National Mental Health Stigma and Discrimination Reduction Strategy Submission on Behalf of African Australian Advocacy Centre (AAAC).

SUBMISSION

TO THE

MENTAL HEALTH COMMISSION OF NEW SOUTH WALES

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About African Australian Advocacy Centre (AAAC) The African Australian Advocacy Centre (AAAC) formed as a result of ongoing consultation with African Australian communities in Australia to address issues and concerns to improve the wellbeing of African Australians, with a broader vision to:

i) see Australians of African descent recognised as an integral part of multicultural Australian society;
ii) strengthen the social cohesion, equality, fairness, and opportunities for members of African Australian Communities; and
iii) build inclusive communities, improve outcomes, and create sustainable opportunities for African Australian communities.

According to the 2021 Census data 447 523 people were born in an African country, with 742 000 people recording one or both parents as having being born in Africa. Africans and people of African heritage living in Australia are incredibly diverse across all demographic indicators, so much so that some questioned the use of single terms such as 'African-Australia' (Phillips 2011) and the African diaspora *singular* (Fozdar et al 2022) to refer collectively to these migrants. Hiruy and Hutton (2020) in their attempt to capture both the intra-diasporic diversity and solidarity among these migrants in common 'African-ness,' have used the term 'New African Diaspora' (NAD) to draw attention to contemporary migration from Africa. In this report, we use the terms 'Africa diasporas' (*plural*) to address the cultural diversity of these communities and their continued links to their homelands.

Women from Burundi, the Democratic Republic of the Congo (DRC) and Rwanda, also known as people from the Great Lakes Region of Africa, have been coming to Australia for over 25 years under the government's humanitarian program. The majority of these women have had to leave their home countries due to ongoing war, genocide and other human rights abuses. Because of this exposure to trauma, women from the Great Lakes Region are at significant risk of developing post-traumatic stress disorder (PTSD), complex post-traumatic stress disorder, anxiety and depression.
Other factors affecting the mental health and well-being of these women post-migration include: the loss of family and cultural support; economic pressures; unemployment or under-employment, incurred low socio-economic status or drop in socio-economic status following migration (status inconsistency); culture shock or culture conflict; language difficulties; prejudice and discrimination; isolation; traumatic experiences or prolonged stress before and/or during immigration; value differences concerning gender and intergenerational relations; and language and cultural barriers to mental health service, including stigma about mental illness, lack of knowledge about services and health illiteracy.
We acknowledge that the concerns highlighted in this submission may apply to African Australian women more broadly, as well as to African Australians in general. However, women from the Great Lakes Region are the focus of this submission as two of the authors are Rwandan Australians and therefore have a lived experience of the issues faced by these communities.

Additionally, we acknowledge the literature on intersectionality, which demonstrates that African women in predominantly white societies face the burden of gender-based discrimination as well race-based discrimination (Crenshaw, 1991).

The focus areas for mental health stigma and discrimination submission.

In this submission, we will refer to a literature review conducted by the African Australian Advocacy Centre (AAAC) on the mental health stigma and discrimination faced by women from the Great Lakes Region as well as the authors' lived experiences.

Mental health stigma and discrimination is one of the significant issues faced by African Australian women from the Great Lakes Region. There are a number of factors that contribute to this, including the legacy of colonisation in their country of origin as well as ongoing internal conflicts, wars, their unique personal experiences and migration trajectory, inadequate support upon arrival in Australia, cultural differences, lack of understanding of the local system, and discrimination.

Furthermore, there is a lack of cultural sensitivity and cultural safety within the mainstream mental health system which can make it uncomfortable and difficult for women from the Great Lakes Region to access services. They may not feel comfortable discussing their mental health issues with healthcare professionals who do not understand their culture, customs, values and most importantly their past lived experiences.

A literature review of studies on mental health and the stigma faced by African women from the Great Lakes Region reveal that those women experience a high burden of mental health issues, including depression and anxiety. They also face significance barriers to accessing mental health services, including cultural stigma and discrimination, lack of awareness and understanding of mental health issues, and lack of trained healthcare providers. The review also highlights that there is a need for culturally sensitive and appropriate mental health interventions for African women in general, as well as increased efforts to reduce the stigma associated with mental issues in African Australian communities .

In December 2022, the AAAC hosted the visit of the Working Group of Experts for People of African Descent (WGEPAD) in Australia. The purpose of the WGEPAD mission was to investigate the issues negatively impacting the quality of life of African Australians and to make recommendations for improvement.

The initial WGEPAD findings indicate that racism and racial discrimination have a significant impact on the physical and psychological health of African women as well as the quality-of-service provision. They found racialized barriers to physical and psychological health care including language and intercultural misunderstandings, inordinate delays resulting from excessive bureaucracy, stereotypical and dismissive approaches such as mistrusting patients of African descent, and underrating their pain including women in labour.

These facts have led to loss of insurance cover, late medical interventions, and inadequate reach of public health messaging. Examples include a woman of African descent who was repeatedly advised by her doctor to lose weight as management of her condition, only to be subsequently found six months pregnant, and another woman of African descent whose doctor refused to acknowledge the impact of a motor accident on her body with the consequence that insurance could not support her treatment. A woman of African descent with obvious physical disability was required to medically prove her disability as a pre-requisite to accessing facilitation from an institution.
WGEPAD's finding regarding the implicit biases of health professionals, particularly regarding pain assessment, is congruent with research findings from the United States. Hoffman et al (2016) found that medical professionals in training were likely to endorse the belief that African Americans had a greater ability to withstand pain than white Americans and subsequently made inaccurate treatment recommendations.

These findings have implications for mental health professionals in Australia, whose approach and decision-making are also likely to be influenced by implicit biases. Australians from Culturally and Linguistically Diverse (CALD) backgrounds have documented the harm inflicted by white mental health professionals who are unable to acknowledge their privileges and associated biases (Abdul, 2018; Reynes, 2020). This led one Western Sydney youth worker to create a directory of mental health clinicians who are from CALD backgrounds (Reynes, 2020).

What can be done by AAAC and other African community organisations or other stake holders to support women from Great Lakes Region facing mental health and stigma?

i) Raise awareness about the issue - Share information about the unique challenges that African women face when it comes to mental health and the stigma surrounding it. This can help to educate others and reduce the stigma.
ii) Support organizations that work with African women - Look for organizations that focus on the mental health needs of African women and support their work by volunteering or making a donation.
iii) Promote advocacy for African women facing discrimination or stigmatization in relation to their mental health.
iv) Encourage community members/leaders to support African women who are struggling with mental health issues, be there to listen and support them. This can be as simple as checking in with them regularly or referring them to professionals.
v) Start a support group- for African women who are facing mental health and stigma issues. This can be a safe space for them to talk about, share their experiences and find appropriate support.
vi) Promote cultural sensitivity in mental health services - Ensure that mental health services are culturally sensitive and aware of the unique needs of African women. More specific details will be provided below.
vii) Promote self-care - Encourage African women to take care of their own mental and physical health by promoting self-care practices such as physical activity, healthy eating, and stress-management techniques.

In particular, the AAAC aims to inform policy and advocate for the removal of structural barriers to African Australian women adopting self-care practices. These barriers include discrimination in employment resulting in lower-paid, unstable work and geographical marginalization in under-privileged communities with less access to fresh food and public open space including adequate green space.

What can be done by Government and other funding bodies?

- **Fund research**

The government can fund research to better understand the mental health needs of African women in Australia and develop effective interventions. Such research could include projects on ‘mental health and wellbeing of African humanitarian entrants to Australia” and on “health literacy and immigrants’ health behaviours, outcomes and service utilization”, to name a few.

- **Increase funding for existing mental health services and create the position of African Mental Health Liaison Officer (AMHLO)**

This role of AMHLO would build on the model created by NSW Police who employ African Liaison Officers in area commands with high African Australian populations.

The AMHLO would be an African Australian person with a mental health related qualification, or currently undertaking such a qualification. They would not necessarily be attached to any particular organization although it may be administratively effective to have the AMHLO attached to a Primary Health Network.

The role of the AMHLO would be to support African Australian clients of community mental health centres, inpatient psychiatric units, sexual assault services and domestic violence services. The support would include client advocacy and the provision of culturally appropriate information for the mental health professionals working with the African Australian clients. It is recommended that at least 50 percent of AMHLO’s are African Australian women.

The creation of AMHLO positions, as well as the provision of cultural sensitivity training for mental health professionals referred to in point 4 below, are congruent with the findings a 2018 Australian Institute of Criminology report examining the sexual assault of young African Australian women (Chung et al, 2018).

Such a role would only be effective if it was accompanied by the provision of cultural sensitivity training for the mental health professionals involved (see point 4 below).

- **Develop culturally appropriate resources and information**

The government can develop culturally appropriate resources and information about mental health and mental illnesses for African women. We recommend that African Australian women be employed for the purpose of producing such resources.

Promote cultural sensitivity training for mental health professionals

The government can fund and promote cultural sensitivity training for mental health professionals to ensure they are equipped to work effectively with African women.

This training should target mental health professionals employed in community mental health services, inpatient mental health services and professional associations representing mental health professionals in private practice such as the Australian Association of Social Workers, the Australian Psychology Society, the Australian Counselling Association and the Psychotherapists & Counsellors Federation of Australia.

Professional education should include information about the trauma experiences of African Australian women prior to their arrival in Australia, especially the risk of sexual assault in refugee camps, as well as the tools to assist these women to unravel the stigma that might influence their perceptions of mental health problems and be a barrier to engaging in care.

Not all African Australian women arrive in Australia as refugees. Some come as skilled migrants, students or on spouse visas. Others are born here, including biracial African Australians. Regardless of their backgrounds, African Australian women often report experiences of racism in Australia, and this can adversely impact their physical and mental health.

Mental health professionals would benefit from an education that is trauma-informed with an intersectional lens that encourages the provision of cultural safety and the adoption of cultural humility. Cultural humility has been recommended as an alternative to cultural competence (Tervalon & Murray-Garcia, 1998) as health professionals divest from the position of expert, and the power-imbalances inherent in that stance, and move towards interrogating their own whiteness and how this might influence their therapeutic work.

It is recommended that qualified African Australian women be employed for the purposes of developing, implementing, and evaluating the training provided by these organizations.

- **Fund scholarships to address the barriers to employing African Australian women as mental health professionals**

Part of the legacy of colonization and ongoing structural racism is that African Australians lack access to historically accumulated wealth and networks. This is one of the most significant barriers for African Australian women undertaking a career as a mental health professional. The cost of undertaking studies at the tertiary level can be prohibitive. This

is exacerbated by the requirement that psychology and social work students are required to undertake lengthy unpaid placements to qualify for their degrees.

It is recommended that the government fund generous scholarships to support African Australian women to obtain tertiary education that would lead to a career as a mental health professional. This includes scholarships for degrees in social work, psychology and counselling. Ideally, the scholarships would include payment for work undertaken on student placements.

The employment of greater numbers of African Australian women as mental health professionals would have a significant impact on the provision of culturally sensitive and responsive mental health services.

- **Address discrimination and stigma**

The government can address discrimination and stigma against African women by promoting education, awareness, and public campaigns to change attitudes and behaviors towards mental health.

A noteworthy example of the delivery of mental health education to improve mental health service uptake is the African mental health learning circle established in 2016 in NSW. The learning circle offers community members, leaders, and service providers to conduct group discussions to learn about mental health issues as well as help-seeking options.

- **Support community organisations**

The government can support community organizations that work with African women, such as the African Australian Advocacy Centre, by providing funding and resources to help them reach more women and provide more effective service.

In conclusion, mental health stigma and discrimination is a significant issue for African women from the Great Lakes Region of African Australian community members in general. Cultural differences, lack of understanding, prejudice, colonization, ongoing wars and internal conflicts in their home countries, language barriers and lack of cultural sensitivity within the mainstream mental health system and services provision are some of the factors that contribute to this issue.

It is important for mental health professionals and community organizations to be aware of these issues and take steps to address them, in order to ensure that African women from the Great Lakes Region have access to the mental health services required and needed.

Reducing stigma and discrimination surrounding mental health in African women from the Great Lakes Region can be achieved through a comprehensive strategy that includes education, awareness campaigns and, addressing cultural attitudes towards mental health.
Community-based interventions and support groups can also be effective in reducing stigma and discrimination. Additionally, increasing access to mental health services and

culturally sensitive and responsive services can help to address the specific needs of African women from the Great Lakes Region of Africa. It is important to involve both community leaders and individuals (especially women from Great Lakes Region) with lived experience in the development and implementation of these strategies to ensure they are effective and inclusive.

End.

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