

# Cultures in the Know

Enabling Multifaith Communities to improve Mental Well-being



## A Pilot Project

This project was supported  
by Manningham Council's  
Community Development  
Grant Program



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Published March 2013 by:

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About one in five Australians will experience a mental illness, and most of us will experience a mental health problem at some time in our lives. Therefore good mental health is an important issue for the entire community and a high priority of Manningham Council.

The Manningham Public Health Plan 2009-2013 identifies Council’s health priorities. One of the objectives of the Plan is to enhance mental wellbeing through social inclusion and connections in the community.

A particular area of interest for Council is how to empower people from culturally diverse backgrounds who are traditionally difficult to reach. Many people from these cultures who may be suffering from a mental health issue choose to go to their faith leader rather than a health professional for advice and guidance.

It is important that these faith leaders have the information to be able to identify mental health issues (know the signs and symptoms) and to be aware of the mental health services available in the local area and of referral pathways; and to be able to provide ongoing support.

Conversations between Action on Disability within Ethnic Communities (ADEC) and the Manningham Interfaith Network to explore possibilities of a partnership project with faith leaders, led to the development of the project brief “Cultures in the know - Enabling Multi-Faith Communities to Improve Mental Wellbeing”.

“Cultures in the Know” was submitted to Manningham Council for assessment and I am very pleased to say the highly innovative pilot project was funded through Council’s Community Development Grant Program

The pilot commenced in 2010 and targeted the Islamic and Catholic faith communities of the UMMA Centre and the Yarra Deanery (six parishes) to provide information on mental health to community members. Subsequently Council has awarded a second community grant to ADEC to deliver phase 2 of this pilot project - Mental Health First Aid training to faith leaders

Council is very proud to support the local faith leaders and the community through “Cultures in the Know” project and we look forward to ongoing partnerships with ADEC and the CALD community.



**Cr Jennifer Yang**  
Mayor

## Section 1

### Project Development

#### *What was the history for the project? Why was faith dialogue the theme?*

#### Background & History

Action on Disability within Ethnic Communities (ADEC) was established with the mission of assisting people with disabilities from ethnic backgrounds, and their carers and families. The main purpose was to enable access to services and ensure that service systems are inclusive and responsive to the needs of people from Culturally and Linguistically Diverse backgrounds (CALD). ADEC's Transcultural Mental Health program has been working towards building greater awareness in ethnic communities about mental health literacy and services; and in turn with services to enhance their practices of cultural responsiveness.

About one in five Australians will experience a mental illness, and most of us will experience a mental health problem at some time in our lives. Faith-based care is the predominant form of care accessed by some people with a mental illness, particularly from non-English speaking backgrounds.

Communities working with ADEC over the years reiterate the importance of cultural and religious practises in a) understanding mental illness b) coping with everyday realities of living with mental illness and c) the process of recovery and healing. Help seeking behaviours of individuals, families and groups are informed and shaped by cultural values and spiritual/religious beliefs. Most communities access a trustworthy religious leader, a faith congregation or community endorsed healers either before accessing the mainstream services and/or during the period of illness and recovery. Faith leaders are a critical link between communities that are seeking support to restore their well being and services that are trying to improve the health and well-being in communities.

This gave the impetus to begin conversations with the Manningham Interfaith Network to explore possibilities of a partnership project with faith leaders in the Manningham area.

Further, a project brief titled "Cultures in the Know - Enabling Multifaith Communities to Improve Mental Well-being" was submitted to the Manningham Council.

The project was funded under the Manningham City Councils Community Development Grant Program and commenced in March 2010. The project funding was for a period of 12 months.



## Section 2

### Literature

#### *What kind of work has taken place with faith leaders in the past?*

Published research in the area of mental health and religious faith is scant. Across clinical disciplines there is predominantly an absence of religious perspectives of mental health, for example the complete lack of mention of religion in core textbooks used in the education of mental health professionals. This is despite the fact that thoughtful reviews on the relationship between religion and psychiatric illness have been produced within the medical literature and there is growing empirical evidence suggesting positive association between religiosity and mental health.

On the other side of the field is, pastoral care, chaplaincy and spiritual services for the community. Research in this area is nearly non-existent. However these practitioners clearly recognise the role of spiritual care in mental and physical well-being.

Despite literature and everyday practice experience demonstrating the importance of the interface between faith communities and formal mental health service delivery, few attempts have been made to establish collaboration between the formal service delivery system and religious/traditional practitioners.

The reasons for this struggle to integrate religion or faith based interventions with mainstream mental health models are complex. Contributing factors include:

- a) There is a glaring gap between enabling practices and policy documents. For example, the consultation paper 'Because Mental Health Matters: a new focus for mental health and well-being in Victoria (Department of Health Services, 2008) only makes reference to spiritual well-being relating to indigenous mental health. On the other hand the policy document "Victorian public hospitals and mental health services, policy and funding guidelines 2008-10" explicitly indicates that public hospitals and health services are to ensure that diverse religious, pastoral and spiritual care needs of patients be met.
- b) The historical aversion that psychology and psychiatry professionals have to all matters religious.

#### References:

- Copsey, N. 1997. Keeping faith – The provision of community mental health services within a multi-faith context. The Sainsbury Centre for Mental Health: London.
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- Orton, M. 2008. Emerging best practice pastoral care in the UK, USA and Australia. Australian Journal of Pastoral Care and Health, 2,2,dec, 1-28.
- Victorian Government (2008). Victoria – public hospitals and mental health services policy and funding guidelines 2008 – 09.
- Department of Human Services (2008). Because Mental Health Matters.
- Whitley, R. 2012. Religious competence as cultural competence. Transcultural Psychiatry, 49,2,245-260.



- c) In North America there is evidence to show that client groups seeking mental health care come predominantly from minority backgrounds with religious beliefs/practices whereas the mental health service professionals are predominantly from secular backgrounds and mental health service institutions, both in North America and Europe, are often monochrome and mono-cultural.
- d) Increasingly religion and religious values are seen as 'esoteric' and inconsistent with the mental health discipline's quest for being scientific and biological /neurological.
- e) Lastly, there is little training in spiritual assessments or faith based dialogue so practitioners from the mental health disciplines lack the necessary tools or skills to use or integrate religious perspective in holistic care giving.

**Emerging Best Practice Pastoral Care in the UK, USA and Australia**

Meg Orton

*This article provides an overview of the current position and recent developments in chaplaincy and pastoral care in health care settings in England, Scotland, the United States of America and Australia. Overall, the picture is one of a significant change.*

*As hospitals develop policies to meet new performance expectations, services working within the hospital system, such as chaplaincy and pastoral care, must also adapt. Earlier than chaplaincy being discarded as not needed during these changes, recent research evidence supports the inclusion: indeed, extension of pastoral care in holistic health care. Demographic changes also mean that pastoral care needs to have an emphasis on spiritual support of it in response to patients of other faith traditions or with no faith.*

*This 'snapshot' of developments in Australia has relied on data from a limited range of accessible sources. These have been derived mainly from web searches or personal observations. While as comprehensive as possible at present, there will be areas needing updating and extending. Also, in this dynamic area, the picture may be changing rapidly. We would appreciate your feedback on the emerging situations in all the areas of Australia, where the picture may need filling out, or where there are case studies of best practice that we can all learn from. Please contact [meg.orton@mcj.org.au](mailto:meg.orton@mcj.org.au) with your contributions.*

*We are also interested in exploring how pastoral care is developing in other parts of the world, such as Europe and Canada, which also have a strong tradition of chaplaincy and pastoral care in health services. Again, any contributions are welcome.*

**Introduction**

A growing body of evidence is showing a positive relationship between spirituality and health. The recognition that health care tends to be holistic and person-centred for the best outcome for patients creates an expectation that spiritual care will also be incorporated into clinical practice (Fass 2009). The well-documented wish of patients that their spiritual wellbeing be considered in their health care has added momentum to this expectation (Ellis & Campbell 2004, Fulerson Smith 2007). Where once chaplaincy had a focus on supernatural religious belief and practice, modern chaplaincy now supports individuals on their personal spiritual path, in a multi-faith or even secular context.

*Abstract: Systematic Journal of Pastoral Theology and Ministry* Vol. 2, No. 2, 2010

**Because mental health matters**

**Victorian Mental Health Reform Strategy 2009-2019**

A Victorian Government initiative

**Mental Health Services in Faith Communities: The Role of Clergy in Black Churches**

Robert Joseph Taylor, Christopher G. Ellison, Linda M. Chatters, Jeffrey S. Levin, and Karen D. Lincoln

*A small but growing literature recognizes the varied roles that clergy play in identifying and addressing mental health needs in their congregations. Although the role of the clergy in mental health services delivery has not been studied extensively, a few investigations have attempted a systematic examination of this role. This article examines the research, highlighting available information with regard to the process by which mental health issues are identified and addressed by faith communities. Areas of factors associated with the use of ministers for personal care, the role of ministers in mental health services delivery, delivery systems, and models that link churches and formal agencies, and models that link churches and formal agencies, and the broader practice of social work.*

*Keywords: African American; help seeking; ministers; pastoral care; referral; religion*

*Abstract: A long tradition of religious and community development, empirical findings indicate that religion has a special role with churches assuming a particularly influential role. Survey evidence demonstrates that churches are failing, misdirected roles in Black communities and a barrier to positive outcomes on their lives (Erickson, Thomson, & Chatters, 1987). Black adults display high levels of religious and community development. Empirical findings indicate that religion has a special role with churches assuming a particularly influential role. Survey evidence demonstrates that churches are failing, misdirected roles in Black communities and a barrier to positive outcomes on their lives (Erickson, Thomson, & Chatters, 1987). Black adults display high levels of religious and community development. Empirical findings indicate that religion has a special role with churches assuming a particularly influential role. Survey evidence demonstrates that churches are failing, misdirected roles in Black communities and a barrier to positive outcomes on their lives (Erickson, Thomson, & Chatters, 1987). Black adults display high levels of religious and community development.*

**The Sainsbury Centre for Mental Health**

**Keeping Faith**

THE PROVISION OF COMMUNITY MENTAL HEALTH SERVICES WITHIN A MULTI-FAITH CONTEXT

By Nigel Copesey

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ISBN: 1 870480 33 3

Published by

Transcultural Psychiatry 48(2) 245-260 © The Author(s) 2012  
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 DOI: 10.1177/1363426912467058 [tpp.sagepub.com](http://tpp.sagepub.com)  
 SAGE

**transcultural psychiatry**

Abstract

**Religious competence as cultural competence**

Rob Whitley  
 McGill University

**Abstract**  
 Definitions of cultural competence often refer to the need to be aware and attentive to the religious and spiritual needs and orientations of patients. However, the institution of psychiatry maintains an ambivalent attitude to the incorporation of religion and spirituality into psychiatric practice. This is despite the fact that many patients, especially those from underserved and underprivileged minority backgrounds, are devoutly religious and find much solace and support in their religiosity. I use the case of mental health of African Americans as an extended example to support the argument that psychiatric services must become more closely attuned to religious matters. I suggest ways in which this can be achieved. Attention to religion can aid in the development of culturally competent and accessible services, which in turn, may increase engagement and service satisfaction among religious populations.

**Keywords**  
 religion, cultural competence, recovery, spirituality, mental health services, African American

One dimension of human activity that has long fascinated a small but dedicated cadre of researchers within psychiatry is that of religion and religious practice (Blagys 1996; Koenig, 2009). This is not surprising, given that before psychiatry emerged as a distinct medical discipline, "mental illness" was often interpreted through a religious, moral, or existential prism (Schumaker, 1992; Weatherhead, 1951). Sociocultural research suggests this is still the case for many cultures and subcultures (Kirmayer, 1989, 2004).

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## Section 3

### Description of the Project - The phases of the project

#### *How did we go about doing the project?*

The project was carried out in three phases: Identification of faith groups, focus group discussion to scope their needs and training to meet some of the identified needs.

#### a) Identification of faith groups:

ADEC liaised with most faith groups in Manningham interfaith network. After scoping the varying needs and diverse interests, two faith groups were identified; the Umma Islamic Group and Pastoral Care Workers of the Yarra Deanery respectively.

#### b) Identification of needs:

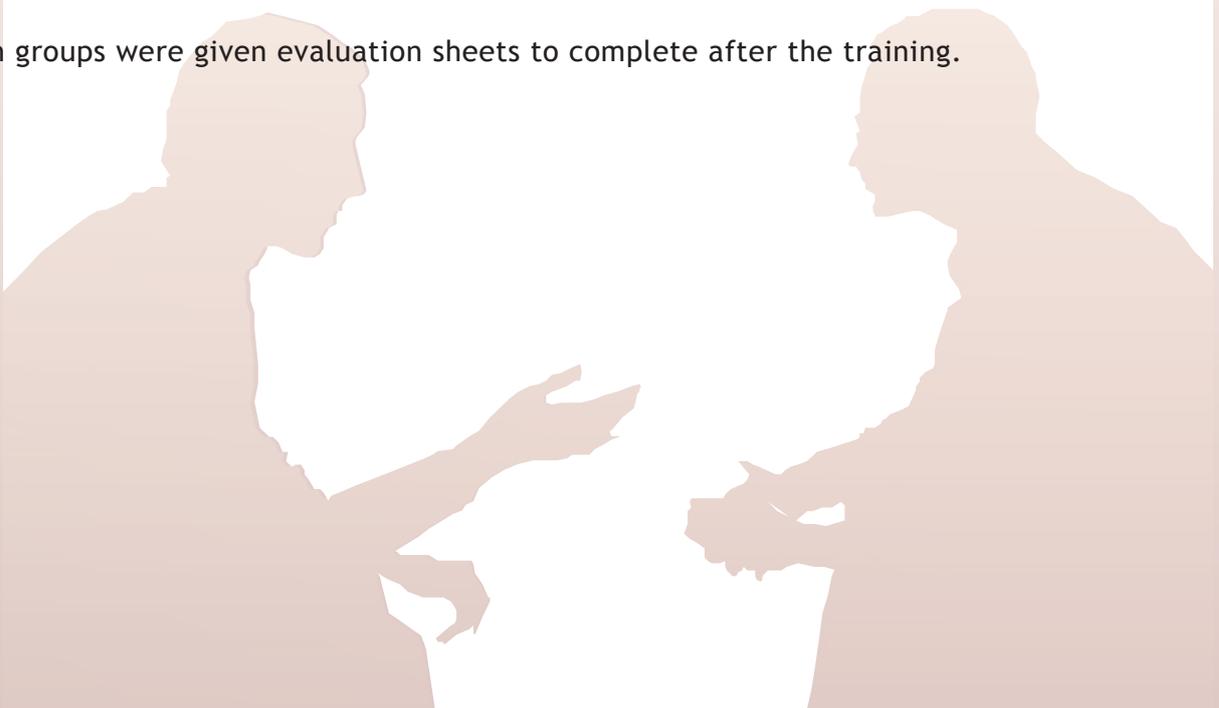
To further understand the specific needs of these groups, focus groups were conducted with each of the groups. When conducting the focus groups, the location, period and structure of the focus group were important aspects that were taken into account.

#### c) Training:

Based on the needs of the groups ADEC invited the Victorian Transcultural Psychiatry Unit (VTPU) to be training partners. ADEC and VTPU facilitators brainstormed around the need of the groups, importance of bi-cultural workers, inclusion of a moderate and respected spiritual leader as a guest speaker, and inclusion of culturally and linguistically sensitive resources.

The project engaged with the faith leaders of the Umma Islamic Group and Pastoral Care Workers of the Yarra Deanery from 5 Christian parishes in the Manningham LGA. Both groups underwent similar processes during the project.

Both groups were given evaluation sheets to complete after the training.



	Umma Islamic Group	Pastoral Care Workers of the Yarra Deanery
Attendance	14	22
Composition of the group	Imam and faith leaders of the centre	Priests and pastoral care workers representing five parishes
Location	Mosque	Church
Period	Weekday, late evening, cognizance taken of the prayer times. Dinner was served.	Weekday, late evening Late supper was provided
Duration of the consultations	3.5 hours	3.5 hours
Facilitated by	ADEC Transcultural Mental Health unit staff	ADEC Transcultural Mental Health unit staff
Identified areas of need	<ul style="list-style-type: none"> <li>• How to navigate the system - a brochure or poster to be displayed in the mosque</li> <li>• Ways in which the community can be motivated to attend information session on mental health.</li> <li>• Community including Umma management need educational/awareness sessions about mental health issues and where to go.</li> <li>• Imam said that he is ready to assist any MH services who want to bring their brochures, he will assist them and also encourage the people to use those services.</li> <li>• Need training that talks about all types of mental illness</li> </ul>	<p>Mental illness awareness and treatment related issues:</p> <ul style="list-style-type: none"> <li>• Definition, types and recognising mental illness.</li> <li>• Issues around women in relation to anxiety and depression</li> <li>• Treatment - how to approach a person about it? Where to send a person?</li> <li>• How to handle someone who has different belief systems</li> </ul> <p>Services:</p> <ul style="list-style-type: none"> <li>• Resources around services available and types of mental illness.</li> <li>• How to access the system.</li> </ul>

The role of the priest, imam or clergy is seen as pivotal in providing information about mental health services to the congregation and providing reassurance to embrace mental health services.



## Section 4

### Training & Evaluation

#### *What training was carried out? How did we evaluate?*

##### (a) Umma Islamic Group

The training session for the faith leaders of the Umma Islamic centre was held in the mosque premises. This ensured that cultural practice was honoured and the training session was attended by a group of 8 faith leaders.

The training process with the Umma Islamic group included presentations from a person with lived experience of mental illness and the guest session by Sheikh Issa Abdo, a respected faith leader. The session was interactive and collaborative and took into account the knowledge and skills of the participants.

The resource folder distributed amongst the group included a poster about mental health services in the Manningham LGA (refer page 19), which was requested by the participants to put up on the mosque notice board. The folder also included information about mental illnesses, including translations in Urdu.

#### Umma Islamic Group - Training Program

##### AGENDA

Time:	5:30 pm - 9:00 pm (incl. ½hr prayer & ½hr dinner)
Time of training:	2 ½hrs
5:30pm:	Opening prayer
5:35pm - 5:45pm:	Introduction
5:45pm - 6:00pm:	Positive Story of recovery - Evan Bichara
6:00pm - 6:30pm:	What is mental health and what is mental illness?
6:30pm - 6:45pm:	Prayer
6:45pm - 7:15pm:	What is mental health and mental illness? Where to go for help? (contd.)
7:15pm - 7:30pm:	Advocacy & Rights
7:30pm - 8:00pm:	Dinner
8:00pm - 8:30pm:	A message from the Imam
8:30pm - 8:45pm:	Evaluation & Resource Folder
8:45pm- 9:00pm:	Summary





(b) **Pastoral Care Workers of the Yarra Deanery**

The training session was held for the pastoral care workers of five parishes in the Manningham LGA at church premises. The group of 19 participants included ministers, pastors and pastoral care workers.

During the training, a council representative of the Manningham mental health working group made a presentation about the mental health services available and how to access them.

The resource folder distributed amongst the group included the poster ‘Finding the right help: Services for culturally diverse people in the Eastern Region’ that was printed with the support of the Manningham community development Grant (refer page 20, 21). The folder also included fact sheets on different mental illnesses.

**Mental Health Issues: Response, Recognition and Referral 23rd August 2012**

**AGENDA**

Time :	7.00 pm - 10:00 pm (incl. 15 minute break)
Time of training:	2 hrs 45 minutes
7:00pm - 7.05pm:	Introduction
7.05pm - 7.15pm:	Ice Breaker
7.15pm - 7.30pm:	Personal Stories
7.30pm - 8.30pm:	Mental Illness Awareness
8.30pm - 8.45pm:	Break
8.45pm - 9.15pm:	Mental Health Services and Access - Vicki Martinez
9.15pm - 9.45pm:	Negotiating the System and Cultures
9.45pm - 10.00pm:	Feedback and Evaluation





## Evaluation Questions & Responses

1. Discuss 3 things that stood out for you in the training program?

### Things that stood out in the training program

- “The explanation of where to seek help”
- “The importance of listening and caring”
- “Emphasis on holistic”
- “The introduction of the resources we are provided in our community”
- “Mental health in a more clear understanding way”

2. Did this training meet your needs (expectations)?

0 1 2 3 4 5 6 7 8 9 10  
Very poor Very satisfactory

### Did this training meet your needs?

“very satisfactory” - 81% responses

3. What surprised you about the training?

### What surprised you about the training?

- “Good presenters”
- “Clarity”
- “Enthusiasm of trainers”
- “How much I didn’t know”
- “The topics based on the audiences needs”
- “Easy to understand”

4. How if any would you change the training program?

#### Time/duration

Keep it as is.....Increase the time.....Decrease the time

#### Presentation format and topics

No change..... Add the following (please mention what you would like to add)

Change the format (please say how to change the format)

#### Food

Keep it as is.....no need for food.....change

#### Food quality

#### Facilitators

No change.....Add facilitators.....too many facilitators

### How if any would you change the program?

- “Keep as it is “ - 80% responses
- “very good but a bit long”
- “More examples and stories”
- “include role playing”
- “more examples from community”

5. Would you recommend the training to other groups?

Yes.....Not really.....Yes, with change

### Would you recommend the training to others?

“Yes” - 90% responses



## Section 5

### Perspectives - Questionnaire

#### *What do the key stakeholders (KS1 & KS2) say about the project?*

- *Why did you think it necessary to support this project?*

**KS1:** The successful past projects that have been carried out by the transcultural mental health program at ADEC.

**KS2:** People with mental health issues may, in the first instance, discuss their issue with their faith tradition leader, a priest, minister, imam, rabbi, monk, etc. Such faith tradition leaders are often well trained in providing theological education and spiritual direction, but they are often not trained in the identification and appropriate referral of mental health issues. It was to bridge this education gap that Manningham Interfaith Network took an active role in this project. Several participants in the project run small businesses in the City of Manningham and thought this program would be very valuable to small business.

- *Are you aware of any similar activities done in the past by the sector to address these issues?*

**KS1:** Not in such an interactive and innovative manner

**KS2:** Fr. Wayne Edwards, Parish Priest of St Pius X Catholic Church in Heidelberg West, ran a Mental Health First Aid Program that appeared to be very successful, but we are not aware of any such program having been run in the City of Manningham

- *What do you believe the project has achieved?*

**KS1:** The project was innovative, practical and interactive. It promoted intercultural understanding of mental health by placing it in the context of the unknown and often misunderstood. The project demonstrated that NESB communities have a unique approach to the mental health issues and sends the message that if their approach is understood, respected and incorporated it can effectively aid mental health recovery.

**KS2:** It has significantly raised the level of awareness about mental health issues for those who participated in the project. These participants have also spoken to other members of their communities and further raised the level of awareness.

The participants in the program have gained valuable skills in relation to the identification of mental health issues and information about the appropriate level of referral.



• *Given the above, what is your organisation's long term commitment to continue this kind of work?*

**KS1:** ADEC has already acknowledged the need to continue to make the general community and general services system of how to address Mental Health issues within the cultural context and made a commitment to continue to incorporate into ADEC's strategic planning.

**KS2:** Manningham Interfaith Network is happy to work with professional organisations such as ADEC in opening the doors to faith communities in order that such communities can have the benefit of professional training in this critical area.

• *Do you feel there is room for continued dialogue between interfaith and mental health?*

**KS1:** Not a question of if there is room, but the project has demonstrated that this is the most effective way of dealing with mental health issues in a culturally responsive and responsible manner giving justice to the wisdom of the members of those communities and creating true partnerships.

I see this as an effective way of marrying the western concepts and strategies with the wisdom of ethnic communities and utilizing as a source of information.

**KS2:** Yes. The current project was very successful in raising the level of awareness, but we have hardly scratched the surface. The communities that have participated in the project to date have indicated that they would welcome follow-up training and there are members of these communities who have not been exposed to this educational opportunity. In addition, there are faith traditions in the City of Manningham who have not participated in the project.



## Section 6

### Strengths and limitations

#### *What worked well and what could be changed.*

#### What worked well?

- **Enthusiastic/ resourceful groups**

Both Umma Islamic group faith leaders and the Yarra deanery pastoral carer workers were a group of keen participants. This enabled for a rich environment of shared learning. The groups had a clarity around their needs and expectations which helped the training immeasurably.

- **Having a culture broker/mediator (Ahmed Tohow/Charles Belnaves)**

The critical link for the project was the presence of a culture broker. A culture broker in this instance acted like a cultural consultant/mediator who was able to articulate clearly the vision and role of the faith group vis-à-vis this project.

- **Support of Council**

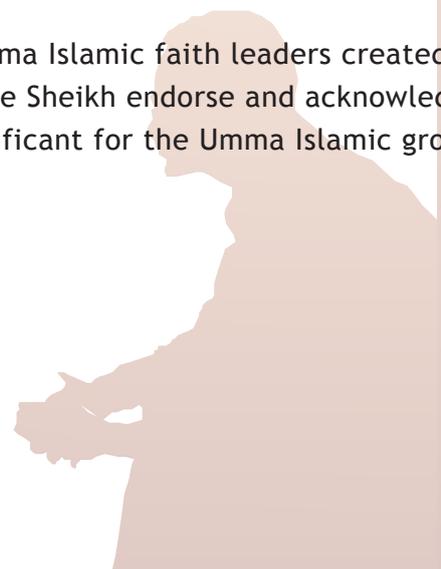
The support and belief in interfaith dialogue from Manningham Council validated the project team and its goals.

- **Location**

Having focus group and training sessions in the Mosque and the Church honoured the cultural practice of the faith group. This provided the project team with a space that was safe and secure for sharing to occur.

- **Faith Leader's values**

Having Sheikh Issa Abdo speak on mental wellbeing for Umma Islamic faith leaders created a synergy and resonance with Umma group values. Having the Sheikh endorse and acknowledge the issues of mental health and well-being was highly significant for the Umma Islamic group.



## What could be changed?

- **The process of collaboration**

It took longer to liaise and build a collaborative partnership with faith networks than what was anticipated. Building a trustworthy relationship that paves the way for partnerships takes time.

- **Administrative challenges**

There were numerous administrative and bureaucratic challenges. For example, written permission at every step of the project and organising meetings with community leaders (who gave their time because of their goodwill towards the project).

Although verbal feedback was easily and readily obtainable written feedback ie: evaluation forms were a challenge to administer on the day of training and equally hard to follow up later.

- **Interest versus action**

Several faith groups showed initial interest and discussions were held with these groups. However, only two groups followed through with their initial interest.

- **Collaborative forum between faith leaders and mental health practitioners.**

There was interest shown in participating in a collaborative forum. However the structure, format, process and outcomes of such a forum need a lot more planning. Commitment to such an activity was not sustained.



## Section 7

### Recommendations

*What are the project outcomes? What is sustainable? What next?*

#### ADEC & VTPU

Approaching and presenting to other Councils (i.e. Darebin) to scope their interest for a similar activity.

Visually documenting the process (i.e. filming the focus group and the training or at least parts of it).

Bringing together a collaborative forum

#### Umma Islamic Group

The group requested mental health resource information to include on their website which was provided.

A flyer of mental health services in Manningham was prepared and put up on the mosque wall and mosque information board as per request from the group.

#### Pastoral Care Workers of Yarra Deanery

The group expressed a need to have further training in mental health first aid. In response to that ADEC has applied for funds for training from Manningham council.



## Resources

### Finding the right help for mental health problems Manningham City Council Area

If you or a family member you are caring for are not coping with day to day activities and believe it may be worth seeking help, following are some places you can contact:

#### General Services:

- Your local General Practitioner (GP) or doctor
- Manningham Community Health Service: (03) 8841 3000
- Central East Mental Health Service 1300 721 927
- Mental Illness Fellowship: (03) 8486 4222

#### Youth Services:

- Child and Adolescent Mental Health Service (CAHMS): 1300 721 927
- Manningham YMCA Youth Services (03) 9848 5400
- Headspace: (03) 9027 0100

#### Adult Services:

- Central East Mental Health Service: 1300 721 927
- Manningham Community Health Service: (03) 8841 3000

#### Parent and Children Services:

- Child and Adolescent Mental Health Service (CAHMS): 1300 721 927
- Manningham Maternal and Child Health: (03)9840 9188
- Manningham Children Services: (03)9840 9333

#### Senior Services:

- Manningham Aged and Disability Services: (03) 9840 9700

#### Advice Lines:

- Mental Health Advice Line: 1300 280 737
- Lifeline Australia: 13 11 14
- Beyond Blue: 1300 224 636
- Mens line: 1300 78 99 78

#### Some Useful Websites:

- Beyond Blue: [www.beyondblue.org.au](http://www.beyondblue.org.au)
- Mental Health Navigation Tool: [www.gephmhtool.com](http://www.gephmhtool.com)

If you need interpreting services to access any of the services ask for an interpreter from the service you are calling or please call TIS interpreting service on 131 450 (this may incur a fee)



## Services for culturally diverse people in the Eastern Region

Note: All mental health services in the eastern region are open to people from culturally diverse backgrounds.  
Organisations listed below offer services in a culturally sensitive manner.

Organisation/ Service Name	Service provided	Languages	Cost	Location & Contact	Website	Referral Required
<b>Counselling</b>						
<b>Knox Community Health Service</b>  (Community Health Counselling)	Counselling support for: • Anxiety and depression • Grief and loss • Family stress • Relationship difficulties • Stress management	Interpreters used	Free	Head Office 1063 Burwood Highway Ferntree Gully Vic. 3156  Wantirna Site Unit 1, 603 Boronia Road Wantirna, Vic. 3152 Phone: (03) 9757 6200	<a href="http://www.kchs.org.au/cfi.shtml">www.kchs.org.au/cfi.shtml</a>	Self Referral
<b>EACH</b> (Eastern area Community Health) <b>Family Relationship services for Carers</b>	The Family Relationship Service for Carers (FRSC) is a state-wide service providing counselling, support to family members caring for someone of any age, with a disability including Mental Illness.	Bilingual practitioners available. Interpreters also used.	Free for Carers	Building 2 254 Canterbury Road Bayswater Vic. 3153  (03) 9735 7900  1300 303 346.	<a href="http://www.each.com.au">www.each.com.au</a>	GP, Family, Self referral
<b>Whitehorse Community Health Service</b>	The Counselling and Casework Support services offers both individual and group therapy services to people with a range of concerns including depression, anxiety, relationship difficulties,	Interpreters used	Free	Whitehorse Community Health Service Ltd Level 2, 43 Carrington Road, Box Hill Vic. 3128  Ph 03 9890 2220	<a href="http://www.wchs.org.au">www.wchs.org.au</a>	Self referral.
<b>Monash Link Community Health Service Limited</b>	Provides physically accessible and culturally appropriate counselling services to adults, adolescents, children and families. Its services assist with a wide range of concerns including domestic violence, alcohol and drug use, depression, anxiety relationship issues.	Interpreters used	Small Fee	Glen Waverly Site, 7 Dunscombe Ave, Glen Waverley Vic. 3150 Tel: 1300 552 509  Ashwood Site 219 High St Road Ashwood Vic. 3147 Tel: 1300 552 509  Clayton Community Centre Level 1, 9-15 Cooke Street Clayton Vic. 3168 Tel: 1300 552 509	<a href="http://www.monashlink.org.au">http://www.monashlink.org.au</a>	Self referral, via a friend, family member, carer, local GP, hospital or other health professional.
<b>Manningham Community Health Service</b>	Counselling for individuals and couples including Cross cultural counselling eg: migration and adjustment conflict, life stresses including grief and loss and family violence.	Interpreters provided free of charge	Fee	Unit 1, 1020 Doncaster Road, Doncaster East Vic. 3109  Telephone: (03) 8841 3000  Fax: (03) 8841 3030	<a href="http://www.mannchs.org.au">www.mannchs.org.au</a>	Self referral, GP, family members and external agencies
<b>Carers Support Services</b>						
<b>Villa Maria Carer Support</b>	Villa Maria's Eastern Community Services 'Carer Support Program' assists carers of people with disability or mental illness to access services in the community	Interpreters used	Free	Villa Maria Registered Office 6 Studley Park Road Kew Vic. 3101 T: (03) 9855 7600 F: (03) 9855 7899	<a href="http://www.villamaria.com.au">www.villamaria.com.au</a>	No referral required
<b>Carers Victoria</b>	Carers victoria provides services and supports to caring families from wide range of cultural and language backgrounds	Interpreters used	Free	<b>Head Office</b> Level1 37 Albert Street Footscray Vic. 3011 Tel: 9396 9500 Free call: 1800 242 636	<a href="http://www.caresvic.org.au">www.caresvic.org.au</a>	No referral required
<b>Uniting Care Community</b>	Provides a range of community based services for older people, people with disabilities, those with a mental illness, their families and carers as well as other vulnerable and disadvantaged people living in Melbourne's South & East.	Interpreters and bilingual workers used.	Free	Building 5, Brandon Office Park 530 - 540 Springvale Road Glen Waverly Vic. 3150  Telephone: (03) 9239 2500	<a href="http://www.ucco.org.au">www.ucco.org.au</a>	No referral required



## Psychiatric Disability Rehabilitation and Support (PDRSS)

<b>Mental Illness Fellowship Victoria - O'Meara House</b>	Offers <b>Multicultural respite</b> , which take into account the needs of people from culturally and linguistically diverse backgrounds and tailors program to suit.	Bilingual and multicultural workers and interpreters used	Fee applies	Respite Coordinator of Eastern suburbs  Tel – (03) 8873 2500	<a href="http://www.mifellowship.org">www.mifellowship.org</a>	Referral required
<b>Halcyon Centre - Eastern Access Community Health</b>	Halcyon provides a range of services designed to enhance the quality of life and the living skills of people with a psychiatric disability. The services provided at the centre are divided into three streams: individual support, group activities, drop-in	Interpreters used	Free	3 The Avenue Ferntree Gully Vic. 3156  Ph (03)9758 8508	<a href="http://www.each.com.au">www.each.com.au</a>	Referral required
<b>Mind (formerly Richmond Fellowship of Victoria)</b>	Mind offers a range of services to assist people in their recovery from a mental illness and to secure safe and stable accommodation.	Interpreters and bilingual workers used	Free	<b>Head Office</b> 86 - 92 Mount Street, Heidelberg Vic. 3084  Tel: 9455 7900	<a href="http://www.mindaustralia.org.au">www.mindaustralia.org.au</a>	No

## Psychological / Psychiatry Services

<b>Eastern Health Adult Mental Health Services</b>	Eastern Health provide a range of clinical treatment services for those experiencing an episode of severe mental illness.	Interpreters used	Free	Level 1,43 Carrington Road Box Hill Vic. 3128 Ph (03) 9843 5888 Fax (03) 9843 5899 AH 1300 721 927	<a href="http://www.easternhealth.org.au/services/mentalhealth">www.easternhealth.org.au/services/mentalhealth</a>	Yes
<b>Central East CAT (crisis and assessment team) service</b>	Emergency services, Case management services	Interpreters used	Free	Level 1,43 Carrington Road Box Hill Vic. 3128 Ph (03) 9843 5888 Fax (03) 9843 5899 AH 1300 721 927	<a href="http://www.easternhealth.org.au/services/mentalhealth">www.easternhealth.org.au/services/mentalhealth</a>	Self Referral
<b>Koonung Community Mental Health Service</b>	Psychiatric assessment, treatment and ongoing support. Mobile Support and Treatment Service.	Interpreters used	Free	Level 1, 43 Carrington Road Box Hill Vic. 3128 Ph: (03) 9843 5800 Fax: (03) 9843 5808 AH: 1300 721 927	<a href="http://www.easternhealth.org.au/services/mentalhealth">www.easternhealth.org.au/services/mentalhealth</a>	Self, family or significant other or community organisation
<b>Aged persons mental health service (APMHS)</b>	Provide a range of specialist mental health services for people over the age of 65 years with a mental illness or those experiencing behavioural disturbances due to dementia.	Interpreters used	Free	Peter James Centre, Mahoney's Road, Burwood East Vic. 3151  Tel: 9881 1888	<a href="http://www.easternhealth.org.au/">http://www.easternhealth.org.au/</a>	Self referral or referred by family, friends, health care providers and other service providers
<b>Child, Youth &amp; Family Mental Health Service (CAMHS)</b>	Eastern Health CAMHS is a specialist mental health service for children and young people up to the age of 18 years who are displaying symptoms of psychiatric disorder or severe emotional and behavioural disturbance.	Interpreters used	Free	Tel: 1300 721 027	<a href="http://www.easternhealth.org.au/">http://www.easternhealth.org.au/</a>	Self referral or referred by family, friends, health care providers and other service providers
<b>Waverley Community Mental Health Service</b>	Case management, psychiatric disability services.	Interpreters used	Free	265-267 Blackburn Road Glen Waverley Vic. 3150 Ph: (03) 9886 8366 Fax: (03) 9886 8120 AH: 1300 721 927	<a href="http://www.easternhealth.org.au/">http://www.easternhealth.org.au/</a>	Referral Required

## Help lines

<b>MensLine services</b>	MensLine provides confidential counselling services to men from all backgrounds who have relationship or family concerns	Provides counselling services in Arabic and interpreters are also used.	Cost of local call	1300 789 978	<a href="http://www.mensline.org.au">www.mensline.org.au</a>	Self Referral
<b>Beyond Blue</b>	Provides telephone counselling services for those with Depression and Anxiety disorders	Interpreters used	Cost of local call	1300 224 636	<a href="http://www.beyondblue.org.au">www.beyondblue.org.au</a>	Self Referral
<b>Immigrant Women's Domestic Violence Service</b>	A state-wide service providing culturally sensitive services to meet the needs of women and children from culturally and linguistically diverse backgrounds affected by domestic violence.	Bi lingual workers and Interpreters used	Free	Tel: 8413 6800	<a href="http://www.iwdvs.org.au">http://www.iwdvs.org.au</a>	No referral required

## Directories of Mental Health

### Manningham Mental Health Help Card

First Edition - April 2012. For Additions, deletions and enquiries email [info@adec.org.au](mailto:info@adec.org.au) or Phone: (03) 9480 1666  
This resource was developed by ADEC with support from Manningham City Council. It is also available to download from [www.adec.org.au](http://www.adec.org.au)



## **Acknowledgements**

**Mayor Cr. Jennifer Yang**

Manningham Council

**Vicki Martinez & Kirsten Reedy,**

Manningham Social Planning and Development Program

**Manningham City Council's Community Development Grant Program**

**Manningham Mental Health Working Group**

**Garry Nolan**

President, Manningham Interfaith network

**Rashda Haque**

Member, Manningham Interfaith network

**Sheikh Issa Abdo**

**Imam and faith leaders of the Umma Islamic Centre, Doncaster**

**Yarra Deanery Pastoral Care Workers**

**Charles Balnaves**

Yarra Deanery Resource Coordinator

**Evan Bichara**

Consumer Advocate

Victorian Transcultural Psychiatry Unit

**St. Peter and Paul Parish Church**





**Action on Disability within Ethnic Communities (ADEC)**  
175 Plenty Road, Preston VIC 3072, Australia  
Website: [www.adec.org.au](http://www.adec.org.au)

**Victorian Transcultural Psychiatry Unit (VTPU)**  
Level 2, Bolte Wing, St Vincent's Hospital  
14 Nicholson Street, Fitzroy VIC 3065  
Website: [www.vtpu.org.au](http://www.vtpu.org.au)