand, suicide rates among Indigenous Australians, particularly males, have increased alarmingly over the past two or three decades. Many Indigenous communities continue to experience high and increasing rates of suicide.

The NSPS recognises that Indigenous Australians and people from CALD backgrounds have particular needs in relation to both mental health and suicide prevention. However, the evidence base regarding suicide and its prevention among these populations is very limited.

Currently, a range of initiatives focussing on suicide prevention in CALD and Indigenous communities are delivered under the NSPS. These projects will contribute important knowledge and experience to our understanding of good practice in relation to suicide prevention. Some examples of these projects will be provided during this presentation.

Learning Objectives:

- Develop an understandin g of current Australian Government activities in multicultural and Indigenous mental health and suicide prevention.

Challenges for Public Policy and Health in a Multicultural Society

Marilyn Wise BA MHP, Executive Director, Australian Centre for Health Promotion, School of Public Health, University of Sydney

Australia has a mixed record of developing and implementing public policy to promote, protect and maintain the health of our population. The 200 Aboriginal and Torres Strait Islander nations developed effective public policy that enabled them to live successfully in this great land for 100,000 years or more. Colonisation saw the adoption of public policy that benefitted the health and wellbeing of the colonisers and saw the near-destruction of our Indigenous peoples. We now have, on average, one of the longest lived and healthiest populations on earth. But we have not been sufficiently committed in spirit, in values, or in policy and practice to confer this advantage on all our people. Some of our immigrant populations have brought health advantages with them; the health of many others, though, reflects the trauma and deprivation from which they have escaped.

So far, Australia has created only limited mechanisms to enable the rich diversity of our population to participate in making active decisions about society's goals and the means to achieve them. We need, for the future, to move beyond regarding diversity as a novelty or as a problem, and instead, to embrace the real opportunities it offers to define health (and other) problems and solutions differently and to achieve the equity and social justice that have been fundamental to our nation's self image but that remain a distant dream for now.

SYMPOSIUM TWO

TORTURE, TRAUMA AND REFUGEES

Chair: Paris Aristotle AM, ***Victorian Foundation for Survivors of Torture & Trauma***

The Integrated Humanitarian Settlement Strategy: Addressing the Health and Wellbeing of Australia's Refugees

Susan Chou Allender, General Manager Community and Settlement, AMES

The Integrated Humanitarian Settlement Strategy (IHSS) provides a holistic approach to facilitating the successful resettlement of refugee and humanitarian entrants upon their arrival in Australia. Refugees are likely to have been exposed to extreme stress and trauma prior to their arrival, including persecution and violence, forced removal from their homes, separation from family and prolonged periods of deprivation in refugee camps. These exposures often lead to adverse effects on their health and well being. Research indicates that the quality of support provided in the early period of settlement has significant bearing on how well refugees are able to face the practical and emotional challenges of establishing new lives in a new country.

The integrated settlement strategy provides intensive case management for entrant families during the first critical months of settlement in recognition of the urgent and highly complex nature of their needs. Features of the strategy will be described that specifically address issues of health, security, social connectedness and economic participation. These are critical determinants of successful settlement and the achievement of physical, mental and emotional well being.

Particular focus will be on barriers around achieving economic participation and solutions currently being developed that directly engage refugees themselves in the planning, design and implementation processes. Cross-sectoral partnerships that draw on multiple levels of resourcing are essential to delivering tangible settlement outcomes. Established refugee communities play an important role in providing practical and moral support, connecting new arrivals to existing cultural and religious networks and bridging them to the broader host community.

Rebuilding Shattered Lives: The Development of Programs in Australia for Survivors of Torture and Trauma

Paris Aristotle AM, Director, VFST and **Jorge Aroche,** Director, STARTTS with input from FASSTT members

Providing specialised services for refugees who have survived experiences of torture and extreme trauma has been the sole area of focus for the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) over the past two decades. Thousands of people arrive in Australia each year having witnessed or directly experienced widespread destruction and killings, rape, torture and deprivation in dangerous refugee camps. In spite of this horror, the extraordinary and positive reality is that they have survived and are committed to rebuilding their lives in Australia.

The modes of service provision in Australia to assist in this process have evolved to be amongst the most developed in the world. The challenge of finding new methods to respond to changing country profiles and cultural frameworks make ongoing innovation crucial. This plenary session will examine how the field has developed in Australia, what has been learnt in terms of effectiveness, particularly with respect to integrating counseling and case work services with community development, research and policy advice and how standards of service provision can be improved. This session will draw on case studies and project profiles to provide a forum for dialogue and interaction amongst participants.

SYMPOSIUM THREE

EDUCATION, TRAINING

Chair: Prof. Elizabeth Waters, *Deakin University*

"Lost in Translation" Improving the Health of Refugees

Samia Baho, Statewide FARREP Co-ordinator, Working Women's Health

Conflicts that result in displacement of populations and refugee flows usually occur in resource-poor countries with high levels of poverty and poor health indicators. The health of refugees is therefore affected by both the refugee experience and baseline factors related to the country of origin. Even, those who migrate at a very young age have also been found to suffer poor health and well-being despite the absence of exposure to the traumatic experiences of displacement. Refugee quickly they become aware about various health programs and activities that targeted them. It took them a while though to realise that not all program are relevant and appropriate to their needs. This is one of the reasons that make refugee have poor health and struggle for such a long time. Health promotion programs that targets refugee must be evaluated.

The recognition of difference and diversity of refugee health needs is fundamental in achieving quality services, and voids further marginalisation. Knowledge of the broader reality of refugees lives increases health service's ability to respond to the complexity of individual circumstances rather than making assumptions. A "do nothing about us without us" commitment is needed in developing health programs that meet unmet needs result in improvement to refugee health, well-being and status.

Today I would highlight challenges and problems that refugees facing when accessing health services

Cultural Awareness and Practice in the Australian Health System – A Training Model to Support International Health Graduates

Judith Miralles , Director, Judith Miralles & Associates

A Victorian program is providing intensive cross-cultural training for International Medical Graduates (IMGs) working in Victorian public hospitals who are permanent resident AMC candidates. The program, in place since January 2004, has been funded by the Department of Human Services as part of measures to support the professional orientation of IMGs.

In July of this year, a pilot program was developed to apply a similar methodology to support overseas trained nurses working in Victorian public hospitals. This pilot was funded by the Nurses Board of Victoria and the Department of Human Services.

The cross-cultural training, developed after consultations with Victorian hospitals, seeks to raise awareness about both the cultural context and norms of the medical system and the wider Australian community. It uses a problem-centred approach to encourage doctors and nurses to try out skills in real work situations. It focuses on patient /doctor / nurse interaction as well as communication with colleagues.

The program has been evaluated through a post-workshop evaluation and a subsequent phone survey of both doctors and nurses and their clinical supervisors. Overwhelmingly, doctors and nurses as well as their supervisors regard the training as vital in increasing clinical effectiveness.

The presenter will discuss the findings of the program evaluations; in particular the implications for the broader Australian Health System of how to support the personal and professional orientation of overseas medical staff to ensure clinically effective practice.

The Reciprocity in Education Model for Community Engagement with Mainstream Mental Health Services

Associate Professor Nicholas G Procter PhD, School of Nusing and Midwifery, University of South Australia

This paper explains the development, administration and evaluation of a model of interactive learning between mainstream mental health services and migrant communities. The model of interactive learning was developed through a practical exchange of ideas and beliefs between mental health workers and culturally and linguistically diverse community people. The major vehicle for these exchanges was the development of community composite stories of mental health concerns and the subsequent mental health workers assessment and treatment strategies developed as a response to the composite stories. The stories contained collated elements from the personal histories of the community groups and illuminated experiences of emotional trauma, sadness, loss, isolation, family conflict and their encounters with mainstream services. The composite stories became a means for community members to interact directly with each other about mental health issues and for mental health workers to learn from them about their specific cultural perspectives on mental health. At the same time migrant communities, including consumers and carers learned about the clinical role and service perspectives of mental health providers. While rigour and academic influences underpinned development of the model it became apparent that interactive elements worked in favour of both groups - strengthening existing partnerships between communities of diverse cultural and linguistic backgrounds and mental health services.

SYMPOSIUM FOUR

LANGUAGE

Chair: Demos Krouskos, *North Richmond Languages Australia Community Health Centre*

Language Services Partnerships in the Health Sector

Barbara Mountjouris, Director, Victorian Office of Multicultural Affairs

The Language Services Strategy (LSS) is a four year project fostering innovative, systemic change in the delivery of language services by government departments and agencies.

The Victorian Office of Multicultural Affairs (VOMA), which administers the LSS, provides 'seed-funding' for projects that will help to effect cultural change in the delivery of language services.

A major objective of the LSS is to address "unrevealed demand", which results from a lack of awareness among service providers of the need to provide language services.

It is estimated that 80 per cent of Government expenditure on language services is by the Department of Human Services (DHS). Accordingly, DHS has been an important partner for LSS projects within the health sector.

Interpreter awareness training for health professionals was a priority of the LSS. In 2003-04, ten metropolitan and regional health services developed interpreter awareness training for their staff. A second round of training for 2005-06 is planned for hospitals and community health centres. Multimedia-based interpreter awareness training tools are also being developed.

A web-based directory of health-related translated information for use by health professionals has been a major LSS success. Research projects also underway include:

- Interpreting needs in the mental health sector.
- CALD clients' views of the provision of language services in the health sector.

The Role of Language and Cultural Awareness

Stefan Romaniw OAM, Executive Director of Community Languages Australia

The role of language and cultural awareness is becoming more important in dealing with day to day issues. Language services, language, cultural and heritage maintenance are more than just issues for discussion around the family dinner table. These issues are now indicators in our everyday life ands the services we deliver. The workshop will examine how language and cultural maintenance should be used as performance indicators in the delivery of services. It will also examine ways in which language and culture should be fostered and supported.

Coroners Report: Death Due to Lack of a Common Language

Senada Softic, Director, VITS LanguageLink

In recent times we have seen the emergence of exorbitant premiums for professional indemnity insurance and American movie style law suits of service providers, particularly health practitioners, creating a frenzy of extreme caution in anything we do and the manner in which we do things. However, all these precautions are thrown out the window when non-English speaking clients are in question, particularly in our health sector. Or, are we waiting for the Coroners Report to be handed down with the words "Death due to lack of common language" before we create an all inclusive health system?

The BYO interpreter is alive and thriving in our health system and this brief presentation will question the duty of care of our health sector toward non-English speaking clients in comparison to the duty of care afforded to the privileged English-speaking community.

CONCURRENT SESSION ROOMS

1.45PM – 3.15PM

BLOCK ONE

SESSIONS	PRESENTERS	VENUES
Capacity Building	Myna Hua Kumanan Rasanathan Maria Teresa Montenegro-Vega Aloma Lane Greg Turner	BALLROOM 2
Health Issues from a Community Perspective	Walter Petralia Nikki Efredmidis Dimitra Lagoudaki	LATROBE ROOM
Education	Deborah Van Velzen Michael Cummings Anton Mischewski Anthony Hillin Chin Wong Margy Wylde-Browne	EPICUREAN ROOM
Health Promotion	Amira Rahmanovic Sophie Dutertre Lopamudra Paul Liss Gabb	STRADBROKE ROOM
Migration & Health	Melika Yassin Sheik-Eldin Jan Kang Tahereh Ziaian	BALLROOM 3
Organisational Cultural Competence	Elizabeth Waters Olga Kanitsaki Ilona Lee	BALLROOM 1
Policy	Meg Griffiths Ingrid Ozols Con Pagonis	HUNTINGFIELD ROOM
Support in Mental Health Provision	Hadia Baassiri Harry Minas Jean-Louis Nguyen Teresa Petric	DELACOMBE ROOM

FLOORPLAN PAGE 118-119

SESSION ONE

CAPACITY BUILDING

Capacity Building through a Community Grant Scheme to Educate CALD Communities about Environmental Tobacco Smoke in Car and Home

Myna Hua, Sydney South West Area Health Service

Co-authors: **Wendy Oakes**, The Cancer Council NSW, **Lian Yiow,** The Cancer Council NSW and **Julie-Anne Mitchell**, NSW Health

The NSW ETS and Children Taskforce (NSW Health, Asthma NSW, The National Heart Foundation, SIDS and Kids NSW, and The Cancer Council NSW) was formed in 2001 to address the negative health effects associated with children's exposure to ETS. The goal of the "Car and Home Smokefree Zone" campaign is to increase number of smoke-free homes and cars in households with 0-6 year old children. The target audience is parents and carers of children aged 0-6 years who smoke. Campaign strategies include resource development and dissemination, media advertising and promotion, a community grants scheme and health professional training. The Vietnamese, Chinese and Arabic communities were identified as key target groups due to high smoking prevalence in these communities.

This paper will describe the author's personal experiences as a member of the taskforce, her reflections as a partner in several community grants schemes undertaken. She will outline the skills, knowledge and insights gained when adapting these broad messages to the cultural nuances in each of the three communities. To illustrate these points the author will present the process of developing partnerships and strategies to undertake the community grant project - "Your visit benefits us, but your smoke harms us", the Arabic ETS and Kids project. Reference to the outcomes and ongoing developments around this issue in the Arabic community will also be covered.

In summary, the community grants have successfully created opportunities for community organisations, area health services and non-government sectors to develop partnerships and skills in addressing ETS among the CALD communities in NSW.

"Who is Asian?" – Finding a Place on the Agenda for Asian Communities' Health in New Zealand

Dr Kumanan Rasanathan, Auckland Regional Public Health Service, Auckland, New Zealand

Minority groups often find it difficult to achieve a place on the health agenda. This is partly due to sheer numbers, but it can also reflect invisibility and lack of political power. As such, combining with other minority groups for a joint voice in health planning and consideration can seem an attractive option by facilitating a "critical mass" of people. Furthermore, when they do consider them, mainstream organisations often account for minority groups together. The downside of this approach is that the specific needs of individual communities can be lost or masked. The combined "minority voice" may not resemble the actual voice of any real community.

This presentation considers the dilemma referred to above by looking at the experience of Asian communities in New Zealand, and recent progress that has been made in considering their health needs. This has occurred through the assumption of an "Asian" identity in broader New Zealand society that is novel and problematic. The drivers to the use of this combined identity are examined in this presentation, and the progress in health facilitated by this identity reviewed. The main theme of this presentation is the consideration whether it is possible to separate the pragmatic and political use of combined ethnic identities from policy and service provision for actual communities. Recent research into Asian communities in New Zealand will be reviewed in terms of this question, and limited comparison will be made with the experience of Asian communities in other western countries such as Australia and the United Kingdom.

Developing Community Capacity on Issues of Mental Health: Learnings from a 3 Year Project with 9 Ethnic Communities

Greg Turner, Queensland Transcultural Mental Health Centre

The Multicultural Community Participation in Mental Health Project is a multi-staged project commencing in April 2002 and projected to conclude in June 2005. This innovative project is the first major attempt in Australia to develop culturally and linguistically appropriate community, consumer and carer

participation mechanisms which fulfil National and State mental health service standards and policies, and mental health service accreditation requirements. The project has deliberately utilised a community development approach which respects the stages that the participating ethnic communities are at in regard to mental health literacy, mental health service utilisation, and general understanding of the mental health system. In recognition of this, and the high levels of stigma and shame regarding mental illness in the participating communities, considerable effort has been made to establish and maintain trust and a respectful dialogue with communities.

Ethnic communities involved in the project are Arabic-speaking, Bosnian, Farsi-speaking, Filipino, Samoan, Spanish-speaking, Vietnamese, Somali and Sudanese. Sessional community development workers from each of these communities are employed to engage with their communities. A cornerstone of this project is the concept of reciprocity, whereby members of ethnic communities and staff of mainstream mental health services share explanatory models regarding the cause and treatment of mental illness and negotiate mutually acceptable culturally appropriate mechanisms for service delivery. The project is guided by a National Advisory Group and a Reference Group comprising members of participating communities. This paper will report the processes and learning's from this innovative project.

SESSION TWO

HEALTH ISSUES FROM A COMMUNITY PERSPECTIVE – ITALIAN & GREEK COMMUNITIES

Dr Walter Petralia, CO.AS.IT.

Abstract not available at time of printing.

Nikki Efredmidis and **Dimitra Lagoudaki**, Australian Greek Welfare Society

The presentation will provide an overview of the Australian Greek community and explore the issues, idiosyncratic characteristics and post migration experiences, and their consequential impact on the aged care and health needs of the Greek community today. A brief snapshot of the Greek community, including demographics, and a discussion of the preventative and 'ageing in place' strategies that the Australian Greek Welfare Society has employed to promote health and well being to the community.

SESSION THREE

EDUCATION

Migrant Water Safety Education Project

Nigel Carins, Water Safety Council, Tasmania, **Deborah van Velzen**, Multicultural Health, Dept. of Health & Human Services, Tas

With an ever increasing number of immigrants especially those from Africa who have very limited or no swimming and water safety experience, we as the community have a responsibility to provide water safety education opportunities for these people.

The Tasmanian Water Safety Council facilitated in the financial year 2004 -2005 a part–time project officer to work with the community services that support the migrant community, in particular the section supporting newly arriving African refugees. Tasmania has a high number of refugees from Sudan and Ethiopia and these became the initial target group for the Water Safety Education Project.

Ours is a nation of water-lovers – it is one of the defining features of our island home. Many Australians live near or visit our beautiful coastline, and for those who don't, trips to the local pool or swimming hole are a favourite pastime.

But participation in water-based recreational activities comes with certain risks and responsibilities. Each year, too many people lose their lives as a result of drowning. What makes these deaths even more tragic is that they are nearly always preventable.

Drowning is currently the fourth largest cause of unintentional death in Australia overall and in the 0-4 age group it is now the second largest cause of unintentional death.

This presentation will provide a review of the initial objectives, the resources developed to support the objectives, issues and problems encountered in program

Big Fun, Big Smiles: A Sexual Health Camp for Young People from Sierra Leone Living in Western Sydney

Michael Cummings, High Street Youth Health Service, Sydney West Area Health Service, **Dr. Anton Mischewski,** Epidemiology, Indicators, Research and Evaluation Unit, Sydney West Area Health Service

This paper reports on a sexual health promotion initiative with Sierra Leone young people in Western Sydney. This project used an action-based participatory model driven by the young people and supported by Sydney West Area Health Service (SWAHS). Young people's sexual health is a difficult issue to discuss with parents and elders in the community. Following extensive consultations with the Sierra Leone young people, it was decided to run a recreational camp where the sexual health workshop would be run. Staff from High Street Youth Health Service and young people from the Sierra Leone community facilitated the weekend including the Hot Game, from the Youth Accommodation Association and Youth Health Access Workshops. A self-complete sexual health knowledge and behaviour questionnaire was administered with items drawn from the National Secondary Students Sexual Health study. The evaluation found that the young people were very receptive to and engaged with sexual health issues within this learning environment. The workshop shows increased knowledge in health system and services, increased development of links with the Sierra Leone community and SWAHS. An unexpected outcome was the employment of a young volunteer from the steering committee into paid employment due to her involvement with this project. Video footage shot by the young people during the weekend will be shown. The recreational camp provided an effective and transferable model for engaging CALD young people and learning about relevant sexual health issues where they become champions for their peers.

Worker's Learning Needs in Relation to Culturally and Linguistically Diverse (CALD), Aboriginal and Same Sex Attracted (SSA) Young People

Anthony Hillin and **Rob McAlpine,** NSW Institute of Psychiatry

This presentation provides a summary of the results of learning needs research conducted for School-Link, an innovative initiative between NSW Departments of Health and Education and Training with the aim of improving mental health outcomes for young people. School-Link Training Phase 3: Mental distress and wellbeing in Aboriginal; same sex attracted (SSA); and Culturally and Linguistically Diverse (CALD) young people will be delivered to approximately 2,000 school and TAFE counsellors and adolescent mental health workers. In order to ensure that this limited professional development time is used in the most effective way, there was a need to prioritise learning needs. Participants' location and employing agency as well as experience level were considered variables that might influence learning needs.

A learning needs questionnaire was developed for this study. It was mailed to a structured statewide sample. The participants who responded were representative of the target audience in terms of gender, location, agency and experience. Significant differences were found between learning needs in relation to location but no significant differences were found in relation to agency or experience. Commonality was found between priority learning needs in relation to Aboriginal, SSA and CALD young people.

The findings of the learning needs questionnaire clearly supported the need to deliver training on these topics. Participants ranked their learning needs as high and approximately a third rated their knowledge and skills in working with depression and related disorders in these young people as low, with almost half rating their skills with Aboriginal young people as low. The results indicated that the same course could be offered to all participants regardless of their agency or experience, with perhaps minor additions to core material in some locations.

Succesfully Engaging Chinese, Finnish and Tongan Communities in Mental Health Education

Margy Wylde-Browne and **Chin Wong**, Mental Illness Education ACT (MIEACT)

Mental Illness Education ACT (MIEACT) is an innovative community mental health promotion organisation. The current MIEACT model of education involves mental health consumers and carers telling the story of their experience of mental illness and treatment to high schools and community groups. For CALD communities this approach presents a particular challenge as the level of stigma around mental health is high. Another compounding factor is that some CALD communities in the ACT are very small. These factors heighten concern for people from the communities about being identified as having a mental illness, either themselves or in their family.

MIEACT recently undertook a community development project with the Chinese, Finnish and Tongan communities in the ACT. During 2004 Bilingual Workers were recruited to conduct focus groups with their respective community members and the information gathered assisted in the development of a targeted approach to delivering education sessions to each community. This collaborative approach enabled community members to contribute their own perspectives and experience to the project. In 2005 a series of mental health education sessions were delivered which initiated discussion about a sensitive topic and increased the capacity of the communities to talk about and deal with mental health issues.

MIEACT and the CALD communities believe that the trust developed through this partnership has been integral to meeting the challenges of heightened stigma and small communities, resulting in a highly successful transcultural mental health promotion project.

SESSION FOUR

HEALTH PROMOTION

Understanding the Power of Bi-cultural and Bi-lingual Health Promotion through Two Case Studies:

Unplanned pregnancy & problem gambling

Amira Rahmanovic, Working Women's Health, Vic.

Working Women's Health is a Victorian women's health organisation, conducting multilingual health promotion with immigrant and refugee women.

Our main program since 1978 has been the Industry Visits Program through which we conduct health promotion sessions for women in the workplace.

This paper will examine the effectiveness of Working Women's Health unique approach to health promotion and communication, which lies in our delivery methods and content.

In this paper I will demonstrate the effectiveness of the WWH health promotion model through two very different examples: unplanned pregnancy and problem gambling. These issues are current public issues, controversial, and often associated with moral judgements and issues of shame and stigma.

Key aspects of importance this paper will address are:

- Facing the challenge to find a model that will work for women from diverse backgrounds
- Identifying a model that is effective
- An examination of how the WWH's model operates for both scenarios that is effective
- Lessons learned from both examples

Access to HIV Prevention Information among Arabic Speaking Communities and Communities from the Horn of Africa in Victoria

McNally, S. P., **Dutertre, S.**, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne

Australia has seen significant increases in migration since the 1990's from a range of countries that are currently experiencing high levels of HIV. The most notable increases in migration have been from the Horn of Africa (Sudan, Somalia, Ethiopia and Eritrea). Over five percent of AIDS diagnoses in Australia between 1993 and 2002 were from Africa and the Middle-East.

With increased flows of people coming to Australia or undertaking return journeys to high prevalence countries, the provision of culturally appropriate information about HIV prevention has been necessary. Members of emerging communities whose first language is not English may be missed by English-language services or by language-specific services that target the 'mainstream' within their community.

The paper is based on the findings of a 12-month study conducted in 2004-2005 in Victoria with the following communities: Arabic-speakers, Horn of Africa, Vietnamese, and Thai. Over 25 key informant interviews were held with community representatives and service providers, in addition to 12 focus groups from a wide range of people within the four main communities. Some of these sub-groupings addressed in this paper include:

- Iraqi men from Shepparton
- Lebanese & and Iraqi mothers of teenage children
- South Sudanese men from the Dandenong area
- Young people from the Horn of Africa
- Young people of Arabic background

This paper reports on the availability of HIV prevention information for these communities, and specifically on how appropriate the information is to their cultural background and their needs. The paper addresses issues such as what is the most appropriate language for young people and the challenges communities face when dealing with explicit material. Newly-formed communities often rely on informal channels of communication. Furthermore, their ability to absorb information is often compounded by a range of refugee and resettlement issues. The paper also outlines the channels of communication for HIV prevention considered the most appropriate for each of the communities, including communities with low literacy levels.

Role of Media on Awareness about HIV/AIDS among Young Married Women in India – Evidence from Reproductive and Child Health Survey, 1998-99

Lopamudra Paul, Research Scholar in Population Studies , Centre for the Study of Regional Development, School of Social Sciences, Jawaharlal Nehru University, India

India, with population over one billion, low literacy, diverse regional and social set ups, consequently low level of awareness and HIV/AIDS is one of the most challenging public health problems ever faced by the country. It has over 3,5 million HIV infected people and among them 37 percent are under 30 years of age. There is no cure for AIDS, therefore, prevention efforts have focused on raising awareness through mass media. The main objective of this paper is to examine the how the exposure to mass media effect on the awareness and also seeks the degree of awareness among who are aware of AIDS with selected socio economic characteristics. The present paper analyses data from Reproductive and Child Health - Rapid Household Survey (RCH-RHS), 1998-99 among 231524 currently married women of aged 15-30 years. To examine the net effect of socio-economic factors and mass media on degree of awareness has been carried out through ordinal regression analysis. The results show only 38.0 percent and 33.1 percent young women are aware about AIDS and exposed to mass media in India respectively. Only 7.3 percent are aware about AIDS among those who are not exposed to mass media. Degree of awareness (mainly knowledge on sources of transmission, wrong perception on sources of transmission, preventive measures) also varies within place of residence, religion, caste, standard of living, educational level among who are exposed to mass media. It reveals that mass media need to reach to all the people irrespective to their socio-economic classes in the society.

"Transmission": A Creative Health Promotion Strategy Towards Safer Behaviours in Young Vietnamese-Australians at Risk of Hepatitis C

Liss Gabb and **Rick Randall**, North Richmond Community Health Centre, Victoria

Young people from culturally diverse backgrounds, with specific language, cultural needs and practices, require specifically targeted strategies in order to increase their understanding leading to safer behaviours related to the risks of contracting blood borne viruses. For example, one of the major causes of Hepatitis C transmission is through needle sharing (and other personal items) among injecting drug users (IDUs). This paper describes a creative approach to the problem, designed and delivered in collaboration with young Vietnamese-Australians who are mostly still at school and may be at risk of becoming IDUs by experimentation. This paper covers Stage I of the project: working collaboratively with young people in a process to create culturally and linguistically appropriate material that speaks directly to their peers. This is done through using digital video and the mobile phone technology that is so favoured by this group. We then describe and provide visual evidence of the outcomes—and the subsequent dissemination of the material. This project is an innovative empowerment model in community participation in health promotion. We also outline Stages 2 and 3 of the Transmission project that will engage Vietnamese regular IDUs and Vietnamese IDUs in prison. Stages 2 and 3 will be in progress at the time of this presentation.

SESSION FIVE

MIGRATION & HEALTH

Promoting Refugee Health and Wellbeing

Melika Yassin Sheik-Eldin , AMES, Integrated Humanitarian Settlement Strategy

Health and well being is a reflection of one's background, opportunities and aspirations. If you don't have a home, if you are separated from family, if you cannot communicate and cannot provide for yourself and your children - how can you have a sense of good health and well being? This session looks at the experience of refugees and the process of rebuilding their lives in Australia. In particular, it looks at early health interventions strategies that are critical to successful resettlement.

The Global Health Institute: A Model for Meeting New Challenges in Health and Wellbeing for our Diverse Population

Jan Kang, Global Health Institute, Sydney West Area Health Service, NSW

The Global Health Institute was conceived in 2003 as an initiative of Sydney West Area Health Service. Founded on principles of social justice, it seeks to provide a platform to generate collaborative initiatives, which address health inequities and help to reduce the global burden of disease. By addressing key issues of strategic importance it aims to enable human capacity building that will result in improving community health and civil society. Forging alliances between key sectors, the Institute brings together a critical mass of expertise to develop and promote models of best practice in multicultural health care solutions both nationally and internationally. Key affiliated programs include the

A & NZ Folic Acid Flour Fortification Initiative, in association with Emory University in the US, the NSW Breast Cancer Institute, the Centre for Infectious Disease & Microbiology at Westmead Hospital and the Vanuatu/ Westmead Hospital twinning initiative.

An important aim of the Institute is to foster communication between health professionals caring for diverse communities locally in Australia and those working with these populations in international settings, with the aim of sharing valuable expertise. Health workers on overseas projects are in a position to highlight for us specific health issues for new and emerging communities migrating/resettling in Australia. At the same time, Australian multicultural health has developed numerous programs and resource materials that could also be relevant in international settings. On 25 May, the Global Health Institute will be holding an important symposium, "Working across Borders", which will be exploring these themes and the outcomes of which will be reported back to this Diversity in Health Conference.

Psychological Impact of Migration on Male Domination and Family Relationships in Immigrant Families

Dr Tahereh Ziaian, Research and Evaluation Unit, Department of Paediatrics, The University of Adelaide; **Prof. Martha Augostinos**, Department of Psychology, The University of Adelaide

Much recent literature on the family and the status of women in Western countries tends to assume that male dominance has broken down significantly in industrial societies. The bulk of literature, which does conceptualise immigrant families as male dominated, however, argues that the pre-migration values of immigrant families are the source of male dominance carried over into the host culture. It appears from some literature, however, the male dominance comes back into existence in some immigrant families after migration.

The total sample comprised 209 Persian women selected from the Persian community in New South Wales, Victoria, and South Australia. A questionnaire survey and focus group interviews were employed to obtain the required data. The study examined the power structure of Persian immigrant families and assessed the position of Persian women within the family in relation to their husbands both before and after migration, that is, in Iran and in Australia.

The study found that Persian women immigrants challenged to promote a change in their roles, toward liberation and equality, whereas their husbands were reluctant to accept this change. It was evident that male authority has been challenged by Persian women after migration and that this challenge has had either positive or negative impact on family relationships in most families. The study findings raises an interesting challenge to commonly held beliefs that male dominance has been broken down significantly in industrial and western countries. The study answers some questions about "what factors influence a Persian family to become more male dominated after migration?" The experience of these immigrants can be considered emblematic of the struggle to succeed in a new land and set the scene for new immigrants who want to migrate to Australia in the future.

SESSION SIX

ORGANISATIONAL CULTURAL COMPETENCE

Increasing Cultural Competency for Healthier Living and Environments: Consulting the Community, Reviewing the Evidence, and Developing a Comprehensive Framework for Policy, Planning and Action

Prof. Elizabeth Waters, Deakin University Victoria, Member of National Health and Medical Research Council Health Advisory Committee (NHMRC-HAC), Chair of the HAC Increasing Cultural Competency Working Committee; Stephanie Gates, Secretariat, HAC; Members of the HAC Increasing Cultural Competency Working Committee: **Rosemary Aldrich**, University of New South Wales, Member of HAC; **Prof. Maurice Eisenbruch**, University of New South Wales; **Conrad Gershevitch**, Federation of Ethnic Communities' Council of Australia; **Julie Green**, Royal Children's Hospital, Melbourne; **Meg Griffiths,** Multicultural Mental Health Australia, Sydney; **Eleni Karantzas,** Centre for Culture, Health and Ethnicity, Melbourne; **Gai Moore**, South Western Sydney Area Health Service; **Ass. Prof. Nicholas Procter,** School of Nursing and Midwifery, Adelaide; **Shanti Raman**, Western Sydney Area Health Service; **Prof. Trang Thomas,** RMIT University, Melbourne, Member of NHMRC; **Peter Todaro**, NSW Multicultural Health Communication

Population health outcomes are significantly influenced by social and cultural factors. Improving the way in which the health sector works with communities and people of diverse cultural background is crucial to improved health outcomes and reductions in inequalities. The overweight and obesity pandemic, amongst other public health concerns, has highlighted the urgency for solutions to be developed in partnership with CALD groups and peoples. This has been hampered by a sector that is under prepared at all levels.

In 2003 the National Health and Medical Research Council's Health Advisory Committee (NHMRC-HAC) prioritised the development of a working committee to consult with the community and organisations, review the evidence, conduct public consultation workshops, and

develop a practical useful resource to advance progress in this area. HAC's Increasing Cultural Competency Working Committee was established with members from a wide collection of agencies, organisations and sectors with expertise in multicultural health and sociocultural influences on overweight and obesity. Information was gathered from 24 public submissions, a systematic review of the literature (around evidence relating to risk and protective factors and evidence for effective health promotion interventions) and public consultations in eight capital cities and regional centres.

This presentation will detail the findings, specifically the model that addresses cultural competence at four critical levels: systemic, organisational, professional and individual competence, and the practical application of the model for policy, planning and action. It will provide an overview of the contents of the proposed NHMRC handbook, prior to its release in early 2006.

Cultural Competency in NSW Area Health Services: What's Currently Happening

Ilona Lee, Diversity Health Institute

This paper identifies the models being used in Area Health Services, other than group training, that result in services providing culturally competent health care.

24 Area, Sector and Project Managers of Multicultural Health Services were interviewed to gather the information. The presentation will discuss the various models and the advantages and disadvantages of each.

Models fall into two categories: those that operate at the highest level in policy, planning and service development; and those that operate at a local level with direct service providers.

Each model has its own advantages and drawbacks. Policy and planning are important but the staff member who provides the input at the senior level needs to be extremely knowledgeable in the area of services for culturally and linguistically diverse communities, and skilled in working with and influencing senior staff. On the other hand, the planning is ineffectual unless the staff who have to implement the policies have a real understanding of what is expected of them. The models that provide local service support can be extremely effective but only if they have the cooperation and imprimatur from the top.

There are a number of programs that are working effectively. Seeding Grants, Ethnic Access Committees, recognition and use of bilingual staff, Traineeship programs, and the use of a modified EAPS process all have educative value for staff and appear to improve the provision of services for CALD communities.

Transforming Health Care Delivery to Meet the Needs of a Diverse Population

Prof. Olga Kanitsaki, AM, Prof. Megan-Jane Johnstone , **Dr Natalie Wray**, Division of Nursing and Midwifery, RMIT University, Bundoora West Campus, Melbourne

It is known formally and anecdotally that the provision of 'culturally incongruent' care can result in patients of culturally and linguistically diverse (CALD) backgrounds not having their health needs met and may even place them 'at risk' of adverse events. In recognition of the need to improve the effective delivery of health care to people from CALD backgrounds, and in an attempt to improve generally the safety and quality of care to diverse populations, a process termed 'cultural safety' and an associated process termed 'cultural competency' are being increasingly advocated as quality assurance and risk management strategies in health care. There is no consensus in the literature, however, on what 'cultural safety' and 'cultural competency' is, how these processes might be measured, how they might be taught, how they might be incorporated into health institutional practices, or their possible relationship to the effective delivery of health care to diverse populations.

In this paper, brief attention will be given to addressing these issues. Drawing on the findings of a unique qualitative research study conducted 2004-2005 in Victoria, Australia and involving individual and focus group interviews with over 137 participants (including health service managers, registered nurses, nurse educators, cultural trainers, health service ethnic liaison officers, patient representatives, health interpreters, and CALD consumers), operational definitions of the terms cultural safety and cultural competence are provided. Possible processes for how cultural safety and cultural competency may be incorporated into institutional practices with a view toward transforming health care delivery to meet the needs of diverse populations are considered.

SESSION SEVEN

POLICY

Not "Just Another Document":

Beyond the Framework for Implementation of the National Mental Health Plan 2003 – 2008 in Multicultural Australia

Meg Griffiths, Multicultural Mental Health Australia

The Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia marks a high point for multicultural mental health policy. It is auspiced by the Australian Health Ministers Advisory Committee National Mental Health Working Group and released by the Australian Government Department of Health and Aged Care under the logo of the National Mental Health Strategy.

Multicultural Mental Health Australia was intimately involved in the development of the Framework, and in this paper we examine the future "beyond the Framework".

If the Framework is to be more than "just another document", it is essential to concentrate now on the service development, capacity building and infrastructure requirements needed to ensure that the vision of mental health and well being for people from culturally and linguistically divers backgrounds described in the Framework become a reality.

This paper will examine the major action areas of the Framework and develop an argument that concerted nation action is required to meet the Framework's objectives. It will also describe the actions required at all levels of Government to promote equity of service delivery across Australia and examine the role of "the other" – the community, NGOs, non-health services, the media – in the development of good mental health for diverse communities.

An Australian Story: beyondblue and bluevoices, Innovative and Creative Partnerships for Depression and Anxiety Related Disorders

Ingrid Ozols, Chair bluevoices, Melbourne
beyondblue - the national depression initiative and bluevoices

For too long depression and anxiety related disorders have been left unaddressed, quietly devastating many lives.

The World Health Organisation believes depression will rank second only to heart disease as the world's leading cause of death and disability by 2020.

beyondblue, the national depression initiative focusses on people with the lived experience of depression and anxiety related disorders.

beyondblue has heard the voices of a despairing community and established bluevoices: a consumer and carer group dedicated to the advocacy, education and support of persons and their families who live with depression and anxiety from all walks of life.

beyondblue's bluevoices encourages real-life experiences to be told nationally through forums and workshops.

The emerging concerns have been embraced and those with the lived experience have been invited to participate collaboratively with all mental health service providers to change current attitudes and practices.

The lived experience is a powerful reality and fundamental evaluating stick that is the core to determining the quality of services provided in our communities. The voices echo what works and what doesn't, allowing providers to learn, adapt and change.

beyondblue and bluevoices is about presenting these measuring sticks to drive mental health reform.

This is an innovative Australian story about partnerships, advocacy and embracing diversity and vulnerability through the lived perspective.

Facilitating Healthy Settlement - DIMIA's Role

Con Pagonis, Director Settlement and Multicultural Affairs, Department of Immigration and Multicultural Indigenous Affairs (DIMIA)

The presentation will broadly canvas the 2003 Settlement Services Review; Migration and Humanitarian Program health requirements, settlement planning and information; DIMIA-funded Integrated Humanitarian Settlement Services, the role of DIMIA-funded community programs, the Translating and Interpreting Service (TIS) and progress in implementing the Charter of Public Service in a Culturally Diverse Society.

SESSION EIGHT

SUPPORT IN MENTAL HEALTH PROVISION

Cross Cultural Consultation and Liaison Model of Care

Hadia Baassiri, Transcultural Mental Health Centre and The Children's Hospital at Westmead

The Children and Families from culturally and linguistically diverse backgrounds mental health project was initiated as a partnership project in 2001 between the Department of Psychological Medicine, Children's Hospital at Westmead and the Transcultural Mental Health Centre, in recognition of the issues affecting the mental health and well being of children (0-16 years) and families from CALDB who are at risk of developing mental health problems with the aim of improving their mental health status. The project takes a population based approach to mental health initiatives, early intervention and the prevention of mental health problems for children and families of CALDB.

The project provides support to mainstream health workers in a state wide hospital dedicated to paediatrics. The project ia also focused on developing an innovative model of practice in cross cultural consultation and liaison in health care settings. The project supports clinicans to work with patients and families from CALDB in order to improve the quality and effectiveness of treatment delivered by the hospital.This paper will provide a brief review of the current literature in this area, the paper supports the need for a cross cultural clinical consultant in healthcare services to supplement existing resources.

The paper will also discuss the access-enhancing strategies that have been used to date and the evaluation methods developed.

Impact of Australia's Better Outcomes in Mental Health Care Initiative

Ass. Prof. Harry Minas, Ass. Prof. Steven Klimidis and **Dr Renata Kokanovic,** Centre for International Mental Health (CIMH), School of Population Health, The University of Melbourne

This paper examines the impact of the Better Outcomes in Mental Health (BOiMHC) initiative on general practitioner attitudes, training needs, service improvement strategies, and patient management approaches. A mail survey of 599 GPs working in the Melbourne metropolitan area was carried out. GPs who were registered with BOiMHC and those who were not registered were compared on: attitudes towards mental health care, needs for training, level of confidence in assessing and treating mental disorders, strategies for improving mental health care, and frequency of sole treatment by GPs or referral to specialist services. GPs who were registered in BOiMHC, when compared to those who were not registered, were more likely to indicate interest in mental health work, and to endorse a need for improved funding arrangements and specialist advice and supervision to improve their capacity to undertake mental health assessment and treatment. They were less likely to express a need for further training in assessment and diagnosis. There was no difference between groups in relation to expressed training needs in most aspects of mental health work, treating mental disorders and in management approaches (sole management versus referral to a specialist service versus collaboration with specialist care). Initial impacts of the BOiMHC initiative on GP attitudes, needs and practice appear to be modest and require further exploration. There remain substantial needs for training in mental health care and for specialist advice and supervision. Insufficient co-ordination with mental health specialists remains a significant issue.

Dung Hop – A Vietnamese Model Supporting Mental Health Recovery

Jean-Louis Nguyen and **Ngoc Anh Nguyen,**
Western Region Health Centre, VIC

The Western Region Outreach Service (WROS), a service of The Western Region Health Centre (WRHC) has developed an innovative program and model for service delivery for Vietnamese people with a mental illness, their carers and families.

The WROS Vietnamese specific program has been extremely successful in providing services, developing strong partnerships within the Mental Health Sector and documenting a culturally sensitive model for Mental Health service delivery. This has taken over 10 years.

The Vietnamese Mental Health Program (VMHP) is a partnership between Western Region Outreach Service and Macaulay Program, Werribee Mercy Mental Health Program, Mid West Area Mental Health Clinic and Norwood Association.

The Western Region Outreach Service is funded to provide outreach support to people with a mental illness. This is usually achieved through working individually with clients in the Psychiatric Disability Rehabilitation Support Service (PDRSS) framework and guided by the principles of psychosocial rehabilitation.

In working with the Vietnamese clients it was imperative that a model of service delivery was adopted that was reflective to the cultural values of the Vietnamese community. Carers, family and community are incorporated into all facets of the program.

The presentation provides a snapshot of the journey which has made the Vietnamese Mental Health Program at WROS successful, illustrated via explanations of the application of the model Dung Hợp. A printed copy of the model can be obtained at the presentation.

Providing Support for Mainstream Mental Health Service Providers in their Work with People of Non-English Speaking Background

Teresa Petric, NSW Transcultural Mental Health Centre

The Clinical Consultation and Assessment Service of the NSW Transcultural Mental Health Centre (TMHC) was established in 1995 to assist people of non-English speaking background (NESB) who experience a wide range of mental health problems, face challenges in obtaining culturally appropriate mental health care, and need assistance in accessing services. The TMHC Clinical Service assists clinicians in the mainstream mental health system to engage and work more effectively with consumers and carers of NESB and assists people of NESB to access and use mental health and other services more effectively. The Service is available to the NESB population of New South Wales and the Australian Capital Territory, regardless of their gender, age or migration status.

This paper will describe the work of the Service and will present a review and analysis of the rates of referral from mental health services, the reasons for referral, the process of providing consultation and assessment intervention and the outcomes of TMHC involvement for both the client and the mental health clinician. Additional information will be provided through analysis of satisfaction surveys with these service providers.

CONCURRENT SESSION ROOMS

3.45PM-5.15PM

BLOCK TWO

SESSIONS	PRESENTERS	VENUES
Clinical Innovation	Shairon Fray Amanda Russell Louise Frenkel Ahmed Sharif Can Tuncer	STRADBROKE ROOM
Consumers	Maria Barredo Evan Bichara Suzanne Mitten-Lewis Manja Visschedijk	JOLIMONT ROOM
Cultural Competence	Cathy O'Callaghan Claire Ralfs Diane Gabb	BALLROOM 1
Evaluation of Innovative Models of Care	Rebecca Barton George Klein Mona Saleh Chanboramy (Ramy) Var	DELACOMBE ROOM
Health Promotion Partnerships	Kim Webster Jennifer Davis Rachael Andersen Lily Obradovic Anna Epifanio	BALLROOM 2
Language/Communication	Julie Clinch Sylvia Collinetti Keri Gilbert Jaklina Michael	EPICUREAN ROOM
Models of Health Care: Refugees	Bernie Goodwin John Lucas Lindy Marlow Diana Milosevic	BALLROOM 3
Education and Access	Deborah Van Velzen May Chung Nicholas Procter Kristine Wendtman	LATROBE ROOM
Youth	Erminia Colucci Kate Lemerle Gillian Kerr Jane Grant Shanti Raman	HUNTINGFIELD ROOM

FLOORPLAN PAGE 118-119

SESSION ONE

CLINICAL INNOVATION

From a Hop, to a Skip then a Big Jump

Improving Health Care Delivery to CALD Clients Attending the Physiotherapy Department of a Local Hospital

Kostadinovska G, Fray S, Gaha I, Service of Excellence in Cultural Diversity, **Van Den Dolder P, Won J, Russell A,** Physiotherapy Department Auburn Hospital, Sydney West Area Health Service

This paper outlines a multi-layered approach in the delivery of physiotherapy treatment at a local hospital to culturally and linguistically diverse communities.

Auburn Hospital is situated in Sydney West Area Health Service in the local government area of Auburn. The population of Auburn is relatively small (58,700) but very diverse. 65.5 % of the population speaks a language other than English at home and 49.3% were overseas born in a non-English speaking country.

An opportunity arose when a new unit was established in the hospital to improve and enhance health service delivery to patients and their families from culturally and linguistically diverse backgrounds, (CALD). The Service of Excellence in Diversity Health Care was approached by the Manager of the Physiotherapy Department requesting their expertise and assistance in addressing some of the issues the Department was experiencing with CALD communities. The department was keen to target their services more accurately to clients from CALD communities.

This paper will outline the many different strategies that the project initiated to address long waiting lists for the two biggest CALD groups using the physiotherapy department, Arabic and Turkish speaking clients. It will also focus on the partnership approach taken, methods of communication used with CALD clients, changes to the environment of the department and how the department promoted itself in the wider community.

We will then discuss outcomes of this new model of care when working with CALD communities.

The Margin and the Centre: Defining the Challenges to Psychoanalytic Work in a South African Community Setting

Dr Louise Frenkel, University of Cape Town, South Africa, Department of Health, Valkenberg Hospital, Cape Town.

There are many challenges to the psychoanalytic way of working, one of the major ones being its seeming inappropriateness outside of the consulting rooms for the wealthy and privileged in society. This criticism is pertinent in South Africa, where there are very scarce resources in terms of psychological services, particularly in impoverished communities outside of the main urban centers.

In this presentation I use my experience as a consultant to a group of mental health workers, providing services to children in an informal settlement near Cape Town, to address the challenges of using a psychoanalytic approach outside of the one-on-one consulting room. Facilitation of an ongoing staff support group (which ran for 6 years), in which the emotional impact of the work on the counselors could be spoken about, provided the experience and context to challenge and rethink the classic psychoanalytic notion of the 'frame'. The boundaries of the therapist-client relationship were challenged in a context in which feelings about race, language, class and culture all had to be negotiated. The ways in which the classic 'frame' were being challenged, gave rise to the idea of the 'metaphorical frame', which retains the rigour of psychoanalytic thinking, but in an unconventional setting far removed from the consultation room.

Interventions based on psychodynamic principles take time, but offer a unique space to think about and process the emotional impact of the work, so facilitating an understanding of the clients, and also making it possible for the counselors to continue the work, without feeling overwhelmed themselves. It became clear, during this work, that rather than discarding the psychoanalytic approach as inappropriate for community psychology, using what it has to offer in innovative ways, makes it very relevant in a context in which psychological services have to be attuned to the needs of the impoverished majority.

Challenges in Management of Type 2 Diabetes in Bangladeshi Immigrants in Australia

Dr Ahmed Sharif, State University of Bangladesh, Belgrave Health Care, Upwey Doctors ,Mebourne, **Zaman Bhuiyan**, Parkview Medical Centre, Melbourne

Managing Type 2 Diabetes in Bangladeshi immigrants in Australia poses a unique challenge to the primary care physicians as the community differs in many spectra of culture, lifestyle and dietary habits not only from the main stream Australians but also from the other South Asian immigrant communities to a considerable extent.

Demography: The community comprises of several thousand people. The overwhelming majority lives in big urban centers and are skilled professionals and their families.

Risk factors, Uniqueness and challenges: Most Bangladeshi Australians are sedentary workers attributed to their profession and are least physically active. They are the shortest in stature among the South Asians. The prevalence of obesity is not high in the community. Periodic health check, preventive health care and regular exercise do not fit into the practice of an average Bangladeshi. Many of them do not even have any regular GP. Food with high GI and high in saturated fat constitutes the most important part of the entertainment and parties as well as every day meal.

Recommended management strategy: Family physicians need to use opportunistic health promotion when consulting Bangladeshi patients emphasising periodic health check and regular screening. Doctors need to formulate a culturally appropriate exercise (e.g. indoor as opposed to outdoor exercise programme) and dietary advice.

Conclusion: Adequate knowledge and insight into the culture and lifestyle of the community is of paramount importance to optimally manage Type 2 Diabetes in Bangladeshi immigrants.

Culture and Psychotherapy in a Multicultural Society

Dr Can Tuncer, Victorian Transcultural Psychiatry Unit, VIC

Psychotherapy is the backbone of psychiatric management. Psychiatric management in culturally and linguistically diverse (CALD) background patients is a challenge to many clinicians. As part of the psychiatric management, medication seems to be the preferred and leading treatment.

Understanding psychotherapeutic issues (such as assessment and application in CALD patients) requires cultural sensitivity. Cultural diversity should not be regarded as an obstacle in applying psychotherapy. Otherwise, it may leave the medication to be the only form of psychiatric management.

During this presentation psychotherapy's place in psychiatric management will be highlighted in Middle-Eastern background patients.

SESSION TWO

CONSUMERS

Participation in Health: Consumer Participation through Consumer Advisory Council

Maria Barredo, Royal Adelaide Hospital Consumer Advisory Council, SA

To solicit consumer participation in their care is not only good business but is the way of the future of health care. The Royal Adelaide Hospital (RAH) established the Consumer Advisory Council (CAC) in November 2002 with the intention of incorporating the views of a wide range of consumers and carers in all levels of the planning, policy, delivery and evaluation. The overall goal is to ensure that the RAH strategic planning for service delivery is fully informed by the experience and needs of people who use the services of the hospital.

Membership of the RAH CAC is reflective of the diversity of the hospital's consumers, including people of Aboriginal background and Culturally and Linguistically Diverse backgrounds.

This paper will argue that Consumer Advisory Council if supported well, is an effective way of ensuring consumer participation, and a best practice model of capacity development.

Creativity & Cultural Tolerance Draws Affirmative Constructs Within "The Mental Health CALD Consumer" Subcommittee (of the AMHCN) – Towards Paths of Cultural Developments on a National Scale

Evan Bichara, Australian mental Health Consumer Network

As mental health consumers begin to take a more active role in their own health care: they need to be in control of information relevant to their health and propose paths that would ease service delivery. A spectrum of ethnic consumer gaps throughout the country, of different membership base's have been set up to engage in meeting and addressing multicultural consumer issues relating to mental health.

In addressing these challenges on a national scale, the methodology is similar to the above. However, communication techniques are limited to teleconferencing, telephone, fax emailing and post; no face to face meetings due to cost factors and time restraints.

Our CALD consumer subcommittee was formed and running now for three years. The dedication of its members branching from various states of the country has empowered the subcommittee to deliver strategies. Strategies such as translating a 'rights and responsibilities' document in to twelve ethnic languages; promoting the existence of the national consumer network to the wider CALD committees to increase CALD membership and partaking in advocacy and lobbing roles on CALD consumer issues on a national scale. (eg. The Senate Inquiry)

We also wish to translate posters and distribute them throughout the nation, so that our organisation can be recognised, promoted and utilised when the need arises.

All our members are grateful that our teleconferencing costs are fully funded and supported by 'Multicultural Mental Health Australia'

We are also endeavouring to expand to other states and have a full representation of the nation on this sub committee.

Consumer Consultations Address the Challenge of Diversity for Equitable, Accessible Health Services

Vivian Challita, Suzanne Mitten-Lewis, The St George Hospital, Kogarah, NSW, **Joanne Travaglia,** South East Health, Sydney, NSW

In The St George Hospital (SGH) catchment region in southeastern Sydney, over 30% of the population speaks a language other than English (2001 census data). This diversity presents a formidable challenge to accessible and equitable delivery of health care services. The SGH Diversity Health Coordinator has undertaken consultations with consumers from the 9 main community language groups since 2001. Consultations comprised focus groups facilitated by diversity health staff assisted by interpreters or bilingual sessional workers (2001 and 2004) and telephone interviews (2004) in the consumer's preferred language.

In 2001, participants in 11 groups discussed their experiences at SGH and their knowledge of services provided, and offered suggestions for service improvement. Transcripts were analysed using the method of Strauss and Corbin. Communication issues were identified. Policy-level recommendations in the SGH Diversity Health Strategic Plan included:

- translation of the hospital map;
- hospital tours and information sessions for community members regarding access to hospital services, patients' rights and responsibilities, and the complaints system;
- language training for staff;
- a multicultural services guide for staff;
- multilingual broadcasts on the hospital PA system.

Negative feedback from Arabic-speaking consumers was followed up with a series of in-depth interviews.

In 2004, focus groups and interviews were used to evaluate the effects of changes and to obtain specific feedback on consumers' experiences of care provision by doctors and nurses. This presentation will discuss the results of those sessions in light of the previous findings, and highlight the recommendations from this round of consumer feedback.

Housing Support Workers Promoting Health

Manja Visschedijk and **Yola Melgarejo**, YWCA of Canberra, Family Housing Outreach Service (FHOS)

As providers of supported accommodation to families experiencing, or at risk of, homelessness, Housing Support Workers are in an excellent position to link people from diverse cultural backgrounds with relevant health services.

In this presentation we will be sharing a case study of how the YWCA FHOS worked with one family to ensure that the physical and mental health needs of the parents, children and the family as a whole, were met in ways that took into account specific cultural factors.

The mother of this family has generously provided us with feedback on her time spent housed with the YWCA FHOS and this feedback has been video-taped to share at the presentation. We will be looking to return feedback from the presentation to the family and to other workers involved.

Key principles that underpin the work of the YWCA Housing Support Unit include:

- Case management workers, as front-line workers, are in an excellent position to ensure people from CALD contexts are informed about and assisted to access health and other community services and resources.
- Diverse families require diverse, tailored responses to the issues they contend with.
- Family input into defining both the issues or problems and the possible responses or solutions is essential to achieving the best outcomes.
- Formal mechanisms are in place to support continuous learning or 'reciprocity' as defined by Professor Nicholas Proctor "... basic exchange of knowledge in which [service] providers learn from members of the CALD communities at the same time as members of those communities learn from [service] providers..." *(Proctor,2003 Reciprocity in Education, 4)*

SESSION THREE

CULTURAL COMPETENCE

What do you Mean by 'Culture'? Understandings of Culture in Health Care

Cathy O'Callaghan, Centre for Cultural Research, University of Western Sydney, NSW

The increasing cultural diversity of patients and staff in health care organizations today presents challenges to staff to work effectively and to provide appropriate services. Part of the difficulty is generated by the shifting meanings, and applications, of the term 'culture' amongst different health workers. One of the responses in health organisations to the increasing diversity of patients has been to focus on developing staff's 'cultural competence'. However, this approach has been critiqued as not being based on a wide enough conception of culture, especially of professional and organisational cultures and their impact on service provision (Hong 2001). Some health workers have steered away from focussing on the 'culture' of patients, for fear of stereotyping different ethnic groups. In contrast they include 'culture' with a range of other factors that influence patients' access and response to health services such as socio-economic background, gender, age, and education (Manderson & Reid 1994).

In this paper I will briefly examine some of the trends in how 'culture' has been defined and its application within health care organisations over the past three decades. In contrast to these previous approaches, a cultural approach to health care takes a broad view of culture as encompassing individual, group, professional and organisational cultures. I am applying this approach in a project that focuses on how cultural diversity is negotiated in children's health care in NSW. This paper highlights the interplays between shifts in the language around cultural difference and the parallel structural changes in the health care organisations.

Reference

Manderson, L. & Reid, J. (1994) 'What's culture got to do with it?', in Just Health: Inequality in Illness, Care & Prevention, Waddell, C. & Petersen, A. (eds), Melbourne: Churchill Livingstone.

Hong, G. (2001) 'Front-Line Care Providers' Professional Worlds: The Need for Qualitative Approaches to Cultural Interfaces', Forum: Qualitative Social Research, 2(3): http://www.qualitative-research.net/fqs-texte/3-01/3-01hong-e.htm, accessed April 2005.

Managing a Multicultural Service within a Mainstream Organisation

Enaam Oudih and **Claire Ralfs,** Relationships Australia (SA)

The Personal Education And Community Empowerment (P.E.A.C.E.) Multicultural Program is a program of Relationships Australia (SA). It has been in operation since 1998 and works with different cultural communities in relation to HIV, Hepatitis C and Problem Gambling. This program is situated within the community education and training team of RASA. The PEACE team includes 4 fulltime positions and approximately 30 community educators, who are from 20 different cultural groups and each educator works 10 hours per month.

The proposed paper will explore the challenges and successes of managing a multicultural program within a mainstream primary health care organisation. The manager of the PEACE team, Enaam Oudih and the manager of the Community Education and Training team will co-present this paper. They will explore the different challenges and successes of their work together over this seven year journey.

Issues to be explored in the presentation will include:

- Accountable to who, when and how – community, worker, organisation or funding body?
- Organisation practices that facilitate learning from the multicultural team and practices that support learning for the multicultural team.
- What practices of the mainstream organisation, supports workers, from many different cultural groups, to feel that they belong and are valued rather than token or exotic?
- What are they ways we discuss our differences?

Pursuing Cultural Competence: More than a Decade of Transcultural Mental Health Education

Diane Gabb, Victorian Transcultural Psychiatry Unit, Melbourne

Australia's population is more culturally and linguistically diverse than ever before. Recognition of this is reflected in policy requiring the mental health clinical workforce to be culturally competent in the delivery of mental health services. For more than a decade the Victorian Transcultural Psychiatry Unit (VTPU) has developed and delivered educational and professional development programs in response to the needs of the clinical and welfare sectors. The paradigm of the transcultural clinical interaction is the foundation for this type of education, requiring a self-reflective perspective towards the clinician's own cultural background. The principles of adult education are also an important feature, an approach that encourages each learner to share experience, either personal or professional. This paper reviews the range of program types, styles of delivery, educational intent and content, including the difficult areas of prejudice, discrimination and racism. The varied occupational backgrounds of health professionals as learners, and their reactions to this approach present a particular pedagogical challenge. Future indicators point to the need to achieve 'cultural safety' beyond cultural competence, and the need to pay more attention to the communities of practice in which clinical work is carried out, with a view to developing both curriculum and research in support of future educational activities.

SESSION FOUR

EVALUATION OF INNOVATIVE MODELS OF CARE

Mental Illness in Bangladesh: It's a Matter of Culture

Rebecca Barton, Dr Maureen H. Fitzgerald, University of Sydney

This paper explores the interplay between culture, mental illness, and the daily activities of people living with a mental illness in Bangladesh. Based on ethnographic data obtained during fieldwork in Bangladesh in 2005, it explores the ways in which culture mediates the experience of living with a mental illness in this community. It does this by focusing on the daily routines, or occupations, of people diagnosed by health professionals as having a mental illness and their experiences with the health care system. These daily routines, or occupations, reflect cultural values and hence provide a practical way of exploring the abstract concept of culture and its impact on the daily lives of people living with a mental illness in Bangladesh. Although the data are specific to a Bangladeshi population, the results inform multicultural practice, particularly in gaining an understanding of how Western, professional models of health care conform to, or conflict with, traditional models. Understanding these phenomena

in Bangladesh helps us better understand some of the key considerations necessary for the development of local and international culturally sensitive health care services that have real meaning and value for the people who access them.

Providing Access – The Evaluation of TMHC's Clinical Services

George Klein, Teresa Petric, Maria Cassaniti Transcultural Mental Health Centre, NSW, **Penny Mitchell** University of Melbourne, School of Population Health

The clinical service of the Transcultural Mental Health Centre have been in operation for almost 10 years. Through a system of primary triage and consultation, people with acute mental health problems who come from CALD backgrounds are assisted directly and indirectly. Inter alia the clinical service manages, coordinates and maintains a pool of 125 sessional bilingual mental health professionals representing 51 community languages. An evaluation of the clinical service, funded by the Centre for Mental Health NSW is now under way. The presentation will address the design and scope of the evaluation and offer for discussion some initial findings from a review of the consultation system.

Genetic Counselling in a Culturally and Linguistically Diverse Population – Challenges Faced and Resource Needs of Professionals

Mona Saleh, The Centre for Genetics Education, NSW, Australia

Maintaining cultural awareness and providing equitable access to information and services is a challenge faced by many professionals working in health areas. Clinical genetics services in NSW are faced with these challenges by the very nature of the population they serve, with 1 in 4 residents speaking a language other than English at home (2001 Census, Commonwealth Government of Australia).

During 2004, The Centre for Genetics Education undertook a needs assessment study of professionals providing clinical genetics services in NSW. The study took the form of 5 moderated group discussions and one individual interview. There were 32 participants in total with both clinical geneticists and genetic counsellors represented in all groups. The discussions explored attitudes and definitions of cultural diversity and the challenges of providing genetic services in a Culturally and Linguistically Diverse (CALD) population. Educational needs were also discussed both from the aspect of having relevant and current translated educational materials for clients as well as attitudes to training and professional development.

Participants defined "cultural diversity" as a very broad, yet intrinsically personal term. Language had a role to play in defining cultural groups, but less traditional concepts such as literacy level, marital status and sexuality were also seen as important Limitations of professional development and also the lack of translated resources were a recurring theme in the discussions. The experiences with interpreters varied from being extremely useful, to some where trust was not established and therefore the communication process was seen to be hindered rather than improved.

No Longer Alone: Diminishing the Burden of Care among CALD Communities

Chanboramy (Ramy) Var, NSW Transcultural Mental Health Centre, **Freidoon a. Khavarpour,** The University of Sydney

Caring for mentally ill person is not an easy task. Difficulty with the language, understanding and accessing the services makes it much more difficult for carers from culturally and linguistically diverse (CALD) communities. Cultural beliefs about mental illnesses, high level of stigma and shame associated with mental illnesses among majority of these communities deepens one's difficulties and anguish. NSW Transcultural Mental Health Centre, through an innovative approach to the problem, piloted a model that trains Bilingual Group Leaders to facilitate carer's needs from a passive to a vibrant and well-informed discussion via these language specific carer support groups, which began in December 2002. The Project was highlighted in Diversity in Health Conference in 2003. The Project is now successfully running in its 4th year, with 32 Bilingual Group Leaders trained, representing 12 language groups and has facilitated 20 carers support groups across metropolitan Sydney. The purpose of this presentation is to report on the outcome evaluation conducted in mid 2005 on the model used by this Project. It is envisaged by sharing the findings of the model, service providers are in a better position to improve their service delivery to members of the CALD communities.

SESSION FIVE

HEALTH PROMOTION PARTNERSHIPS

Mental Health Promotion with Refugee and Migrant Communities

Kim Webster, Victorian Health Promotion Foundation

Poor mental health contributes a large and increasing proportion to the global disease burden. While no group is immune from poor mental health, the risk is higher for a number of groups, among them migrants and refugees. This is due in large part to the limitations faced by these populations in accessing the social and economic resources required for positive mental health.

While early intervention, treatment and rehabilitation services for those affected by mental illness are important, there is increasing recognition world wide of the need to reduce the disease burden by addressing the modifiable social and economic contributors to poor mental health. This is motivated by a concern about the social and economic costs associated with poor mental health and increasing recognition that the growing disease burden outstrips the treatment capacities of most countries.

In 1999, the Victorian Health Promotion Foundation identified mental health as one of three mental health promotion priorities. A framework was developed to guide activities in this area, focussing on three factors known to have particular influence on mental health and wellbeing – social inclusion, violence and discrimination and access to economic resources. Migrants and refugees are identified as a population of priority concern in the framework and a range of activities have been supported.

This presentation will present the framework and illustrate the ways in which it can be used to guide mental health promotion work with refugee and migrant communities. The presentation will draw on practice examples supported by VicHealth and will include a short video documenting this work.

A Health Promotion Partnership to Increase the Awareness and Skills of Multicultural Consumers to Manage their Medicines More Effectively

Jennifer Davis, National Prescribing Service Ltd, NSW, **Karen Green**, Federation of Ethnic Communities' Councils of Australia, ACT

Culture and ethnicity are linked to health, defining how health and illness are perceived, described, experienced, managed and treated. English language difficulties and low literacy levels in preferred languages are two of the many reasons why people from Culturally and Linguistically Diverse (CALD) backgrounds may face difficulties in managing their medicines.

In response, the National Prescribing Service (NPS) has delivered a program bringing together the expertise of FECCA, the Federation of Ethnic Communities' Councils of Australia as the peak, national body representing Australia's multicultural communities; and NPS's expertise as Australia's peak, independent, education and information provider about medicines.

The program initially identified four target communities: Vietnamese, Chinese, Italian and Greek, however, additional strategies were developed to reach other CALD communities including new and emerging communities. Strategies were based on the outcomes of formative qualitative research conducted in 2004.

This paper outlines the resulting health promotion program which included; a small grants program, development of bilingual consumer materials, English as a second language teaching resources and a media campaign. The processes that ensured cultural appropriateness, cost effective delivery with national reach in a process characterised by consultation and communication at grass roots level to peak stakeholders are also described.

Our learning and recommendations from our partnership experience, the critical role of consultation, ownership, and capacity building in our program will contribute to models of excellence in health promotion for diverse communities.

Developing Collaborative Partnerships in CALD Health Promotion

Rachael Andersen, Multicultural Education Officer, The Cancer Council Victoria, **Nikki McGrath**, Project Officer, The Jean Hailes Foundation

The Cancer Council Victoria's Community Language Program is a unique cancer education program that has been delivering prevention and early detection messages to people from culturally and linguistically diverse (CALD) backgrounds for 13 years. Using a peer education model, our team of 30 bilingual health educators delivers cancer education session in 22 languages.

In 2000 the Jean Hailes Foundation, in the view of creating a Multicultural Menopause Program, approached the Cancer Council. Following a pilot program, a partnership was formed and information sessions on menopause and ageing well are now available. The partnership provides mutual benefits; the Jean Hailes Foundation now has a vehicle for delivering information to CALD communities and the Community Language Program is enriched by an extension of its service.

In establishing the partnership both organisations have learnt many valuable lessons that may be of interest to other health agencies. We will share our experiences of:

- Sourcing potential partnerships
- Establishing boundaries of the partnership
- Developing contractual agreements
- Promoting our services to multicultural communities
- Ensuring mutual benefits to both organisations

As a model of best practice, the Community Language Program provides a unique, sustainable and continuing health promotion resource that has been successfully adapted to meet the needs of other health programs.

Information about Cancer and the Greek Community – A Collaborative Approach

Anna Epifanio, Lily Obradovic, Maria Hatzi, Voula Kallianis and **Janine Coffin**. The Cancer Council Victoria, Austin Health, Australian Greek Welfare, Caritas Christi and The Cancer Council Victoria

Accessing information, education and support when experiencing a cancer diagnosis can be overwhelming and difficult in English let alone if you speak another language.

The Living With Cancer Education Program (LWCEP) is a psychosocial program developed by the Cancer Council Victoria and is offered to people with cancer, their family and friends. The benefits of the program include increased knowledge and understanding of cancer and treatments, a sharing of experiences, an opportunity to develop skills to enhance quality of life and foremost, to provide information.

The LWCEP is also available in several languages. Providing cancer patients with the ability to communicate in their own language is a unique and valuable innovation, which requires ongoing collaboration and partnerships with community organisations. This collaborative approach has engaged and combined the expertise of oncology with the community language sectors to achieve a strong and viable model.

This presentation focuses on how the collaborative partnerships between The Cancer Council Victoria, Austin Health, Australian Greek Welfare and Caritas Christi has resulted in the delivery of innovative LWCEP Information Sessions for Greek speaking people with cancer and their families.

The presenters will discuss the model, role of each organisation, program planning and coordination, development of resources and future directions and demonstrate the achievements of a collaborative approach. The LWCEP for the Greek community is an excellent example of how issues of health and diversity can be addressed and delivered.

SESSION SIX

LANGUAGE/ COMMUNICATION

Provision of Translated Speech Pathology Resources for Non-English Speaking Patients

Julie Clinch, Senior Speech Pathologist, St Joseph's Hospital Auburn NSW

Aim:

To provide more timely & equitable access to Speech Pathology services for non-English speaking patients/ carers, by increasing the availability of translated resources within the department.

Method:

1. A seeding grant from the "Sydney-West Area Health Service of Excellence in Diversity Healthcare Team" was received.

2. English resources were developed and sent to the 'Southwest Sydney Area Health Translations Unit', for translation into 6 languages.

3. Consumer focus-testing was conducted on the translated documents.

4. The translated documents will be sent to the 'Multicultural Health Service' for all to access on the website.

Results:

The following Speech Pathology resources are now available for use in Spanish, Vietnamese, Chinese, Italian, Croatian & Arabic:

- An information pamphlet for patients/carers, explaining the role of a Speech Pathologist.
- A notification of the speech pathology assessment date/time, which also explains that an interpreter will be present.
- Screening 'Yes/No' questions relating to communication & swallowing status (inpatient & outpatient version).
- A pamphlet explaining the speech pathology services provided by the 'outpatient student unit'.
- A letter given to inpatients on discharge explaining the location of outpatient follow-up.

Evaluation:

The evaluation will be completed in December 2005.

Second Generation Migrants and the Acculturation Process: An Exploration of Cultural Identity, Language Use and Social Context in the Construction of the Bi-cultural Self

Sylvia Collinetti, Ethnic Mental Health Co-ordinator, North West Mental Health

The present research investigated the maintenance of the language of origin in second-generation migrants in Melbourne, Australia, and its links with their cultural identity, cultural worldview, and their self-esteem. Participants (n =50) were classified into a language maintenance group (LMG, who use their heritage language with their parents more than 20% of the time) and a language non-maintenance (NMG, who use their heritage language with parents less than 20% of the time), and their context-specific cultural identity (at work/school and at home), context-specific self-perceived assertiveness and agency, endorsement of cultural values, and self-esteem were compared. Data were collected by using semi-structured, face-to-face interviews, as well as questionnaires, and were analysed both quantitatively and qualitatively. The results indicated the cultural identity was context dependent for both the LMG and the NMG; however, for the LMG the Australian identity and the ethnic identity were more independent of one another, whereas for NMG they were more negatively correlated. In addition and as expected, the LMG, relative to the NMG, held more strongly the value of Traditionalism, and perceived the self to be less assertive when at home. Self-esteem did not differ between the LMG and NMG. The study also supported the usefulness in combining both a quantitative and qualitative analysis for a more in-depth understanding of the link between language, cultural identity, and cultural maintenance. Finally, implications for the multicultural counsellor are discussed in terms of the bi-lingual and bi-cultural individuals who have integrated two worldviews.

The National Auslan Interpreter Booking and Payment Service – A New Model of Service Delivery

Keri Gilbert, National Auslan Interpreter Booking and Payment Service (NABS)

The 31st of January 2005 saw the launch of an exciting new era of service delivery for people in Australia who use sign language to communicate when accessing private medical and health care services.

A new service called the National Auslan Interpreter Booking and Payment Service (NABS) is the first of it's kind in Australia with a national register of approximately 200 sign language interpreters.

Historically, people who are Deaf, hearing impaired, Deaf and Blind, use sign language to communicate and require a sign language interpreter at private medical and health care appointments were placed in the position of having to either fund this themselves or rely on over stretched unfunded services, friends or family.

As a result of lobbying by interest groups and in recognition of the principles of equal access the

Commonwealth government, in January 2005, took the step of launching a national service. Through the Department of Family and Community Services, $18.5 million dollars has been allocated over the next 3.5 years to provide private medical interpreting services to sign language users.

The service is available to adult and child sign language users. The service will also provide training and development opportunities to interpreters working in the medical field and will be seeking to partner other organizations in further developing services.

The service runs from a national call center based in Brisbane based at Wesley Mission. The service is now fully operational and community feedback has been very positive as it affords sign language users the opportunity to access a fully professional medical interpreting service with complete privacy.

Breaking Down the Language Barriers – RDNS Workplace Words & Phrases

Jaklina Michael, Royal District Nursing Service, Vic,
Rosemarie Draper, Royal District Nursing Service & South Central Region Migrant Resource Centre, Vic

One of the major issues of importance identified in nursing is that of communication between the nurse and client. Through a common spoken language there is the ability to communicate clearly, effectively and without offence. More importantly, there is the potential to develop relationships and build trust.

While professional interpreters are readily available for initial assessments and complex case visits, there remains an alarming gap in the ability of our nurses and clients to have even the most basic of conversations during routine visits. As Royal District Nursing Service (RDNS) nurses are visiting clients in their own homes, this personal form of communication is even more important for building good relationships and improving the quality of care.

RDNS nurses have increasingly emphasized the need to know simple words and phrases in specific languages to help them with day-to-day communication with non-English speaking clients.

RDNS in collaboration with relevant ethno-specific community organisations, has developed an electronic tool in 19 languages other than English. The tool aims to help nurses and other home care workers with pronunciation and ways to communicate politely and effectively in languages other than English. It includes simple greetings, farewells, phrases to inquire about a client's health, as well as to ask questions about treatment progress and to make appointments.

During this presentation participants will be provided with an opportunity to learn more about 'RDNS Workplace Words and Phrases' and the project methodology used for its development.

SESSION SEVEN

MODELS OF HEALTH CARE: REFUGEES

Circles of Friends: A Model for Direct Community-Based Support for Refugees and Asylum Seekers

Bernie Goodwin, Manager Community Projects, Australian Refugee Association Inc., Australian Refugee Association Inc.

Circles of friends are autonomous, loosely connected community groups with a common purpose of supporting refugees and asylum seekers within the community and in immigration detention. The movement has grown from the initial two circles in South Australia in June 2002 to its current size of 100 Circles nationally.

Each Circle forms for a specific reason, has control over its range of activity, may or may not be geographically clustered and aims to hold approximately 50 members with upwards of 25% actively engaged. Circles carry out their work of enabling refugees and asylum seekers in society through informed consent and through an inclusive approach to membership.

A major aspect of the work of Circles is in working with government at Federal and State levels along with the health sector to construct reliable plans for the release of people from detention into the care of the community.

The success of the movement, its continued growth and its persistent effort position this quiet voice at the centre of community action in Australia. The Australian Refugee Association in supporting this movement has given it the incentive and the mechanism to grow.

This lecture will cover the partnerships, the success factors in the movement as a whole and in individual Circles and the benefits to all of their existence. The model is unique in its relationship with an NGO, its connectivity to the community, health & education sectors all levels of government. The talk will outline the effects on …

- Refugees and asylum seekers
- Professionals supporting refugees and asylum seekers
- Members of the community
- Government

Health and Wellbeing Among Refugee Men

John Lucas, Queensland Program of Assistance to Survivors of Torture and Trauma

QPASTT aims to provide a range of flexible and culturally sensitive services to people who have been tortured or who have suffered refugee related trauma prior to migrating to Australia.

The mental health of men is of particular concern since social and cultural factors make it difficult for them to acknowledge emotional pain.

Depression, anxiety, anger and somatisation are common manifestations of underlying issues.

The traditional counselling process, based as it is on the establishment of links between past experience and current feelings, is not suited to these men as there is generally little willingness to remember or to share painful past experience. For some the challenge is to get on with life, work hard and forget, while for others there is a process of withdrawal and ensuing isolation.

In order to find a way of engaging with these men QPASTT, in conjunction with Queensland Transcultural Mental Health, Annerley Mental Health and the University of Queensland Sports Psychology Unit devised a Men's Exercise Program known as "Effort".

Over a period of four months there were 2x2hours group exercise sessions per week with a group of refugee men from three cultural groups, Iraqi, Afghani and Bosnian.

One hypothesis was that an improvement in the sense of bodily well-being would lead to an improvement in psychological well-being and preliminary findings have confirmed this. There have also been other benefits from the social interaction and the experience of participating in Australian mainstream culture.

(A 10 minute DVD will serve to bring the program to life and give some sense of its quality for those participating.)

The Refugee Model of Health Care at the Western Region Health Centre

Lindy Marlow, The Western Region Health Centre, Victoria

The Western Region Health Centre (WRHC) located in Footscray, has responded to the needs of large numbers of refugees presenting, in a number of strategic ways. As a result of this the Refugee Health Service Model (RHSM) has been developed and refined over the past eight years.

Key elements in this strategic approach have included

- Development of strong partnerships with relevant community organizations and health services.
- Development of internal systems to ensure an integrated and co-ordinated approach to the range of health and welfare needs of the new arrival refugees.
- Development of internal and external capacity building strategies
- Use of community development model.

Case study

Refugees are referred to the Refugee Health Nurse (RHN) from outside providers, through self referral or from community gatherings and organised information sessions. The internal team consists of the RHN, refugee access worker, interpreter and an African community support worker.

A recently arrived family from the Sudan is assessed by the Refugee Health Nurse and staff from the Victorian Foundation for the Survivors of Torture. Appointments are made for the family. They are reminded of appointment time by interpreter. They are met at WRHC by a Sudanese speaking receptionist. A thorough medical is completed with family by Doctor with refugee health expertise and follow-up is assisted by RHN and interpreter. Transport is provided when required. Referrals to appropriate services at the Western Region Health Centre (WRHC) or to other providers are also coordinated by the team.

The RHSM continues to evolve to meet the health and welfare needs of emerging new arrival communities.

Evaluation of the 'Refugee Health in General Practice Education Program'

Diana Milosevic, NSW Refugee Health Service, NSW Sydney

Outline of the problem

The NSW Refugee Health Service (RHS) is a state-wide service that aims to promote the health of refugees living in NSW. The service has developed the "Refugee Health in General Practice" program which aims to enhance the role of general practice in the provision of comprehensive and coordinated health care, and to address constrains faced by General Practitioners (GPs) in providing care to refugee patients.

About 13,000 refugees arrive to Australia each year through the Commonwealth Government's Humanitarian Program. It has been well documented that refugees have unique needs and have experienced adverse life events that greatly impact on their health. These include prolonged periods of under-nutrition and inadequate health care, infectious diseases, and physical and psychological consequences of torture and refugee trauma. Furthermore, many refugee patients will have had little exposure to preventative health care prior to their arrival to Australia. They are likely to from non-English speaking backgrounds and unfamiliar with western health care and have no or little knowledge of Australian health system. All these factors can impact on the GPs ability to diagnose and treat patients from refugee-like backgrounds. For an individual GP, working with people from refugee background, who often have a number of complex health and psychosocial problems, requires more work, longer consultations, multidisciplinary team involvement, as well as greater knowledge of use of non-medical services and resources.

The Training Program

The Refugee Health in General Practice Program has been run as a partnership between RHS and Divisions of General Practice. It was structured into up to three sessions of 2,5 hours length with guest speakers including experts on different aspects of refugee health care, local GPs who already have involvement with refugee patients, as well as refugees themselves. The program covered issues such as such as how to identify refugee patients; refugee experience and its impact on health and health assessment and management of physical and psychosocial problems of newly arrived refugee patients.

Analysis and Interpretation

The specific tools and information sources were used

to evaluate the program including quantitative and qualitative: pre and post knowledge questionaries, workshops evaluation forms, face to face discussion and records of questions/comments during the training.

The purpose of the evaluation was to:

- assess to which extent the training met needs and interests of GPs;
- assess the value GPs assigned to the training;
- identify potential long-term impact GPs may anticipate as a result of the training;
- identify other topics or areas GPs might be interested in for further training and identify ongoing support GPs may expect from RHS or respectable Division of General Practice.

Effects of the Program

The comments gathered indicate that GPs recognise the challenges and problems faced by the refugee patient and the variety of assistance available for refugees.

In particular GPs noted that they had enhanced their understanding of refugee issues and had increased their confidence and competence in working with refugees.

The program has resulted in the development of a cohesive group of GPs with a high level of interest and expertise in refugee health care as an important resource for the health care of refugee patients.

Next Steps

The program has shown as an effective tool in the training of GPs in refugee health and that could be transferable with some modifications to other Divisions of General Practice in whose catchment areas people from refugee backgrounds settle.

SESSION EIGHT

EDUCATION AND ACCESS

Resources on Bathroom Hygiene

Deborah van Velzen, Multicultural Health, Dept. of Health & Human Services, Tas

The need for materials explaining how to use a 'Western' style toilet and bathroom has been identified from many services, to assist International Students, Migrants and the current groups of Humanitarian Refugees being settled in Tasmania who have low levels of literacy or are pre-literate.

The Tasmanian Department of Health and Human Services have developed:

1. A series of graphics – that can be re-sized to use as a small sticker or up to poster size.
2. Pamphlets – explaining use of toilets and hand washing in Amharic, Arabic, Chinese, Farsi, Japanese, Korean, Thai and Tigrigna.

These are aimed for person-to-person orientation.

These are available free from the Departmental website.

The main aims for use is to address issues relating to personal hygiene and occupational health and safety risks for staff. There have been requests for it's use in both Government and non- Government sectors at services sites, educational and student hostel facilities as well as from tourist accommodation.

The presentation will cover the:

- The identified need
- Development of the resources
- The resources and where to get them

The Effectiveness of Maternity Liaison Officers' Services for the Clients with Culturally and Linguistically Diverse Background

May Chung and **Nelmal Galas**, Antenatal Services, Westmead Hospital NSW

There were over 4000 birth annually in Westmead Hospital NSW, where the Maternity Liaison Officers have been employed. Around 50% of these births were from CLDB mothers. The aim of implementing Maternity Liaison Officers services is to promote equal access to maternity care services to women with CLDB. It is hope that a quality maternity care might be provided by encouraging these women to better participate in their own care.

During April 2002 to May 2003, a pre and post survey has been proposed to assess the effectiveness and efficiency of the services provided by Maternity Liaison Officers through measuring the knowledge level of women interviewed in three categories: services available in hospital and community, women's health and maternity care system, as well as care options during labour and after birth. There were 220 mothers participated in the survey.

Clients with CLDB who have met with Maternity Liaison Officers highly commented on the services and their knowledge level had significant improve in relation to the assess areas. After the provision of the services, the numbers of women were identified as very good knowledge level increased 44.7% in the services available in hospital and community, 36.5% in women's health and maternity care system, and 36.6% care options during labour and after birth.

However, it is great challenge for only two Maternity Liaison Officers to work for such a large population with CLDB attending antenatal clinic and with such limited resources. Action needs to foster a peer support environment to further improve the quality of the services.

'No More Mualagh': A Project to Address the Information Needs of Afghani People in Rural Areas in Relation to the Correct Use of Antidepressant Medication

Meg Griffiths, Multicultural Mental Health Australia, **Ass. Prof. Nicholas Procter,** University of South Australia, **Diana Qain**, National Ethnic Disability Alliance, **Felicity Zadro**, Multicultural Mental Health Australia, **Lou-Anne Lind,** Advisor: Multicultural Mental Health Australia **Nayano Taylor-Neumann,** Lutheran Community Care, South Australia, **Kylie Cochrane & Bridget Cleaver,** The Fabulous Pair Consulting, **Mohammad Amirghiasvand,** Adelaide Interpreting and Translating Service

The 'No More Mualagh' project worked with the Afghani community to help Afghani people living in rural Australia learn more about depression, how it is treated and how to safely use medicine their doctors give them.

This initiative has brought increased capacity for communities to understand depression in the context of medications and other treatments to help relieve suffering. At the same time information sheets were developed for health and human service professionals on understanding depression and depression medication from the perspective of Afghan community participants. These combined elements of this project mean that the topic of depression for people of Afghani background, for health professionals including Community Nurses, General Practitioners and Community Pharmacists is more accessible and helps all parties to access services and information appropriate to their needs.

A key result area of this project has been to modify existing depression and depression medication resources of SANE Australia to develop a range of printed and audio materials in Dari and in English on the appropriate use of depression medication – specifically for use with Dari speakers. This paper will describe steps taken to pilot, evaluate and report on developing multilingual information on the safe use of medicines with an isolated and vulnerable community. The presentation will report how information about the safe use of antidepressant medication in their own languages was developed, in partnership with an established group of Afghani consumers in rural South Australia, and disseminated in writing and in the form of audio recordings for use by ethnic broadcasters.

The Diversity Health Institute Clearinghouse

Kristine Wendtman, Diversity Health Institute Clearinghouse

Based in Sydney West Area Health Service, the Diversity Health Institute (DHI) aims to promote optimal quality healthcare for Australia's culturally and linguistically diverse population. It consists of a number of existing and newly created national and statewide services.

The decision to establish a national clearinghouse on multicultural health grew out of the DHI Planning Day in July 2003. Numerous stakeholders in attendance identified the need to centralise multicultural health information in Australia, and the newly established DHI was proposed as the appropriate vehicle for such an initiative.

The DHI Clearinghouse – an online gateway to Australian multicultural health resources, services, education and training, and research and projects – is the result. It is the first website of its kind anywhere in the world. In terms of meeting information needs, the Clearinghouse represents international best practice in the multicultural health field.

This paper will outline the development of the Clearinghouse, and will provide insight into how this unique information service operates. A demonstration of the website will be incorporated.

The presentation will also discuss results from Clearinghouse evaluations, and what they indicate about information needs amongst different target audiences across the sector. Ideas on future directions for the service will also be canvassed.

SESSION NINE

YOUTH

Ethnocultural Aspects of Suicide in Young People

Erminia Colucci and **Prof. Graham Martin,** Department of Psychiatry, The University of Queensland, Brisbane, QLD.

The need to study ethno-cultural aspects of suicidal behaviour is, at the moment, still a neglected area (e.g., Trovato, 1986; Eskin, 1999; De Leo, 2002; Leenaars, Haines, Wenckstern, Williams & Lester, 2003). The relatively few studies available are mainly on adults: usually young people are not examined separately (Watt & Sharp, 2002). During the presentation, the literature about youth suicide that has considered the ethnicity/culture of the population studied will be reviewed.

The objective of this literature review was to identify all transcultural and cross-cultural studies about suicide in young people in Psychology and Psychiatry (Psycinfo, Medline, CINAHL), Education (ERIC), Social Sciences (Sociological Abstracts, Social Work, Social Science Plus) and Anthropology (Anthropological Index and Anthropology Plus). Databases were searched from the first year of publication to the latest publication available. Criteria for inclusion were that the focus on ethnicity or culture was one aim of the research, and that data were analysed separately for young people (0 to 24 years).

After the initial database search, an individual search was completed for each journal pertinent to anthropological and suicidological research. Finally, other suggested references from experts in the field and from key references were included.

Of the overall 1640 publications which appeared to be relevant, only 75 analysed data specifically for young people and focused on ethnicity, race or culture.

The presentation will offer a panorama on various aspects of suicidal behaviour from a cross-cultural perspective: rates, methods used, risk and precipitating factors (e.g., previous suicidal behaviour and exposure, interpersonal factors, personal and psychological factors, psychiatric diagnoses and care) and attitudes toward suicidal behaviour.

This is the first literature review ever realized on the cross-cultural aspects of youth suicide and it may offer indications to address this phenomenon considering the young person ethnocultural identity.

Building Resilience in Transcultural Australians: A Socio-ecological Approach to Promoting Mental Wellbeing in Migrant and Refugee Children and Adolescents.

Dr Kate Lemerle, School of Public Health, Queensland University of Technology

Much has been written in recent years supporting the notion that social capital, the capacity of settings to provide access to adequate reserves of interpersonal support, is fundamental for health and wellbeing. The concept of "social capital" suggests that cohesive

groups of individuals are more than just the sum of their individual human capital, where human capital consists of such personal resources as education, skills, health, values, and qualities such as optimism. In combination, human and social capital provide the protective factors that counter health risks, both at the level of the individual and the social groups such as families and schools.

However, few resources have been developed that translate our conceptual understanding of the forms of capital influencing health into practical applications within the health promotion field. Nowhere is this more evident than in the literature related to migrant and refugee mental health promotion, and in particular, the promotion of resilience.

We report on both the evolving conceptual framework, and resource development, of the BRiTA Project. BRiTA - "Building Resilience in Transcultural Australians" – is the first program of its kind that integrates various socio-ecological themes for promoting resilience within a framework of cultural diversity. Empirical outcomes of multi-level school-based interventions based on the Health Promoting Schools model are providing new insights into our understanding of resilience in migrant and refugee children and adolescents, as well as facilitating the development of guidelines to help schools provide more supportive environments to foster mental and social health in vulnerable populations.

School's in for Refugees

Jenny Mitchell, Victorian Foundation for Survivors of Torture , **Gillian Kerr, Jane Grant,** Victorian Foundation for Survivors of Torture (VFST)

The environment children and young people grow up in has a powerful impact on their health and wellbeing, the effects of which may persist into adulthood. Those who experience adverse circumstances or risk factors are more vulnerable to developing physical and psychosocial difficulties. At the same time, there are protective factors that can build children's and young people's resilience and reduce their vulnerability.

Children and young people who arrive in Australia from war-torn countries have experienced a high degree of exposure to risk factors. When they arrive in Australia, there is the possibility of addressing these risk factors by increasing their access to protective factors, building on their resilience to survive horrendous events. One of the first experiences of young refugees entering Australia is attendance at school. Schools have a unique role in providing an environment which nurtures resilience and reduces vulnerability of these students.

Partnerships between schools and the Victorian Foundation for Survivors of Torture (VFST) highlight that strong collaboration between educational and social support agencies is key to building the supportive environment which is so critical to the mental health and wellbeing of their refugee students. Such an environment provides a sound foundation for students' educational outcomes, their recovery from past trauma and their settlement in Australia. Critical to the supportive environment are policies and practices which recognise the needs of refugee students, including classroom strategies for teachers and appropriate teaching resources.

Cultural Identity and Psychological Wellbeing in Children and Young People: Exploring the Links

Dr Shanti Raman, Area Child Health Advisor, Sydney West Area Health Service, NSW

As with most Western countries, waves of immigration from the latter half of the 20th century have changed the ethnic mix of Australian cities. Australia is now a dynamic multicultural society, and the needs of ethnic minorities cannot be ignored. While the influence of culture on child rearing and child development is widely acknowledged, cultural identity and the links to children's well being and resilience have been neglected areas of scholarly inquiry.

Interest in the influence of culture on child development and behaviour extends across a range of disciplines, including anthropology, sociology, philosophy, and psychology. Identity construction for children of culturally and linguistically diverse (CALD) background depends on many factors, including enculturation, acculturation, socio-political and economic factors. Our hypothesis is that "secure" cultural or bi-cultural identity developed in childhood is associated with psychological well being and resilience. A positive identity for children of diverse backgrounds will improve psychosocial functioning and inform mental health promotion interventions targeted at these children.

This study will explore the national and international literature around cultural identity including identity and acculturation measures, and critically examine the influence of developmental stages on identity construction. The factors that shape cultural identity will be identified, including factors that promote and factors that detract. The relationship between cultural identity and psychological wellbeing in children and young people will be teased out. Approaches to culturally competent psychosocial assessment and mental health promotion efforts in CALD children and young people underpinned by a theoretical construct of a "secure" cultural identity will be promoted.

Providing a Supportive Environment

Capacity Development and Diverse Communities

Health and the Role of Philanthropy

Diversity in Health 2005
IT'S EVERYBODY'S BUSINESS

SESSIONS	TIMES	VENUE
PLENARY SESSION		
Providing a Supportive Environment	9.00am - 9.30am	GRAND BALLROOM
Indigenous Health & Spirituality	9.30am -10.00am	GRAND BALLROOM
Mental Health Issues in a Culturally Diverse Australia	10.00am -10.30am	GRAND BALLROOM
SYMPOSIA SESSIONS		
1. Health Issues in our Region	11.00am – 12.30pm	BALLROOM 3
2. Disability and Cultural Diversity	11.00am – 12.30pm	BALLROOM 2
3. Religion	11.00am – 12.30pm	DELACOMBE ROOM
4. Volunteering Panel discussion	11.00am – 12.30pm	BALLROOM 1

FLOORPLAN PAGE 118-119

PLENARY

This session will examine aspects of health and the need to provide a supportive environment within the health care system. There will also be a presentation on indigenous health and spirituality. A further presentation will discuss the challenges of mental health within a culturally diverse Australia.

Chair: Ms Elizabeth Cham
Philanthropy Australia

PROVIDING A SUPPORTIVE ENVIRONMENT

Dr Fiona Wood AM
Head of Burns Unit, Royal Perth Hospital, Australian of the Year 2005

Head of Royal Perth Hospital's Burns Unit and Director of the Western Australia Burns Service. She is also co-founder of Clinical Cell Culture, a private company recognised in medical circles for its world-leading research and breakthroughs in the treatment of burns.

In addition, Dr Fiona Wood is also a Clinical Professor with the School of Paediatrics and Child Health at the University of Western Australia and Director of the McComb Research Foundation.

INDIGENOUS HEALTH & SPIRITUALITY

Ms Lillian Holt
Vice-Chancellor's Fellow of the University of Melbourne and indigenous advocate

Lillian Holt was appointed a University of Melbourne Fellow in 2003. Formerly, she was the Director, of the Centre for Indigenous Education, University of Melbourne.

Prior to taking up the latter appointment in 1998, she was Principal of Tauondi (formerly the Aboriginal Community College), Port Adelaide, between 1990 and 1996, having worked there for sixteen years, from 1980.

MENTAL HEALTH ISSUES IN A CULTURALLY DIVERSE AUSTRALIA

Associate Professor Harry Minas
Director, Victorian Transcultural Psychiatry Unit

A/Professor Harry Minas, an academic psychiatrist, is Director of the Centre for International Mental Health at the University of Melbourne and VTPU. He has played a key role in the development of research, teaching and service development activities in the areas of transcultural and international mental health. His research interests include mental health system development, immigration detention and mental health, ethics and leadership for change in complex systems.

11.00AM– 12.30PM

SYMPOSIUM ONE

HEALTH ISSUES IN OUR REGION

Chair: Mr Conrad Gershevitch, *Federation of Ethnic Communities' Council of* Australia

Towards Global Cultural Competence in Health

Professor Maurice Eisenbruch, Director, Institute for Health and Diversity; Vice-Chancellor's Adviser on Diversity; Professor of Culture and Health, Victoria University,

The call for global cultural competence in health responds to the needs of several constituencies in an increasingly diverse and globalised world. The first constituency comprises a health professionals in a diverse world. Health policy makers and health workers, in recognition of the contrasting frameworks of Western science and indigenous knowledge systems, are calling for culturally relevant frameworks and processes for knowledge generation and knowledge transfer. There is recognition by researchers, educators, NGOs and international organisations of the need to ensure that international programs while built on universal principles are crafted to be effective within the local setting. A cultural lens is needed.

The second constituency comprises agencies such as humanitarian and development organisations now concerned about the effects of culture, for example, on cross-cultural briefing-debriefing of expatriate workers, the impact of programs on country nationals, and the effects of culture on critical incidents facing aid workers and recipients of donor programs. UNESCO is taking forward the development of instruments or indicators of the protection of intangible culture. Sustainable development and culture are interdependent and that a chief aim of human development is the social and cultural fulfilment of the individual. The health theme offers a powerful understanding of culture.

Each constituency needs a framework and a toolkit to guide the development of culturally competent policies, programs, research, capacity building and workforce development – in UNESCO's terms, a Cultural Diversity Programming Lens (CDPL).

The time has come to transcend continental and north-south perspectives. There is clearly a need to bridge cultural competence not only across the various Australian, North American and European countries but also to strengthen links with resource-poor countries – from which so many of our migrants come. There's also a need to bridge the gap between the 'cultural competence' and 'medical anthropology' worlds, and to link up with the activities being taken forward to reduce health inequalities globally.

Examples will be drawn from the UNESCO Cultural Diversity Programming Lens and and the UNESCO Expert Consultation on Promoting Standards for Socio-Cultural Research on the Issues of HIV/AIDS and Trafficking.

Robert Ticker, CEO, Australian Red Cross

Abstracts not available at time of printing

11.00AM- 12.30PM

Approach, Challenges & Progress of Asia-Australia Mental Health

Dr Chee Ng, Senior Lecturer in the Department of Psychiatry, The University of Melbourne and Deputy Clinical Director at the Professorial Psychiatry Unit of The Melbourne Clinic, **Julia Fraser,** Director, Leadership and Community Programs, Asialink

Launched in November 2004 at the Pacific Rim College of Psychiatrists meeting in Hong Kong, Asia-Australia Mental Health works collaboratively with mental health leaders, governments, academics and community groups to promote mental health and improve service delivery in our region.

With initial support from the Myer Foundation, Asia-Australia Mental Health, a consortium of the University of Melbourne and St. Vincent's Health is now working with Malaysia, China, Japan, Korea and Thailand to assist in the development of culturally appropriate community mental health services for each nation. Most recently AAMH has been working with WHO's Western Pacific Regional Office to develop a network to promote and support mental health in emergencies.

SYMPOSIUM TWO

DISABILITY AND CULTURAL DIVERSITY

Chair: Ms Diana Qian, *National Ethnic Disability Alliance*

ArtAbility, 2005

Licia Kokocinski, Executive Director, Action on Disability within Ethnic Communities

ADEC, for the first time, is presenting an art show in December, 2005 solely dedicated to celebrating and displaying works of art by people with a disability from ethnic backgrounds.

Art speaks for and to all people, irrespective of ethnic backgrounds and cultures. It is an inclusive form of communication, practices in every country around the world and it is probably the oldest form of communication known.

Through the medium of visual arts, an individual can express him or herself. A person's disability plays a part in the creative process and is subsumed by the final work of art. For the view, the question of disability does not arise.

Disability, Diversity and the Building of a New Nation: South African Challenges

Professor Leslie Swartz, Professor of Psychology at Stellenbosch University and Director of Child Youth and Family Development at the Human Sciences Research Council

Half way through the African Decade on Disability, South Africa remains unusual amongst low- and middle-income countries in giving disability central political prominence and in attempting to contribute comprehensively to social security for disabled people. Disability is cast centrally as a human rights issue indivisible from other human rights struggles in the country. Appropriate provision for optimal social inclusion is however very difficult to achieve, and not only because of continuing marginalisation and stigmatisation of disabled people. Widescale poverty and unemployment, on the one hand, and the devastating effects of the HIV/AIDS epidemic, on the other, place disability issues in a context of pressing competing demands and priorities. This in itself is not unusual internationally, but the South African situation reveals much that in better resourced contexts may be less clear about the amount of infrastructure commonly taken for granted and in place in debates on the social model of disability. Given the number and extent of pressing needs concerning disability in South Africa, it is difficult to decide how best to expend resources. I shall show how contextual factors drive our work as researchers wishing to contribute to a human rights culture for all South Africans.

Current Health System from the Perspective of People from Non-English Speaking Backgrounds (NESB) with Disability

Tony Vardaro, President, National Ethnic Disability Alliance

The paper examines the current health system from the perspective of people from non-English Speaking Backgrounds (NESB) with disability. It argues that health policy and provision operate within a medical model and such a philosophical standpoint is fundamental to the exclusion of people from NESB with disability. The medical model negates personhood and reduces people to their pathological conditions. This is highly inadequate when it comes to serving diverse communities.

The inequities people from NESB with disability experience are multidimensional when race and disability intersect. The paper will highlight key barriers encountered by people from NESB with disability when they try to access essential health information and services. It will conclude with the suggestion for a social model of health to underpin health policy and provision. It advocates for a holistic approach to the health and wellbeing of people from NESB with disability.

SYMPOSIUM THREE

RELIGION

Chair: Dr Prabir Majumdar, *Ethnic Communities' Council of Victoria*

Influence of Religion and Spirituality on Health

Professor Graham Lindegger, School of Psychology, University of KwaZulu Natal, South Africa

There have long been claims of the impact of religion on health status, although it is only relatively recently that this relationship has been empirically examined. This brief exploration examines some of the pathways of association between religion and health. The presentation will start with an examination of the concepts and dimensions of religion and spirituality, as well as possible health outcomes which might be effected such beliefs. A brief review of empirical literature will demonstrate evidence for the impact of religious belief on health outcomes, even while controlling for the effects of other variables. The presentation will go on to examine the possible effect of religion and spirituality on various health risk behaviours, health seeking behaviours and health/disease coping behaviours. Some illustrations will be drawn from HIV/AIDS in South Africa. Finally the presentation will briefly examine notion of "religious health assets" and its implications for health.

Rituals and Rites and Cultural Issues

Judy Rigby, Pastoral Care & Spirituality Services, The Royal Women's Hospital

The work of Pastoral Care & Spirituality Services at the Royal Women's Hospital occurs mainly within the context of loss. Reproductive loss encompasses many losses – loss of the baby; of the role of motherhood/parenthood; of dreams; of expectations; of trust; of meaning as it was linked to decision making. Likewise, patients on the Oncology ward and parents of babies in the Neo-Natal Intensive Care Unit are also dealing with loss – of expectations; of "normal" development patterns; of self image; of life expectancy, etc.

Pastoral Care and Spirituality Services seeks to support patients in the face of these losses, incorporating the use of ritual as one means of attending to patients' emotional/spiritual needs in the face of their loss. PCSS workers seek to assist patients to articulate their beliefs, and the meaning they attach to the loss; to provide physical space capable of luminosity (using the RWH Sacred Space, prayer room, or at the bedside); and to work with the patient to devise ritual, which respects cultural and/or religious diversity. Rollo May, in his book, A Cry for Myth, reminds us that suffering without meaning is intolerable, while suffering with meaning is tolerable.

This presentation explores ways of helping people to find healing connections in the face of loss, and of offering seeds of renewal using culturally appropriate rituals and rites, within the context of limited patient contact.

Islamic Influences on Help-Seeking Behaviour Among Muslim Students

Monique Toohey, Pschologist

Elements of religion and culture are embodied in the way that adults as well as adolescents view life's challenges and how they cope with their problems. Acknowledging and reducing the stigma attached to seeking "professional psychological help" plays an important role when initiating any therapeutic work with Muslim students. This presentation will address how Islamic and cultural values and practices affect receptivity towards professional help for psychological problems and help seeking behaviour. When planning support services for Muslim adolescents, it is useful to identify possible barriers to help-seeking using a Mental Health Help-Seeking Model. Implementing strategies like cross-cultural training of mainstream service providers increases the likelihood of the provision of culturally safe services, thus increasing the initiation and longevity of therapy. Furthermore, student exposure to preventative personal development programs has been found to encourage adolescent receptivity to intervention services when required.

SYMPOSIUM FOUR

VOLUNTEERING PANEL DISCUSSION

Chair: Ms Lynn Cain, ***Australian Multicultural Foundation***

Survey of Australian Volunteers of Diverse Cultural and Linguistic Backgrounds

Lynn Cain, Training and Project Development Manager, Australian Multicultural Foundation

Volunteering is a vibrant expression of citizenship. The most recent trend according to the ABS (2003) is that volunteering continues to increase in popularity among Australians.

The national survey undertaken in 2000 (ABS 2001) indicated that the majority of volunteers were from English speaking backgrounds. In contrast, volunteers from culturally and linguistically diverse groups, while increasing, were a small percentage of the volunteering population. However, we know that people from culturally and linguistically diverse backgrounds are very active citizens and research here and internationally has been carried out on perceptions of volunteering, the promotion of volunteering, and the barriers to participation of people from cultural and linguistically diverse backgrounds. (Kerr, Savelsberg, Sparrow and Tedmanson 2001: Volunteer Development Scotland 2004).

To better understand the complexity of volunteering by people from culturally and linguistically diverse backgrounds, the Australian Multicultural Foundation and Volunteering Australia recently conducted a National Survey of Australian Volunteers of Diverse Cultural and Linguistic Backgrounds. This survey was funded by the Australian Department of Family and Community Services. The aim of this survey was to collect data on culturally and linguistically diverse volunteers from ten language groups. The survey also analysed information on recruitment and management of such volunteers. This presentation will explore and describe some of the outcomes and recommendations.

Recent Initiatives by Parks Victoria to Encourage the Participation of Culturally and Linguistically Diverse Communities in the Use, Development and Management of Victorian Parks

Nigel Caswell, Parks Victoria

The Paper will describe recent initiatives by Parks Victoria directed towards achieving the objectives included in its long term Vision of: Delivering programs that provide equitable, sustainable, diverse and enjoyable recreational opportunities for all Victorians.

Removing barriers to participation in park use and management for culturally and linguistically diverse Victorians; and Increasing the substantial contribution that Parks Victoria makes to growing social capital.by encouraging the active involvement of the broader community.

The Initiatives described fall into two areas; building an organisation which is competent in engaging with all cultures, and building appreciation and awareness in culturally and linguistic diverse communities, of the values and purpose of park.

In the first area the initiatives described will illustrate how Parks Victoria is building the capacity of the organisation and the ability of individual staff to be confident and competent in engaging with multicultural communities; to be able to develop networks with multicultural organisations, and to be capable of attracting and retaining the involvement of people from multicultural communities. The initiatives described in the second area will illustrate how Parks Victoria is building community awareness through partnerships with organisations which support or assist culturally and linguistically diverse communities.

Finally the paper will discuss proposed future initiatives being considered by Parks Victoria

Dianne Embry, Executive Officer, Volunteering Victoria

Abstract not available at time of printing.

Be A Man: Talk to Doctor about Prostate Cancer

Andrew Giles, CEO, Prostate Cancer Foundation of Australia

Prostate cancer is the most common cancer in Australian men after skin cancer, and the second highest cause of male cancer deaths. Every year in Australia 2600 men die of prostate cancer – equivalent to the number of women who die from breast cancer annually however prostate cancer does not have the funding or awareness associated with other cancers.

The Prostate Cancer Foundation of Australia's objective is to raise awareness of prostate cancer and to provide support to those affected by it. The Foundation also raises money to finance ongoing research into the cause, diagnosis and treatment of prostate cancer. Since its beginnings in 1996, the Prostate Cancer Foundation of Australia has established itself as the peak body for prostate cancer.

This talk will discuss the issues and politics that surround prostate cancer as well as the processes, initiatives and challenges we undergo as an organisation to bring awareness to the Australian community. Specifically the talk will highlight two key areas of our work

1. The 2005 launch of our "Be a Man: talk to your GP about prostate cancer" campaign - in partnership with the Australian Pensioners Insurance Agency.
2. The growth of our support groups network across Australia. Today we have 63 support groups across Australia that meet monthly to provide support, guidance and counselling to men with prostate cancer and their partners.

The talk will highlight the issues that are arisen in both these areas as they affect our interactions and engagement with people from diverse background.

CONCURRENT SESSION ROOMS

1.30PM-3PM

BLOCK ONE

SESSIONS	PRESENTERS	VENUES
Cultural Competence	Madeline Chapman Pino Migliorino Judith Miralles Marisa Salem	BALLROOM 1
Diet / Nutrition	Gladys Hitchen Lee-Choon Siauw	LATROBE ROOM
Disability & Cultural Diversity	Michele Castagna Patrick Harris Christian Astourian Effie Meehan	BALLROOM 2
Emergency Services	Anthony Abate Con Patralis Caroline Spencer	EPICUREAN ROOM
HIV/ Hepatitis C	Danielle Forer Effie Katsaros Lynne Martin	JOLIMONT ROOM
Indigenous health	DELACOMBE ROOM Ram Vemuri Lara Van der Wieler Michael Loder	Jeffrey Fuller
Health and Wellbeing issues for Refugees from the Horn of Africa	Melika Sheik Idin Elleni Bereded Terefe Aborete Maurice Eisenbruch	Huntingdale Room
Refugee/ Asylum seekers	Ignacio Correa-Velez Vanessa Johnston Kit Lazaroo Peter Westoby	BALLROOM 3
Substance Abuse/Misuse	Martin Gibson Mario Smith Michelle Toms	STRADBROKE ROOM

FLOORPLAN PAGE 118-119

TUESDAY

SESSION ONE

CULTURAL COMPETENCE

Interactions of a District Hospital and its Diversity Health Co-Ordinator to Achieve Organisational Cultural Competence

Madeline Chapman, The Sutherland Hospital & Community Health Service

The Sutherland Hospital is a Community hospital in the southern part of Sydney. The percentage of the population that speaks a language other than English at home is just under 11% and yet this hospital has embraced the Diversity Health Co-ordinator program to develop the capacity of its staff to deal with the growing diversity of their patients and clients.

Recognition by executive and some managers that building the cultural competence of staff strengthens the organisation, has resulted in many initiatives. These initiatives have come about directly due to the fact that a Diversity Health Co-ordinator is on the premises participating in the everyday functioning of the facility. Another major contributing factor is the demonstrated commitment of consecutive Executive Directors, the Director of Nursing and other key executive in attending, supporting and actively participating in the monthly meeting of the Diversity Health Committee.

A synergistic relationship emerged between several key staff members who recognised the benefits of the Diversity Health Co-ordinator role. Some successful projects followed which were publicised via Department Heads meetings and other established communication channels. This then led to other managers recognising ways in which they could adapt their service provision to better meet the needs of the diverse community which they serve.

This presentation aims to recount the genesis of some initiatives and explore the factors contributing to their success.

Increasing Cultural Competency For Healthier Living

Judith Miralles, Judith Miralles & Associates, **Pino Migliorino**, Managing Director, Cultural Perspectives

The presenters will discuss findings from a project they have recently completed

to identify key health sector competencies underpinning effective communication of healthy living outcomes to Australians from a language and cultural background other than English.

The project sought to identify factors relevant to improving the cultural competence of the health sector and its partners so as to:

- advance healthier living and environments;
- improve the design and uptake of health messages; and
- identify barriers to changing behaviours.

The analysis of the data was organised under a number of headings:

- What interventions / skills / knowledge are deemed to be important? (e.g. establishing networks with ethnic community organisations, use of community champions, understanding role of family….)
- What structures / policies are deemed to be important? (e.g. bilingual staff, cross-cultural training for staff, allocated budgets for language services…)
  - How are these manifested at individual, organisational, professional and system level?
  - What factors impact on take up of culturally competent practice? (individual and organisational drivers; individual and organisational impediments)
- What factors impact on take up of health activity / message? (e.g. proximity to home, cost, role models…)
  - role of cultural practices and beliefs in determining lifestyle choices and behaviours;
  - role of English language competence in being able to make informed decisions;
  - impact of settlement issues; and
  - impact of key demographic variables.

Discussion Paper on Issues Impacting on the Appropriate Use of and Access to Interpreters in the Provision of Health Care Services in NSW - A Strategy of the NSW Refugee Health Improvement Network's

Marisa Salem, Programs Coordinator NSW Refugee Health Service on behalf of the RHIN Interpreter Issues Working Group

The availability of professional interpreters trained to provide services for refugees and medical practitioners is an essential part of the medical diagnostic and treatment process, and an essential part of client care. However, clients, health practitioners, administration staff and service providers continue to struggle with a range of issues that restrict appropriate access to and use of these services.

This paper provides an overview of a multi agency response to initiate discussions between the Refugee Health Improvement Network and interpreter services. A discussion paper was compiled, circulated and a meeting took place between TIS, Health Care Interpreter Services, Community Relations Commission and RHIN to jointly develop strategies, clarify issues and help reduce professional and organisational discrepancies that can complicate use of services. A working group formed and actioned the range of identifies strategies. The presenter will outline these and the progress to date.

SESSION TWO

NUTRITION AND DIET

"Meeting the Challenge of Providing Hospital Diets to Inpatients from a Culturally and Linguistically Diverse (CALD) Community Members" – Dietetics in Mental Health Exploratory Study – First Stage. (Diversity In Policy Development)

Gladys Hitchen, Mental Health Clinical Dietitian – Cumberland Hospital, **Bernadette Galing-Aquino**, Dietitian in-charge - Auburn Hospital - SWAHS, **Debbie Dabrowski**, Clinical Dietitian – Westmead Hospital - SWAHS, **Peter Talbot** Area Director Dietetics East - SWAHS

AIM

To establish the need for the provision of CALD diets to in-patients in Mental Health facilities.

OBJECTIVE

To conduct a QA project into the provision of culturally and religiously appropriate diets for Mental Health inpatients in SWAHS-MH.

RATIONALE

1. The need for access, equality and equity in health care includes the provision of culturally and religiously appropriate diets.

2. Mental Health inpatients have a very long hospital stay compared to those admitted to general hospital.

3. Mental Health inpatients from CALD communities have a longer length of stay compared to other Mental Health inpatients.

4. There is a consistently high inpatient census of persons from CALD communities in the Mental Health services.

METHODOLOGY

Support was requested and obtained from the Transcultural Mental Health Centre.

The relationship between the Department of Dietetics and Nutrition of Westmead Hospital and the SWAHS Ethnic Access Committee was established and an application for a Quality Assurance Pilot Project was submitted to the SWAHS-Executive Committe.

Information from various hospitals that provide halal foods and other culturally determined meals was obtained by the 4 participant clinical dietitians in this project.

Mental Health Consumer consultants were invited to participate for the pilot stage.

Consultation with selected inpatients and relevant WSAHS staff was carried out at Auburn and Blacktown General Hospitals, and at Cumberland Psychiatric Hospital, by 2 dietitians.

RESULTS

Ten patients who were consulted in each hospital reported their need for CALD diets; nurses at Cumberland strongly supported this need. At Auburn, they were concerned about different food service issues and no interest was shown by nurses at Blacktown Mental Health.

CONCLUSIONS

These results proved very valuable and indicated the need to proceed to a Second Stage Pilot Project.

Access to Food: Challenges in the Land of Plenty

Lee Choon Siauw, Victorian Health Promotion Foundation

Access to food for healthy eating is a human right. Over the last few decades, there have been increasing concerns that there are growing numbers of Australians who do not have regular access to food for healthy eating from non emergency sources – i.e they experience food Insecurity.

In 1995, the National Nutrition Survey found that around 5% of Australians experienced food insecurity. Evidence suggests that those who are most at risk of not having enough to eat and have poor diets are people of low incomes, the chronically ill, single families with dependent children, people with a disability, Kooris, asylum seekers and refugees, in particular those from linguistically diverse backgrounds.

Some of the major barriers identified are:

- Economic – having adequate income or resources to buy food or having affordable food outlets in the neighbourhood;
- Physical ability – ability to walk, drive and carry purchases home;
- Physical infrastructure – availability of public transport or safe walkable routes or footpaths to shops;
- Cultural relevance – availability of socially and culturally appropriate food and
- Geographical isolation.

Therefore emphasis on health education and individual behaviour change (e.g food budgeting or knowledge about nutrients) must be complimented with strategies to reduce the infrastructure barriers such as lack of transport or affordable and accessible food outlets with a range of food choices.

This presentation describes a program that Victorian Health Promotion Foundation has developed with local government authorities taking the lead for integrated planning to reduce infrastructure barriers to improve access to a variety of food for healthy eating. This program includes community engagement and partnerships across a variety of sectors such as businesses, education institutions, health and welfare partners. Having adequate food for healthy eating is every body's business.

Frankston Community Kitchens Project – 'Come for the Food, Stay for the Friendships'

Jenny Trezise, Kate McCluskey, Frankston Community Health Service

More than half of our population are overweight or obese and more than 3 million Australians have either pre-diabetes or diabetes.[1] Some of the major factors that impact on peoples ability to make dietary changes and improve their health outcomes include, limited food knowledge, inadequate cooking skills, reduced role modelling opportunities and poor motivation. [2] The Community Kitchen concept offers communities an opportunity to reduce some of the barriers to a healthier lifestyle as well as a unique way of bringing communities together.

The Community Kitchen project has been developed based on a model which is well established in Canada. The Australian Community Kitchen's philosophy is to further develop a sense of community around healthy food. Community Kitchens encourage members to develop new friendship networks, whilst further developing skills and abilities in preparing and cooking affordable meals. An integral part of the Community Kitchens concept is to utilise existing community resources and to create partnerships to support the sustainability and to limit requirements for ongoing funding support.

The project is currently in year 1 of a 2 year pilot in Frankston, Victoria. There are currently 8 Community

Kitchens within the City of Frankston. There are Men's, Women's, Mixed, Koori and Youth Kitchens and a kitchen for people with disabilities. A multi-cultural kitchen is also being developed. Our aim is to expand the project across Victoria and potentially Australia. The first phase of evaluation of the project focuses on participation, behaviour change, volunteering and the creation of partnerships with community groups and organisations.

References

1. Diabetes Australia, Diabetes Facts, www.diabetesaustralia.com.au, 2003.

2 .Medical Journal of Australia in Health and Primary Care News, "We need an Anti-Obesity Program for All Australians, AMA, 20 June 2004.

SESSION THREE

DISABILITY

Chaired by Diana Qian, National Ethnic Disability Alliance

Sharing a Healthy Journey in Remote Spaces - A Personal Perspective

Michele Castagna, National Ethnic Disability Alliance

The presentation exams the definition of isolation, what does this mean and what are the health effects? It will explore a wide range of issues including availability of services and resources, the importance of cultural and place, and communication and language issues. How do all of these factors impact on individual and family life?

Finally, does the health system cope?

Becoming Culturally Confident: Developing a Poster and Accompanying Manual Putting Cultural Competence into Practice for Disability Services

Patrick Harris, Multicultural Disability Advocacy Association

Aim:

To develop a step by step guide to putting cultural competence into practice when working with people with disability, their families and communities

Method: A review of the international and Australian human service literature on culturally competent practice followed by focus groups and interviews with service providers, consumers, and advocates.

Results:

The poster and manual cover five areas:

- what culture and cultural competence are;
- thinking critically, cultural awareness and sensitivity, cultural knowledge; interacting with others including improving working relationships with people, communication, and consumer assessments;
- effectively involving family and community;
- and the changes involved in culturally competent growth.

Discussion:

The success of the project was grounding the manual in experiences of consumers, providers and advocates coupled with those of the author during the research process. This added a personal touch often lacking in cultural competence work, which for many can be confusing and far removed from practice. The manual puts the reader at its centre, encouraging hands on experience and practice coupled with creative thinking about themselves, people with disability, their families and carers. Each area of the poster and manual are one part of a bigger picture encouraging understanding of cultural competence, reflecting on what this means and putting this understanding and reflection into practice.

Healthier Participation for People from CALD with Disability

Christian Astourian and **Effie Meehan**, Diversity and Disability (DnD)

We are going to talk about ourselves, our achievements in the past, who we are and what are our aspirations now and for the future.

We will be talking about our current project called "Diversity and Disability", former Voices Heard project, which has the strong aim to support people with a disability from CALD background to be fully inclusive, independent and participants in community life.

The idea is to provide them with the tools to speak for themselves and be independent in their decision making and achievements in life. We are going to talk about how we work and how people with a disability have been involved so far and outlining future directions and strategies.

SESSION FOUR

EMERGENCY SERVICES

Proactive Policing as a Means to Achieving a More Healthy Society:

Anthony Abate, Manager of the Multicultural Advisory Unit, Victoria Police

Victoria Police is perhaps the most visible public service in the community, with over 300 stations located across the State. Community Policing acknowledges the need for Victoria Police to engage proactively with the community, so as to establish links that enhance notions of public safety, the availability of services, and the readiness of Police to respond effectively in times of need. Victoria Police has undertaken this task in a number of ways, including through the establishment of the Multicultural Liaison Officer Network.

Emergency Medical Response and Diverse Communities

Andrew Zammit and **Con Patralis,** Metropolitan Fire Brigade, Melbourne

The Emergency Medical Response program was formalised by the Victorian Government as a core activity in October 2001.

The program is the combined effort of the Metropolitan Fire Brigade (MFB) and the Metropolitan Ambulance Service (MAS). In what is called the First Responder program, MFB fire fighters have been trained in advanced first aid to attend serious medical emergencies (e.g. cardiac arrest). Now, when a person calls 000 requesting an ambulance, to reduce the time taken to respond to life threatening medical emergencies, ambulance paramedics, along with fire fighters, will be sent to the scene at the same time.

MFB have received training from MAS and if fire fighters arrive first at the scene of an emergency, they will provide initial medical care until arrival of ambulance paramedics. Quicker access to resuscitation, including early defibrillation, in the first vital few minutes of life threatening medical emergencies ensures a better chance of survival.

Preliminary research undertaken by the MFB's Equity and Diversity Unit in early 2004 indicated that whilst the levels of awareness amongst the broader mainstream community of this function need to be increased, awareness amongst culturally and linguistically diverse communities is considerably lower. Confusion generally is compounded by issues of language and cultural barriers.

The MFB have used the research and community consultation findings to develop a series of programs and initiatives aimed at increasing awareness and confidence of the EMR role amongst CALD communities. This presentation will detail those programs and share progress to date.

Do Paramedics Need to Learn about Cultural Diversity to Effectively Manage Acute Health Events?

Caroline Spencer, Monash University Centre for Ambulance and Paramedic Studies, Vic

I challenge the need for paramedics to learn about cultural diversity to effectively manage acute health events.

Globalisation and migration are commonly used reasons to justify the need for an awareness of cultural differences in health care situations. The belief is that understanding a patient's cultural background will achieve improved health outcomes. Such optimism and idealism are admirable goals to aim for in a non-emergency health event, but in an acute health event paramedics have a limited time frame to treat, let alone get to know their patients' cultural backgrounds. The literature provides some generic guidance but the specific literature about the cultural context of paramedic care is silent.

In this paper I explore different models for cross cultural health care and critique their usefulness for paramedics working in the pre-hospital emergency health setting. Anecdotal evidence suggests that cultural factors do adversely impact on paramedic emergency care.

I also report on the initial stages of a qualitative research project as a first step in systematically gathering evidence on this important topic.

I conclude by demonstrating a critical need for understanding cultural awareness and that for paramedics there is an additional level of complexity in preparing them to see what is not obvious in an acute health event. Instead of placing cultural issues in the too hard basket – I propose a culturally responsive approach in the emergency setting and suggest a method for achieving such an outcome.

SESSION FIVE

HIV/HEPATITIS C

Supporting People from Multicultural Backgrounds who have been Diagnosed with HIV and Hepatitis C

Danielle Forer, Infectious Disease Unit, the Alfred

Stigma, discrimination and isolation are often experienced by people living with HIV and Hepatitis C. These issues can be compounded for people from a multicultural background. In addition, there can be added difficulties such as accessing services and support and understanding complexities of treatment and transmission.

In 2000 an increase in HIV notifications was identified in Victoria in men and women from countries which have a high prevalence of HIV. It was also recognised that a sizeable proportion of people with Hepatitis C are from Culturally and Linguistically Diverse backgrounds (CALD).

This presentation will outline a clinical support service which is run by The Alfred Hospital. The service works with people from multicultural backgrounds who have been diagnosed with HIV and Hepatitis C.

The service aims to improve access and equity to healthcare services and reduce the isolation faced by individuals. This is achieved through bi cultural workers who can provide support, advocacy, outreach, and access to and interpretation of information relating to health needs.

The presentation will outline the needs identified by clients, the challenges and strengths of utilising co workers in a support role and the outcomes which have been identified by clients, the service and their referring workers. Key learnings and directions for the future will be highlighted.

Women, Culture and HIV: The Support Model of the Multicultural HIV/AIDS and Hepatitis C Service

Effie Katsaros, Masha Eisenberg, Maria Petrohilos, Multicultural HIV/AIDS and Hepatitis C Service, NSW

People from culturally and linguistically diverse (CALD) backgrounds made up 22% of all new cases of HIV in Australia in 2002. Women born in non-English speaking country made up over half the new HIV infections among women in 2002-2003.

Women from CALD backgrounds experience many similar issues to other women living with the virus – physically, socially, and psychologically. But their experience is compounded by their migration, culture, language, and family.

The Multicultural HIV/AIDS and Hepatitis C Service uses bilingual/bicultural workers to provide culturally relevant support to people living with HIV/AIDS. It currently targets more than 20 language backgrounds and its annual number of new referrals equals approximately half the new NSW HIV notifications from people of CALD backgrounds. Women make up a third of the Service's clients.

This paper presents several case studies from the cumulative experience of the Service and some findings from a collaborative study with the National Centre in HIV Social Research to show that culturally relevant support can result in a series of positive outcomes.

The paper describes the model of support provided by the Service and shows how having one-to-one support from a female co-worker, who is trained in HIV/AIDS, speaks the same language and understands the culture, allows for a strong relationship to be developed and meaningful support to take place. This relationship replaces lost traditional supports and reduces the isolation CALD women experience.

Participating in Phase III HIV Vaccine Trials: Initial Data from South Africa

Prof. S. Ashraf Kagee, Department of Psychology, University of Stellenbosch, South Africa

Abstract not available at time of printing

"One Size Fits All?" Developing a Resource for People from Culturally and Linguistically Diverse (CALD) Backgrounds – The National Hepatitis C Project

Lynne Martin, Multicultural HIV/AIDS and Hepatitis C Service, NSW

The National Hepatitis C Project for people from culturally and linguistically diverse (CALD) backgrounds is funded by the AGDHA to implement initiatives for people from CALD backgrounds, including a national hepatitis C resource in 15 languages.

In the dominant Australian culture, hepatitis C epidemiology and social research has resulted in specific resources for the general population, injecting drug users and young people.

Hepatitis C epidemiology and social research among CALD communities suggests that CALD resources need to work across the major risks for acquiring hepatitis C: namely unsterile medical procedures overseas and injecting drug use.

Consequently, this project is developing an awareness raising resource in order to meet the needs of the wider population, and will be distributed to IDU and youth agencies within these communities until more specific resources become available.

However, although it has its benefits in terms of funding and utility, is this "one size fits all" approach to resource development the best option for CALD communities, given that each CALD community is as diverse across generations as it is across culture and language? Are CALD resources the single responsibility of multicultural organisations, or should non-CALD organisations become more proactive in their CALD resource development, especially when they specialise in youth or drug user issues?

I will talk about the challenges I have faced in producing this resource to date, as well as the challenges that other service providers might face in developing resources for specific CALD population groups. I will also highlight some useful guidelines for the development of multilingual resources.

SESSION SIX

INDIGENOUS HEALTH

Sustaining a Cross-Cultural Organisational Partnership in Aboriginal Mental Health

Jeffrey Fuller, Northern Rivers University Department of Rural Health, University of Sydney **Lee Martinez**, Northern & Far Western Regional Health Service, **Kuda Muyambi,** Pika Wiya Health Service

The RAISE Wellbeing Program out of Pt Augusta in South Australia is a 4-organisation partnership to improve Aboriginal primary mental health care. The program has used an action research case study involving a stakeholder review committee, data from a literature search, 20 key informant interviews and a 4-organisation staff focus group of critical pathway vignettes.

Development and sustainability factors identified were themed under 4 domains. "Drivers" were the context of historical moves in Aboriginal human servicing, current policy towards mainstreaming with regional delegation and regional service demand where Aboriginal issues are profoundly visible. "Communication", where information-sharing processes have been developed in a planning context that lacks readily available data for decision-making. "Practices", where tools & processes are limited for flexible responsiveness but that would enable professions to maintain their protocols. "People", where program development rides on personalities and relationships, rural staffing difficulties and fundamentals of team functioning.

RAISE Wellbeing has survived despite paradoxical opportunities and threats within these domains, because of close local relationships, relatively small leverage funds and regional commitment. Sustainability now requires practice development through appropriate care management tools and staff training, that are not likely to come solely from within the region's resources.

An Aboriginal mental health links program can be developed regionally but requires assistance to increase staff skills in Aboriginal mental health and to adapt culturally relevant care management tools. These resources need expert development and promulgation. The findings add to knowledge about linkages in Aboriginal primary mental health care and what will be required for transferability to other locations.

Is there a Correlation between Health Outcomes and Health Expenditure in the Northern Territory Indigenous Population?

Dr Ram Vemuri, Charles Darwin University, NT, Peter Byron, Department of Health and Community Services, NT, **Rebecca Houlihan,** Department of Health and Community Services, NT

Data Sources:

AIHW (Australian Institute of Health and Welfare) publications including Expenditure on Health Services for Aboriginal and Torres Strait Islanders 98/99 and preliminary data from 2001/02 publication.

Jurisdictional health outcomes are from the Aboriginal and Torres Strait Islander health performance indicators.

Methods:

This paper uses a shift share model to compare Aboriginal and Torres Strait Islander health expenditure data from the two most recent AIHW reports, that is, it compares data from 1998/99 and 2001//02.

A three year expenditure timeframe is not of suitable length to gauge whether there have been significant changes in health outcomes, instead we have used a cross sectional approach comparing health outcomes in other state jurisdictions and the Territory's own.

Issues:

Have recent policy decisions as shown by changes in levels of expenditure in various areas resulted in better health outcomes for indigenous people?

We can quantify changes in levels of expenditure through various means however, finding relevant and reliable health outcome indicators for indigenous people is very difficult. The existing mainstream indicators of health outcomes are well known to be culturally less relevant to Indigenous people. Even the Aboriginal and Torres Strait Islander health performance indicators have a number of shortcomings.

For the purpose of this report despite the shortcomings we have used the Aboriginal and Torres Strait Islander health performance indicators as the best possible indicators and tried to align health outcome indicators against the various classifications of expenditure.

General Practitioners Moving to Promote Good Health

Donna Lehmann, Dr Lara Van der Wieler, Dr Michael Loder, Riverland Division of General Practice Inc, SA

Through the support of the Riverland Division of General Practice Inc (RDGP), The Riverland Health Services and Child and Family Youth Service, eleven General Practitioners provide services and support to the Riverland Aboriginal community from a mobile health service, called The Peelies Bus.

The Peelies Bus is a mobile health and well being clinic for Riverland Aboriginal Community members who have difficulty accessing mainstream services due to reasons such as isolation, financial difficulties and or social/cultural issues.

The Peelies Bus travels to the five major Riverland towns and the Aboriginal Community Mission approximately every fortnight. A GP from that particular town then provides basic medical services on the Bus, including overall health checks, chronic disease management, immunisation and asthma management. It is hoped that services will soon be extended to include pap smears and other more comprehensive services.

The main objective of the service is to increase the number of Aboriginal people accessing mainstream health and well being services. While initial uptake of the service was slow there is now wide acceptance of the service with many positive outcomes for the health of the Riverland Aboriginal Community. The involvement of GPs has been a huge learning experience for all involved, but the support and service they have given has been invaluable.

SESSION SEVEN

HEALTH AND WELLBEING ISSUES FOR REFUGEES FROM THE HORN OF AFRICA

Understanding and Reflecting on Health and Wellbeing in the Horn of Africa Community

Dr Melika Sheik Idin, Elleni Bereded-Samuel, Terefe Aborete, Prof Maurice Eisenbruch

This session will be a panel jointly convened by Institute for Community Engagement and Policy Alternatives, Institute for Health and Diversity and the Horn of Africa Communities Network. The focus will be key health and wellbeing issues from the perspectives of the community from the Horn of Africa. Attention will be paid to ways of improving current strategies to promote health and wellbeing. Members of the HACN community will provide key voices.

SESSION EIGHT

REFUGEE/ASYLUM SEEKERS

Engaging Refugees in Participatory Action Research: The Experience of a Pilot Study of Refugee Health and Wellbeing

Ignacio Correa-Velez and **Sandy Gifford,** Refugee Health Research Centre, La Trobe University, Victoria

In the context of migrant and refugee research, non-participatory research has been deemed as 'exploitive' because it helps a dominant culture to control the development and use of knowledge to the disadvantage of the communities in which the research takes place. From this perspective, participatory action research (PAR) was developed in order to make academic research more applicable to the needs of those being studied. PAR encourages participants to actively participate

in the research design, methodology and projected outcomes. However, is it viable to engage people with refugee background in participatory action research? What barriers are met when developing a study within this methodological framework? How do people with refugee-like experiences respond to this research methodology? How do we define active participation? Is participants' empowerment a measurable outcome?

This paper draws from the experience of a qualitative pilot study of refugee protection and wellbeing which involved a consultative group of ten refugee individuals/families in the design of specific methods of sampling and data collection for a larger longitudinal study of refugees' health and wellbeing. The presentation will focus on both processes and outcomes of the pilot project and will discuss the applicability and limitations of the participatory action research model for resettled refugee populations.

The Health Impact of Asylum Seeker Policies for Iraqi Refugees Living in Melbourne

Dr Vanessa Johnson, Key Centre for Women's Health in Society, Melbourne

Refugees, in general have a higher rate of long-term medical and psychological conditions compared with the mainstream population of developed countries in which many are resettled. This fact does not undermine the extraordinary resilience of refugees but highlights the multiple pre- and post-migration stressors that many face, and which may impact on health. While host governments have relatively little control over the pre-migration environment from which refugees flee, countries such as Australia who are signatories to the 1951 Refugee Convention have a legal obligation to implement policies that best assist refugees' integration into the community in which they settle. The last decade or so has seen a flurry of new and amended immigration policy in Australia relating to asylum seekers, the specific aim of which has been to curtail the ability of displaced persons to seek resettlement. These policies include, among others, the mandatory detention of asylum seekers while their refugee claims are being processed, and the introduction of the Temporary Protection Visa (TPV) for all unauthorised arrivals who are granted refugee status. While there is a raft of anecdotal evidence to suggest that these policies are harmful to the health of refugees, there has been little empirical evidence to back these claims. This paper will present preliminary results from a study designed to examine the impact of specific asylum seeker policies on the health and well being of a group of Iraqi TPV holders in Melbourne.

Mementos and Memorials: Capturing the Elusive "Sense of Place" With East Timorese Asylum Seekers

Kit Lazaroo, Public Health Scholar, Victorian Health Promotion Foundation, co-enrolled at Melbourne University's Centre for International Mental Health and School of Creative Arts

Using a friendship group and creative arts activities as a way to explore wellbeing amongst older Hakka (Chinese minority) East Timorese living in Melbourne's west, this project illustrates the importance and complexity of community, cultural identity, and connection to geographical place as constituents of wellbeing in this group. The 18 month timespan of the project includes the transition of its participants from being asylum seekers to gaining permanent residence, a period of identity reconstruction within the community. Through rich storytelling and artwork, the participants conveyed to the researcher their deep sense of connection to the topography and indigenous cosmology of East Timor, a connection not well represented in the popular conception of the Hakka Timorese as a pragmatic and mercantile diaspora. This paper suggests a shift in their conscious identification with Timor Lorosa'e with time. In light of theorizing around memorials as a way of restoring "sense of place" where significant trauma and suffering has occurred, the storytelling and other creative acts of the participants are considered to be ephemeral memorials where they attempt to recover places despite distance and time. The paper describes how the researcher traveled to East Timor to take photos of such places for the participants, how elusive her mission seemed, and what the participants made of the mementos which she brought back. "Topography of self" as a psychological construct offers displaced people the chance to put powerful personal and collective experiences in the frame of wellbeing, and is an invitation for creative methodologies.

A Dialogue in Healing – Refugee Health

Peter Westoby and **Carolyn Cox,** Queensland Program of Assistance to Survivors of Torture & Trauma (QPASTT) and the University of Queensland

Over the past three years QPASTT has been facilitating a project called 'a dialogue in healing' with a number of refugee groups. This project has included both research and program components.

The research dimension has utilized two methods: firstly a heuristic method of interviews eliciting 'what is healing for refugees' – focusing on endogenous understandings and approaches (rather than the exogenous understandings and approaches that come from processes of acculturation); and secondly a group dialogue method exploring 'culture, community and social healing'. This second method also included a one day workshop of dialogue and a weekend retreat at an indigenous healing centre between indigenous leaders and refugee leaders exploring possible inter-cultural learning.

The program dimension has then utilized the results of the research to elicit, initiate and support six refugee communities in endogenous approaches to healing. These have included the Somali, Sudanese, El Salvadorean, Bosnian, Tibetan and Iranian communities.

This paper will tell the story or the project and then outline and briefly examine the results of this project. The paper will: 1. attempt to interrupt the processes that 'medicalize' social distress and healing within Western frameworks of health; and 2. present a holistic framework of healing building on cultural and community resources.

SESSION NINE

SUBSTANCE ABUSE/ MISUSE

Alcohol and Drug Use amongst African Young People in Hobart

Martin Gibson, Multicultural Research Officer, The Link Youth Health Service, Tas, **Deborah van Velzen** Multicultural Health, Dept. of Health & Human Services, Tas

This research project is funded by the Alcohol Education and Rehabilitation Foundation Ltd. and conducted by The Link Youth Health Service in Hobart, Tasmania. The Link is a youth specific (12 – 24 years) health service, established in 1990 with an emphasis on assisting and advocating for vulnerable young people.

The Link initiated this project in response to anecdotal evidence of problematic alcohol and other drug use by African young people in Hobart.

The presentation will cover the participatory research model used in this project, including:

- The process of forming the research team of young African people
- The young people's involvement in the research design and data analysis
- Data Collection strategies: focus groups, questionnaires and key interviews
- Results and Recommendations
- What we learnt about the participatory research process

A key feature of the project was the proactive, capacity building strategy to recruit and train a team of African young people to assist with all aspects of the research project. This research team of six young people (4 Male and 2 female) was recruited from Sudanese, Ethiopian, Rwandan and Sierra Leonean backgrounds. The team provided invaluable cultural advice and enabled the project to overcome barriers of trust to engage African young people in Hobart in relation to sensitive issues.

Neo Rave Culture and Stimulant Use: A Study into the Increased Popularity of TIK (A Synthetic Stimulant)

Dr Mario R. Smith, Ph.D., University of Stellenbosch, South Africa

This paper presents the findings of two studies into Rave culture: The initial study was conducted during the increased popularity of Rave culture in the late 90s while the second study was conducted in 2004 when Rave culture had begun to go underground (neo-rave). Both studies employed case study designs and triangulated the data collection. Methods included autobiographies, interviews, and observation. The first study focused on the relationship between normative practices within Rave Culture and Disordered Eating. The results of this study suggested numerous interdependant links between the paraphernalia and subcultural traits of the Rave Culture and traits usually associated with Eating Disorders. Clear illustrations were found of how participation in the Rave Culture could predispose participants to engage in Disordered Eating Practices. Similarly, Raving was shown to precipitate and even perpetuate Disordered Eating Practices. Rave Culture seems to exert more pressure on individuals to conform to norms of a thin body-ideal, and it is concluded that Rave Culture potentially sets an acceptable stage for the normalisation of Disordered Eating Practices. The second study focused on the means participants used to obtain stimulants and the emergence of a new drug, TIK, that simulates the effects of Ecstacy. Results suggests that the habitual use of stimulants in the Rave culture contributed significantly to the marketability of and the rapid increase in popularity of, and addiction to TIK.

The Prevalence of Tobacco, Alcohol and other Drug Use in Six Non-English Speaking Background Communities of NSW

Michelle Toms, Sonali Munot, Drug and Alcohol Multicultural Education Centre (DAMEC), NSW

The paper presents the findings from a large-scale prevalence survey of tobacco, alcohol and other drug (AOD) use in six non-English speaking background (NESB) communities. The survey methodology involves a self-completion questionnaire with up to 3 000 randomly selected householders in Sydney and the Illawarra. The study replicates the 1990s DAMEC prevalence surveys and includes items from the 2001 National Drug Strategy Household Survey. The 1990s surveys found that NESB people had higher levels of tobacco use than the wider community, but were less likely to have drunk alcohol.

The paper presents comparative data for the aforementioned data sets for the Spanish, Italian, Chinese, Vietnamese and Arabic speaking communities and prevalence data for the Pacific Island communities. The study also investigates attitudes, knowledge and behaviours associated with AOD use. The concept of acculturation as employed by cross-cultural psychologist John Berry (1997) refers to the resulting changes for migrants from the degree of adaptation to new cultural contexts. Researchers have argued that the degree of acculturation will affect the patterns and prevalence of AOD use for migrants. The current study measures acculturation via an eight item scale developed by Rissell (1997). As such, the paper will also consider the concept of acculturation as a predictor of alcohol and other drug use. The study is funded by the Alcohol and Education Rehabilitation Foundation (AERF) and appears to be the only large scale study of AOD use among NESB people in NSW.

CONCURRENT SESSION ROOMS

3.30PM-5.00PM

BLOCK TWO

SESSIONS	PRESENTERS	VENUES
Carers Issues	Kerri McDonald Ros Morrow Marie Piu Christine Chiappini Sylvia Collinetti	BALLROOM 2
Creative Solutions	Christopher Fitzharris Jacqueline Riviere Miguel Quintero Evelyne Tadros Roz Wollmering	STRADBROKE ROOM
Healthy Ageing	Frank Di Blasi Natalija Nesvadba Joanne Tan	DELACOMBE ROOM
Medicine / Alternative Health	Marisa Cordella Jenny Gowan Basil Natoli	LATROBE ROOM
Settlement / Rural region	Alex Burns Catherine Heal Maria Cassaniti Kim Webster	HUNTINGFIELD ROOM
Supportive environment for refugees and migrants	Donna Chesters Renata Kokanovic Chris Pierson Gosia Skalban	BALLROOM 3
Women's Health	Samia Baho Wei Jiang Inshirah Khan Merrian Oliver-Weymouth	BALLROOM 1
Physical Activity	Evan Bichara Nick Gabb Assunta Morrone	EPICUREAN ROOM

FLOORPLAN PAGE 118-119

TUESDAY

SESSION ONE

CARERS ISSUES

From Depression to Resurrection

Kerri McDonald, NSW Police

As a police officer for New South Wales I have experienced many phenomenons during 27 years of service. When I commenced a deeper interest in mental health issues in 1997 it was due to an extraordinary number of mental health clients we were dealing with in the wider community. Little did I know what lay in store for me! The result has been an extraordinary sense of compassion and empathy towards all members of the community, particularly mental health clients, as it impacted on my personal life at the end of 2004.

In December 2004 my father died and it set in progress an incredible chain of events which led to my own mother attempting to take her life. She spent two months in Greenwich Hospital, an acute psychiatric hospital for the elderly. I have consulted her and have received her permission to make a submission based on her experience and recovery. This paper will have a balanced approach, in my mother's words, 'medication and a spiritual awakening' through her strong faith in God. As put in the words from Rob Ramjan, Editor of Focus Schizophrenia Fellowship NSW 'the concept of recovery defies one definition, by its very nature it is personal, individually defined and steered by the mental health consumer'. This paper will reflect my mother's journey as a mental health patient, her self healing through interaction with other patients and my reflections as a carer.

The Psychological Implications of Informal Caregiving in Middle-aged Women: The Hidden Carer

Dr Ros Morrow, Andrea Attwell, Laura Allison and **Ms Daisy Cockerill,** Curtin University of Technology, Perth, Western Australia

Informal caregiving is often given to elderly parents by middle-aged women. It can be argued that this particular group of women are experiencing major transitions at this time of their lives (e.g., teenage children, work and menopause). The present study looked at the impact of caring from a quantitative (GHQ12 and Physical Health Checklist) and qualitatively (Focus Group and one-on-one interviews). The results indicated that this group experienced psychological symptoms such as depression and physical ailments such as headaches and heart palpitations. New themes emerged which had not previously been identified which significantly impacted on these women in their role as hidden carers. The key themes were: cross-cultural issues, lifestyle and family dynamics. This paper will focus particularly on the impact of these issues and the development of intervention programs.

'Extending a Welcome to Carers From Culturally and Linguistically Diverse (CALD) Backgrounds'

Marie Piu, A joint initiative of the Network for CARERS of people with a mental illness and the Victorian Transcultural Psychiatry Unit (VTPU)

The Network is the Victorian peak body supporting carers of people with a mental illness. The VTPU, through its membership, has assisted the Network to convene a CALD Carers Day coinciding with its 6th Carers Conference 'Talking Together, Working Together – Carers with Consumers & Clinicians'. This program is aimed at facilitating participation in information exchange for carers who due to cultural distance and difficulties with English would generally be excluded. The Greek, Italian, Maltese, Turkish and Vietnamese languages reflect five of the main Victorian CALD source countries. Psychiatrists from these language groups are invited to take questions and discuss concerns with bilingual case managers available as facilitators through North Western and Werribee Mercy Mental Health Programs.

The VTPU convenor explores:

- The boundaries limiting participation for this cohort
- The key role of the convenor and the steering committee as conduits between the mental health clinician and the CALD carer
- The extensive consultation process with stakeholders involved
- The reframing of the material proposed by the presenters in a culturally appropriate way in consultation with CALD consumer, carers and clinicians as required
- The funding needed to ensure the provision of professional interpreters and translation of produced materials.

References

New Directions for Victoria's Mental Health Services. The next five years. Victorian Department of Human Services, 2002

Chief Psychiatrist Clinical Practice Guideline: Working together with families and carers, March 2005

Responding to the Needs of Italian Speaking Carers of People Experiencing Mental Illness

Christine Chiappini, Inner West Area Mental Health Service, **Sylvia Collinetti,** Royal Melbourne Hospital Mental Health

This presentation provides an account of an Italian Speaking Carers Group (ISCG), which was developed to meet the needs of Italian carers of people experiencing mental illness. The ISCG commenced as an initiative of three Italian Bi-lingual Case Managers (BCMs) in three Area Mental Health Services (AMHSs) in Melbourne. The Bi-lingual Case Management Program was designed to improve access and mental health service delivery to people from culturally and linguistically diverse (CALD) backgrounds experiencing mental illness. The carers group was established because a significant portion of the direct practice consisted of work with families who raised common issues including the language barriers in accessing mental health services, grief, loss, stigma and differences in value systems between the first and second generations. Most of the carers of Italian background had limited English skills regardless of the years living in Australia. Most of the consumers they cared for were Australian born, spoke English well and to a certain extent had acculturated to Australian society. The ISCG has successfully met the needs of Italian carers over a period of four years by offering sessions on topics, such as education on mental health issues, stigma, grief and loss for each family member, and improved communication within a family. Three unique outcomes of the group include a shift in the focus of group discussion from problem focused stories of the caring role to the carers' own personal experience and needs; the importance of celebrating family life events; and, carers' ability to talk about expectations of mental health services.

SESSION TWO

CREATIVE SOLUTIONS

Drawings and Dreams – Newly Arrived Children's Art/Story Book and CDROM

Chris Fitzharris, The Migrant Health Service-Adelaide Central Community Health Service

It is very important for newly arrived refugee children , to establish positive experiences in their early settlement period post migration to Australia. Art and story telling are effective strategies for the children to make sense of their new environment. It also assists them in making new friends, to increase their self esteem and to decrease social isolation. The development of a book with pictures and text relating to their lives gave them a voice.

We developed a fun, safe, social art/story development group for new arrival children, increased formal and informal support networks and helped create a deeper understanding of the children's needs, issues and experiences.

A series of workshops based on art and story telling was originally conceived and then guided by Ibrahim Sefer, a highly skilled Bosnian artist. Week by week he helped the children develop their art skills through instruction in pencil, water colour, oils and clay moulding. Each week he introduced a new theme such as family, toys, friends and the environment. The project brought children from different cultural backgrounds together to share common experiences and to learn from each others experiences. Their work was exhibited at the launch of the project. The book is available in hard copy and electronically.

We dedicated the book to all of the children in the world who suffer because of war and political unrest.

Enjoy Healthy Relationships –Show Respect. Know How to Protect – A Multicultural Youth Poster

Miguel Quintero, Jacqueline Riviere, SHine SA

The Multicultural Youth Poster was an action research project targeting youth from a wide range of Culturally And Linguistically Diverse Backgrounds (CALD) in Adelaide.

The aim of the project was to promote a positive message relating to relationships, cross cultural issues, sexual health and poster ideas. The poster features messages in languages spoken by many new arrivals and Australian-born youth who descend from refugees and migrants.

It was decided a poster would be an achievable way of developing a culturally sensitive resource for young people and to increase awareness on sexual health and relationship issues. A group of twenty young people from Bosnia, Cambodia, Chile, Colombia, Eritrea, Iraq, Liberia, Somalia, Sudan, Uganda and Vietnam, were gathered together working with ideas on how to develop the resource. A two week course on Sexual Health and Relationships was the foundation of this, where there was an opportunity to discuss the values and beliefs and differences between cultures in regards to relationships.

These issues were incorporated into the design, content and message of the poster. Young people felt a strong connection with their heritage, which was symbolised by their flags and also wanted to convey their message in ten different languages reflective of the theme:

Enjoy Healthy Relationships

Show Respect. Know How to Protect

The outcomes of this project included a youth friendly multicultural resource which has been distributed to South Australian secondary schools and a multitude of health services across the state.

Creative Ways of Working with Young People at Risk

Evelyne Tadros, Mission Australia, Creative Youth Initiatives, NSW

Creative Youth Initiatives was established by Mission Australia in 1993 to provide a unique service for at risk young people aged 16 – 25. The program has proven to be a positive and successful response to the complex needs and issues young people face. In 2004 70% of the students attending stated they had a mental health issue, others have a history of abuse, involvement in criminal activities and other challenging behaviors.

Creative Youth Initiatives aims to provide positive learning and educational experiences to build self-esteem, confidence and a sense of achievement and to improve opportunities for further education, training and employment in a non-threatening environment.

Courses offered include 'Sounds of the Street', a TAFE accredited music course in which participants learn to compose, perform and record music, producing a professional CD of their own music; Artworks!, a visual arts programme and photography. Each year students work towards an exhibition or CD launch respectively. These events provide a unique opportunity for students to perform or exhibit their work in public, which in itself, is a huge achievement for them with a considerable impact on their self esteem.

Along side the practical courses the Student Support Coordinator provides individual counselling, assisting young people to address their problems. In 2004 and upon exit from the program, 36% of students progressed to full or part time employment, 80% of students went on to further education or training (TAFE & University), 24% of students reconciled with their families and 70% of students were living in stable accommodation. Other less 'tangible' though equally important impacts of the program on students include decreased drug use, improved mental health, and enhanced social skills.

Between Memory and Hope….Tears for the Future

Roz Wollmering, Mercy Hospital for Women, Heidelberg, Victoria, **Nikki Marshall,** Northern Migrant Resource Center, Preston, Victoria

Beginning in 2001, the Mercy Hospital for Women and the Northern Migrant Resource Centre worked in partnership with nineteen Iraqi women to identify health and resettlement needs. Driven by a social model of health and social justice imperatives, the resulting collaborative project focused on telling and documenting each woman's story, compiled into a bi-lingual publication, and expressing the stories through creative textiles, combined into 6 elaborate quilts. The stories and quilts have now been exhibited in rural Victoria and metropolitan Melbourne to give voice to the Iraqi women's experience and to create dialogue with the public. Learn how this project, through art and expression, changed the women themselves, as well as viewers who were challenged to consider the perspectives of Iraqi asylum seekers and refugees in contrast to media portrayals.

The presentation will summarise the project creation, implementation, lessons learned and outcomes from a recently completed evaluation. Dramatic photographs of the quilt and the women and a display of the bilingual storybook will also be available.

TUESDAY

SESSION THREE

HEALTHY AGEING

Aged Services CO AS IT

Frank Di Blasi

Mr Frank Di Blasi is involved in, and responsible for, various projects conducted by Co.As.It (Italian Assistance Association). He assisted in establishing the majority of Victoria's Italian Senior Citizens' Clubs and is now involved in coordinating the social and recreational activities of the clubs throughout Victoria. Currently, there are over 100 of such clubs with a membership in excess of 18,000. Frank also brings a wealth of experience to the Cultural Equitable Gateway Strategy, a Victorian Government initiative to improve the responsiveness of local governments and ethno-specific organisations in local partnerships with regard to mainstream community services.

Caught Between Two Cultures: Issues Faced by the Second Generation Supporting a Parent with Dementia

Natalija Nesvadba, Diana Bilotta, Alzheimer's Australia Vic

Issues faced by the second generation caring for a parent with dementia are explored through three case presentations drawn from the experiences of the Alzheimer's Australia Vic Counselling, Living with Memory Loss and Multicultural Programs.

The themes identified are complex and multilayered, and show the diversity of roles experienced by the second generation at a critical stage of their life when a parent is diagnosed with dementia. The second generation has often been involved and supportive of their parents because of language, cultural issues, and the experience of migration and past trauma. This can create a complex family relationship, which brings particular expectations and responses when a diagnosis of dementia affects the family.

The second generation often plays a vital role in accessing information and resources. They also assist in their families understanding and acceptance of dementia as well as the future planning of services. The process for service providers in engaging ethnic communities and the second generation is complex, requiring the establishment of a relationship based on trust and a sense of safety.

The second generation is often placed in a vulnerable position being at risk of experiencing fatigue, isolation, stress, guilt and anxiety which impact on their health and relationships. The challenge is for service providers to choose a direction, which provides a more meaningful and flexible service for the second generation.

Cultural Factors Related to Healthy Ageing

Joanne Tan, Department of Psychology, University of Adelaide, SA

The Asian community is a large and rapidly growing cultural minority in Australia. It is facing the same issues of an aging population that confront the rest of society. Because they are ageing in a foreign land, immigrants must simultaneously deal with issues of cultural conflict and issues of old age. Research on future care preferences of older adults has primarily centered on family relations and societal expectations, and it has been predominantly conducted within a Western cultural context. Little is known about future care aspirations within the context of migration, in general, and within the Chinese culture in Australia, in particular. By exploring experiences of older Chinese immigrants, this research hopes to provide insight into the cultural adaptation of migrants through the process of acculturation, and to examine how this affects their perception of future care.

The current study looks at culturally based differences between Chinese-Australians and Anglo-Australians aged 55 and over. Semi-structured interviews will be conducted and questionnaires assessing demographics, filial norms and self-perceived reverence for the elderly will be administered. Thematic content of the interviews will be identified and discussed. The aim of the study is to ascertain the factors that shape the meaning of old age in the context of migration, and to gain insight into expectations and preferences of care in old age.

SESSION FOUR

MEDICINE/ALTERNATIVE HEALTH

Unveiling Stories to the Oncologist: A Matter of Sharing and Healing

Dr Marisa Cordella, Monash University

Storytelling is a social activity that allows participants to share part of their lives by constructing stories about their dreams, fears and happy or sad moments among others. Contrary to common perception, even an institutional setting such as the medical one could call for the development of narrative performances.

This study shows how patients engage in storytelling during medical visits with their oncologist as a way to validate their identity as people and share their experiences with the disease. In addition, it observes how the oncologist's discourse style helps or restrains the elaboration of patients' narrative. This study goes beyond Labov et al.'s (1967, 1977) analytical framework for the analysis of narratives by incorporating new studies done in the area and including the dynamic model of doctor-patient communication developed by Cordella (2004) that analyses the participants' interaction during medical visits.

The objective of this research at the micro level analysis of the consultation is twofold: understand how patients initiate and develop the narrative episodes and how the doctor responds to them. In addition, the use of medical and patient voices is explored to investigate whether particular medical voices (Doctor voice, Educator voice and Fellow Human voice) prompt the appearance of a narrative episode, support patients' elaboration of a storytelling and/or tend to silence patients' narratives. The study also focuses on the socio-cultural groups where the discourse emerges by studying the dialogical relationship between the story being narrated and the socio-cultural construction of the event.

The corpus of this study is formed by ethnographic data as well as eleven natural recorded consultations involving female and male patients and one male doctor collected in a cancer hospital in Santiago, Chile.

Home Medicines Review (HMR) – A Vital Tool in Prevention and Intervention Strategies Relevant to Diverse Populations

Dr Jenny Gowan, Northern & North East Valley Divisions of General Practice, VIC

Home Medicines Review (HMR) is a service to patients living at home in the community. The goal of an HMR is to maximise an individual patient's benefit from their medication regimen, and prevent medication-related problems, including unnecessary hospital admissions, through a team approach, involving the patient's GP and preferred community pharmacy, with the patient as the central focus. The HMR process utilises the specific knowledge and expertise of health care professionals appreciating cultural diversity. In collaboration with the GP, a pharmacist comprehensively reviews the patient's medication regimen in a home visit and addresses specific medication management issues. After discussion of the visit findings and report with the pharmacist, the GP and patient agree on a medication management plan.

The objectives of an HMR are to:

- achieve safe, effective, and appropriate use of medications
- improve the patient's quality of life and health outcomes utilising a collaborative approach between GP, pharmacist, other relevant health professionals and the patient (and where appropriate, their carer);
- improve the patient's, and health professionals', knowledge and understanding about medications.

Since the introduction of this national initiative in October 2001, byFebruary2005over 67,000 HMRs had been completed.

After an introduction about the process specific case examples will illustrate the success and future scope of this new Australian initiative.

The Garden as a Healer

Basil Natoli, Department of Human Services Community Gardens Projects (Vic), Royal Children's Hospital, Children's Garden and Horticultural Program

Evidence of restorative gardens and their benefits to those who have been ill or hospitalised have been documented since the Middle Ages. St Bernard (1090-1153) provides a colourful description of a restorative courtyard garden at the hospice of his monastery at Clairvaux, France. German horticultural theorist, Christian Lorenz Hershfeld (1790's) and Florence Nightingale (1853) also confirm the healing benefits of a garden to those who are ill or hospitalized. Natoli (2004) describes the healing and restorative benefits of gardens and gardening for individuals who have been disadvantaged due to a range of socio/economic or health circumstances. The provision of a garden and hands on gardening program for children and families at the Royal Children's Hospital in Melbourne now plays an important role in tempering the stresses, discomfort or pain associated with traditional medical practices of a highly technical hospital environment. There is growing scientific evidence that the recreational and therapeutic benefits of horticulture can measurably reduce patient stress and improve health outcomes.

An engaging insight into the healing benefits of gardening for refugees at the Maribyrnong Detention Centre and also for the waves of immigrants who are starting life anew here in Australia after fleeing countries where they have been oppressed by war, politics or racial/religious persecution. For many of these gardeners, the opportunity to have a small piece of land where they can nurture herbs, flowers or vegetables typically grown in their country of origin allows the gardeners to make the transition from the known to the unknown. Participation in a community garden can significantly enhance the wellbeing of an individual while also allowing individuals to form friendships and relationships with others in their community.

SESSION FIVE

SETTLEMENT/RURAL REGION

Supportive Mechanisms; Multicultural Networks in the Settlement of Migrants in Rural Areas

Alex Burns, Migrant Resource Centre of Newcastle and the Hunter Region

The settlement of migrants in regional Australia is everyone's business. These days with Commonwealth government promotion of regional opportunities this process values a range of supportive mechanisms. One of these has been the formation of regional multicultural networks in the northern rural area of NSW. Indirectly these have developed on the back of another settlement mechanism, the settlement funded projects under the Department of Immigration Multicultural and Indigenous Affairs' (DIMIA) Community Settlement Service Scheme (CSSS). While these multicultural networks are not formal, enough have developed to reflect and identify supportive environments, or their lack thereof, for migrants. Some of the major issues identified indicate little adherence by both government and non-government bodies to policies that were meant to address the needs of migrants generally, and to provide equality of access to services. Another is the continuation of "lip service" to the use of interpreters at a time when duty of care seems to be largely ignored for this vulnerable group in rural areas.

There are seven regional multicultural networks in northern NSW covering the Central and North West region – Lithgow through to Dubbo and including Lightning Ridge, a Mid- north coast network covering from the Forster through to Kempsey, a North Coast network as well as others based on the Central Coast, the Hunter, Newcastle and the New England area. This

paper will address the outcomes of these networks, how they have come into existence and how they can best be used to enhance the settlement process.

Suicide Prevention and the 'Double Absence' in the Lives of CALD Men

Chris Higgisson, Catherine Heal, NSW Transcultural Mental Health Centre and Greater Southern Area Health Service

The project "Making a Difference for (CALD) Men" is a rural partnership project that explores this largely uncharted area of suicide prevention.

Improving access to services and support for local Macedonian Men (aged 25-44) of Queanbeyan NSW is at the heart of the rural project. At the outset attempts were made to collect 'thick' descriptions of these men's lives and identities. They proved however to be particularly difficult to recruit into active participation. Issues of age, gender and ethnicity emerged as crucial. In their absence, attempts were made to uncover the discursive positions available to them. Two distinctly but incommensurable discourses were audible. A powerfully articulated 'traditional' discourse was enunciated by the 'elder' men. It carries very specific prescriptions for, and disqualifications of, the younger men. Notwithstanding its fervent local support, this discursive position appears to be increasingly problematic - no longer a viable option for younger men. An alternative 'post-traditional' discourse was equally powerfully articulated; predominantly by women and children. Although this discourse converges with that of health professionals it is, in a very real sense, not yet available to many of these men. In fact, it asks many men to become that which they are not. It seems these men are effectively positioning betwixt and between.

This paper explores the mental health implications of, what in another context Heidegger characterized as, the 'double absences'. How does this 'no-longer' and 'not-yet' masculinity interact with suicidiality? How do we improve access to services and supports for these CALD men living in rural NSW?

Responding to Transcultural Mental Health Needs in Rural, Regional and Remote NSW

Carol Hubert, Brian Kelly, Jenny Grosvenor, Anne Tonna, Centre for Rural and Remote Mental Health, **Maria Cassaniti,** Transcultural Mental Health Centre, **Emanuela D'urso**, Centre for Mental Health

Culturally and linguistically diverse (CALD) populations represent a small but growing component of rural, regional and remote communities. This paper reports on the development of a model of service delivery that recognizes and responds to the distinct mental health care needs of rural CALD populations.

The key characteristics of the model are its flexibility and ability to respond to identified needs at the local level. The model focuses on combining mainstream capacity building and community development strategies with innovative approaches to transcultural clinical service delivery (such as telehealth). The service development, delivery and clinical practice approaches selected strongly reflect current literature and State and Federal government policy initiatives and recommendations. The model will be characterised by staffing partnership arrangements with existing local organisations in Area Health Services and the extensive reliance on information technology to support clinical and education/training initiatives.

The paper will address achievements to date, and outline proposals to promote equitable health care for culturally and linguistically diverse communities in regional, rural and remote New South Wales.

Refugee Resettlement and Relocation to Regional Areas: Promise, Pitfalls and Good Practices

Elleni Bereded-Samuel, Horn of Africa Communities Network, Centre for Continuing Students, Victoria University, **Dr Robyn Broadbent,** Institute for Community Engagement and Policy Alternatives, Victoria University, **Anne Waters,** Warrnambool City Council, **Kim Webster,** Victorian Health Promotion Foundation.

There is current interest at both the commonwealth and state Government levels in settling migrants and refugees in regional areas, as a means of both maximising employment prospects for new arrivals and addressing labour and skills shortages and population decline in rural Australia.

This policy has the potential to increase employment opportunities, stimulate population growth and increase community diversity. Since these factors are all understood to have an impact on mental health and well-being, such a policy has the potential to contribute to good mental health and wellbeing in both new arrival and regional communities.

However, international and emerging Australian experience indicates that it is important that resettlement and relocation to regional centres is carefully planned to ensure that the range of conditions for positive mental health and wellbeing are met. This is particularly important for refugee arrivals, given their history of trauma, disruption and deprivation.

In recent years pilot programs supporting the relocation of refugees from Melbourne have been established in Warrnambool (by Warrnambool City Council) and Swan Hill (as a partnership of Murray-Mallee Training, the Centre for Continuing Students, Victoria University and the Horn-of Africa Communities Network).

This presentation will report on an evaluation of the two projects supported by the Victorian Health Promotion Foundation and implemented by the Institute for Community Engagement and Policy Alternatives, Victoria University in partnership with the projects. The evaluation was conducted with a view to guiding future practice and program development in regional resettlement and relocation to ensure optimal outcomes for both new arrivals and regional communities. The emphasis in the presentation will be on identifying the implications of the findings for future practice.

SESSION SIX

SUPPORTIVE ENVIRONMENT FOR REFUGEES AND MIGRANTS

Two Cultures, One Life

Donna Chesters, Thon Adut, Victorian Foundation for Survivors of Torture

In approaching the recovery and resettlement of refugees in Australia, a range of interventions is required, from casework at the individual, family, and group level to community capacity building. Alongside this, there is a need to enhance access to mainstream services both by developing the capacity of government and non-government organisations to support refugees appropriately and also encouraging the confidence and building the knowledge of service users.

In its service provision to refugees, the Victorian Foundation for Survivors of Torture works within a framework of recovery developed as a result of practice observations over time. This framework provides strategies to address the impact of war related violence and persecution, through a series of recovery goals. There is much in common between these recovery goals and community development theories and principles, to guide community capacity building.

A pilot program has been developed with newly arrived refugees from Southern Sudan. This has investigated the issues related to parenting in a new country. How can parents contribute to the education of their children in an unknown system? How can traditional parenting practices be valued and integrated into Australian ways of parenting? What impact does war-related trauma have on parents? Most importantly, how can a new community support each other to control their interaction with the new and often alien system and work towards positive relationships and practices?

"The Doctor Tells Me That I Shouldn't Be Worried:" Type 2 Diabetes and Depression in Immigrant Communities

Dr Renata Kokanovic, Centre for International Mental Health (CIMH), School of Population Health, **Prof Lenore Manderson**, Key Centre for Women's Health in Society School of Population Health, The University of Melbourne and **Assoc Prof Steven Klimidis,** Centre for International Mental Health (CIMH), School of Population Health

Self-reported prevalence of diabetes in those aged 55 years and over ranges between 8 and 13%. In the next three decades many of Australian immigrants will be within this, high-risk age group. Depression is one of the leading causes of disability worldwide, including in Australia. Depression can have a profound effect on physical health. There is growing evidence of the co-morbidity between diabetes and depression which is replicated across cultures. There is, however, a lack of clarity about the relationship of the two conditions and about differences in women and men from various cultural and linguistic backgrounds that influence the understanding, treatment and adherence to treatment of both diabetes and depression. In this paper we present findings from qualitative study on diabetes and depression in people from ethnic/ cultural

minority communities in Melbourne, among whom diabetes is prevalent. The study was designed to address how people living with chronic illness understand and manage their illness in their lives, and the factors that influence daily management. We discuss the complexity of the relationship among cultural, gender, personal, social, psychological, illness and treatment factors and their relationship to mood in the context of cultural diversity. How people manage their illness depends on the contextual factors in which they manage their illness.

Employment Pathways for New Arrivals: An Important Route to Healthy People and Healthy Multicultural Communities

Chris Pierson, Adult Multicultural Education Service, Victoria

In 2002 AMES was successful in attracting funding from the Victorian State Government to develop models of social enterprise as a response to systemic unemployment found within many new arrival communities. At that time, AMES outlined the pressure that chronic systemic unemployment put on multiculturalism, with "permanent" economic disadvantage being identified in some quarters as being associated with particular ethnic groups. This was particularly the case given that unemployment and poverty were becoming intergenerational problems in some migrant and refugee populations.

AMES is of the view that broad participation in civic activity and employment by all segments of the community are vital for a healthy and cohesive social fabric, as well as for the health of individual new arrivals.

In the last three years AMES has developed a program of Social Enterprises, among them a community newspaper for and by Horn-of-African communities, wood making and cleaning cooperatives and a women's catering enterprise.

As well as delivering significant outcomes in terms of sustainable vocational pathways for new arrivals, the enterprises have been effective in reducing social isolation and cultural dislocation. By facilitating capacity building in new and emerging communities they have also supported these communities to develop and maintain appropriate and relevant responses to many of the broader issues encountered by new arrivals during the process of re-settlement.

This presentation will provide a rationale for the Social Enterprise program, a description of its development and outcomes and an account of the key lessons learned.

Of a Multicultural Service Delivery Framework for Metropolitan Domiciliary Car, Adelaide , SA

Gosia Skalban, Metropolitan Domiciliary Care, Adelaide, SA

Metropolitan Domiciliary Care (MDC) was formed as a single organisation on 1 July 2002. The principle objective of MDC is to provide longer term home support to enable clients to continue to live in their homes.

Although MDC had a history of service delivery to clients from culturally and linguistically diverse (CALD) backgrounds, prior to amalgamation MDC had inconsistent operational styles and program coordination across sites and did not have a clearly articulated service philosophy for CALD clients.

The CALD Project was specifically commissioned to:

- Review MDC's current service delivery to CALD clients
- Provide direction that would enhance access to MDC services, and
- Further develop services to meet the needs of our diverse population

The CALD Service Framework was developed out of the work of the CALD Project, and identified a number of key action areas, including:

- The development of an employee recruitment and retention program supportive of bilingual staff within MDC
- The development of a process of cultural competency for MDC staff to enhance their skills in working with clients and their families form CALD backgrounds
- The development of a framework of service delivery that is flexible and responsible to the needs of clients from CALD backgrounds
- The development of a mechanism for the monitoring of access and equity to establish MDC as a leading CALD HACC agency

The paper will focus on the strategies that have been developed in order to achieve this.

SESSION SEVEN

WOMEN'S HEALTH

Confronting FGM in Refugee Women in Victorian:

Samia Baho, (FARREP) Working Women's Health, Vic

The late 1980s and early 1990s saw an increase in the arrival in Australia of communities fleeing civil unrest, political insurgency and war as well as famine and environmental disaster in countries in the Horn of Africa. These countries include Somalia, Eritrea, Ethiopia and Sudan. Resettlement support services in health, welfare and education geared up to address the needs of these "new and emerging" communities, in anticipation of the complexities that would be presented by their considerable cultural and linguistic diversity. One of the major challenges was the need to address the prevalent cultural practice of excision, and in some cases, infibulation of the female genitalia, also known as female genital mutilation (FGM). The practice is considered antithetical to cultural, medical and legal practice in Australia and is universally condemned as a violation of women's rights. There is also a global movement to end the practice. However, any program designed for the elimination and management of this practice, particularly with women who had experienced the difficulties of the refugee journey and / or migrant women resettling in countries that typically have different cultural, medical, social and legal traditions, is bound to face many challenges.

This paper will examine the effectiveness of Family & Reproductive Rights Education Program (FARREP) program from the perspective of community members responsible for the implementation of the program. And community members who are the target group for the implementation of the program.

Identifying the Information Needs of Chinese, Arabic And Vietnamese Speaking Women in Antenatal and Postnatal Care

Wei Jiang, Sydney South West Area Health Service-Eastern Zone

This qualitative research project was aimed at identifying the information needs of Chinese, Arabic and Vietnamese speaking women receiving antenatal and postnatal care. It was an initiative of Families First Inner West and Multicultural Health Services in the former Central Sydney Area Health Service.

Target group: Chinese, Arabic and Vietnamese speaking women attending antenatal and postnatal care.

Methodology: Approval was obtained from the Ethics Review Committee of Central Sydney Area Health Service for the research. In-depth interview technique was used to collect qualitative data from the target group. Standardised questions were developed for in-depth interviews. Bilingual interviewers were employed to conduct in-depth interviews with Chinese, Arabic and Vietnamese speaking women in maternity hospitals and Early Childhood Health Centres. A total of eighty-one women were interviewed in three language groups. Qualitative data collected from in-depth interviews was analysed thematically.

Results: There are lots of similarities among Chinese, Arabic and Vietnamese speaking women in terms of their information needs during antenatal and postnatal periods. In the antenatal period, what women want to know is information on self-care through nutrition, exercise and relaxation; and information on childbirth and relevant services. In the postnatal period, women want information on how to look after a newborn baby; how to look after themselves; and services available. Chinese, Arabic and Vietnamese speaking women have different views on the best ways of obtaining information.

Recommendations have been made based on research findings.

Reproductive Health among the Muslim Community in Sydney

Inshirah Khan, Mission of Hope

This research examined the role of Islam on women's family planning decision making. Given the steadily increasing number of Muslims in Sydney, it is vital that research is conducted to increase knowledge about this community and its health practices. Research has been carried out in other countries, including the WHO accomplishing extensive research on health within the Qur'an. However, there has been little research on the Muslim community in Australia.

Many reasons for using contraception are seen as valid under Islamic jurisprudence, with accounts of contraception allowed during the time of the Prophet Muhammad. However, there is still belief that even if a couple uses contraception the result is ultimately in God's hands.

Focus groups were carried out with married Muslim women from 5 prominent Muslim suburbs in Sydney. Participants were asked questions regarding their attitude and behaviour towards reproductive health, as well as their opinions and experiences with their current health services. The questions gauge how important religion is in family planning, how culturally sensitive they find their current health services, and what changes they feel could be made.

The results are now facilitating the production of health education pamphlets specific for this CALD population and the development of a handbook to be distributed throughout hospitals in Sydney to help health professionals understand the role of religion in Islamic health practices. For culturally sensitive health care to be delivered in an effective manner, health care workers need to be well informed about the religious beliefs of their Muslim patients.

Improving Access for Filipino and Italian Women to Breastscreen Victoria's Breast Cancer Screening Services

Jennifer Daddow, Carol Whitehead and **Merrian Oliver-Weymouth** BreastScreen Victoria, **Rachael Anderson**, **Margaret Giudice** and **Jeanette Shepherd**, The Cancer Council of Victoria

Community educators from the Italian and Filipino communities have spent time on behalf of BreastScreen Victoria talking to women in local communities in North Western Melbourne, finding out the relationships, views and culturally based health beliefs that shape the lives and health choices of these women. BreastScreen Victoria has worked for many years with the Community Language Program to take information about breast health and breast cancer screening to women in their own languages through the voices and experience of women from their own communities. Together we wanted to trial other strategies for reaching out to women. Because we are concerned that women from the Italian and Filipino communities in the North West of Melbourne may not be screening for breast cancer at the same rates as other communities we decided to try a new way of working with these women, respecting their expertise on their own lives and their communities and through listening and conversation being guided in a review of our organisational practice. Through these conversations, it has emerged:

- The importance of social connectedness to being healthy
- At all stages of a woman's life she may be a Carer and so we need to understand better, women's caring roles and the impact these have on a woman's health choices and opportunities
- The impact of fatalistic health beliefs about cancer and their affect on screening choices
- The need for BreastScreen to be flexible in the way it offers breast cancer screening .

SESSION EIGHT

PHYSICAL ACTIVITY

Cultural Impact of Sport in Mental Health

Evan Bichara, Victorian Transcultural Psychiatry Unit, Victoria

Leisure, particularly in a sport is considered to be an important part of life for every individual. This is even more so for people with a mental illness, who have limited employment prospects, fewer life options and have a greater need to socially integrate into the community. In this presentation, I will outline the benefits of my sporting career as a soccer player, then as a soccer coach, and later to an official soccer referee with the Victorian Soccer Federation. This experience has promoted my adaptive wellbeing with my daily

pursuits and living with a mental illness. Through this creative intervention in the community, I (with a mental illness) have been able to demonstrate, not only to myself, but to many others, that it has been absolutely beneficial to engage in a sporting activity – in my case, soccer. It provided me with an opportunity to acquire and improve social skills through practical application. It increased the circle of acquaintances and friends. It has rewarded me with intellectual stimulation and significant relaxation. It increased self-confidence and allowed me to acquire physical and mental skills and competencies. I was also able to develop a sense of accomplishment and satisfaction. Most importantly – I had fun in the process and created a sense of social identity and belonging to the community. It also has allowed me to integrate with the diverse ethnic communities; understand some of their traditions, their cultural foods, their customs and their ways of doing things back in their homelands.

Building Social Capital and Health: The Prahran Adventure Playground Story

Nick Gabb, City of Stonnington, Victoria

Local government has a major stake in providing leisure services for children and youth. This is especially true when the setting is high-rise public housing where many families live closely together, brought there mostly by the need for low cost housing, and overwhelming life events like immigration, loss of family support, unemployment or disability. An adventure playground becomes the 'back yard' of a multi-storey housing estate, where parents can be confident that their children have a safe place to play and meet their friends. However the Prahran Adventure Playground goes beyond this in providing a range of programs and services to address not only recreational needs, but also life-enhancing opportunities by engaging children, young people and their families in different levels of support and in aspects of community development. These include programs to encourage school attendance, enhance school liaison and homework support; improve health, exercise, nutrition and cooking skills; provide drug prevention support and Court support for young offenders; improve family functioning and social opportunities, and provide referrals when required. Accumulating data shows increased school attendance, increased parent involvement in programs and increased child playground use. In essence the Prahran Adventure Playground has become a focus and source of community development, community pride and healthy lifestyle.

Sport and Physical Activity; Across All Sectors

Assunta Morrone, Centre for Multicultural Youth Issues

This paper will show case how non-sporting providers can work strategically and locally to engage sporting partners who have a significant role to play in addressing both direct sporting objectives and a wider social agenda in relation to the health and well being of CLD young people.

Sport can make a significant impact on the quality of life and the sense of community for those who participate in it. On an individual level, engaging in sport could be a catalyst for change as well as address young people's need for a sense of belonging, enhance a sense of community connection and reduce feelings of isolation. On a societal level, participation in sport can indirectly influence wider social factors such as crime, health and inequality.

For newly arrived and CLD communities sport represents more than a physical activity. Sport can assist in addressing settlement issues, and provides a vehicle for cultural maintenance and integration into society, all outcomes that are directly linked to mental health and wellbeing.

Such complex and social issues cannot be dealt with in isolation and require a community development approach on many different levels. Traditionally sport has been the domain of clubs, associations and sports regulating bodies, but recently the community and health sectors have used sport as a vehicle to address health and well being issues for CLD young people.

How to access health information in other languages than English

www.healthinsite.gov.au

"Health/Insite /is the Australian Government's Internet gateway designed to provide consumers with access to reliable and relevant information about health and wellbeing so that they can make more informed healthcare decisions.

Health/Insite/ links to a wealth of information in languages other than English assisting all Australians to take an active role in their own healthcare."

HEALTH*Insite*
www.healthinsite.gov.au

Diversity Health Institute

QUALITY HEALTH CARE FOR A DIVERSE AUSTRALIA

Diversity Health Institute, Locked Bag 7118, Parramatta BC NSW 2150
Tel. (02) 9840 3800 Tollfree: 1800 648 911 Fax. (02) 9840 3755 www.dhi.gov.au

Diversity Health Institute
Quality Health Care for a Diverse Australia

Australian Multicultural Foundation

Established to promote a strong commitment to Australia as one people drawn from many cultures

The Australian Multicultural Foundation was established in 1988 as part of Australia's Bicentennial Year.

The aims and objectives of the Foundation are:

- to cultivate in all Australians a strong commitment to Australia as one people drawn from many cultures and by so doing to advance its social and economic well-being;
- the promotion of an awareness among the people of Australia of the diversity of cultures within Australia and the contribution of people from all cultures to the development of Australia; and
- the spread of respect and understanding between all cultural groups through any appropriate means.

The Foundation will achieve its aims:

- by adopting issues of national significance; and
- by initiating projects and programs in consultation and in partnership in any worthwhile field or activity.

Australian Multicultural Foundation
PO Box 538, CARLTON SOUTH VIC 3053
Tel: 03 9347 6622 Fax: 03 9347 2218
Email: info@amf.net.au
Web: www.amf.net.au

Intergenerational Health Issues

Youth and Ageing

Medicine/Alternative Health Solutions

Culture Music Dance Art & Health

Diversity in Health 2005
IT'S EVERYBODY'S BUSINESS

SESSIONS	TIMES	VENUE
PLENARY SESSION		
Intergenerational Issues	9.00am - 9.30am	GRAND BALLROOM
Health Promotion and Prevention	9.30am -10.00am	GRAND BALLROOM
Philanthropy and the Health Sector	10.00am -10.30am	GRAND BALLROOM
SYMPOSIA SESSIONS		
1. Media/Communication/Arts	11.00am – 12.30pm	BALLROOM 1
2. Migration and Health from International Perspective	11.00am – 12.30pm	BALLROOM 3
3. Intergenerational Health PANEL Discussion	11.00am – 12.30pm	BALLROOM 2
4. Women's Health	11.00am – 12.30pm	DELACOMBE ROOM

FLOORPLAN PAGE 118-119

PLENARY

Presentations will focus on the protection and the prevention of mental health through social inclusion as well as highlighting different religious and cultural practices in the promotion of good health. Speakers will look at intergenerational issues and explore the challenges for mental health workers and service providers. This session will also provide international comparisons and case studies.

Chair: Ms Monica Pfeffer
Dept. of Health, Vic. Govt.

INTERGENERATIONAL ISSUES

Professor Leslie Swartz

Professor of Psychology at Stellenbosch University and Director of Child Youth and Family Development at the Human Sciences Research Council

Leslie Swartz is a research director in the Child, Youth and Family Development research programme at the HSRC. He is currently a Professor of Psychology at the University of Stellenbosch. Professor Swartz obtained an MSc (clinical psychology), and a PhD degree in psychology at the University of Cape Town. He is an honorary research consultant of the Health Systems Research Unit and Medical Research Council (South Africa).

HEALTH PROMOTION AND PREVENTION

Dr Rob Moodie

CEO, VicHealth

Dr Moodie has been CEO of the Victorian Health Promotion Foundation since 1998, following many years in HIV/AIDS prevention and management, and public health roles – both local and international.

He is currently Chair of the Premier's Drug Prevention Council and is a Vice-President of the International Union of Health Promotion and Education. He is also member of the Asia Pacific Leadership Forum on HIV/AIDS.

PHILANTHROPY AND THE HEALTH SECTOR

Lady Southey AM

Philanthropy and the Health Sector President, Philanthropy Australia

Marigold Merlyn Baillieu Southey is the daughter of the late Sidney and Dame Merlyn Myer. She was educated at St Catherine's School and Melbourne University.

Lady Southey was a director of the Myer Family Companies for over 40 years. She is the immediate past President of The Myer Foundation, and is currently President of Philanthropy Australia and President of St Catherine's School Foundation.

Lady Southey was awarded an AM in 1999 for her service to the community in the support of health care, medical research and the arts. On 1st January 2001 she was appointed Lieutenant Governor of Victoria.

SESSION ONE

MEDIA/COMMUNICATION/ARTS

Chair: Ms Jill Morgan, ***Director, Multicultural Arts Victoria***

Culturally Appropriate Communication Strategies for the Health Sector

Pino Migliorino, Managing Director, Cultural Perspectives Pty. Ltd.

Health communications is an area of critical importance in achieving healthier living and environments in any society. Developing and delivering such communications in Australia needs to consider and accommodate the linguistic and cultural diversity that exists in the population.

The health sector's development of healthier living and environment messages needs to be modelled on an appropriate and replicable approach that will deliver the most effective health communications to people from diverse cultural and linguistic backgrounds.

The model for communications is in effect an adaptation of the more generic commercial marketing approach, though its contextual application sees communities as protagonists in health rather than the object of social marketing and the passive receivers of information.

Consequently the model needs to include:

- An objective identification of the critical importance of a health issue;
- A capacity to undertake a cultural and linguistic segmentation that will identify priority language groups;
- A capacity to assess the culturally sensitivity of any issue, which in itself will determine the nature and type of communication intervention required;
- A capacity to develop the communication from an understanding of relevance of the issue within the community and cultural and linguistic characteristics of nay behavioural change message;
- Developing a message that culturally resonates, that is, communicates that the message giver understands the sensitivity, vernacular and context of delivery of the message;
- Developing partnerships with the specific linguistic and cultural audiences to test the message, identify the most effective delivery mechanisms and strengthening the message with partnerships and linkages that create message synergies.

Applying the model in real world situations may be problematic, but best practice should be recognised and aspired to.

"Settled And Unsettled": A Participatory Arts Project Exploring Community Indentity

Rick Randall, Belgium Avenue Neighbourhood House & Office of Housing, State Government Victoria

Many tenants in public housing from culturally and linguistically diverse communities are aware of the stigma associated with high-rise public housing estates. The people in these communities have very few opportunities to express their views about the experience of living in public housing. This paper describes an innovative community cultural development project that culminated in a multimedia installation at the Melbourne Immigration Museum. The project took place on the Atherton Gardens housing estate in Fitzroy in inner Melbourne. Atherton Gardens is home to one of the most diverse high-rise communities in Australia, the people of which have come from 47 different countries. The "Settled and Unsettled" installation provided a voice to marginalised community members that was heard by the broader community when displayed at the Immigration Museum for a three-month period. Participants worked with experienced artists to develop skills in digital video and photography that allowed them to produce material that spoke authentically of their experiences. This paper describes the process used to engage a culturally diverse range of community members in a program of skills development, as well as exploring the role of the artist as the interface between marginalised groups and the broader community. Excerpts of the multimedia material produced will be shown and the author will describe outcomes of improved community connectedness and sense of positive communal identity within the 'vertical village'.

Rick Randall is an established drama and documentary filmmaker who specialises in community filmmaking. He is committed to making digital media and emerging technologies accessible to marginalised communities.

Mass Media Health Promotion in a Multicultural Society

David Stanley, Managing Director, Convenience Advertising

Most people are familiar with the term broadcasting, which describes commonly used forms of mass communication such as television and radio. Although mainstream broadcasting can be a highly effective vehicle for reaching large numbers of people, it presents a challenge for the promotion of public health in a culturally and linguistically diverse society such as Australia.

Mass media health promotion in Australia is largely monolingual, and can be very generalised – often presenting a challenge to communicate in a sensitive and culturally appropriate fashion with culturally and ethnically diverse communities.

For Australia to remain at the forefront of health promotion globally, the challenge is to identify the best means of communicating with multicultural communities in ways that are culturally relevant and appreciative of cultural sensitivities to achieve public health outcomes. This often means collaborating with community stakeholders and peak bodies, actively seeking out places for and alternative means of, communicating with culturally diverse audiences, and constantly 'thinking outside the square' to provide innovative communications solutions.

SESSION TWO

MIGRATION AND HEALTH FROM INTERNATIONAL PERSPECTIVE

Chair: Ms Meg Griffiths, ***Multicultural Mental Health Australia***

Swedish Integration Policy – A Policy for Small Inclusion

Else Berglund, Analyst, Swedish Integration Board

Over the last 20 years, Sweden has rapidly changed from a homogeneous to a multicultural society. About one million out of Sweden's nine million inhabitants are born in other countries. Including their children, immigrants now make up more than 20 percent of the population.

This means that the society has to adjust to its current population. The Swedish Integration Board was established in 1998 to promote the conditions necessary for integration in Sweden. Our task is to

- assume the overall responsibility for ensuring that new immigrants receive support for their integration into Swedish society,
- promote equal rights, obligations and opportunities for all people regardless of ethnic or cultural background,
- prevent and counteract racism, xenophobia and discrimination,
- follow and evaluate development with respect to the ethnic and cultural diversity in society.

To succeed with this and to remove the obstacles that prevent people from inclusion, we need to work in close collaboration with strategic partners.

In my presentation I will focus on the area of health and discuss how this policy is implemented. What structures promote health and social inclusion? Are there structures that work in the opposite direction whereby certain groups are marginalized? Are immigrants reached by regular health services? From the Swedish experience, I will give some examples of how disabled or traumatized refugees, who are at risk of social exclusion, can be reached by measures for social inclusion.

Developing Global Benchmark Standards in Diversity Health

Mahatma G. Davis, CEO, ArabMedicare.com/Diversity Health International, USA

Implementation of diversity metrics and initiatives can challenge organisations – corporate or healthcare, worldwide.

For example, in the Arab Gulf States, the local societies harbour many "ethnic groups" that can be distinguished from the indigenous population by country of birth, nationality, religion, language, culture, skin colour, or ethnic identity. When compared with the indigenous population, ethnic groups may suffer from different health problems. Furthermore, there are indications that several aspects of health status may vary from favourable to less favourable within ethnic groups. Moreover, patients' health beliefs and expectations concerning local health care systems may be different as a result of ethnic and cultural background. On the other hand, health services are frequently not tailored to accommodate the broader range of ethnic and cultural diversity in relation to rapidly growing diverse population groups.

In order to address these issues, healthcare organisations have to pay much more attention to developing and leveraging core competencies that provide for a continual practice of measuring and improving performance in order to deliver the highest standards of care.

This presentation will illustrate how global benchmarking, as an advanced quality practice, can be used to help healthcare organisations take the necessary actions to develop strategic diversity programs that can identify performance enablers and address culturally sensitive care issues; as well as to establish exceptional-performing infrastructures that can offer both functionality and flexibility in addressing the long-term health needs of diverse populations.

Many Jurisdictions, One System – A Partnership Diabetes Collation Project

Yvonne Morgan and **Lorraine Boucher,** Consultants, North Peace Tribal Council, Canada

First Nations communities within Canada are profoundly impacted by diabetes. Depending on the age, sex and specific population group, the prevalence of diabetes is 22% to 54%, far higher than for other Canadian populations.

The Many Jurisdictions, One System – A Partnership Diabetes Collaboration Project is committed to reducing the burden of diabetes and is creating innovative solutions to the challenges of geographic isolation, reduced access to service and multiple jurisdictions.

Within Canada, First Nations People have a treaty right to health care. The responsibility to deliver certain health services on First Nation reserves is a federal responsibility and this responsibility is discharged through Health Canada through federal budget allocations. Community-based services and limited public health services are carried out under a variety of delivery mechanisms. Depending on the province or a region within a province, federal health services are delivered by either federally employed staff or by First Nations employed staff or organizations, both operating with provincial health authorities in an intricate relationship.

The Many Jurisdictions One System (MJOS) Partnership, aims to improve health services for North Peace Tribal Council First Nation members by harmonizing federal, provincial and First Nations health services. The North Peace Tribal Council works collaboratively with Capital Health (provincial region providing tertiary/quaternary care and specialty diagnostic services), Northern Lights Health Region (provincial region providing primary and secondary health services off-reserve), First Nations Inuit Health Branch of Health Canada (federal funding for on-reserve public health and some primary care services as well as non-insured health benefits such as dental and pharmaceutical benefits), and Beaver, Dene Tha, Little Red River and Tallcree First Nations.

The purpose and intent of the MJOS Partnership Diabetes Collaboration Project is to establish diabetes services that are operated and governed by three jurisdictions and multiple organizations in a coordinated, client-focused manner that emphasizes collaboration, harmonization and cultural appropriateness

The strength of the Project lies within the Partnership. The MJOS Partnership seeks to understand the unique needs of NPTC First Nations People and to ensure that there is appropriate strategic alignment of services and resources by building on the areas of leadership, best practices, staff development, process improvements, customer and community focus, and integrated program delivery.

Collaboration and incorporation of the Traditional Worldview are core strategies employed by MJOS to make the most effective use of resources and provide the greatest possible access to health services for the First Nations People of the North Peace Tribal Council First Nations Communities

This unique service delivery model will be discussed within the context of the Many Jurisdictions, One System (MJOS) Partnership Diabetes Collaboration Project funded by Health Canada's Health Integration Initiative. The presentation will also include preliminary evaluation results and a discussion of the lessons learned.

SESSION THREE

INTERGENERATIONAL HEALTH PANEL DISCUSSION

Chair: Ms Carmel Guerra, ***Centre for Multicultural Youth Issues***

Adolescent Sexuality: Confronting, Conventional or Confusing?

Dr Melissa Kang, Department of General Practice, The University of Sydney

Sexuality is a fundamental aspect of humanity throughout the lifespan. As a culturally constructed entity its expression is as diverse as human beings themselves. This presentation will explore our modern understandings of sexuality within a Western framework, review contemporary Australian research about attitudes and behaviour, comparing young and old, and discuss some of the biological, psychological, social and cultural influences on adolescent sexuality. Sexual health will also be defined and current indicators will be discussed. Sexual health concerns of Australian young people themselves will be presented. Some international research will be explored, where cultural differences are particularly useful for understanding adolescent sexuality.

Obesity as an Intergenerational Issue

Professor Boyd Swinburn, School of Exercise and Nutrition Sciences, Deakin University

Obesity begets obesity. There are many vicious cycles operating to sustain and accelerate obesity and some of these have clear intergenerational features. The very first environment of life is the intrauterine one and this influences the risk of obesity as a child and adult. The relationship between birth weight and later obesity is U-shaped with high birth weight being a more common risk factor in high income countries. In low income countries, the combination of fetal under-nourishment (low birth weight) and fast 'catch-up' growth in infancy (often through supplementary feeding programs) seems to be a particularly high risk for later obesity. Throughout childhood and adolescence, the home environment is the most influential in shaping eating and physical activity patterns and certain obesogenic patterns of behaviour are passed on from parents as role models to their children. Examples include television viewing patterns, participation in sports and activities, variety of foods eaten, and skipping meals. Skills (such as cooking and fundamental motor skills) and nutrition knowledge are also passed on from parents to children. The priority groups for population-based action to prevent further increases in the obesity epidemic should be children, adolescents and their families. The priority groups for individual-based action to manage current obesity should be high-risk adults and obese children/adolescents and their families. Attempts to identify and break the vicious cycles that sustain obesity are needed and the bidirectional relationship between low socio-economic status and obesity is a clear example of this.

Intergenerational Issues and Communication

Professor Trang Thomas and **Dr Heather Hill,** RMIT University

The increase in numbers of older people in Australia has made Intergenerational communication an important issue because the wellbeing of the elderly is, to a large degree, dependent on an intergenerational exchange between them and the younger population. Research suggested that programs that promote contact and communication between generations could have a positive effect on the children's attitudes toward older people and the wellbeing of both groups. However, intergenerational interactions in families of culturally and linguistically diverse backgrounds face the extra burden of communication barrier. Innovative ways to bring the two generations together are thus important.

After briefly describing a number of means to promote non-verbal communication between the generations, the paper focuses on a dance movement program that brought together older adults and primary school children. The dance sessions facilitate the development of relationship between old and young through their participation in a creative and interactive arts activity. Dance, historically and still within some cultures today, has been a means for communities to educate the young, to foster community spirit, to express people's aspirations, their joy and their grief. Drawing on this traditional role, dance programs provide children and adults with an opportunity to get to know each other and communicate without depending on words.

SESSION FOUR

WOMEN'S HEALTH

Chair: Ms Kim Webster, *VicHealth*

Where Acute Care and Community Development Meet

Jane Howard and **Munira Adam**, Women's Health West

Women's Health West, the Family and Reproductive Rights Education Program (FARREP) program and Western Health have developed an innovative collaborative partnership that has resulted in the development of a community based antenatal clinic for women from African Communities that has run since December 2004.

The different cultural needs for these families around birthing care including female genital mutilation (FGM), as addressed through the FARRE Program make this a particularly good model and opens the possibilities for education for clearly identified issues.

Recent local research, supported by the experiences of clinic staff, has identified family violence as an extensive problem in this community. (Gordon, R.2004) (McCarthey,T.2003) Women's Health West is well placed to respond to this problem holistically, given its unique organisational structure, which links the provision of support, education and referral through the Family Violence Service, to a region-wide health promotion framework through the Health Promotion, Research and Development team.

The potential for this clinic to expand and meet the growing demands of the refugee population is enormous. It is fraught with challenges not least of all how to finance a community-based clinic from acute funding sources and maintain a culturally appropriate service where the women are able to learn skills that enhance their experience of Australia and the broader community.

In this presentation we will discuss the challenges and opportunities for cross organisational collaboration and development given differences in workers practice frameworks, time available, organisational support and culturally appropriate interventions in practical and theoretical frameworks.

*The Family and Reproductive Rights Education Program aims to provide culturally appropriate intervention to prevent the occurrence of female genital mutilation (FGM) in this country, and to assist those women and girls living in Australia who have already been subjected to this practice.

Women's Health West is a feminist organisation that works in partnership with women and a range of organisations to meet the social, emotional and physical health needs of women in our communities. WHW employs two part-time FARREP workers (0.9 EFT).

Sociodemographic, Cultural and Linguistic Factors Influencing Access to Services for Women's Health

Professor Lenore Manderson, Key Centre for Women's Health in Society, The University of Melbourne

Research conducted in relation to immigrant health has frequently drawn attention to the ways in which cultural factors 'shape' the manifestations and course of ill health, and differences in treatment-seeking, pathways to care, adherence to treatments and disclosure. The attention has largely been placed on cultural differences from biomedical services, such that the emphasis and implications for health providers relates to the community of study, rather than on clinical interactions or the cultural standpoint of the service provider. In addition, attention has been given especially to mental health and reproductive health because of the perceived differences especially in these areas across cultures. In this presentation, I explore the experience of chronic disease among women from different immigration and cultural backgrounds, and in doing so, tease out the differences in experience that relate to immigrant status, age, socioeconomic status and linguistic skill. The research data derive from a series of studies conducted with women from Sahel Africa and the Middle East in relation to reproductive health, to a study of gynecological cancer among women from Asia and Europe as well as Anglo-Australian women, and a study of diabetes and depression conducted with women from Oceania and of Chinese, Greek and Indian data. Drawing on these data, I highlight the differences in clinical interactions and access to health services that influence women's understandings and experience of reproductive health and their management of chronic illnesses. In so doing, I question how notions of "culture" are used in clinical and public health discourse, and draw attention to the differences that emerge according to history of migration and language facility in shaping access to services and the interpretation of clinical advice.

Mobilising Communities to Eradicate the Harmful Cultural Practice such as Female Genital Mutilation (FGM) and Improve the Migrants' Health Education

Odette Tewfik, Multicultural Women's Health (FGM) Project Coordinator ,Family Planning Queensland

It has been estimated that up till now around 137 million women (worldwide) have undergone this practice, and 6000 child/day undergoes this practice. There are many negative consequences of this practice, which impacts on women's lives in the– short and long-term, as well as causing trauma to the children on whom it is performed. Despite clear legislation outlawing this practice, it continues to be justified by practicing populations on grounds of religion, culture, preserving virginity, psychosexual and family honour and to avoid stigma attached to the family.

For the past 7 years, Family Planning Qld (FPQ) has received funding from QLD Health, through a Commonwealth initiative to build up the Multicultural Women's Health project with the purpose of implementing an education and awareness program, providing training to health services providers and to work with communities to eradicate this practice.

Methods

The project has two components: the first is focusing on community development, with ten Bilingual community educators from targeted communities being trained to provide education in their languages. The project works with key people and communities' different communication channels, such as the community media to disseminate information about laws in Australia and to increase community's awareness regarding the health issues and the negative impact of the practice.

The second component of the project is to approach service providers and promote their awareness of FGM practices and help them to deal with their clients' health needs.

Result from the project to date includes increasing communities' awareness of FGM illegality and the damaging effect on the child's physical life and well-being.

CONCURRENT SESSION ROOMS

1.30PM - 3.00PM

SESSIONS	PRESENTERS	VENUES
Access to Mental Health Services and Health Promotion	Rosie Rooney Yvonne Stolk Steven Klimidis Ye Rong	DELACOMBE ROOM
Clinical Innovation	Christine Senediak Nelly Beatriz Bruinsma Suzana Dekanovic	STRADBROKE ROOM
Health Issues from a Community Perspective – Polish/Russian	Anna Sieracka Rev Michael Protopopov OAM	LATROBE ROOM
Creativity	Neil Cole Andrew Tranter Katrine Gabb Sandra Leone Philipa McLean	HUNTINGFIELD ROOM
Medicine / Alternative Health	Allison Baensch Graham Lindegger Raymond Selvaraj	EPICUREAN ROOM
Newly Arrived and Settlement Issues	Christine Bakopanos Sylvia Gray Clare Darling Ian Nicol Adamu Tefera	BALLROOM 3
Partnership	Jennifer Herron Malcolm Tyler Angela Van Dyke	BALLROOM 2
Women's Health	Kath Deakin Nerilyn Lee Sarah Stewart	BALLROOM 1

FLOORPLAN PAGE 118-119

SESSION ONE

ACCESS TO MENTAL HEALTH SERVICES AND HEALTH PROMOTION

Explanatory Models of Mental Health and Reducing the Stigma among People from CALD Backgrounds: Towards a Model of Culturally Sensitive Mental Health Care.

Rooney, R. Curtin University of Technology, **Wright, B.** West Australian Transcultural Mental Health Centre. **O'Neil, K**. Department of Health and Aged Care, Canberra, Australia, **Bakshi, L.** Family and Children Services, Perth.

The stigma surrounding mental illness is currently a major obstacle for mental health care and prevention for those from CALD backgrounds. Explanatory models, incorporating beliefs about the causes and treatment of mental health vary widely according to cultural and linguistic background. A qualitative methodology was used to investigate the stigma of mental illness and explanatory models in five ethnic groups: Indian, Vietnamese, Spanish-speaking, Romanian, and Italian. Focus groups were conducted within each ethnic group using ethno-specific group facilitators. In addition, one-to-one interviews with psychiatric clients, their care-givers, and health professionals were conducted within each ethnic group using ethno-specific interviewers. The key themes that emerged indicated a variety of beliefs about the causes of mental illness. These included associations with ancestral and religious beliefs, and negative events experienced during migration and settlement. Beliefs about appropriate treatment also varied widely. On the basis of the present results and the extant research literature, a model to enhancing CALD mental health service delivery.

Access and Equity in Mental Health Service Delivery to Ethnic Communities in Australia

Dr Yvonne Stolk, **Assoc Prof I.H. Minas, Ass. Prof. Steven Klimidis**, Victorian Transcultural Psychiatry Unit & Centre for International Mental Health, Department of Psychiatry, The University of Melbourne

More than a decade of research across Australia has shown that ethnic communities have consistently lower rates of access to public inpatient and community mental health services; a higher proportion of involuntary admissions; and higher proportions who are diagnosed with a psychosis, relative to the Australian-born population. The aim of the current study was to investigate whether disparities in access and treatment for ethnic communities in Victoria had changed over time and following interventions to improve culturally sensitive practice in mental health services and increase ethnic communities' awareness of support available from mental health services. Analysis of Victorian inpatient and community mental health case registers for 2001/02 and 2001 census data confirmed previous findings showing lower treated prevalence for the majority of ethnic communities, significantly higher proportions admitted involuntarily (regardless of diagnosis) and significantly higher proportions diagnosed with a psychosis. Reasons for increased access by some ethnic communities in the last five years are discussed. Low access rates have been attributed to a range of service barriers and psychosocial factors in ethnic communities, while disparities in involuntary admission and diagnosis have been attributed to possible clinician bias, clinician unfamiliarity with cross-cultural presentations of mental illness, or presentation by CALD clients only when severely mentally ill. However, the research findings raise questions regarding the prevalence of severe mental disorder and the pathways to care taken by Australia's very diverse ethnic communities. Answers to these questions await sound Australian epidemiological research into ethnic communities which has been lacking to date and which needs to be a priority to ensure equity in service availability and standards.

Ethnic Minority Community Patients and the Better Outcomes in Mental Health Care Initiative

Ass. Prof. Steven Klimidis, Assoc Prof Harry Minas and **Dr Renata Kokanovic**, Centre for International Mental Health (CIMH), School of Population Health, The University of Melbourne

This paper compares general practitioners registered under the Better Outcomes in Mental Health (BOiMHC) initiative and those not registered in addressing mental disorders in members of ethnic minority communities (EMCs). It reports on a cross-sectional survey of 599 Melbourne metropolitan general practitioners. 311 respondents had seen EMC patients with a mental disorder in the previous three months. Comparison were made between those registered (n=61) and those not registered (n=205) in the BOiMHC initiative on difficulties in: accessing bilingual allied health practitioners, accessing interpreters, accessing translated materials, patient compliance, accessing guidelines for working effectively with interpreters, and accessing guidelines on cultural and migration factors affecting mental health. Significantly less of those registered in BOiMHC experienced problems of access to bilingual allied health practitioners, interpreters and translated materials compared to those not registered. No differences between groups were found in relation to patient compliance and access to guidelines. The most common problems experienced by the full sample included difficulties in access to bilingual allied health professionals (70%), access to translated materials (58%) and low EMC patient compliance with mental health assessment and treatment (64%). Possible impacts of the BOiMHC initiative appear to be modest in relation to EMC patients with mental disorders. The BOiMHC initiative may require additional strategies if its implementation is to benefit EMCs, especially for patient engagement in mental health assessment and treatment. There is a need for a more comprehensive evaluation of EMC issues within the BOiMHC.

Why Chinese People Do and Do Not Use Mental Health Services

Ye Rong, Centre for Culture and Health, UNSW, **Ilse Blignault,** School of Public Health & Community Medicine, UNSW, **Vince Ponzio**, Division of Mental Health, St George Hospital, SESIAHS, **Prof Maurice Eisenbruch**, Centre for Culture and Health, UNSW

Chinese community groups, the largest and still growing non-English speaking group in Australia, have virtually the lowest rates of mental health services utilisation. There is an urgent need to discover why this is so and what should be done to improve equity for Chinese and other CALDB who face cultural and structural barriers to mental health service utilisation. It is believed that health literacy can help people to recognise and manage health problems. This study aims to explore the mental health literacy among people from mainland China in Metropolitan Sydney with a view to discovering why they do not access mental health services. Data were collected through in-depth interviews with four groups: Chinese community members, Chinese mental health clients, Chinese mental health carers and mental health service providers (who may not be Chinese). The preliminary findings will be presented and the implications for cultural competence in mental health policy, planning and services discussed.

SESSION TWO

CLINICAL INNOVATION

Assessing CALD Families: Guidelines for Family Therapy Assessment Interview

Christine Senediak, Snr. Clinical Psychologist, NSW Institute of Psychiatry

While the area of family therapy assessment and practice offers an abundance of literature, there is still very little written about working cross culturally in family therapy. This paper provides a framework for understanding the application of family therapy theory and practice in working with clients of CALD backgrounds. In particular, it will introduce a 'semi-structured' family assessment template, which is being piloted for use at the New South Wales Institute of Psychiatry Cross Cultural Family Assessment Clinic. A

'cultural genogram' is used to assess the process of migration and acculturation, and the possible impact this may have on the way families currently deal with their problems. Guidelines will be provided which details the specific application of the culturally specific family therapy assessment interview.

The 'Cross Cultural Family Therapy Assessment Project' is a joint initiative of the NSWIOP and Transcultural Mental Health Centre (TMHC) which aims to provide specific cultural assessments for families presenting with social, emotional, behavioural and mental health problems. The clinic is also used as a training facility for graduate students undertaking specific child and adolescent mental health and family therapy training at the NSWIOP. Sessional workers from the TMHC referring clients to the clinic are also invited to observe the interviews.

Cultural family assessment reports are provided back to the agency/therapist working with the client/family with specific cultural explanations for the presenting problem and guidelines for ongoing family treatment.

This paper will summarise the progress of the clinic and the cross cultural family therapy assessment project.

Multiculturalism in a Hospital Environment: A Challenge for Cultural Competence in Health Care Delivery

Nelly Beatriz Bruinsma RN, Princess Alexandra Hospital, QLD

Princess Alexandra Hospital (PAH) is one of the largest teaching hospitals in Queensland consisting of 5500 staff incorporating many different cultural and religious backgrounds. In 2004-2005 over 13000 people were admitted, more than 400000 patients were seen in the outpatients department and of these, approximately 7800 patients requested interpreters in 76 different languages and sign language. The largest non-English speaking groups accessing this service currently are Vietnamese, Spanish, Croatian, Serbian, Bosnian and Chinese. The hospital is committed to providing world class health care to all regardless of their background and disability by providing the means for communicating appropriately, such as interpreters and hearing and communication devices.

The PAH has a Centralised Interpreter Service that provides interpreters for non-English speaking background and/or Deaf patients. The Interpreter Services Project was undertaken in 2000 as part of the innovations to the health care delivery prior to the transition to the new hospital building. The Queensland Multicultural Health Policy and the Queensland Health Policy Statement was used as a guide to develop the project.

Innovations included the development of a resource folder for staff reference. This folder contains policies, guidelines, cultural and religious information covering a wide variety of ethnic backgrounds. It also includes a database of staff who speak a language other than English or know sign language and the created pool of contracted PAH accredited interpreters.

The challenge has been to provide cultural sensitive care to all patients by implementing change of work practices and procedures. This project also demonstrated the need to educate staff in how to work and care for individuals without causing conflict and discrimination to patients and their families due to the growing number of ethnic communities being admitted to hospital.

The hospital is providing an ongoing educational program for staff to acquire cultural competence and skills. For congruent cultural care to be provided in the health environment, the health care workers should incorporate their own values and beliefs with the client's values, beliefs and practices.

This service at the Princess Alexandra Hospital has lifted communication barriers between staff and clients as well as increased staff awareness, therefore promoting the provision of cultural sensitive holistic care.

Mindfulness Based Cognitive Therapy: An Intervention for First Episode Depression in Young People from Culturally and Linguistically Diverse Background

Suzana Dekanovic, Prevention, Early Intervention and Recovery Service (P.E.I.R.S), Sydney West Area Health Service, NSW

Over the last few years there has been a marked interest in mindfulness skills training and its application, along with cognitive therapy, in the treatment and relapse prevention of depression and other psychological problems. Mindfulness can be described as being in the present moment, here and now. It is the practice of observing your thoughts rather than getting trapped in them. This concept is simple and logical yet so challenging to put into practice because it requires great self-discipline. However, once the practice is begun and maintained it can change how we experience our

everyday life. Those that have had even glimpses of this experience describe it as freeing and liberating.

Practicing mindfulness can help change one's relationship to thoughts and emotions. This becomes particularly relevant for those people affected by depression and other psychological problems. Regular practice of mindfulness can help break the cycle of unhelpful thinking patterns and overwhelming emotions.

This presentation will:

- Explain mindfulness practice and its importance in everyday life.
- Briefly review current research interest in mindfulness and its application to different psychological problems.
- Explain how mindfulness practice can help clients with depression change their experience of unhelpful thoughts and emotions.
- Present brief case studies to illustrate application of mindfulness based cognitive therapy for first episode of depression in young people from culturally and linguistically diverse background.
- Highlight how improvements in clinicians' quality of life as a result of mindfulness practice can also generate improvements in the quality of therapy that they provide to clients.

SESSION THREE

HEALTH ISSUES FROM A COMMUNITY PERSPECTIVE – POLISH & RUSSIAN

Polish Community in Australia - Its Past, Present and Future - Brief Overview

Ania Sieracka, Culturally Equitable Gateways Strategy Project Officer, Australian-Polish Community Services

This presentation attempts to bring the Polish community in Australia and issues that affect this community closer to the participants of this session. To facilitate this aim the session discusses historical context and migration patterns that contributed to the development of the Polish diaspora and influenced its current demographic composition. Statistical data on the presence of this community in Victoria and projections illustrating changes to the elderly age groups are also examined. In order to set the provision of aged care services to this culturally and linguistically diverse group in an appropriate context some socio-cultural issues impacting on service delivery to the elderly Polish people are discussed. In addition barriers to access to aged care services, as experienced by some service users from Polish background, are introduced and analysed. The session concludes with a presentation of some of the Polish specific organisations that cater for the members of this community and a brief discussion of their work. These include a welfare organisation and aged care facility.

Russian Welfare Society - Celebrating 50 Years of Culturally Specific Aged Care Services - Overview

Very Rev Dr Michael Protopopov OAM, Chairman St John of Kronstadt Russian Welfare Society

This presentation will illustrate the scope and development of a culturally specific and comprehensive aged care service built on values based service delivery.

The session will illustrate the ability of a cultural and linguistically diverse community to build and maintain strategic alliances and the effectiveness of sound community partnerships at all levels of society and how these partnerships influence and strengthen the ability of the organisation to build a sustainable future for an aged care service provider facing the challenges of increased need for home and residential based aged care services.

SESSION FOUR

CREATIVITY

Bipolar and Creativity: Its Role in Recovery

Neil Cole, Senior Research Fellow, Alfred Psychiatric Research Centre

This project has brought four people with bipolar mood disorder, all medicated, together to perform a comedy cabaret performance written by a person with bipolar mood disorder to see if the creative process augments their medication. The project takes place over a six week period with one rehearsal per week building up to a full weekend rehearsal prior to the actual performance night.

Outlook, outcomes and prognosis for improvement all increased dramatically according to their psychiatrist and themselves. The capacity to replicate the project is limited only by finances. The cost of the project is kept to a minimum and admission fee helps ensure a zero cost overall.

People who are involved do not need any prior experience in theatre performance. The people who performed are chosen at random. Some have skills some don't. All enjoyed the process. A core group was established by natural process of elimination. When the core group developed they performed well and became friends.

Multiple Art Forms Engage, Empower and Enable People with Disabilities

Katrine Gabb and **Andrew Tranter,** Art Day South-Arts Access, Vic

Katrine Gabb and Andrew Tranter have successfully collaborated for five years to enable communities of people with intellectual disabilities to increase their artistic skills, foster self expression and as a result improve their mental health. They have done this through bringing an innovative model to the environments in which they work. This model marries respect, flexibility and multiple art forms in order to access people with diverse and sometimes profound disabilities. Katrine and Andrew have worked in several environments together but for this conference would like to focus on Art Day South, a weekly visual arts and performance program for adults with disabilities and one where they have been the collaborating resident artists for five years.

Arts Access is the peak disability arts organisation in Victoria and provides access to arts and cultural activities for people who are disadvantaged, including people with a disability. Art Day South is co-ordinated by Arts Access and operates in the southern region of Melbourne. There are thirty places for participants at Art Day South and it runs on Fridays only. The participants at Art Day South are a diverse group of people with diverse artistic interests and diverse disabilities. The program has the flexibility to work across any medium that interests or will engage the participants and aims to provide opportunities for all the participants to participate at whatever level they can whilst aiming for a quality artistic outcome. The program has been in existence for ten years.

Katrine Gabb has been working with people with disabilities for eleven years as a theatre director and teacher. She teaches at NMIT and has worked in a wide variety of community arts environments. In 2001, she spent 10 months in Europe and Canada on a funded professional development tour.

Andrew Tranter began as an outcast visual artist in Sydney during the eighties and exhibited with outsider artists. He later trained professionally to become a multi-disciplined artist. He has worked with people with disabilities for fifteen years as an artist and support worker, undertaking a number of community arts projects.

La Voce Della Luna: Singing for Love and Health

Sandra Leone, La Voce Della Luna, Vic

La Voce Della Luna (LVDL) formed in 1995 is a Melbourne based women's choir comprising first, second and other generational descendants of Italian migrants. LVDL sing traditional songs, passed down over generations from various Italian regions. These songs have been written with desire, love, passion and commitment to social justice issues.

Over the past ten years, LVDL have collaborated in community music projects with other multicultural choirs, promoting the richness of Italian music and the richness of other world cultures as expressed in music and singing. Examples of community projects include: Multicultural Variety Concert at the Melbourne Concert Hall; The Big Sing – concert for Asylum Seekers

& Refugees; Ntaria Ladies Choir (Aboriginal name otherwise known as Hermannsburg) from Central Australia; Woodford Folk Festival; and more recently Echoes of Freedom, 150 years of the Eureka Stockade, performed last year in Ballarat.

For ten years, LVDL have initiated community development practices to promote positive mental health outcomes by celebrating cultural diversity; breaking down social isolation barriers; building individual women's skills; self-esteem and self-efficacy; and lasting supportive social relationships. LVDL is a strong example of the links between community art and mental health and wellbeing.

"For participants in the choir, music and singing is Italian cultural pride, and the choir, is women's pride." – LVDL participant

This paper will demonstrate through cultural development practices, effective mechanisms which motivate communities to promote strong support structures (value, building social capital and reducing social exclusion), to enhance health and wellbeing, and promote diversity.

How Community Based Festivals and Celebrations Promote the Mental Health and Wellbeing of Communities

Philipa McLean, VicHealth, **Julieanne Hilbers,** Centre for Popular Education, University of Technology, Sydney

This presentation will focus on the findings of the 'Research and Evaluation of the Communities Together: Festival and Celebration Scheme' conducted by the Centre for Popular Education, UTS.

This funding scheme is a VicHealth initiative that seeks to contribute to the mental health and wellbeing of communities.

The determinants of mental health and priority themes targeted for action by VicHealth are:

a) social connectedness

b) freedom from discrimination and violence (including valuing diversity)

c) economic participation

Qualitative approaches (eg interviews, observation, focus groups, surveys, case study development, review of documentation) were used to examine 20 community based festivals/celebrations funded by the scheme.

Critical reflection of the research and evaluation findings will outline the contribution community festivals can make to:

- Fostering participation in meaningful activities;
- Building community capacity (in particular to plan and implement community based activities and to build relationships);
- Fostering cultural development (including self expression, creativity and showcasing local skills);
- Facilitating social connection and inclusion; and
- Valuing diversity

A summary of the contextual and practice based insights generated by the research will be explored with particular attention made to examining the role of the health professional in supporting community based celebrations.

SESSION FIVE

MEDICINE/ALTERNATIVE HEALTH

Body Symptoms and Social Ills

Allison Baensch, University of Western Sydney

Body symptoms can be a challenge, so can social ills. Do they have a story to tell us? Or is it best to get rid of them? By following and slightly amplifying symptoms, we can learn from them (http://www.aamindell.net/). Since 1985, my gentle bodywork practice has been based on listening to symptoms and unfolding their message with clients and students. How? I provide a safe, undemanding, particular space in which clients can resolve physical damage that has built up over the years, such as joint and muscular pain and restriction. The simple principles I follow, which I will share during a brief hands-on part of this paper presentation, can be used throughout the body for self-care when appropriate.

Similar principles are used in quite a different context when a passionate issue or concern affects a group. If a safe space is created, where group members can speak and be heard, they can often resolve the issue and establish their preferred response, under prevailing circumstances.

My recent PhD research fieldwork provided its

participants with hands-on experience of three modalities: Ortho-Bionomy (<http://www.ortho-bionomy.org/>), Process Oriented Psychology (http://www.processworkaustralia.org.au/) and Open Space Technology (<http://www.openspaceworld.org/>). Participants' insights have been reflected through their own language and art. The research praxis is co-creative, trans-disciplinary, and process oriented, those involved came from diverse cultural backgrounds. The simple skills this project investigates are taught individually in many languages worldwide, as well as being communicated through visual and tactile methods.

Psychotherapy and Traditional African Healing: Partners or Opponents?

Prof. Graham Lindegger, School of Psychology, HIV/AIDS Vaccine Ethics Group, University of KwaZulu-Natal, Pietermaritzburg, South Africa

In countries with diverse cultural communities, such as South Africa, there has been considerable debate about the most appropriate form of psychological intervention to be used. There has especially been debate about the cross-culturally applicability of Western psychotherapies. Psychotherapies, especially those informed by a psychoanalytic paradigm, tend to focus on the internal experience of the patient. Contemporary psychoanalytic therapy especially focuses on so-called "internal objects" as a vital part of the therapy. By comparison, traditional African approaches to therapy are more relational, focusing on different planes of relationship, including relationships with family, community and ancestors. In traditional African culture healing is about the restoration of good relationships on each of these planes. This paper will examine these two approaches and whether they are complementary or opposed. Using the dialogical framework of Hermans and Kempens it will be argued that they are both very similar, in that they are essentially concerned with dialogue. However, it will be argued that the space within which the dialogue takes place differs across Western and African culture. The paper will conclude by looking at the implications of this understanding for psychotherapeutic intervention.

The New Kid on the Block: Incorporating Complimentary and Alternative Medicine in Mental Health Care

Raymond Selvaraj Social Worker and **Natali Mestric** Psychologist, Northern Beaches Mental Health Service, Northern Sydney Central Coast Health

Complimentary and Alternative Medicine (CAM) can make inroads into the public mental health care system. In Australia, the use of CAM is widespread but costly. Despite the staggering cost, consumers with mental illness often use CAM in addition to conventional medicine. Many are often reluctant to discuss or disclose the use of CAM with their mental health professional fearing that they would disapprove of the use of such interventions.

The mental health professional needs to ask the consumer about their experience with CAM in an objective, sensitive and non-judgemental manner not only during the assessment phase but also throughout the treatment stages. This could help achieve better compliance with conventional treatment. The mental health professional should also be up–to–date and open-minded as well as being clinically cautious in order to make informed decisions about CAM as there is a danger that consumers may expose themselves to the risks of inexpert and unscientific CAM.

Effective CAM practices could be incorporated into the service delivery care of the public mental health system despite the primary focus of treatment being based on a western medical model. In the era of evidence-based practice, it could be recommended that mental health professionals and consumers seek to discuss the suitability of such a therapeutic approach to mental illness. A better understanding of CAM could complement rather than compete with the current accepted standard of care in the public mental health system. However, incorporating CAM within the western psychiatry-medical model would be seen as a huge challenge.

SESSION SIX

NEWLY ARRIVED AND SETTLEMENT ISSUES

Good Starts: Indicators of Wellbeing for Recently-Arrived Refugee Youth

Christine Bakopanos, Ignacio Correa-Velez, Sandy Gifford, Refugee Health Research Centre- La Trobe University, VIC

How do young people from refugee backgrounds experience settlement? What are the factors that promote and sustain wellbeing and good settlement over time? This paper reports the first year results of a longitudinal study of a cohort of refugee youth in Melbourne, Australia. The study is an ethnographic study which examines the contexts, settings and processes that support, enhance and facilitate health and wellbeing during the first five years of settlement. The study is being conducted by the Refugee Health Research Centre (RHRC) at La Trobe University in partnership with The Victorian Foundation for Survivors of Torture (VFST) and in collaboration with the Victorian Education Department- English Language Schools (ELS). The study is being funded by VicHealth. 100 recently-arrived young people aged 12-19 years are being recruited from ELS and community groups and followed over a five year period. The study collects both qualitative and quantitative data each year, through the use of a personal settlement journal and in-depth interviews and group discussions. Data collected includes information about identity, personal health and well-being, social support and social connections, connections to place, and hopes for the future. This paper reports findings in relation to indicators of wellbeing for refugee youth in their first year of settlement, including subjective social status, social support and social connections. The paper concludes with preliminary insights into the factors and processes that are important in helping recently-arrived young people from refugee backgrounds settle successfully, negotiate transitions, and build healthy futures.

Refugee Health Clinics in the Hunter

Sylvia Gray, Multicutural Health Liaison Officer Hunter New England, **Catherine Norman**, Director of Migrant Hunter New England Health

Early in March 2004 there were 350 Sudanese refugees in the Hunter almost half were children, and more were expected to arrive during the year. Information from NSW Refugee Health advised of health problems associated with the hardships the refugees endured whilst fleeing their country. Some of the common diseases suffered are malaria, hepatitis and meningitis. Many health problems are attributed to malnutrition such as dental and nutritional problems.

A needs assessment made in consultation with workers from NSW Government agencies such as Education, Centrelink and the Migrant Resource Centre identified concerns about a number of health issues already surfacing in the Hunter including, lack of information about immunisation status, the physical and mental health status of the children in particular.

The Migrant Health Unit of Hunter New England in partnership with Kaleidoscope (Child Youth and Family Health Services) embarked on a programme to ensure access to health services for the African refugees. A decision to establish the African Refugee Health clinics was an innovative and challenging move for the health service and involved the establishment of new protocols and procedures and having staff made available specifically for the clinics.

Once a venue had been secured and some funding obtained, advising the refugee community and directing them to the clinics also required very specific initiatives. Eventually the clinics were established once a month and staffed by two paediatricians two immunization nurses, two general practitioners four interpreters. a Multicultural Liaison Officer, and administrative support.

Young Refugee Photovoice Project

Clare Darling Cultural Equity Unit, Sydney West Area Health Service., **Ian Nicol** STARTTS, Sydney South West Area Health Service.

To address the challenge of providing access to quality health care for newly arrived refugee communities this project used photovoice technique. This method enables concerns and opinions, about the local area, to be expressed through the medium of photography; rather than language.

The project aimed, more specifically, to engage with newly arrived young people of refugee background in a location with underdeveloped refugee community infrastructure and low service utilization. Due to recognising the broad range of services needed by this community, a partnership approach was adopted between diverse agencies such as multicultural health, local government, community youth services, and refugee services.

Photography workshops and exhibitions of annotated work were held in the LGA with Sudanese, Afghan and Sierra Leonean youth. This approach was engaged as research (see Transcultural Mental Health Centre, "In Focus", 2003) and practice (Feldman, Robin. "Inner Imagery", www islandnet.com./-sora/art) shows photovoice to be an effective method of reaching clients when language and culture are barriers.

This presentation will

- Outline the processes of engagement with young refugees,
- specify how participants' self esteem was improved,
- indicate how their families' awareness of services increased,
- designate how service-provider and community understanding of refugee youth issues improved,
- present the findings and recommendations of the project to validate such innovative ways of connecting young refugees with services.

The project can subsequently be seen as a timely illustration of partnerships improving health outcomes for disadvantaged groups whilst building capacity of both clients and service providers.

The Horn of Africa Program – Developing a Culturally Sensitive Mental Health Program for New and Emerging Communities

Adamu Tefera, Western Region Health Centre, VIC

New and emerging communities such as the Horn of Africa (Ethiopia, Somalia, Eritrea, the Southern Sudan and Djibouti) are faced with many challenges and settlement issues such as time spent in refugee camps, employment, health, housing, education, immigration (family reunion), when establishing themselves and their families in Australia. As well as dealing with the ever growing challenge of mental health issues.

In Victoria more than 80% of the total amount of Horn of Africa communities reside in the City of Maribynong, Moonee Valley, Brimbank and Melbourne, with a total of 641 people immigrating to the Maribrynong area since 2001 (Dept of Immigration & Multicultural & Indigenous Affairs 2004).

Currently, no study or survey has been undertaken to assess the mental health issues in the Horn of Africa communities. However anecdotal evidence suggests that a significant number of people with mental health issues and their families/carers from the Horn of Africa have little of no understanding about the availability and purpose of mental health services, especially outreach support services.

Western Region Outreach Services (WROS) a part of Western Region Community Health Centre are responding to such a need with trialing the development of the Horn of Africa Program.

By attending the presentation, audience members will:

- Develop greater understanding of the history, challenges and benefits in developing a culturally sensitive mental health service program within the Horn of Africa communities.
- Gain a greater appreciation of the impact that migration has upon mental health issues within the Horn of Africa communities.

SESSION SEVEN

PARTNERSHIP

New Mental Health Partnerships: Increasing Access to Culturally Appropriate Counselling

NSW Transcultural Mental Health Centre (TMHC) and Divisions of General Practice working in partnership as part the Access to Allied Health Services Project (AAHP)

Jennifer Herron, NSW Transcultural Mental Health Centre

The Commonwealth Government has recognised that GPs need access to psychological and other allied health services to support their patients with mental health disorders.

As part of the Better Outcomes in Mental Health Initiative, throughout Australia, various Divisions of General Practice have applied to be fundholders and develop models of 'purchasing and supplying allied health services'. Many Divisions have developed a model whereby they employ or contract individual, mainly English –speaking- background, counsellors. In general, a series of up to six sessions (with the possibility of extension to 12 sessions) of counselling using focussed psychological strategies can be provided to a patient referred by their GP.

The TMHC has signed agreements with four Divisions-Fairfield, St George, Canterbury and Central Sydney-in areas of high culturally and linguistically diverse (CALD) populations in metropolitan Sydney to provide qualified bilingual counsellors via the TMHC Clinical Service in an effort to ensure that, at least in some areas, the CALD populations have access to the benefits of this Project.

The paper will discuss:

- the process of development of partnerships between the TMHC and various Divisions,
- the different models of accessing bilingual counsellors that have been developed and are being implemented with each of the 4 Divisions,
- the models which are working and those that are less successful (at least in the initial stages)
- the initial results of the evaluation of the TMHC/ Fairfield Division partnership including clinical outcome data, patient feedback, counsellor feedback and GP feedback.

Community Health Welcomes New Communities

Malcolm Tyler and **Rosemary Bennett**
Department of Health and Human Services (DHHS) Tasmania

New Culturally and Linguistically Diverse Communities (CALD) have established themselves in Tasmania in the past decade. As the DHHS Vision is "Improved Health and Well being for all Tasmanians", and the organisation's goal is to "ensure access to quality health and human services", Community Health Social Workers (CHSW) developed a model to promote and encourage the use of Community Health Centres.

Due to language difficulties and different cultural practises, local Community Health Centres have not been fully utilised by new communities. Most have tended to use the public hospital system for all medical needs.

In Southern Tasmania the CHSW team has developed a simple yet practical model to publicise Community Health Centres. Partnerships have also developed with the Adult Migrant English Service(AMES), Migrant Resource Centre (MRC) and the Department of Multicultural and Indigeous Affairs (DIMIA) and the local CALD community. The focal point has been an interactive "Open Day" involving all staff. Three "Open Days" have occurred in 2004 and 2005. The Health Centres have been in different socio-economic ares with catchments of different mixes of CALD communhities. The model has worked well in all settings.

Local consultative forums are being developed and will provide the opportunity for further health promotion and community development. This is seen as essential to ensure the long term health and well being of the members of the new CALD communities.

Models of Excellence in Health Promotion for a Diverse Community

Angela Van Dyke, Fairfield City Council

Fairfield City Council and Fairfield Multicultural Health Service have been running a partnership project over three years, titled the Health Orientation Tours. The model worked on the premise of introducing relatively newly arrived residents to both Council and Health Services, as they impact on resident health. Residents would spend a day visiting Council and Health services.

The project received small grants from the Community Development Support Expenditure Scheme. However, given the limited budget, the project had practical limitations.

After three years, discussions arose between the partner agencies, identifying issues, and areas of work that needed to be refined. It led to the development of a review process, undertaken by an external person. As a result, we are proposing to develop a new model of service delivery for the HOT's, subject to further funding, with an aim of producing evidence that the project leads to behavioural change. This paper will look at the challenges facing small scale projects attempting to conduct quality projects within an evidence based model.

This paper has a focus on the findings of that review, particularly as they address issues of partnership models. This project has given us a useful insight into the assumptions often made, and pitfalls of working in a partnership model. This paper also looks at the importance of viewing each project as a learning tool, allowing ourselves the opportunity to acknowledge that we are not experts, that we can be brutally honest, and learn from the things in which we excel, and the things which need to be improved. Finally, this paper also looks at the role that Local Government can play in a health promotion model, particularly in terms of providing connecting links, knowing our local communities, and challenging the concept that Local Government does not have a role to play in improving the health of its residents.

SESSION EIGHT

WOMEN'S HEALTH

Women's Health and Wellbeing: A Micro-Credit Model for Addressing the Economic and Social Needs of Women from Diverse Cultural and Linguistic Backgrounds

Kath Deakin, Women's Health In the North, Vic

Enterprising Women implemented by Women's Health in the North in partnership with Northern Migrant Resource Centre, employs an internationally endorsed social and economic community development approach to improve the health and wellbeing of women from culturally and linguistically diverse (CALD) communities.

The project cultivates social and economic choices and opportunities for CALD women who experience the most significant forms of social and economic exclusion. The project offers small no interest loans, as well as education, training and long term peer support for women who wish to open their own small businesses. Enterprising Women also delivers financial education programs providing women with essential information about their financial rights and responsibilities in Australia.

Enterprising Women is the progression of a well researched, award winning community development initiative that included a feasibility study, followed by an independently evaluated pilot project in partnership with Kildonan Child and Family Services. Results of this work revealed that women benefited in more ways than just the financial gain. Confidence was improved, social barriers were overcome, and women achieved a greater sense of personal satisfaction, independence and control over their future.

A presentation on the Enterprising Women project will summarise the interventions that WHIN undertook during the pilot phase of the project, and report on the results of this work. Learning objectives for participants include;

- An increased understanding of the effects social and economic exclusion have on the health and wellbeing of women from culturally and linguistically diverse backgrounds, and;
- An improved understanding of implementing a

community development program with social and economic objectives tailored to women from culturally and linguistically diverse backgrounds.

Out Of Little Things Big Things Grow

Nerilyn Lee and **Vivienne Strong,** Women's Health at Work Program, Area Multicultural Health Sydney West Health

Women's Health at Work has been working with the market gardeners in the Sydney Basin for the past 3 years. The project grew out of one woman's work with people from culturally and linguistically diverse backgrounds. She saw the need of those that had migrated to Australia and had decided to work on market gardens around the Sydney Basin. The growers were isolated both geographically and socially. Few knew any English or had any knowledge of what was available to them living in Australia. Service providers in the area were unaware of this population living on over 2000 farms over this large geographic area.

Women's Health at Work has been working in partnership with over 16 government and non-government agencies. The work has been not only to build capacity in the lives of the market gardeners but also to bring about change in the structure of service providers so that the needs of this diverse community are better met.

This paper will describe what the project looked like at the beginning, how it grew and what it looks like now. Achievements will be outlined along with some personal stories of growth of women in the community. Delegates will have a clear understanding of the successes and difficulties encountered during the four years of the project and some of the sustainable strategies put in place to ensure that the community and agencies are better integrated.

The 'Culture Factor' in Assessing Suicide Risk in the Context of Interpersonal Trauma

Sarah Stewart, Education Centre Against Violence

While the links between suicide and interpersonal trauma are relatively well established, the possible role of culture as an interacting variable in this context is much less understood. For the purposes of this presentation, 'culture' is construed as inclusive of ethnicity, country of birth and linguistic background. The intersection with other associated variables, such as migrant or refugee background, will also be explored, along with other dimensions of diversity, including gender, sexual preference, religious affiliation and socio-economic status. The paper argues that cultural and gender biases, in particular, are evident in suicide research and that this perpetuates a cycle of invisibility with regard to the experiences of the victims of domestic violence, sexual assault and childhood abuse in non-dominant cultural groups in Australia. The findings of a series of consultations with a range of health workers and with women and young people from culturally and linguistically diverse backgrounds will be presented. The claim that 'collectivism' and 'religiosity' protect against suicidality is critiqued and the potential for protective factors to transmute into risk factors, in the context of family violence and child sexual abuse especially, is also explored. The case is made for enhancing the cultural competence of a range of mainstream health service providers who may be in the position of assessing risk for suicide. Implications for prevention, practice and policy are highlighted.

MUNIRA ADAM

Professionally I began as an ESL (English as a Second Langauge) teacher. More recently I have been working in the welfare and community health sectors. I currently work at WHW as a FARREP worker mainly with communities affected by the practice of FGM. and recently qualified as a social worker. My origins stem from Eritrea, Sudan and Egypt. I came to Australia in 1990.

PARIS ARISTOTLE AM

Paris Aristotle AM is the Director of the Victorian Foundation for Survivors of Torture, a position he has held since the organisation's establishment in 1987. In 2002 Paris was appointed as a part time Commissioner of the Victorian Law Reform Commission. Paris has also held several positions on government advisory bodies in the settlement and human services fields. He currently holds positions on the Federal Government's Refugee Resettlement Advisory Council and the Immigration Detention Advisory Group. Paris has been a member of a number of official delegations to the UNHCR Executive Committee and most recently, a member of the UNHCR Executive Committee on Resettlement and Integration. Paris was recently made a Member of the Order of Australia for his work with refugees, in particular survivors of torture.

JULIE AUSTIN

Julie Austin has been a policy adviser for Carers Australia since August 2002. Her role is to undertake research, develop appropriate policies and advocate in the interests of Australia's 2.6 million carers.

Prior to joining Carers Australia and the community sector, Julie spent twelve years working on public policy issues concerning rural Australia and agriculture for the National Farmers Federation and as a political adviser to the Parliamentary Secretary for Agriculture, Fisheries and Forestry.

She holds a Bachelor of Arts degree and a Graduate Diploma in Public Policy.

ELSE BERGLUND

Ms Berglund was awarded a BA in Social Science at Sköndalsinstitutet, Stockholm, in 1981. Since then I have worked in the social field in different situations and locations, in Sweden as well as in Africa and Asia.

She currently works as an analyst at the Swedish Integration Board, Norrköping, Sweden, handling mainly matters concerning public health and social politics related to the integration of refugees into Swedish society.

For three years she was working as counsellor at a refugee health care centre, seeing many patients with post traumatic stress disorder. I have also worked at a number of therapeutic institutions, giving treatment to drug-addicts and alcoholics as well as teenagers and their families.

Ms Berglund also worked as a refugee counsellor in Gedaref, Sudan and for 3 years as social services officer at UNHCR Sub-Office in Peshawar, Pakistan, seconded by Rädda Barnen (Save the Children, Sweden). Rädda Barnen has an agreement with UNHCR on secondment of Community Services Officers from its emergency response team (ERT), which she joined in 2000. As an ERT-member she was sent on mission to Sudan in 2000 (three months) and to Pakistan in 2001-2002 (four months). As a member of the disaster response team of the Swedish Church Relief, which she joined in 2004, she has conducted workshops on community based psychosocial services in disaster relief with participants from India, Bangladesh, Nepal, Cambodia and Indonesia.

LYNN CAIN

Ms Cain manages and delivers training and programs for the Australian Multicultural Foundation. Over the past few years Ms Cain has managed projects with a focus in cultural diversity specifically in the areas of volunteering, dementia, ageing and multicultural arts.

Ms Cain is also the manager of the Australian Multicultural Foundation Aged Care Training Institute (MACTI). MACTI came into existence with the joint efforts of the Australian Multicultural Foundation and RMIT University in 1997. MACTI was set up as a centre for training in Multicultural Aged Care.

NIGEL CASWELL

Nigel was born in England and migrated to Australia in 1972. He is married with two sons and has lived in Bayside for 30 years. He holds a degree in engineering and worked as an engineer in England and in Australia for 20 years, but for the past 15 years has worked in Park management here in Melbourne. Nigel has suffered from multiple sclerosis for approx 20 years and is an Ambassador for the Multiple Sclerosis Society of Victoria. He has recently retired from the position of Deputy General Manager and Manager Community Partnerships with Parks Victoria. At Parks Victoria he pursued strategies for increasing the involvement of indigenous and non-English speaking groups in the use and management of parks. Nigel has been appointed to chair Parks Victoria's Volunteers Reference Committee and appointed to Bayside Health's Cultural Diversity Committee. He is studying to become a marriage and funeral celebrant.

MAHATMA G. DAVIS

Mahatma G. Davis is Chairman, and Chief Executive Officer of ArabMedicare.com, an Internet venture company established in 1999 to provide online news, information, and training to Arab healthcare professionals from government, business, and academia. Mr. Davis is also Chairman and Chief Executive Officer of SABA Pharmaceuticals, Inc., an international company founded in 1982 with a distribution network expanding to over 18 countries, and Diversity Health International, a new company launched in 2004 and aimed at providing market research, training, and consultancy services on diversity health topics to American and abroad healthcare organizations.

Mr. Davis has been very active in the international community for over 23 years, and in particularly, the Middle East region. He has set up regional distribution channels for major international pharmaceutical companies, worked with international associations and federations to help expand their Middle East and Latin American presence, promoted over 75 international medical and industry specific events in 15 countries, coordinated the Official USA National Pavilion at Saudi Medicare '97 in Riyadh, Saudi Arabia, and is the US Representative for Saudi Healthcare & Saudi Hospital 2005, Jeddah, Saudi Arabia.

Mr. Davis has contributed numerous articles on international trade, finance, marketing & development, e-Health, computer vertical reseller's markets, and health care issues for various publications. He is also a contributing writer to Arabic language magazines, Arab Medico and Ahali (Parents), as well as, oversees the direction and editorial content (Arabic & English) of medical

news feeds delivered by the ArabMedicare.com network to major Arab media outlets like Aljazeera.net-Aljazeera TV Channel, MSN Arabia, and Times of Oman "Healthy Times".

Mr. Davis is an advisory member (abroad) for the Arab Healthy Water Association, and he is an active member in several other international associations. He has working relationships with many international federations such as the International Federation of Gynecology & Obstetrics (FIGO) for establishing a network of Contributing Centers in Arab countries to gather research data on Arab women treated for various gynecological cancers. The data is published annually for worldwide distribution in the International Journal of Gynecology & Obstetrics, FIGO Annual Report on the Results of Treatment in Gynecological Cancer.

Mr. Davis received bachelor's degrees from North Carolina State University in International Affairs and Political Science and Certificates in Computer Programming from the Raleigh School of Data Processing.

JULIA FRASER

Director, Leadership and Community Programs, Asialink

Julia Fraser is the Director of Leadership and Community Programs at Asialink at the University of Melbourne. Asialink is a non - academic department of the University assisting Australians across all professions to build contemporary knowledge of Asia and form collaborations with colleagues in Asian countries. Julia oversees the management of a wide range of public programs within Australia and internationally. Programs under her direction include a 12 month leadership program for 40 Asia – focused young Australian professionals, in Sydney, Canberra and Melbourne, media exchange programs and the development of new programs in the Health and Community sectors.

Currently Co-Director of the secretariat of Asia-Australia Mental Health, a consortium of partners at the University of Melbourne and St. Vincent's Health, Julia's work focuses on building and maintaining the necessary partnerships across all sectors in Australia and in the region to support collaboration in mental health reform in our region.

In 1999 –2001 Julia managed the City of Melbourne's Millennium and Olympic Programs. This involved creating and managing programs and activities such as the City's New Years Eve celebration for around 500,000 people, developing a community giving website and managing the Olympic Torch relay for Melbourne. Previously she was the National Manager of the Asia Education Foundation at the Asialink Centre where she authored a series of 10 curriculum publications for schoolchildren and their teachers about the countries of Asia and initiated and managed a network of over 1000 Australian schools.

HEATHER HILL, PHD, M.ED., B.A.

Grad Cert. Dance Therapy

Grad Diploma Movement and Dance

Dr Hill has worked for 20 years as a dance therapist and is a professional member of the Dance Therapy Association of Australia. Her special interest and passion is in the area of aged care, specifically dementia, and this led her to doctoral research on person-centred care in dementia. She is also very interested in intergenerational issues and carried out two intergenerational programs, which aimed to promote relationship between older adults and young children through engaging in a dance/ movement experience. She currently teaches dance therapy at RMIT, creative arts therapies at MIECAT and is involved in developing a curriculum for dementia education for nurses.

LILLIAN HOLT

University of Melbourne Fellow

Lillian Holt was appointed a University of Melbourne Fellow in 2003. Formerly, she was the Director, of the Centre for Indigenous Education, University of Melbourne.

Prior to taking up the latter appointment in 1998, she was Principal of Tauondi (formerly the Aboriginal Community College), Port Adelaide, between 1990 and 1996, having worked there for sixteen years, from 1980.

Lillian has written and spoken extensively, both in Australia and abroad, on the subjects of Aboriginal education and its significance for self-determination, justice, democracy and human rights; Women's and Adult education; racism and whiteness; reconciliation and cultural diversity

JANE HOWARD

Jane Howard is a registered Nurse and Midwife who has been working in community development for the past 7 years with a particular focus on women's health and birthing services. She is originally from London and was assisting births with women who had experienced FGM 25 years ago and has a good understanding of the issues.

DR CHEE NG

MBBS, MMed (Psych), FRANZCP, MD (Melb)

Dr Chee Ng is a medical graduate from The University of Melbourne and also obtained his post-doctorate degree (Doctor of Medicine) from the same university in the area of cross-cultural psychopharmacology. He holds the position of Senior Lecturer in the Department of Psychiatry, The University of Melbourne and Deputy Clinical Director at the Professorial Psychiatry Unit of The Melbourne Clinic which runs a tertiary referral treatment centre for affective disorders. He is currently the Director of Psychopharmacology and has been a Consultant Psychiatrist at St Vincent's Mental Health Service since 1998.

At an international level, he is the Director of the International Programs at St. Vincent's Mental Health Service where he coordinates the Postgraduate Overseas Specialists Training (POST) Program for international psychiatrists and international delegation visits from over 10 countries Asia Pacific region. In this capacity he also serves as Clinical Site Coordinator, WHO Collaborating Centre for Research and Training in Mental Health and Substance Dependence that works cooperatively on issues in mental health policy and service development. Currently he is the co-director of the Asia-Australia Mental Health secretariat, which aims to support mental health development in the Asian region and now has formal training and service development collaboration with China, Malaysia and Korea. His contribution to teaching in Asia and Australia is significant through the frequent participation in lectures, seminars, workshops and conferences internationally.

DR ROB MOODIE,

CEO of the Victorian Health Promotion Foundation (VicHealth)

Dr Moodie has been CEO of the Victorian Health Promotion Foundation since 1998, following many years in HIV/AIDS prevention and management, and public health roles – both local and international.

He is currently Chair of the Premier's Drug Prevention Council and is a Vice-President of the International Union of Health Promotion and Education. He is also member of the Asia Pacific Leadership Forum on HIV/AIDS.

He has recently co-edited the book "Hands on Health Promotion".

Some of the priority issues for VicHealth include tobacco control, reducing obesity through increased physical activity and healthy eating, promoting mental health and wellbeing, and the reduction of inequalities in health.

PROFESSOR LENORE MANDERSON

Lenore Manderson, PhD, FASSA, is a medical anthropologist, known also for her work as a sociologist, public health professional and social historian of medicine. From 1988-1998 she was Professor of Tropical Health at the University of Queensland, during which period she conducted research in Asia and Africa on reproductive health, sexuality and gender, infectious disease, and development, and in Australia with Anglo-Australians, immigrant and Indigenous Australians. Since 1988, she has worked closely with WHO in particular with the Special Programme in Research and Training in Tropical Disease. In 1999 she took up appointment as Professor and Director of the Key Centre for Women's Health in Society at the University of Melbourne. She has published prolifically, and her recent books include Coming of Age in South and Southeast Asia: Youth, Sexuality and Courtship (London, Curzon Press, 2002) and Violence against Women in Asian Societies (London, RoutledgeCurzon, 2003). She is an elected Fellow of both the Academy of Social Sciences in Australia and the World Academy of Art and Science. In 2001, Lenore was awarded an inaugural ARC Federation Fellowship. During the five years of this Fellowship she is undertaking research on social aspects of chronic disease, including reproductive health problems, disability and aging, including in collaboration with clinical, biological and other social scientists, a major multidisciplinary study in Australia, Thailand, Malaysia and Myanmar.

PINO MIGLIORINO

Pino Migliorino founded Cultural Perspectives, a leading consultancy providing strategic marketing, consultation and research services to government and private sector organisations, in 1994.

Pino is a recognised expert in multicultural communications, research and the broader area of multicultural policy and programs. During this time, Pino has been involved in and managed over 80 large government and private sector advertising and communications campaigns as well as numerous multilingual research projects, and policy specific consultancies.

Pino has recently been engaged as a consultant to develop a framework for cultural competency in health communications for the National Health and Medical Research Council. This consultancy is typical of many other consultancy projects undertaken requiring a strong intellectual capacity, an empathy with people form diverse backgrounds and a capacity to work with and through community structures and stakeholders.

Prior to entering the private sector Pino held a number of important sectoral positions including Principal Policy Officer, NSW Ethnic Affairs Commission, NSW Regional Co-ordinator, Office of Multicultural Affairs, and Executive Officer, Ethnic Communities Council of NSW.

Pino has been widely published in the multicultural area, has a BA from the University of Sydney, a Diploma of Education from the Sydney Institute of Education, is a Qualified Practicing Market Researcher (QPMR), and is a member of the Public Relations Institute of Australia.

ASSOCIATE PROFESSOR HARRY MINAS

A/Professor Harry Minas, an academic psychiatrist, is Director of the Centre for International Mental Health at the University of Melbourne and VTPU. He has played a key role in the development of research, teaching and service development activities in the areas of transcultural and international mental health. His research interests include mental health system development, immigration detention and mental health, ethics and leadership for change in complex systems.

JUDITH MIRALLES

Director Judith Miralles & Associates

Judith Miralles has over 20 years of experience of policy development, program evaluation, research and training in multicultural affairs.

In her work at varied organisations spanning the community sector, local and state Governments such as VicHealth, the Office of Training, and Tertiary Education and the Department of Premier and Cabinet (Victoria), Judith has been a strong change agent for culturally inclusive policies.

Over the past two years Judith has been involved in a number of projects in the health sector looking to increase cultural competence:

• cross-cultural orientation to the Australian health system for International Medical Graduates (funded by the Department of Human Services, Victoria)

• cross-cultural training for overseas trained nurses (funded by the Nurses Board of Victoria and the Department of Human Services, Victoria)

• research and development project to increase the cultural competence of health sector and partners (commissioned by the National Health and Medical Research Council)

Judith has also kept close links with the community sector and is currently on the Board of the Immigrant Women's Domestic Violence Service.

ASSOCIATE PROFESSOR NICHOLAS G PROCTER

Nicholas G Procter PhD, RN, is Associate Professor and Academic Integrity Officer for the School of Nursing and Midwifery. He has 25 years experience in the health sector and is an active teacher and researcher with a strong focus on complex treatment settings and marginalised and disenfranchised populations.

He is author and co-author of more than 100 publications and conference papers in the area of mental health nursing research, education, and practice. A Hawke Fellow in 1999, Nicholas has received the University of South Australia Chancellors' Award for

Community Service on three occasions (2004, 2001 and 1999). In 2002 Nicholas graduated as a Fellow of the Governors' Leadership Foundation and received the Government of South Australia Nursing Excellence Award for Nursing Education. In 2005 he received the Bristol Myers Squibb Australian and New Zealand College of Mental Health Nurses Research Award.

STEFAN ROMANIW OAM

Mr Stefan Romaniw OAM currently holds the position of Executive Director of Community Languages Australia. He served successful terms as Chairperson of the Victorian Multicultural Commission. He has a teaching qualification and prior to moving into management and consultancy worked in a range of school settings.

Currently he serves as Chairman of a number of committees and organizations within the Ukrainian and broader Australian communities - among them are the Australian Federation of Ukrainian Organizations, Multicultural Arts Victoria and Multicultural Issues Forum with Hume City Council.

He has served on the Centenary of Federation Victoria Committee Board of Council of Adult Education, Commonwealth Ministerial Standing Council on Immigration and Multicultural Affairs, National Accreditation Authority for Translators and Interpreters Board, Spirit West Advisory Group with the Western Bulldog's Football Club, Victoria Olympics Committee for -2000 Sydney Olympics and Gold 2000 Committee in Victoria.

In 2001 he was awarded the Order of Australia Medal for his contribution to education and the CALD communities and in 2003 received the Centenary Medal. He has also received the Order of Sts Peter and Paul for contributions to the community and international recognition receiving the Order of St Stanislaw in 2001. He was appointed an Australia Day Ambassador in 2004

He has participated in delegations to China, Germany, and Ukraine. He has recently returned from a three month positing in Kyiv Ukraine where he worked on developing Australia-Ukraine Relation

He is a keen follower and member of the Essendon Football Club and is also a member of the Naval and Military Club in Victoria.

NATHAN SMYTH

Assistant Secretary, Health Priorities and Suicide Prevention Branch, in the Commonwealth Department of Health and Ageing.

His responsibilities include Mental Health, Cancer, Diabetes, Asthma, Cardiovascular Disease, Suicide Prevention, Quality Improvement & Research, as well as the Australian Government's health information website Healthinsite.

Nathan has 17 years experience in the Australian Government, including eight years in the Department of Defence and nine years with the Department of Foreign Affairs and trade which included a diplomatic posting to Malaysia.

Nathan has extensive private sector experience in the areas of management and business consulting as well as a number of senior executive appointments in international organisations. He has a degree in Political Science from the University of NSW and a Masters in Business Administration from the Australian Graduate School of Management."

SENADA SOFTIC

Senada Softic is currently the General Manager (CEO) of VITS LanguageLink. Senada graduated in 1985 with a BA Degree in Interpreting & Translating, continued with Post Graduate studies in Croatia and since 1987 has extensively worked in the language services industry.

Senada is actively involved in all sectors of the language services industry, she is the Chairperson of the NAATI Bosnian language panel, occasionally teaches at RMIT University in the Interpreting and Translating programs, takes an active role in issues pertaining to language services and the culturally and linguistically diverse communities. She is a strong advocate for the establishment of an industry self-regulation board to further enhance and protect the interpreting /translating profession.

In her role as General Manager (CEO) of VITS LanguageLink, Senada is committed to ensuring that VITS LanguageLink continues to set the benchmark for quality standards in the provision of language services in Australia.

PROFESSOR BOYD SWINBURN

Boyd Swinburn is Professor of Population Health at the Centre for Physical Activity and Nutrition Research at Deakin University in Melbourne. He originally trained as an endocrinologist in Auckland before starting his research career in diabetes and nutrition metabolism with the National Institutes of Health in the US. Upon returning to New Zealand, he became more drawn into public health research, particularly in his role as Medical Director of the National Heart Foundation. His major research interest is now centred on obesity prevention particularly in children and adolescents. He has developed and supported a number of community-based demonstration projects in the Barwon-South West region of Victoria and these are linked to similar projects in Auckland, Fiji, and Tonga. Through his work with the World Health Organisation and the International Obesity Task Force, he is also contributing to global efforts to promote obesity prevention at a global level. He also established Deakin University as a WHO Collaborating Centre for Obesity Prevention.

ODETTE TEWFIK

Odette Tewfik is currently working with Family Planning Queensland as a Multicultural Women's Health (FGM) project Coordinator.

She is a member of Ministerial Regional Community Forum in Qld

She has had a comprehensive career working in multicultural service sector

Her current interests are: community capacity, helping people migrants, to integrate within the wider community and to be heard.

Odette has more than 15 years experience in welfare area (in Qld) working at government and non-government organisations. Working at different Multicultural organisations and in different areas such as immigration, community education, settlement and health.

Odette has Bachelor Degree in Psychology and Philosophy, Diploma in Marketing, and Diploma in Administration from American University.

In Australia, she has a Certificate IV in workplace assessment, Associate Diploma in Human Service and Bachelor Degree in

Business Management with double majors.

PROFESSOR TRANG THOMAS AM, PH.D

Trang Thomas is currently Professor of Psychology at the Royal Melbourne Institute of Technology, Director of Science of the Australian Psychological Society, and Council member of the National Health and Medical Research Council.

Trang Thomas has conducted numerous research projects in Developmental Psychology and Cross-cultural issues. Her dedication to research with applied social impact has brought her several awards, including the Alumni Achievement award from the University of New South Wales, the Inaugural Distinguished Alumni award from La Trobe University, and the Order of Australia (AM) and recently the Victorian Honours roll for women..

Trang Thomas' past appointments include Director of SBS, full-time chair of the Victorian Multicultural Commission and Assistant Human Rights Commissioner.

TONY VARDARO

Mr Tony Vardaro comes from an Italian background and has Cerebral Palsy. He was placed in institutional care until the age of 16. The professionals at the institution where Tony was staying had decided that at the age of 16 he should be placed in a sheltered work shop as he could not be able to be educated past grade six.

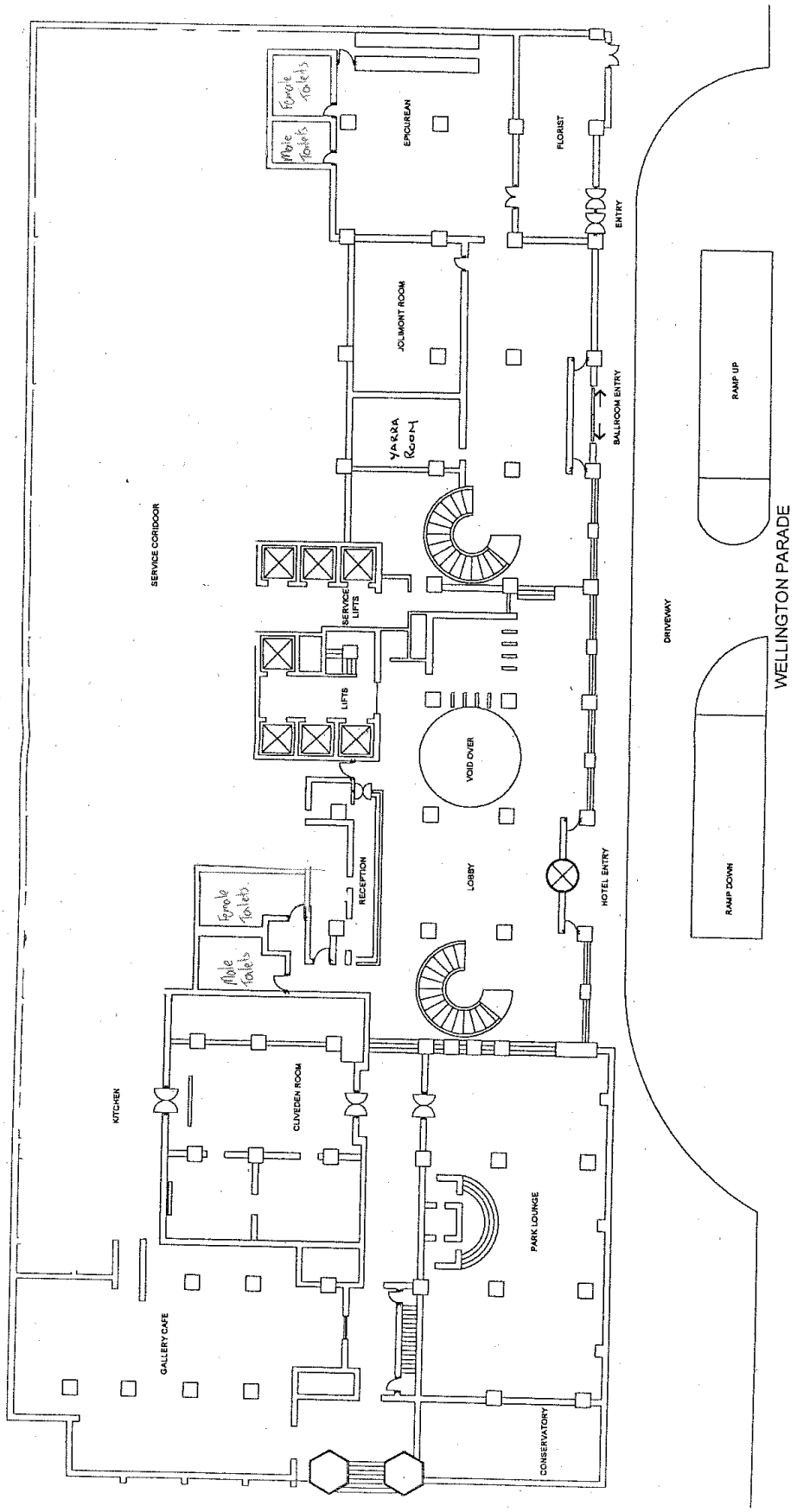
Through Tony's determination, he decided that this was not the path that he wanted to go and he then entered regular high school in Bunbury (country town his parents lived in). Tony was able to achieve a year 11 education. After leaving school, Tony spent sometime at the Commonwealth Rehabilitation Centre where different vocational options were considered for him. At the time, the only placement that could be suggested to him was another sheltered work shop. Tony decided that this was not for him. He worked with unemployed youth on a voluntary basis for three years. He was then encouraged to look at the possibility of undertaking further studies at University in Social Work. After much persuasion, Tony went back to school and matriculated and gained entry into Curtin University in Western Australia to study Social Work and completed his degree in 1984. Since 1984 he has worked as a Social Worker and then a Senior Social Worker for the Commonwealth Rehabilitation Service. He has also managed a domestically care program for a private agency in Perth. He is now employed as a Manager for Disability Services at Swan TAFE in Perth. Tony has been on numerous Government and Non-Government committees sharing his experiences and expertise to help break down the barriers that many people with disabilities face as a result of their disability on a daily basis. He is currently the President of the National Ethnic Disability Alliance (NEDA).

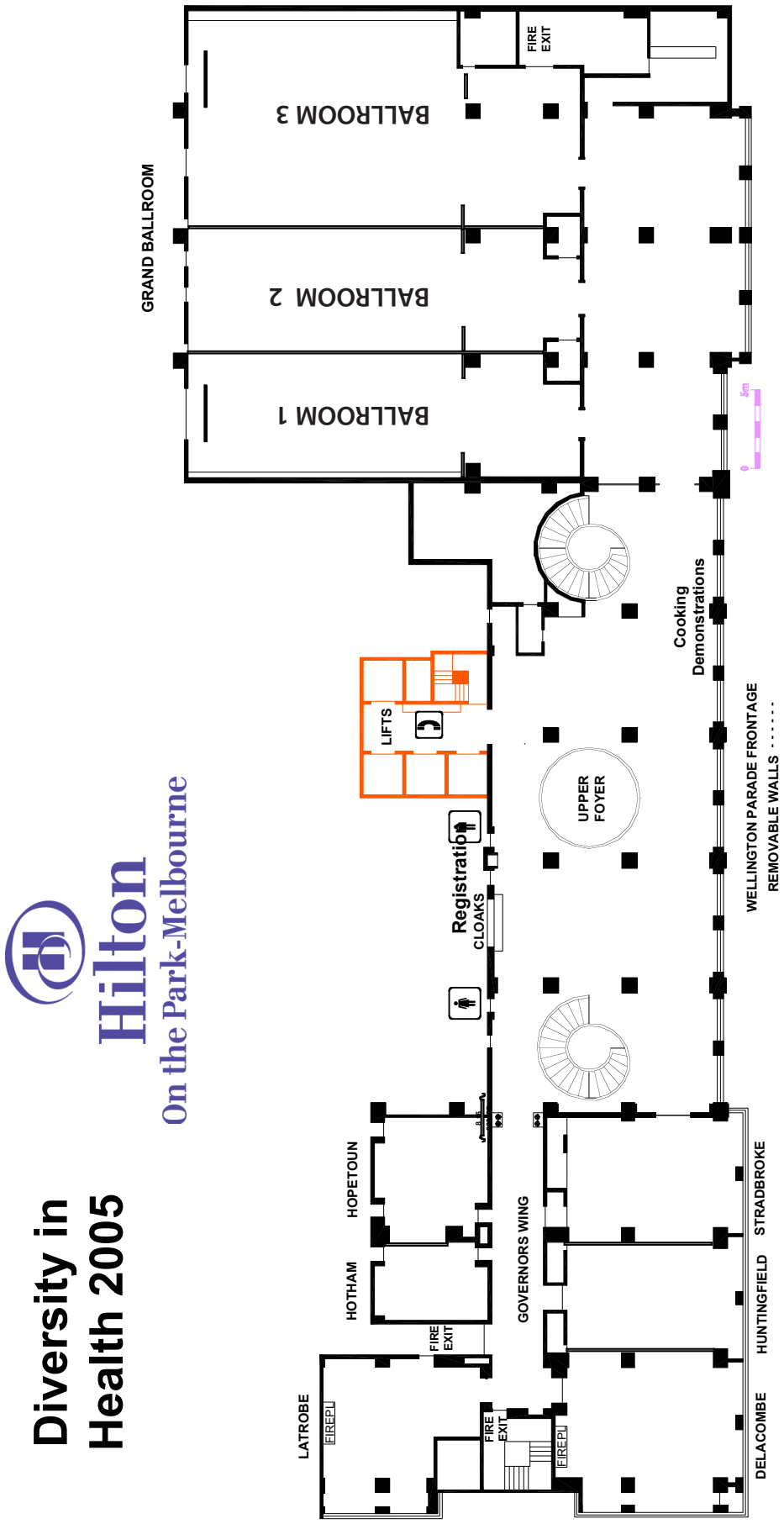
DR FIONA WOOD AM

Head of Royal Perth Hospital's Burns Unit and Director of the Western Australia Burns Service. She is also co-founder of Clinical Cell Culture, a private company recognised in medical circles for its world-leading research and breakthroughs in the treatment of burns.

In addition, Dr Fiona Wood is also a Clinical Professor with the School of Paediatrics and Child Health at the University of Western Australia and Director of the McComb Research Foundation.

FLOOR PLAN - GROUND FLOOR




Diversity in Health 2005
Hilton
On the Park-Melbourne
GRAND BALLROOM
BALLROOM 3
BALLROOM 2
BALLROOM 1
FIRE EXIT
LIFTS
UPPER FOYER
Registration
CLOAKS
Cooking Demonstrations
WELLINGTON PARADE FRONTAGE
REMOVABLE WALLS - - - - - -
HOPETOUN
HOTHAM
FIRE EXIT
GOVERNORS WING
STRADBROKE
HUNTINGFIELD
DELACOMBE
LATROBE
FIREPU
FIRE EXIT
FIREPU

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES

NOTES