



Bi-cultural Workers Leading Change Final Report

cohealth 01/07/21 - 01/06/22

funded by



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WESTERN
**Metropolitan
Partnership**

Bicultural Worker Definition

“Bi-cultural workers (BCWs) are employed to use their cultural knowledge, language skills, lived experience and community connections to work with people whom they share a lived experience and mainstream organisations. Bi-cultural workers elevate community voices, advocate for their needs, co-design and deliver programs, share information and facilitate cultural safety (cohealth 2020)”

Executive Summary

Following cohealth's community engagement model this project delivered a successful community-led, mental health prevention program with bicultural workers (BCWs). This model of practice ensured interventions were culturally safe, relevant and accessible for target communities and responded directly to priorities identified by them during the co-design process. Key priorities included mental health literacy, rights education and activities for social connection.

This project had a direct reach of **2462** people from **3** different refugee communities, the Somali, Chin and Eritrean communities. A BCW was employed from each of these communities to lead the work.

15 x co-design sessions were conducted with community leaders and networks to ensure project objectives were relevant, meaningful and targeted – responding to the specific needs of each target community group.

Between July 2021 and June 2022, **21** interventions were delivered through a mix of in person and online engagement activities, targeting Muslim women from the Eritrean and Somali community and young people from the Chin community in Melbourne's West.

30 volunteers, **12** local businesses and **8** community organisations supported BCWs to deliver their project.

Interventions delivered by BCWs aimed to enhance the contributing factors to positive mental health and wellbeing.

Evaluation outcomes highlighted many positive outcomes from the project, including:

- **114** people stated that they had increased their understanding of mental health
- **147** people stated their learnt new strategies to look after their wellbeing
- **99** people stated an increase in confidence to look after their own and/or their families
- **93** people stated that they learnt about available service and supports for their mental health
- **45** people were referred to support services by BCWs

Key learnings from the project were that covid-19 created a safe platform for people to begin talking about their mental health due to the shared experience, many people from refugee backgrounds have low mental health literacy and need education about their rights, specifically in relation to accessing support. Lastly, mental health stigma is ongoing and these communities identified a need to develop new language to discuss mental health in ways that are not stigmatising. It was also highlighted that future projects need more sustainable funding to ensure BCWs can be employed long term and so that trust and relationships can be maintained.

Project Rationale

The Victorian Government's Metropolitan Partnerships Development Fund (MPDF) supports the Metropolitan Partnerships to act on local priorities, informs the Metropolitan Partnerships' advice to government and supports Melbourne's social and economic recovery. This project was funded under the MPDF to address and support the priorities of the Western Metropolitan Partnership.

The COVID-19 pandemic has had a disproportionate impact on people from Culturally and Linguistically Diverse Communities (CALD) in Australia and internationally. Contributing factors to this inequity include racism, socioeconomic status, crowded living conditions, insecure work, high risk occupations, inability to work from home and inequities in access to systems and covid-19 information.

Within this cohort, newly arrived and refugee communities are particularly at risk as structural barriers are further enhanced for this cohort. *see reference list for more information*

Mental health and wellbeing has complex layers when working with refugee and asylum seeker communities.

Examples of this include but are not limited to:

- Settlement and systems issues, particularly for communities with lower literacy
- Intergenerational conflict
- Stigma in relation to mental health diagnosis and seeking help
- Trauma and ongoing re-traumatization including fear for family that remain overseas in conflict zones
- Lack of trust with health and government systems
- Visa insecurity
- Cultural beliefs in relation to health
- Health literacy
- Community resources and organisation which can be a great strength

Project Objectives

This project aimed to engage bicultural workers (BCWs) from refugee backgrounds to deliver community-led programs with their communities that responded directly to their needs and the contributing factors to their mental health and wellbeing.

- Develop the skills and confidence of 3x bi-cultural workers from refugee-like backgrounds to facilitate mental health engagements with their communities including referral and collaboration with cohealth services.
- Enhance the contributing factors to positive mental health and wellbeing of refugee and asylum seeker communities through the development of bi-cultural workers co-designed and community led projects.
- Create safe and supported opportunities for Bi-cultural workers to reflect on their practice, talk about shared barriers (including stigma) and draw upon each other's skills, experience and expertise to problem solve, support each other and respond.

Deliverables

- Engage 3 x BCWs from different refugee communities in the West of Melbourne
- Co-design 3 x workshops to support BCWs build their understanding and confidence to engage with their communities about mental health
- Deliver 3 x capacity building workshops to BCWs
- Engage 3x refugee communities to receive interventions
- BCWs Co-design what interventions will involve with community participants
- BCWs engage stakeholder and experts as needed to deliver interventions
- BCWs deliver a minimum of 5 x engagements each to their respective communities aiming to reach a minimum of 500 participants (combined total)
- Provide community members with referral and system navigation support
- Provide ongoing supervision and peer support for BCWs
- Monitoring and evaluation throughout project including a mid-way progress report to funders
- Compile evaluation outcomes including BCW reflections and deliver final report to funders

Stake holders

Stakeholder	Responsibility
cohealth Community engagement coordinator	Project Lead - oversee project and evaluation planning, risk management, budget expenditure, data collection and reporting, supervision of BCWs and strategic guidance for community interventions
cohealth Refugee Health Program Facilitator	Project Supervisor - Support project lead in building strategic partnerships, oversee budget expenditure, problem solve, supervise project lead and provide expertise in refugee health and services
Cohealth Engagement and Inclusion Leader	Strategic advisor - Facilitate strategic partnerships and strategic management concerns
Eritrean, Chin and Somali Bi-cultural workers	Project Officers - Community engagement, project design, delivery and evaluation
Community and faith leaders	Cultural advisors - support engagement, promote and legitimate
Victorian Transcultural Mental Health (VTMH)	Project advisory group members/subject matter advisors - provide advice and support to project leads and BCWs regarding cultural responsiveness in mental health
Cohealth Refugee Health Counsellor	Subject matter advisor - provide advice and capacity building to project leads and BCWs regarding mental health prevention and support strategies when working with refugee communities
Western Metropolitan Program Coordinator	Strategic advisor - Facilitate strategic partnerships and strategic management concerns
Western Metropolitan partnership Members	Strategic advisory role in relation to community need and resources



Community Engagement Model

Capacity building for bicultural Workers

3x Mental health capacity building workshops were co-designed and delivered to BCWs

Topics covered include:

- Risk and protective factors for poor mental health
- Measuring improved mental health outcomes
- Trauma informed group facilitation skills
- Ethical Considerations for BCWs
- Duty of care
- Boundary setting
- Referral pathways

Outcomes:

As a result of capacity building, all **3x BCWs** **strongly agreed that they:**

Gained new **knowledge** and **skills** to facilitate mental health related projects in their communities

Felt **confident** to facilitate their projects

Understood referral pathways to cohealth refugee health and related services

Felt well **supported** to undertake their projects with their community and knew who to contact and what to do if they felt stuck or challenged

Target Communities

**Chin youth
16-34 y/o**

**LGAs Brimbank, Wyndham,
Maribyrnong, Melton**

Priorities identified in co-design;

- Social connection
- Mental health education
- Spirituality

**Eritrean Women
30-55 y/o**

**LGAs Brimbank, Wyndham,
Maribyrnong, Melton**

Priorities identified in co-design;

- Social connection
- Employment rights
- System navigation
- Family relationships
- Self-care

**Somali young women
15-25 y/o**

**LGAs Maribyrnong, Hume,
Brimbank**

Priorities identified in co-design;

- Social connection
- Mental health education
- Destigmatizing mental health

Chin Community (Targeting Youth 12-18)

Total Project Reach 304

At a preliminary codesign session participants discussed shared challenges contributing their worry and stress, including COVID, family relationships and social isolation. The youth requested a series of workshops on topics they believed would support their wellbeing, including; What is mental health? Self-care, spiritual support, the importance of sleep and exercise

Deliverables

- 3x co-design sessions
- 14x volunteers engaged
- 5x workshops delivered
- 5x referrals to services
- 3x local businesses engaged
- Key partners: ZUPYD leaders and Zion United Pentecostal Church

Activity Date	Topic	Attendees	Evaluation responses	Outcomes
01/10/2021	What is Mental Health and Wellbeing	18	13	100% participants stated that as a result of this session they; <ul style="list-style-type: none"> Increased their understanding of Mental Health. Felt more confident to look after their own wellbeing. 92% said they increased their awareness of different mental health conditions
28/11/2021	Mental health & social interaction	23	23	100% Participants stated that as a result of this session <ul style="list-style-type: none"> They felt more socially connected and supported by their peers. They learnt new strategies and felt more confident to look after their mental health and wellbeing
05/12/2021	Sleep, physical activity and mental wellbeing	46	30	100% Participants stated that as a result of this session, <ul style="list-style-type: none"> They increased their understanding on the importance of physical activity and sleep for their wellbeing. They felt more motivated to practice good sleep hygiene and exercise regularly to look after their wellbeing.
11/12/2021	Young People and Mental Health	28	28	100% Participants stated that as a result of this session <ul style="list-style-type: none"> Gained understanding about the impact of mental illness amongst young people in Australia. Gained understanding about the importance of looking after the mental health and wellbeing of young people. They learned how our faith can be a protective factor for our mental wellbeing
21/12/2021	Spiritual and Mental Health Wellbeing	53	45	100 % of the participant agreed that, As a result of this session, <ul style="list-style-type: none"> They learned the importance of having faith and looking after their wellbeing at the same time. They felt more comfortable seeking help if needed They are felt more open to talking about mental wellbeing

Participant Feedback

This was informative as I discovered many people also struggle but keep a lot to themselves

A large amount of stress has been lifted off my shoulders, I feel hopeful for the future

I am now more open to talk about my mental well-being with my best friends but not yet with the pastors. Thank you Cohealth for doing this session, it really help raised awareness of the importance of mental health which is really underrated within our community.

It has been good to inform the church so they are aware about mental health

Really great program as we sometimes forget the importance of sleep and doing physical activity as we all the work ourselves forgetting to look after ourselves this program reminded us to look after our health and mental well-being.

This is such a new experience for me and I enjoy all

I learnt so much and feel more confident in asking for help

It has been such a hard time in lockdown for this past years. Socialising and connecting with friends like this help me in a lot of ways mentally and physically we have such a great time sharing and laughing

Seeing my friends in nature has allowed me to feel calm and free. I really needed this.
THANK YOU
COHEALTH

- Initially there was some hesitancy among community and faith leaders to talk about mental health due to stigma. At the final event however, one of the pastors commended our work at a community event and reiterated the importance of speaking about our mental health.
- Project flexibility and co-design allowed participants to engage in activities they were interested in and increased their sense of ownership of the project
- COVID provided a safe platform to begin conversations about mental health, people felt safe sharing, knowing that it was a shared experience for all
- Mental health themes: Anxiety, loss of resilience, social isolation
- Community feedback - people want fun activities not information sessions, focus must be social interaction and connection after COVID

Unexpected Outcomes

Eritrean Community (targeting women 35-55)

Total Project Reach 305

At a preliminary codesign session participants discussed shared challenges contributing to their stress during COVID, including; social isolation, increased house work for women, family pressure and job insecurity. They requested a series of workshops on topics they believed would support their wellbeing, including; Employment rights, Centrelink, family relationships, self-care and support services

Deliverables

- 9 co-design sessions
- 6x workshops delivered
- 40+ referrals to services
- 10 volunteers engaged
- 8x local businesses engaged
- Key partners: The Eritrean Jebirty Association

The Eritrean Association, Africause,
South Kingsville Community Centre, Virgin Mary Mosque

69 project participants joined a WhatsApp created to

- Identify community needs
- Share information about services, upcoming events/project activities and employment opportunities
- Connect with each other

Other community members also benefited from the information being forwarded on to them

Date of workshop	Topics	Attendees	Evaluation responses	outcomes
16/08/21	Introduction	10	10	100% enjoyed the session and found it a way of listening and sharing ideas and ways of how can they look after their mental health especially during the pandemic.
24/08/21	Your Rights at Work	33	21	99% Agreed that the session increased their knowledge about job Watch. 98% Agreed that the session increased their knowledge about their rights at work. 98% Felt more confident to stand up for their rights at work
05/09/21	Happy healthy family relationships	100	45	95% Strongly agreed that the session increased their knowledge of what healthy family relationships look like. 85% Learnt new strategies to support healthy relationships with their family . 67% Felt more confident to look after themselves and their family's wellbeing. 67% Gained information about available service and resources to support them, their family and their community
14/9/21	Centrelink and COVID supports	44	16	91% Strongly agreed that the session increased their knowledge on Centrelink services and payments 93% Strongly agree that the session increased their understanding of Mutual obligation requirement and Job Plan 94% Strongly agreed that the session increased their confidence in accessing financial and available supports during the covid-19 pandemic 94 % Agreed that they gained information about available support services and resources
27/11/2021	Mental health (self-care session)	12	12	98% Increased their sense of belonging and social connection 100 % stated the session contributed positively to their mental health and well-being. 100% Gained valuable information about self-care and available services for mental health and wellbeing.
27/11/2021	Nutrition and Exercise Workshop	12	12	100% Strongly agreed that the session increased their knowledge of healthy eating and exercise and its benefits for their mental health -97% Felt more confident to introduce healthy eating and fitness to their life -98% Gained new information about available to supports

Participant Feedback



Unexpected Outcomes

- The Eritrean women were not ready to talk about mental health directly, we approached the topic by talking about the challenges they were facing as a result of COVID
- Mental health literacy is very low among the Eritrean community
- Self-care, making time for oneself and prioritizing ones needs are not common practices among Eritrean women
- There is a lot of fear among Eritrean women regarding speaking up about their mental health concerns. Women generally do not understand their rights and are fearful to admit they are struggling. Many women believe if they do, their children will be taken away, they may be deported or fired from their job.
- Women may lie to services providers about their mental health and what level of support they are receiving at home to ensure service providers believe their home is safe for their kids.
- More capacity building is needed so that women know their rights, specifically in relation to immigration, child services, Centrelink, the police and in medical appointments
- Bicultural workers have been criticized for “becoming too westernized” when advocating for women to prioritize their mental health and wellbeing
- BCWs feedback that projects need to be funded long term to create a sense of safety among participants and to create sustainable change

Somali Community (Targeting young women 15-28) Total Reach 1853

Initial consultation with the Somali Health Care Professional network, various community leaders and young Somali women identified key challenges such as; social isolation, poor mental health literacy and stigma.

The BCW in consultation with these groups designed series of workshops designed to bring young Somali women together, to share their experiences and improve their mental health literacy. Additionally, the BCW launched a social media campaign designed to destigmatise talking about mental health in the Somali community

Deliverables

- 3x co-design sessions
- 4x workshops delivered
- 1x social media campaign with 3 interviews and 2x reels
- 6x volunteers engaged
- 1x local businesses engaged
- Key partners: Somali Health Care Professional Network

Date of workshop	Topics	attendees	Evaluation responses	Outcomes
12/11	Mental health	7	6	100% of the participants stated that as a result of this session they <ul style="list-style-type: none"> • Gained new information about available mental health services and resources. • Increased their knowledge of mental health? • Learnt new self-care strategies?
27/11	Wellbeing	9	7	97% Increased their knowledge in what supports their overall wellbeing and felt safe to share their experience and opinions
12/2	Social connection post COVID	23	18	100% Felt they were provided a safe space to reflect on their experience of COVID and connect with others 100% Learnt new strategies to connect with their peers in a COVID Safe way
12/2	Wellbeing	23	18	100% Increased their knowledge in what supports their overall wellbeing. 100% Gained new information about available mental health services and resources.
1/04/22 – 15/04/22	2 x Instagram reels Social media engagement	1570 views	N/A	The reels showcased young women talking about different emotions they feel at different times in an effort to normalise the occurrence of “negative” feelings that can be stigmatised or rarely spoken about such as 'anxiety' or 'sadness'.
1/04/22 – 15/04/22	Social Media engagement	221 views	30 Likes 8 Shares	Video Links https://www.youtube.com/watch?v=UKf4Jzn9bt8 https://www.youtube.com/watch?v=hPQx2k3KeiY https://youtu.be/sz-MJioCPMs Comments “it’s really nice seeing people we know” “It was refreshing to see this video” “I learn a lot of different strategies when dealing with my mental health”

This program provided me a safe space to reflect on myself and my wellbeing. I'm Looking forward very forward to the next event

I honestly look forward to doing this again because this little community you've created is exactly what I didn't know I needed

Thank you organising this program, it was really insightful. It was really informative and I met wonderful people who I can call my new friends

I can't believe how connected our wellbeing is with everything!

Loved the meeting, looking forward to the next one! I will start doing some of these strategies

I didn't know I needed this, thank you for creating this space

Thank you for creating this space for me

Participant Feedback

Unexpected Outcomes

- The younger generation and particularly young Somali women seem more confident than older generations to talk about their mental health
- COVID provided an easy platform to talk about mental health as it was a shared experience by all
- The women shared that having a safe space for women to come together and share their experiences was helpful
- The participants were open to talk about the challenges they face and how this impacts their wellbeing– the term “mental health” still holds stigma however
- The Somali language does not have appropriate words to discuss mental health, the available words are heavily stigmatised or hold negative connotations.

Key Learnings and Future Considerations

- BCWs are essential in engaging the community, building trust, creating cultural safety and designing community-led programs that respond to communities' needs
- In order to create meaningful change, mental health projects and community engagement need to be funded long term
- The Chin, Somali and Eritrean BCWs all reflected that in their languages, mental health is heavily stigmatised and lots of work needs to be done to create new words that enable them to talk about mental health in an empowering way
- Many people from refugee communities do not have a good understanding about their rights and are fearful of having their children, jobs or visa taken away from them if they disclose personal issues such as mental health concerns. This is compounded by a general mistrust in mainstream services.
- Additionally, many people from refugee communities do not have an understanding of what services are available, what support they provide and what their rights are in accessing them.
- COVID19 provided a platform to begin conversations about mental health because people felt united in their shared experience and challenges
- Each community expressed they were experiencing COVID fatigue and prioritised activities that were social, outdoors and fun.

References

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Thank you



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