

## CLINICAL PRACTICE POINT

### CULTURE 101

#### AT A GLANCE

This clinical practice point introduces some foundational approaches that may be relevant to the [suite of resources on cultural diversity and mental wellbeing](#).

This resource:

- introduces a definition of culture;
- makes brief reference to the role of language in relation to identity, with particular thought to the importance of allowing young people (and families) to self-identify their own relationship to culture;
- explores the dynamic factors involved in experiences of mental health care; and
- provides take-home messages relevant to practice and links to resources that may assist with ongoing learning and development.

It may be useful to refer to the [glossary](#) for an introduction to terminology used in this resource and throughout the suite of resources.

“Reading this document may start to guide the way in which you approach practice ... but it won’t tell you what the young person sitting in front of you needs.”

YOUNG PERSON

“You need to educate yourself, but reading is not enough. It is also about the action – what you do. Constantly question how you change your approach to make it easier for multicultural young people and people of colour to engage with you and your service. That is your responsibility.”

YOUNG PERSON

“I don’t feel diverse, I feel like me. Even the implication of it makes me wonder: divergent from what? The answer to that speaks to the assumptions and bias that people already have.”

YOUNG PERSON

## INTRODUCTION

### HOW TO USE THIS RESOURCE

This resource is not intended to be all-encompassing – it recognises the varied needs of individuals, families and communities for culturally responsive and safe mental health care. It aims to provide some practical guidance to mental health staff working with multi-cultural young people, families and communities while understanding that this requires a nuanced and person-centred approach.

Research indicates that while clinicians may feel confident understanding theoretical concepts that are introduced in resources such as this, there can be challenges with translating or adopting skills in direct care or practice.(1)

Supervision, reflective practice and secondary consultation can help mental health workers translate concepts into practice.

**Mental health workers are encouraged to use this document as a launching pad to frame discussions within individual and/or team reflective spaces; with particular thought to:**

**1. DIRECT PRACTICE:** what might be helpful to consider or expand on in relation to work with specific young people, families or communities?



**2. DEVELOPMENT:** from the concepts raised, what might be some learning goals to develop as an individual or within a team?



**3. IMPLEMENTATION:** how might these goals and learnings be implemented in everyday practice? How can best-practice be disseminated so that others within the workplace may learn and develop?

### AN IMPORTANT NOTE ON LANGUAGE

Resources in the series **Cultural diversity and mental wellbeing** recognise that every person is shaped by culture, therefore the positioning of ‘cultural diversity’ reflects the broad range of cultural experiences within the community. However many of the resources also specifically focus on mental health workers’ interactions with young people who might be born overseas, or who are Australian-born with one or both parents (or sometimes, grandparents) born overseas.(2) Clinical services often refer to this cohort as ‘Culturally and Linguistically Diverse (CALD)’.

The term ‘CALD’ has a number of problematic associations. It is often used by those in research and mental health services to define a large and diverse cohort of the Australian population, with little thought to the impact or meaning it has for the people being labelled. ‘CALD’ may also set up workers for unhelpful assumptions, in particular when it centres white, western and colonial cultures as the ‘norm’. This risks perpetuating historical and enduring assumptions that can lead to cultural bias and racism (overt and microaggressions); all of which perpetuate poor health outcomes and can lead to further health inequality.

These power dynamics have a significant impact on therapeutic and service relationships. Rather than simply being abstract concepts, mental health workers need to consider how these factors

influence their everyday roles, and how they are shaped or influenced by language.

While recognising that any label is limiting, this resource uses language such as ‘multicultural’, based on consultation and advice from young people and services. The term multicultural is used to represent young people who may also identify as multilingual. Workers are strongly encouraged to ask young people how they identify culturally (or how they label their cultural identity or heritage). This can be the start of a broader conversation that explores the ways in which culture shapes a young person’s (and family’s) identity and wellbeing. If the young person is not sure or uncomfortable answering, it may prompt workers to consider broaching the discussion at a later time once more trust is formed. Young people may use different labels depending on who they are talking to (or what context they are in), so it may also be useful for mental health workers to check in about preferences for language within a mental health environment or setting.

**“I’d never heard of the term ‘CALD’ until I engaged with mental health services. It doesn’t represent me or my experience.”**

**YOUNG PERSON**

## WHAT IS CULTURE?

Despite the familiarity of the term, 'culture' can feel abstract and tricky to define. Perhaps the best starting place is asking:

- How do you personally define culture?
- How do you think you've been shaped by culture?

Some describe culture as a dynamic system of beliefs and attitudes shared by a group of people and transferred across generations.<sup>(3)</sup> Culture can be understood as a learned blueprint (or rulebook) for acceptable ways of thinking and behaving that are collectively shared and understood.

No one culture is superior to another. While culture may be collectively experienced, culture can also shape individuals and the way they view and interact with the world. Everyone is shaped by culture(s) and an individual's relationship to culture can also change over time.

Sometimes people may not even recognise the ways in which culture shapes their thoughts, behaviours and experiences – it may be easier to observe the influence of culture in others who may have different cultural experiences or beliefs to their own.

In Australia, mental health workers have a particular responsibility to ensure that their practice is informed by sensitivity to the many and varied cultures of First Nations people, and the particular impacts of ongoing colonisation.

For further information on the influence of culture and how it may interact with other identities, such as sexuality and gender identity of people, please refer to the [LGBTIQ Intersect webpage on culture](#).

### FIRST NATIONS CULTURES

#### First Nations team, Orygen

Australia has always been a multicultural and multilingual country, thanks to the cultures and languages of Australian First Nations.

First Nations differ from other minority ethnicities in Australia due to the ongoing impacts of colonisation. To First Nations, colonisation describes the systemic and persistent violence that is perpetrated on First Nations. Culture, knowledge and ways of being continue to be punished, politicised and even criminalised to the point where many cultures, languages and ways of being have been lost, causing incalculable grief and trauma. First Nations often must justify their existence to the Australian public and its institutions (media, government, business etc.). Through acts of survival, First Nations people have had to consciously articulate culture and ways of being to others; the resultant moral, spiritual and emotional stress of which continues to burden First Nations.

For resources on social and emotional frameworks specific to First Nations community, please refer to:

- Share our Pride. [Our culture](#).
- National Indigenous Australians Agency. [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#)
- Lowitja Institute. [Aboriginal participatory action research: an Indigenous research methodology strengthening decolonisation and social and emotional wellbeing](#).
- The AIPA. [The Australian Indigenous Psychologists Association](#).
- Australian Indigenous HealthInfoNet. [Australian Indigenous HealthInfoNet](#).

Although First Nations young people are not necessarily the key focus of these resources, some concepts introduced in this resource may be relevant.

Orygen also wishes to acknowledge the way in which First Nations communities have often been at the forefront of advocacy around culturally safe care. First Nations communities have much to share with health services, some of which includes concepts around culture, healing and community that are relevant for everyone, irrespective of cultural background.

## THE SIGNIFICANCE OF CULTURE

Culture has been historically (and narrowly) defined in relation to ethnicity and race, and while this may be an important consideration, contemporary theory recognises that people can be influenced by a range of cultures (within families, workplaces, communities and societies) and in relation to a broad range of intersecting identities (in relation to ethnicity, nationality, class, education, language, health, religion, spirituality, gender and sexuality).(4, 5)

Culture may be observed through language, food, music, dress, traditions, customs, beliefs, morals, attitudes and roles.(4, 6) However, it is easy to get hung up on identifying the specifics of culture, rather than thinking about the significance of culture, and its relationship to mental wellbeing and recovery.

Culture can support people to build strong connections and communities with others, and be a source of pride, belonging, shared heritage and identity.(7) However, it can be a source of stress if people feel that their culture is forgotten about, if it is not safe to express with others, if it is projected onto them, if people feel disconnected from their own or their family's culture, or if their culture or community does not support aspects of their other intersecting identities.

**“Culture is a bit like the software of a computer in that software often runs in the background, supporting the functioning of a computer and helping it to interpret information. In the same way, culture shapes our worldview and provides us with a framework for how we live, even if we don't always notice its influence or significance.”**

### FIRST NATIONS TEAM, ORYGEN

Culture therefore guides how people parent, the way they learn to express emotions, how they learn to cope, beliefs and relationships around mental health and wellbeing, a person's ability to seek support (from services and/or family and community) as well as influence what will be therapeutic or helpful to them.(8)

Similarly, systems and structures that people live in can influence individuals, families and whole cultural communities. What someone may observe and assume to be 'culture' may instead be an expression of trauma (including intergenerational trauma) in families or communities. In the same way, if mental health workers focus on the presenting symptoms or functioning of a young person without

understanding the context of their presentation (which may be influenced by aspects of discrimination or alienation) they are likely to be ineffective and potentially may replicate harm. Context supports mental health workers in thinking about what might be regular patterns that young people or family have experienced, understanding what has shaped these patterns, and helps consider therapeutic responses that avoid being controlling, authoritative, intrusive or paternalistic. It may also provide an opportunity for workers to consider the way in which their responses may be contributing to observed patterns, and to centre safety and trust within the therapeutic relationship.

Last, what healthcare workers often forget to interrogate is that they also are influenced by culture – both their own personal culture(s) as well as the culture(s) of the organisations and mental health services they work in. Workers' reactions to cultural difference may be automatic, subconscious, and extremely influential on the dynamics between themselves and a young person (and their family).(4) This understandably will influence the quality of care that a young person receives.(4, 8) It must also be recognised that often health services in Australia are developed using historical and western/ colonial models, so at their core they may not be designed to suit everyone's needs. Examples may include standardised assessments, as well as psychological interventions which may not be culturally safe.

This suggests an even greater need for being actively thoughtful about the role that culture and language play in mental health settings, and how systems may not always be conducive to recovery.





## THE SIGNIFICANCE OF SYSTEMS

Culture greatly influences the worldview of individuals, families and communities. As such, integrating culture (through understanding its influence, and being responsive to it) is integral to effective healthcare, irrespective of the setting.

While a person can be shaped by their cultural identity, they are also likely shaped by life experiences, social and structural determinants of health, and the systems they live in – sometimes because of their cultural identity, ethnicity or country of birth. This can sometimes be described as being ‘politicised’. In this way, when working with young people from multicultural backgrounds, it is important to not just observe what is occurring for the young person but to consider both historical and systemic influences in care.

For example, as well as understanding a young person’s past experiences (and developmental history) it may also be useful to understand the historical experiences of family generations, communities and cultural identities. These may influence the way in which a young person views themselves and their interaction with the world.

Similarly, multicultural young people may feel that their identity is not just defined by themselves, but observed, defined or influenced by the multiple networks or communities that the young person is a part of, as well as the influence that broader society or institutions may have on that individual or community.<sup>(8)</sup> This may be particularly salient if the young person is part of a cultural community or identity that is regularly politicised, othered, silenced, pressured to assimilate, stereotyped or marginalised (for example, in systems such as healthcare or education, but also more broadly in society, by the media, in politics, etc.). As a result, multicultural young people may feel regularly discriminated against and affected by the views of others (some in positions of power that the young person is forced to interact with). Young people may also feel others have labelled or stereotyped aspects of their cultural identity, which may lead to feelings of powerlessness but also impact on their sense of safety in being able to connect with others and feel genuinely seen and understood.

These experiences highlight why often discussions of culture need to be coupled with an analysis of power, politics of identity and otherness.<sup>(8)</sup> Therefore, any useful attempts for cultural responsiveness in healthcare recognise the interaction of a range of factors: both the role of culture but also consideration to structural sources of inequality.<sup>(8)</sup>

## DYNAMIC FACTORS INVOLVED IN EXPERIENCES OF MENTAL HEALTH CARE

The table below provides an introduction to some key factors that may be relevant when exploring the connection between culture, systems, wellbeing and service delivery with young people. These factors may encompass challenges and/or resources.

These factors do not cover everything, rather they are a starting point for thinking about a range of areas that can be explored or approached in care.

Mental health workers may want to ask: what factors might be missing? Or, how else could this be helpfully conceptualised?



**Table 1:** Dynamic factors to consider

DYNAMIC FACTOR	EXPLANATION
The young person, family and community	<p>Adolescence and young adulthood can be a time of great individuation from family, although this is often shaped by culture. In collective communities, it may be difficult to separate the needs of one person from the needs of a family, sub-community or whole community. For this reason, we have represented young people, family and community together in the diagram below.</p> <p>It is still important to recognise a diversity of experiences, views and relationships to culture that can occur between individuals, communities, families, family members and generations, as well as diversity within and between cultures and languages. As such, mental health workers need to have a nuanced understanding of the varying dynamics, interactions and relationships that can occur between young people, family and community.</p>
Identity	<p>Identity can be multilayered. The label of identity may reference a person's multiple identities, may differentiate between an individual versus a collective identity, or may speak to a young person's self-identity versus the way in which others may label a young person's identity. A discussion of identity requires an intersectional lens that recognises the way in which young people may hold multiple social identities that may interact with systems (mental health and other systems) to result in further marginalisation that is both likely to impact on identity as well as the young person's presenting mental wellbeing.</p>
Lived experience	<p>Lived experience refers to personal knowledge about the world gained through direct, first-hand involvement in everyday events. It can result in a knowledge that can't be gained through representations constructed by others, such as reading or studying. Multicultural young people will have a range of lived experiences that may be related to specific events, as well as enduring experiences. Lived experience does not necessarily just relate to the experience of mental ill-health. For example, this may include pre- and post-migration experiences, settlement, acculturation, experience of belonging and available family or community, trauma, discrimination, experiences in education, sports, community, grief and loss, experiences of shame or stigma or experiences of being part of a cultural community or ethnicity. Young people may experience challenges but will also likely have formed strengths and resilience in response to these experiences. Both the experiences and the interpretation of them are important.</p>
Social and structural determinants of health	<p>Social and structural determinants of health are conditions that people live, learn, work and play in, that underlie and impact on their health. Some examples include income, employment, education, living conditions, and social supports including access to, and experience of, healthcare services. A growing body of literature also introduces terms such as 'social and cultural determinants of health' which recognises that the connection to culture can be protective, empowering and is central to influencing health outcomes. It is important to consider social and structural determinants of health because these factors greatly influence health outcomes, and often account for potentially avoidable health discrepancies in the population.</p>
Systems, specifically the mental health system	<p>While discrete systems (such as the healthcare system) may sit within social and structural determinants of health, we have separated them to provide an opportunity to think specifically about the mental health system and how it relates to the role of mental health workers.</p> <p>The mental health system may relate to a range of people and functions that may interact with a young person (family and community) and influence an individual's wellbeing. For example, the mental health system may be understood as interactions with individual staff, whole teams, services, organisations, or experiences within the broader mental health system (if the young person and family have had multiple forms of contact with different settings or organisations). For a particular service, it may relate to the service environment, policies, the organisational culture (including how culturally safe it is) and direct practice interventions that the young person receives (both specific interventions as well as therapeutic approaches that inform practice, such as being strengths-based or trauma-informed). When talking about systems it is important to consider not just what services are doing and providing, but clinical and service blind spots, which are just as influential on a young person's experience. It may also relate to what occurs outside of the mental health service (for example, access to culturally appropriate mental health services or appropriate health promotion in language).</p>
Culture	<p>As detailed in the section: <b>The significance of culture</b>, culture can influence everyone (implicitly and explicitly). Discussions of culture may relate to values, beliefs, customs, communication styles or needs. In Diagram 1, culture is in the background, reflecting the fact that it is an often unobserved influence on everyone (young person, family, community, mental health system, individual mental health workers).</p>

It is important to recognise that just as someone's relationship to culture can be dynamic and changing, so too can the interaction of the above factors.

**Diagram 1:** Interaction of dynamic factors



### DYNAMIC FACTORS IN MENTAL HEALTH WORKERS' PRACTICE

It is important for mental health workers to develop an understanding of the interplay and influence of the factors highlighted in Diagram 1. However, without a guiding structure, it may feel overwhelming for workers to do this in a way that guides treatment direction.

A biopsychosocial formulation that centres culture and spirituality is an effective means to collating a range of interacting factors and provides an opportunity to recognise the key themes (and their significance) in relation to a young person's mental health presentation and treatment planning.

Below are some questions to help mental health workers reflect on their care with young people, and start to structure their reflections in the form of a biopsychosocial formulation.

- What is going on? What role might culture and systems play?
- What factors might be influencing the young person, their family or the presenting situation?
- How can I conceptualise the way in which various factors influence each other in developing a thorough biopsychosocial formulation that centres the influence of culture? What is the meaning of these factors?
- How can these factors be discussed with young people, families and communities in a way that is safe and allows a shared understanding to be developed? This might include considerations to language.
- Do I feel something in my own understanding is missing? How might I broach this with others?
- How can I make room for what I do not know? If I need to do further learning, development or consultation, how can I?
- How might I (or the system) be contributing to an unhelpful pattern or relational dynamic? And what can I do to mitigate this?
- What might be most helpful (as well as how can I not cause or replicate further harm)?
- How does the young person and family see this – do they have a similar formulation or understanding? If not, is there a way to show respect for our different viewpoints while still working together?
- How might we best work together? Are there core skills I can return to that will enable me to do this effectively?

## TAKE HOME CONCEPTS

The below paragraphs cover some over-arching take home messages that may be relevant to mental health workers' practice.

### THE NEED

Culturally responsive care is not only ethical but has been shown to be more effective in relation to meeting young people and families' needs. (9) Despite cultural responsiveness being an expectation within all youth mental health services,(9) research indicates that services struggle to be appropriately responsive, with multicultural young people continuing to have unmet mental health care needs in Australia.(10)

### A STRENGTHS APPROACH

While cultural communities are diverse, each community will bring a range of strengths, knowledge, expertise, joy, humour and care. Mental health workers need to respect the skills that young people and families bring with them. A narrative or story-telling approach may provide opportunities to identify skills, knowledge or wisdom, capacities, learnings and experiences. Similarly, mental health workers should be taking a strengths approach to community and ask what local community supports may be available and useful.

### COMMUNITY EXPERTISE

Cultural communities have a broad range of knowledge, lived expertise and wisdom; both for how to approach recovery and how to do this in a culturally safe way. The way this expertise is shared may be at odds with mental health workers' approaches and their reverence for institutions that prioritise academia and research (which can be culturally biased, too). Healthcare workers may risk taking an 'expert' role that does not allow space to acknowledge community knowledge. This stance may also prevent workers from holding awareness for what they do not know, or need to learn. In this way it is important to check in about how any suggestion or reflection works within another person's cultural context.

**“It's okay to ask: how might this work for you? How has this worked or been approached in your community before?”**

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**MENTAL HEALTH CLINICIAN**

### CULTURALLY SAFE ASSESSMENTS AND BEST PRACTICE

Mental health workers may need to check whether an assessment, intervention or approach is considered culturally safe. This may be done by exploring the available research or, if that's not available, it might require consultation with a local community group or transcultural service. It's also okay to ask young people and family directly: does this feel culturally safe for you? It is important to trust and respect their response.

### YOUTH CONSIDERATIONS

It is normal for multicultural young peoples' relationship to culture to change over time and in different contexts. Multicultural young people are not only navigating a range of stressors common among cultural communities (in relation to migration, navigating systems, access, inclusion and belonging) but may also be navigating life (developmental) transitions as part of adolescence and young adulthood. This can add extra pressure points that are important for healthcare workers to be sensitive to. For example, there may be generational tensions if young people hold different cultural beliefs to their parents or grandparents. Mental health workers need to be attuned to the sometimes varying needs of young people, family members, significant others and the broader community. Workers also need to be aware of the way in which culture may shape different expectations for adolescent and young adulthood development.

### EVERYONE HAS CULTURE

It may be useful for mental health workers to reflect on the ways in which they have been shaped by their own culture. This may come from the cultural communities that they are part of; their own individual experiences, perspectives and identity; as well as other cultural influences (implicit and explicit) such as the organisational or mental health system cultures that they work in. People can get caught up in assuming a 'right' way to do things but often this is developed within a cultural framework. These systems or cultures do not (always) promote working in a culturally safe way. However, it is possible to be attuned to this and for mental health workers to collectively challenge themselves (and others) to be more responsive. Practicing in a social justice-informed way – and thinking of the range of barriers or oppressions that young people may experience in their interaction with broader systems – may be helpful.



**“Sometimes it helps to be explicit – I’m really upfront about the fact that I have my own cultural influences, but that I am working hard to be sensitive to, and respect, how others may differ.”**

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**MENTAL HEALTH CLINICIAN**

**“It can sometimes open up a conversation where we think together about the ways we can work together effectively. And it invites people to let me know if I have sometimes got it wrong.”**

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#### **LONELINESS/ISOLATION**

Young people may perceive themselves to not belong to their parents’ culture, and may also feel ostracised from the dominant or represented culture where they live or work. Young people may experience disenfranchised grief for culture that no longer feels accessible to them. Particular multicultural young people – such as refugee and asylum seeker young people, as well as international students – may experience added stresses in relation to visa and financial pressures, limited social supports and stress caused by the inaccessibility of family or friends overseas.

#### **IN A WAY IT IS WHAT MENTAL HEALTH WORKERS DO EVERY DAY**

Cultural diversity and language diversity can often be framed as interactions to overcome. However, in a sense all conversations are cross-cultural exchanges – mental health workers are always communicating with people whose perspectives, identities and experiences are different to their own, and shaped by culture. Core clinical skills of listening, collaboration and flexible practice should underpin interactions with all young people. Therefore, the concepts of culturally responsive and safe practice should not be approached as ‘add-ons’ to care. At the same time workers cannot assume that their approaches are always helpful.

#### **ATTITUDES**

The way mental health workers show genuine interest for, and talk about, culture is just as important as what they ask. Discussions around culture are not a tick box exercise or something to rush through. A curious but genuinely interested and respectful stance that provides young people with the opportunity to think together about the influence of culture can be useful. This may be in addition to doing research or consultation (with permission) with others who can help with reflection and advice for how to be considerate to someone’s cultural needs.

**“We need to respect the validity of people’s experiences ... and trust what they are saying, rather than how we think they should respond, feel or be.”**

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**YOUNG PERSON**

#### **EMPOWERING CARE**

Some young people and families may not have had experiences with mental health services before and may be unaccustomed to mental health concepts, language, or approaches. Mental health workers need to take things at a pace that works for others, not themselves. This also includes setting clear expectations around the role of a mental health worker, while being respectful of the expectations that young people and family also bring to interactions. For example, it may not always be culturally appropriate to talk about personal experiences or emotions with someone outside of the family, or there may be stigma about mental illness in a particular community. Start by understanding expectations, and what cultural safety means for a particular young person or family.

#### **CONFIDENTIALITY**

Workers have responsibilities to be clear with young people and families about the ways in which their service and systems work. This includes concepts around confidentiality and how this works not just in their service, but with other potential services, such as child protection, ensuring that informed consent occurs.

**“Our ability to communicate and support people’s awareness for how to navigate the system is a key function of support.”**

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**MENTAL HEALTH CLINICIAN**

### CONSIDERING SAFETY

Young people may not always have felt safe to discuss or explore their culture. Young people and families may not feel safe in contact with mental health workers, or what they represent (as a healthcare worker or someone working in a system). Young people and families may also have had negative experiences with governments, institutions or authority figures. Therefore, building trust and familiarity may be a key primary (and ongoing) task. There may be a number of ways of building safety, including: checking in and clarifying information, inviting feedback and taking feedback graciously, finding ways to invite community or others into care (if the young person would like) and normalising trust-building as an ongoing process, where safe to do so. It also includes not assuming that you will always be safe or helpful, but doing your best to address this.

### A STRONG, DYNAMIC AND COLLABORATIVE FORMULATION

A common way for clinicians to consider the interaction of both culture and identity is by doing a thorough biopsychosocial formulation that thoughtfully centres culture and spirituality, and which is collaboratively developed and discussed with the young person (and family). This is more likely to foster cultural safety, encourage young people to introduce topics or themes that might be blind spots from the workers' perspective, build trust between the young person and family members, think about the meaning and context of culture throughout work, and prioritise person-centred care that is flexible to the needs of an individual (and/or family and community). It also helps to understand the potential interaction of experiences – for example, culture and gender and what it might mean for roles, expectations or tensions that a young person may experience.

**“There may be cultural expectations around how young people speak to, or show respect for, elders – such as workers, or even other family members. This may influence a young person’s willingness to contribute in session, or let you know that your approach isn’t working. We need to be sensitive to this.”**

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**MENTAL HEALTH CLINICIAN**

### ROLE OF LANGUAGE TRANSLATION FOR MEANING

The way language is used to engage and communicate is one of the foundations of work in mental health. Language helps people to foster connections and trust, express how they feel, share what they are thinking, and gauge whether they are heard and understood. Language shapes an individual’s worldview and experiences. It can also define power within relationships, especially if it is inaccessible or when jargon is used. Mental health workers should try to develop a shared understanding that supports shared meaning with young people rather than simplistic notions of language translation. Think about the role of language in all your interactions and ensure language interpreters are being effectively used in your services, as they can sometimes assist not just in language translation but trust-building with young people and families.

**“Discussions using mental health language – and the act of describing emotional experiences – are very complex. Even if you are proficient in English, this can be difficult to navigate. Not to mention how stressful it can be, entering mental health services.”**

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**TRIAGE MENTAL HEALTH CLINICIAN**

**“We need to reduce the burden we place on people to engage by being thoughtful to language.”**

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**TRIAGE MENTAL HEALTH CLINICIAN**



## IDENTITY

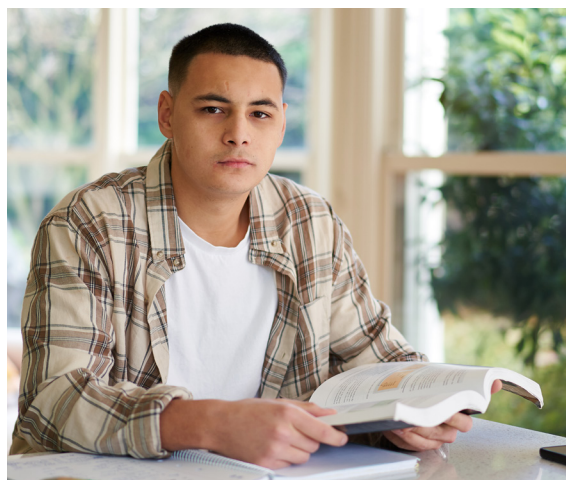
It is important to take direction from young people about how they identify; at the same time, it is important to recognise the range of identities and experiences that contribute to a person's whole self. Rather than getting caught up in over-emphasising one aspect of someone's identity, recognise the range of experiences that can influence wellbeing. Mental health workers should encourage a range of experiences and identities to be safely invited into therapeutic settings – so people can be invited to bring their whole selves into interactions, and where all aspects of their needs are considered in care. Remember that every aspect of a person's identity may be extremely meaningful and personal, and treat it so. It is a privilege to be invited to understand.

## A LIFELONG LEARNING PROCESS

Culturally safe practice requires ongoing self-reflection, goal-setting, learning, and development for individuals, teams and organisations. This can be an uncomfortable process but it is also ethical, empowering and effective. Thinking about collective and sustainable (targeted) approaches that support ongoing development of practice is useful.

“Sometimes I ask myself – what am I missing? What might my blind spots be? How can I make room for the things I do not even realise might be my blind spots? And how can I continue to develop my practice in a thoughtful, aware and flexible way?”

MENTAL HEALTH WORKER  
AND PROJECT MANAGER



## CONCLUSION

A reflective approach that considers the influence and significance of culture for young people, families and communities – as well as mental health workers, teams, the broader mental health system as well as society – is an important starting point for all staff working with young people.

While the relationship between culture, mental wellbeing and service provision is complex, adopting key skills or approaches, such as those outlined in this resource, can help mental health workers feel empowered to appropriately adapt care to individual young people and families.

Taking this approach is both ethical and effective, and gives mental health workers a sense of meaning, both in terms of their work with young people, and their ongoing growth and development.

In this way, culturally safe and responsive mental health care is core business – mental health workers should be considering the unique needs of every person they work with to be truly person-centred, as well as effective in their roles.



## CULTURAL DIVERSITY AND MENTAL WELLBEING RESOURCES

- Fact sheet: [In this together: families and carers can ask, unpacked. Youth mental health and multicultural families.](#)
- Webinar: [In this together: families and carers can ask unpacked. Youth mental health and multicultural families.](#)
- Podcast: [Let's talk: youth mental health, culture and identity.](#)
- [Project overview and acknowledgements: cultural diversity and mental wellbeing project 2019-2021](#)
- [Clinical practice guide: Valuing cultural diversity and inclusion in youth mental health.](#)
- Video: [Working together: developing shared language, understanding and meaning through language interpreting](#)
- Fact sheet: [Intersectionality and youth mental health.](#)
- Toolkit: [Youth participation with young people from multicultural backgrounds.](#)

## ORYGEN-RELATED RESOURCES

- [Designing mental health services for young people from refugee and migrant backgrounds.](#)
- [First Nations hub.](#)
- [Improving the mental health and wellbeing of young people from migrant and refugee background: literature review.](#)
- [Improving the social and emotional wellbeing of young Aboriginal and Torres Strait Islander people.](#)
- [International students and their mental health and physical safety.](#)
- [Responding together: multicultural young people and their mental health.](#)
- [Trauma resources.](#)
- [Working with cultural diversity in early psychosis.](#)
- Webinar: [Working with refugees and asylum seekers.](#)
- [Young First Nations people and psychosis course.](#)

## FURTHER INFORMATION

- Centre for Multicultural Youth. [Inclusive organisations good practice guide.](#)
- [Embrace Multicultural Mental Health.](#)
- Ethic Communities' Council of Victoria and Victorian Transcultural Mental Health Unit. [Recommendations for a culturally responsive mental health system.](#)
- Foundation House. [Integrated trauma recovery service model.](#)
- LGBTIQ Intersect. [Learning modules: what is culture.](#)
- Local transcultural mental health, settlement or community services (various sites, state based).
- Multicultural Youth Advocacy Network. [National youth settlement framework: a guide for supporting and measuring good practice with young people from refugee and migrant backgrounds in Australia.](#)
- Multicultural Youth Advocacy Network. [Not just "ticking a box": youth participation with young people from refugee and migrant backgrounds.](#)
- Multicultural Youth Advocacy Network. [National youth settlement framework: applying good practice capabilities.](#)
- Multicultural Youth Advocacy Network. [National youth settlement framework: resources.](#)
- Multicultural Mental Health Resource Centre. [Cultural formulation - DSM-5 cultural formulation interview \(CFI\).](#)
- Pubmed. [In or out? Barriers and facilitators to refugee-background young people accessing mental health services.](#)
- Pubmed. ["It comes down to just how human someone can be": a qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services.](#)

- Stanford Social Innovation Review. [Bringing equity to implementation: incorporating community experience to improve outcomes.](#)
- Transcultural Mental Health Centre NSW: [Cross-cultural mental health assessment.](#)
- The Dulwich Centre. [What is narrative therapy?](#)
- The Dulwich Centre. [Justice doing in community work and therapy: from 'burnout' to solidarity](#) by Vikki Reynolds.
- Victorian Transcultural Mental Health Unit. [Working with interpreters.](#)

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