

CULTURAL DIVERSITY AND MENTAL WELLBEING

Mental health workers are encouraged to further explore resources (cited and more broadly) to expand their knowledge and understanding of the concepts below.

| TERM | DEFINITION |
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| CULTURAL RESPONSIVENESS | <p>Cultural responsiveness is the foundation for services to refugee and migrant communities. Cultural responsiveness is about the setting, service system and processes young people and their families encounter. The skills and qualities of individual workers enable the delivery of these services. Research among young people from refugee backgrounds highlights the importance of culturally responsive youth mental health services that are well-located, accessible, flexible, adequately trained and resourced, and that have ‘no wrong doors’ for new clients.(1 p13-14)</p> |
| CULTURAL SAFETY | <p>Cultural safety is an organising approach that invites health professional and service providers to be reflexive about their work; examining their own beliefs, behaviours and practices, along with broader reflections on social and systemic themes and processes such as institutional racism, structural discrimination and organisational power dynamics.</p> <p>The concept of cultural safety as an approach to care was first advocated by the Maori nurses of New Zealand in the late 1980s. Cultural safety was developed as an ongoing process of structuring safety in the provision of care, where the service provider takes responsibility for developing and providing services people feel safe to access, whilst concurrently critically reflecting on power dynamics and approaches such as ‘the expert model’ and ‘unidirectional’ health literacy.</p> <p>Developing cultural safety is a continuous process at both practitioner and organisational levels that invites service providers and institutions to hold a critical and reflexive lens to their models of care. Culturally safe practice is centred on the experiences of individuals and communities seeking care; recognising their inherent wholeness, strengths, insights and knowledge, concurrent with an understanding of the role of colonisation, racism, and oppression.</p> <p>A culturally safe, intersectional approach recognises and respects people’s unique cultural identity and directly responds to the impact power dynamics and structural oppression, such as the experience of racism, can have on one’s sense of self and safety in the world. Cultural safety is a process rather than an end point or a static competency. It requires a level of cognitive, attitudinal and personal skills that enhance communication and interaction with others. Individuals, families and communities are empowered to decide what is culturally safe; relationships are reciprocal and dynamic; collaboration is privileged and built on mutual respect with a recognition of diverse explanatory models (for health and distress), help seeking behaviours and meaning making.(2 p11)</p> <p>Cultural safety is not defined by the worker or the mental health system but by young people, families and communities’ experiences of care.(3)</p> |

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| DECOLONISATION | <p>Decolonisation is a global movement underpinned by principles of cultural safety that decentres the focus of power or authority. The decolonisation movement advocates collaborations and partnerships that highlight the values and views of minority groups in shaping health care policy, planning, research, and education.</p> <p>Decolonising practice is fundamental to improving the health and wellbeing of Indigenous peoples and is supported by the United Nations Declaration on the Rights of Indigenous Peoples (2007). Decolonising practice incorporates many dimensions, including identifying destructive beliefs and practices, reclaiming Indigenous beliefs and practices, and learning from successful decolonisation to improve practice.(2 p9)</p> |
| INTERSECTIONALITY | <p>Intersectionality describes how multiple social aspects of identity – such as gender, race, sexuality – intersect or interact with each other. Intersectionality is about seeing the person as a whole, and encourages thinking beyond discrete labels to see all the parts that make up someone's identity and experience in the world. Originating from Black feminist movements, intersectionality is a framework that can help us understand how aspects of our identity can bring about multiple experiences of marginalisation based on systems of social-structural oppression – for example, sexism, racism, poverty and heterosexism. Intersectionality does not see these issues as separate, but as linked and reinforced by systems of power that have real consequences for individuals.(4 p1)</p> |
| SETTLEMENT | <p>Settlement is the process of developing skills and social/cultural capital to understand and navigate Australian society. The process of settling in Australia can be complex and protracted for all refugees and migrants, regardless of their age, and is best understood as non-linear, dynamic and not necessarily defined by the number of years since arrival in Australia. The experience of settling in Australia is shaped by many things, including the interaction between settlement and mainstream services, the broader community, peers, and the private sector.</p> <p>For young people who are newly arrived in Australia the settlement process includes negotiating education and employment pathways (many with a history of disrupted or no formal education), a new language and culture, making new friends, and navigating unfamiliar and complex social systems (such as Centrelink and Australian laws), while also negotiating individual, family and community expectations within the context of adolescence.(2 p4-5)</p> |
| SOCIAL DETERMINANTS OF HEALTH | <p>The World Health Organization defines the social determinants of health as the: 'conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life'. The key social determinants for the health of refugees and migrants are similar to the rest of the population: socioeconomic, cultural, environmental and lifestyle factors. The process of migration is also a social determinant of health in and of itself.(2 p2)</p> |
| SOCIAL JUSTICE | <p>[Social justice] recognises that every young person deserves equal access to services and resources that promote their health and wellbeing.(5 p6)</p> |
| TRAUMA-INFORMED CARE | <p>There is no universally accepted definition of trauma-informed care. The most widely cited definition within the youth healthcare literature is based on the definition of trauma-informed approaches provided by Substance Abuse and Mental Health Services Administration (SAMHSA) in the USA.</p> <p>SAMHSA states:</p> <p>A program, organisation, or system that is trauma-informed:</p> <ul style="list-style-type: none"> • realises the widespread impact of trauma and understands potential paths for recovery; • recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; • responds by fully integrating knowledge about trauma into policies, procedures, and practices; and • seeks to actively resist re-traumatisation.(6 p1) |





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Suggested citation Glossary: cultural diversity and mental wellbeing. Melbourne: Orygen; 2021.

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Orygen is funded by the Australian Government Department of Health.

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