
PROJECT OVERVIEW AND ACKNOWLEDGEMENTS

CULTURAL DIVERSITY AND MENTAL WELLBEING RESOURCE PROJECT 2019-2021

INTRODUCTION

The Orygen Knowledge Translation team developed a suite of resources on the topic of ‘cultural diversity and mental wellbeing’ in 2021 following an extensive consultation period that began in 2019.

The **resources** were developed to support the knowledge and skills of the youth mental health workforce, to work safely and inclusively with multicultural young people.

This overview explains how the project was developed. It also recognises the invaluable contributions from young people, families and staff working in the sector - acknowledging their input and direction.

ACKNOWLEDGEMENTS

Orygen would like to thank the individuals and organisations that contributed to the development and outcomes of this project including through involvement in general consultation; participation in the expert working group; assistance with relationship building and youth participation; or direct input on specific resources. Their insight, knowledge and generosity is strongly valued.

The consultation process has been outlined throughout this document, as well as specific acknowledgements with reference to individuals' names and organisations listed in the appendix (page 11).

Orygen would like to recognise that developing culturally inclusive and responsive practice within our organisation is an area of ongoing learning and capacity-building. This includes efforts to build and strengthen collaboration with multicultural young people and families, their communities, and mental health and community organisations who support, advocate for and promote best practice in relation to cultural safety with young people. The connections formed through this project reflect part of this commitment. Developing culturally safe practice and services is an ongoing process. The development of these resources is one part of an ongoing dialogue.

Orygen would also like to recognise that any discussion about culture needs to recognise Australia's position to First Nations people and communities - including the past and current impact that colonisation has had on the ability of First Nations communities to continue their relationships to culture. First Nations communities have often been at the forefront of advocacy for culturally safe health care. Youth mental health services cannot be truly culturally safe for anyone, if cultural safety is not first prioritised for First Nations people of Australia.



CASE STUDY WORKING IT OUT AS WE GO

PROJECT BACKGROUND

Orygen is a world-leading research and knowledge translation organisation with a mission to reduce the impact of mental ill-health on young people, their families and society. Through the delivery of research, policy development, innovative clinical services and evidence-based training and education, Orygen's vision is for young people to enjoy optimal mental health as they grow into adulthood.

Orygen's Knowledge Translation team concentrates on growing the capacity of Australia's systems, services, and professionals who support young people with emerging and existing mental ill health. The Australian Government Department of Health supports Orygen's Knowledge Translation (KT) team to achieve this through funding a range of activities to support the youth mental health workforce, integrating knowledge gained through clinical, research, and lived experience. These activities focus on increasing mental health awareness, promoting early recognition and help-seeking, building capacity for partnerships, supporting best practice, and reducing the impact of mental health problems in young people.

One of the areas identified as a capacity need for the Australian youth mental health workforce is cultural diversity and youth mental health. In July 2019, the KT team commenced work on a project to support workforce development in this area, to help mental health professionals work safely, effectively, and responsively with multicultural young people and their families.

Whilst developing consistent language throughout the project was important for useability of resources, it was recognised that any label that attempted to represent people and community's relationship to culture, identity and experience was likely to be limiting. Terminology used throughout resources are reflective of early discussions and consultation with young people involved in this project, however Orygen recognises that this language may not adequately represent everyone. The term 'cultural diversity' is used to describe the broad and diverse range of cultural experiences that all people have, whereas terms such as 'multicultural young people' or 'young people of multicultural backgrounds' refers specifically to individuals or communities of young people who identify as multicultural and/or multilingual. The decision to not use terminology such as 'cultural and linguistic diversity' (CALD) was a choice based on feedback from young people who felt the label limiting and associated with ingrained power imbalances.

GOAL AND OBJECTIVES

The primary goal of the project was to build the capacity of the youth mental health workforce to work safely, effectively, and responsively with multicultural young people and their families. This was to include intervention at all levels: individual service provision, team-based learning and organisational (sector) level approaches. The hope was that this would lead to secondary benefits in regards to young people's experiences with youth mental health services nationally.

Secondary goals included further relationship building in the sector, as well as an opportunity for the KT team to engage in a deeper level of project consultation and collaboration. The team hoped that the broad consultation could partially contribute to the ongoing development of KT and Orygen's practices of cultural safety.

OVERALL PROJECT PROCESSES AND TIMELINES

The 'cultural diversity and mental wellbeing' project involved three distinct phases, as outlined in the table below. The fourth phase, to begin at a later date, will involve evaluation and feedback of the resources.

"I don't feel diverse, I feel like me...even the implications of it makes me wonder, divergent from what? The answer to that speaks to the assumptions and bias that people already have."

YOUNG PERSON

Table 1: Project processes and timelines

PHASE ONE Engagement and planning TIMELINE July 2019 – April 2020	PHASE TWO Planning and clarifying via expert working group TIMELINE May 2020 – October 2020	PHASE THREE Resource development TIMELINE November 2020 – June 2021
Initial consultation: internal and external stakeholders Development of project plan Feedback on initial project plan via initial consultation Develop internal processes (youth participation, key consultants) Literature/resource review to identify key themes and gaps/needs Set up expert working group meetings	Lived expertise working group May 2020 Clinical expertise working group June 2020 Final expert working group August 2020 (with clinical and lived experience experts combined) Interim reports and final report summarised findings-shared with all members between working groups Participant evaluation via survey Finalisation of resource topics and mediums	Allocation of resources to individual staff in KT team Individuals and organisations approached to be partners or consultants on projects Specific review of relevant literature Development of content Review or further consultation as required Editing and design with KT and communications teams Made available via the Orygen website September 2021

BUILDING EARLY PARTNERSHIPS

Orygen recognised from the outset the essential need to partner with young people with lived experience and leading sector professionals.

Building on existing connections, early in the project Orygen consulted on the project design with the Centre for Multicultural Youth (CMY), Victorian Transcultural Mental Health Unit (VTMH) and EMBRACE (Mental Health in Multicultural Australia).

Following individual consultation and feedback with a range of experts, an expert working group was developed to combine representatives from leading organisations focused on cultural diversity and mental wellbeing.

MEANINGFUL INVOLVEMENT OF YOUNG PEOPLE: YOUTH ADVISORS

Young people in Orygen's Youth Advisory Council and Youth Research Council were provided with the opportunity to apply, via an expression of interest, to become a youth project lead for the expert working group phase. Angelica Ojinnaka was successful as the youth lead on the project, helping to drive, co-develop and co-facilitate phase two of the project.

Whilst having significant enthusiasm and support from the Youth Advisory Councils, the KT team was eager to engage young people outside of Orygen to participate in the project as well. This resulted in representation of young people from Foundation House, Centre for Multicultural Youth (CMY) and headspace National.

The development of relationships with both young people, staff and organisations meant that when phase three commenced, it was possible to involve a number of consultants across resources. This was achieved through expressions of interest, formal applications and continuing project involvement.

All young people were financially reimbursed for their time and expertise in the various activities. An attempt for flexible youth participation was also considered, where youth advisors could opt out at any time, and were given choices about the type and length of participation in the range of resources they wished to be involved in. All youth advisors had support contacts both at Orygen as well as their primary organisation, which required some liaison with Orygen's national youth participation team as well as youth participation teams externally.



BRINGING EXPERTISE TOGETHER: EXPERT WORKING GROUP

An expert working group was established to guide the ongoing development of the project with both lived experience and professional experience.

The group initially consisted of:

- a meeting with the lived expertise working group consisting of five youth advisors in May 2020 for two hours via Zoom;
- a meeting with the clinical expert working group consisting of nine clinical consultants in June 2020 for two hours via Zoom; and
- a final three hour Zoom meeting with both groups to clarify resource topics and priorities.

The meetings were initially meant to be face to face, because it felt that this would be a more engaging and safe way to facilitate meaningful conversations. However, due to COVID - 19 lockdown restrictions in Melbourne, the working groups meetings were adapted to an online video format. It should be noted that participants in the expert working group were committed to continue with this project, despite widespread external pressures, demanding workloads for many and the unique exhaustion many felt due to working predominantly online during a worldwide pandemic.

While general guidelines were provided for participation in the group, specific discussions around safety and collaboration were agreed to within the group. Young people were also provided time within the final meeting to meet as a smaller group, to ensure that they felt safe to participate and where they could provide unified feedback. Prior to every meeting, an agenda was sent to participants with information deemed important for participation; and following every meeting a summary report was provided to all members - lived experience and clinical.

The focus of the expert working group related to:

- identifying the needs of the youth mental health workforce for working with multicultural young people - including guiding the direction of the final resource topics;
- identifying key principles or themes that were identified as integral, and could be implicitly or explicitly used throughout the resources;
- providing suggestions for best resource mediums or approaches to ensure successful engagement, including ways to engage or involve the workforce;
- sharing resources and knowledge already available in the sector in order to reduce the replication of quality resources available;
- informal information sharing between organisations and relationship building, where appropriate; and
- providing suggestions for promotion or marketing strategies to be implemented or considered, once resources were finalised.

Participants were also asked to complete an evaluation survey to help the KT team consider what worked, as well as how the process could be adapted for the future.

IDENTIFYING GUIDING PRINCIPLES FROM THE EXPERT WORKING GROUP

One of the tasks of the expert working group was to identify relevant principles that could guide the development of resources. Table two below provides a brief overview of what was identified, although it should be noted that much more context and discussion was held than what is represented below.



Table 2: Principles identified by the expert working group

PRINCIPLE	CONTEXT-DRIVEN EXPLANATION
Social and structural determinants of health	Including how mental health professionals and young people/families live and work within the barriers/restrictions of these.
Identity and meaning	Identity and its relationship to culture, including the importance of self- identity.
Diversity of experiences (under label of CALD)	Recognising the varied range of culture, experiences, identity and beliefs that can occur under the broad label of 'CALD'. As well as the individuality of each person's experience - everyone's experience of culture will likely be different and will guide the needs of the individual and local community.
Valuing diversity	Which includes different explanatory models for illness, varied approaches to recovery, with thought to the influence of linguistic/cultural nuances that exist across languages regarding mental health concepts.
Reflexive/reflective supervision and self-learning	Active role in ongoing learning/development for mental health professionals and services, including the need to build structures of learning/support and team-based approaches to learning.
Person-centred and youth-centred	Recognises the required skill sets of mental health workers to promote practice that is person-centred and which addresses the unique developmental needs of multicultural young people. Multicultural young people may experience particular stressors compared to the rest of their communities because of their age/development.
Family inclusive	Might include broader understandings of what constitutes 'family' and 'family involvement', with differentiation to next of kin/guardian responsibilities. Also involves family/carer needs and a focus of empowering families.
Intersectionality	With thought to individual experiences and system levels - to create 'intersectional system' approaches to mental health care.
Storytelling	Not only how we elicit and listen to stories safely and respectfully, but how we dignify people's stories/experiences.
Strengths-based	Celebration of strengths, resilience and contribution of multicultural young people and families, which also reflects on protective elements/influences of culture.
Trauma- informed	With specific thought to experiences of trauma, migration, intergenerational trauma and disenfranchised grief, and how this interacts with mental health services.
Social justice and access	With thoughts to equity, access, and supporting young people and families to navigate the mental health system (and other systems).
Decolonising approaches to healthcare	Respecting the knowledge and contribution that First Nations people have towards considerations of culture, healthcare, healing and wellbeing.
Language and shared understanding	Not just on a surface level, but to share understanding, collaboration and meaning between young people, families, communities and services.
Therapeutic relationships (thought to flexibility and power)	Flexible service delivery that considers the role of power differentials in the therapeutic relationship, and which sees mental health professionals regularly seek feedback on how young people and families experience care.
Broad concepts of treatment team	Greater inclusion of what constitutes the treatment team - may include youth advocates, community leaders, 'aunts and uncles' within the community, interpreters, etc.
Agency and informed consent	Not assuming that young people and families have information they need to make safe and appropriate decisions. Mental health professionals not making choices for, or on behalf of, young people. And the opportunity for young people to access varied information (not just that from their worker) that supports informed consent and shared expertise.
Flexible engagement	Considering elements around youth participation, co-design, outreach and 'meeting community where they are at'. This means ensuring care is adjusted to people and community's needs, rather than how services are structured or assumed to function. For example, services and teams might focus on community engagement, provide shorter intake assessments to prioritise engagement, include greater outreach or a longer episode of care.

FLEXIBLE CONSULTATION

In addition to the expert working group, Orygen consulted a range of experts individually to understand the needs of workforce, where other similar projects or resources already existed or were in development, and opportunities for dissemination of final resources.

This included some interaction with Orygen's gender diversity (GD) project leads, who were simultaneously working on a similar project as part of KT. The GD leads also received a range of feedback in relation to their resource development, which often fed into or related to some of the themes relevant to this project. This felt important in recognition of concepts around intersectionality and the tendency for services to work in silos. The project leads wanted to collaborate between projects as much as possible to reflect the need for greater integration of the mental health system to provide holistic care to young people who may hold multiple marginalised identities and who are therefore more likely to receive unsafe or ineffective care.

An initial project goal was the development of a national survey to ask mental health staff about what they saw as the gaps and needs of the workforce in relation to working with multicultural young people, families and communities. However, due to unforeseen circumstances this did not meet completion in time for the project. The KT team believes it is important to hear directly from the workforce about their own perceived needs (acknowledging that needs are often not about a lack of knowledge or interest, but often a range of systemic challenges that contribute to staff's ability to provide best possible care). Despite this missed opportunity, the KT team is committed to pursuing similar research in the future to guide resource development and build upon what has already been developed to date.

At the end of this project, the KT team was able to deliver a:

- toolkit: Youth Participation with multicultural young people;
- fact sheet: In this together: families and carers can ask;
- webinar: In this together: families and carers can ask, unpacked;
- clinical practice point: Culture 101;
- video: Working together: Developing shared language, understanding and meaning through language interpreting;
- clinical practice guide: Valuing cultural diversity and inclusion in youth mental health; and
- podcast series: Let's talk: youth mental health, culture and identity.



LEARNINGS

The KT team share learnings as an act of transparency, to support accountability for internal goals and learnings, and to assist anyone who might be considering taking on similar projects.

Whilst the KT team thoroughly enjoyed working on the resource, they recognised that there were a range of learnings experienced along the way to guide future approaches. In particular, the parallel process of mental health workers and the work they do being imperfect and requiring lifelong learning and development, applying also to the process of developing this project and specifically these resources.

THE SIGNIFICANCE OF THE PROJECT

The KT team was enthusiastic to work on resources that supported key and necessary skills for mental health workers (as well as considerations for broader mental health organisations and whole systems). The team felt that supporting the workforce to be culturally safe and responsive could influence considerably the experiences of young people and their families when accessing mental health care.

However, for KT staff (who work in similar mental health systems to readers and therefore may be similarly influenced in the way they respond to culture) it was important that consideration was given to project processes that supported cultural safety, inclusivity, access, meaningful participation and considerations to language.

It also required a balance between providing recommendations and direction to readers/viewers while acknowledging the diversity of young people, families and communities' experiences (requiring nuanced and individual approaches based on clinical judgement).

Key outcomes such as the project title, or how to reference 'multicultural young people' when it's not possible to support individuals' self-identification or preference for labels, or how to acknowledge everyone in the sector who contributed to the resources, was a complex process that required considerable time to discuss and explore, both with external consultants, as well as within the team.

The increased need for reflection and consultation recognises the social, often personal, sometimes political, and diverse nature of experiences and identities in relation to people's culture and cultural identity. A lot more time was dedicated to this project, compared to past projects, in relation to liaison with consultants and experts. However, this provided the team with an opportunity to review more inclusive and appropriate consultation and participation models that can be continued with into the future, so is considered extremely valuable to individual and team development.

The team thanks everyone for their generosity of time and recognises that incidental or informal conversations also contributed to the development of resources, so it is difficult to represent everyone who has contributed to the development of this project.

CHALLENGING OUR OWN ASSUMPTIONS

This project required the team to challenge assumptions and 'ways of working' that might not have always been culturally responsive or safe.

This included a range of issues including:

- consideration to working towards tight timeframes including adequately providing consultants with opportunity to provide feedback at multiple points of development;
- an automatic tendency to use mental health language and jargon, in particular when writing for a mental health worker audience but in recognition for the need to consider adaptations to language and approaches; and
- challenging notions of hierarchy and 'expertise' highlighting our own, the teams and Orygen's historical influences and cultural beliefs.

This required more time dedicated for reflection and open discussion in the KT team about potential assumptions and processes - an approach that would be helpful to bring to future projects.



YOUTH AND FAMILY PARTICIPATION

The KT team learnt a great deal from Orygen's youth participation team – as well as from other youth participation teams – who were able to provide significant support and guidance, including advocating for the experiences of youth consultants and advisors.

Some discussions held included an awareness of the challenges faced by many young people of colour expected to give honest feedback to teams, such as the KT team attached to often very white institutions and with different power dynamics at play. In all respects it did require some thought to positionality, in relation to the organisation, but also in relation to the identities of staff working in the team, and the cultures of the team as a whole.

It also involved being aware of the importance of choice for any participation – for both young people and families from the KT team – with a want from the KT team for young people and families to be visibly represented in resources whilst also recognising that this was not always a preference or possibility for participants. As well as the importance of time to build trust with family members, who were under-represented in resource development (compared to clinical staff, young people and family peer workers).

The team attempted to consult extensively, but would have liked to have had more young people, families and organisations involved, in particular outside of Victoria. This is an important limitation in this project and has encouraged the team to consider how to commission focus groups interstate – and in person – or use online formats to promote greater engagement and involvement from across Australia.



FIRST NATIONS PARTICIPATION

The team also learnt considerably from (and worked with) Orygen's First Nations team, in recognition of the position of First Nations people in any conversation in Australia, in particular, when discussing culture. The KT team felt privileged to learn from, and be challenged by, the First Nations team to reflect on ways to provide space for First Nations knowledge within the resources. Discussions included: the unique impacts of colonisation and the ways in which First Nations have had to fight to hold on to aspects of their culture; thought to culturally safe processes within the project; exploration of ideas related to kinship and community, including the ways it may be difficult to separate young people's needs from that of family or community; the role of decolonisation in healthcare; and thought to the influence of systems for a range of experiences for First Nations young people (that are often heightened by systemic racism and colonisation) but which may also be relevant for multicultural young people in relation to mental wellbeing and navigating health systems.

Despite the support of the First Nations team, KT struggled to recruit First Nations young people to the expert working group. On reflection, the team acknowledged that the approach in recruiting First Nations young people was rushed, the expression of interest text heavy, left little space for relationship building, and therefore, might not have felt culturally safe for First Nations young people. In future projects, the KT team will place more time on planning and creating culturally safe spaces for First Nations staff and young people to participate, ensuring that their perspectives and insights are embedded throughout the development and production of resources. This was considered a significant limitation of this project.

UNPREDICTABILITY OF PROJECTS

The COVID-19 pandemic was a reminder of how unpredictable the world we live in can be. It was a challenge to meet deadlines remotely and the team found the challenge of trying to minimise the amount of time spent in online meetings, while also providing time to brainstorm and discuss, a key ingredient in developing thoughtful outcomes. With a number of staff working across different individual resources, the team developed a steering group so that staff could share learnings across and between resources, brainstorm challenges, as well as provide time to debrief when the project felt overwhelming or staff had concerns for meeting milestones. This was separate to regular meetings focused on output or meeting deadlines.

Despite all of this, the team was able to enjoy the benefits of online formats and recognised that this could provide one avenue to involve young people and sectors more broadly across Australia, as well as providing flexibility to young people to enable them to participate in a way that was convenient to them.

VALUE OF RELATIONSHIPS

The KT team valued the relationships built – or the re-connections made – throughout this project and learnt considerably from the knowledge and wisdom that existed in the sector. In particular, it highlighted the importance of relationship building, solidarity and a shared momentum. The team sought guidance and input from sector experts and was humbled by the collaborative and welcoming nature of the many services the team contacted throughout the development of the resources. The team will continue to discuss how these relationships can continue to grow, develop and prosper.

ROLE OF ATTITUDE: MORE THAN JUST KNOWLEDGE

The KT team hopes that these resources offer a range of useful skills and approaches for the workforce when working with multicultural young people and families, but throughout the development of these resources it was evident how important attitudes are in relation to improving care to young people and families, as well as staff's ongoing development. Humility, respect, listening, willingness to learn about and learn from young people and families, as well as self-awareness, are all critical.

These resources can be considered as just one part of integral components of workforce development. Other components might include communities of practice, service implementation and quality improvement, training and education, supervision and consultation – all integral to improving staff capacity and capability, in particular, in relation to an awareness of local context needs and particular communities that teams might be working alongside.

The team also strongly supports the role of advocacy for change to develop a more representative multicultural workforce. As with many of the areas of need that the resources supported development in, this recognises a range of systemic, financial and organisational barriers that often contribute to culturally unresponsive and unsafe mental health care.

NEW CHALLENGES

Due to recommendations from the expert working group, a podcast was developed as one of the cultural diversity and mental wellbeing resources. A podcast was put forward as an engaging resource that would be less text heavy, had capacity to introduce a variety of voices, could offer relative anonymity to participants, and could be easily accessible outside of the work environment. The podcast could be listened to by a mental health professional while taking a break, walking, listening and accessing professional development at the same time.

It was also suggested that a podcast could provide a more engaging and experiential experience to learning that could somewhat mimic other ways in which staff learn (such as supervision or in discussion with peers). The team recognised that resources and training were just some aspects of how mental health workers develop skills and development in their role (compared to more live learning opportunities such as supervision and consultation) and hoped to continue thinking critically about what other resources might be helpful in the future. The KT team also had significant involvement from Orygen Communications to consider the best ways to translate clinical information in an audio format. The KT team has learned from other organisations on how they translate knowledge, including the effectiveness of sector leaders creating communities of practice, as well as the ways in which services embedded learning into practice.



FUTURE WISHES

There were a number of important resource topics that the KT team would have liked to have approached – as lead, in partnership with another organisation, or in support of other lead organisations, including: trauma informed care – specifically focused on needs of multicultural communities, lived experience videos, a resource on micro-aggressions and unconscious bias, a ‘how to’ navigate the service system for multicultural young people and families, decolonising approaches to healthcare, and supporting/developing a multicultural workforce. Some elements of these concepts have been incorporated into the resources, however, in the future, the KT team would like to see these resource areas/content further explored in the ongoing development of workforce resources specific to young people that consider the role and influence of culture and language within mental health care.

Orygen is committed to the continuous improvement and development of our processes to create resources for the youth mental health workforce. Recognising that the evidence for culturally safe and responsive mental health care with young people is growing rapidly, and that language and needs of community are dynamic, Orygen is committed to reviewing the content of all resources to support up-to-date information and access. The KT team is identifying ways of gaining meaningful feedback on the utility, accessibility, and content of resources published through this project. This includes considerations for language translation of specific resources – particularly for resources that may be used by the mental health workforce by, or in conjunction with, young people and families.

Orygen’s KT team recognises that these resources are just part of a conversation about cultural diversity and mental wellbeing, and that Orygen has a unique platform to promote culturally responsive and safe service provision. However, KT also recognises that there are many people across Australia – including many from community – who are championing great change and development, both from within, as well as external to, mental health services, who do not receive the recognition they well deserve.

Orygen is also identifying ways to stay connected with all collaborators and partners in this work, and to build on partnerships established and strengthened over the development of this project. This includes research and workforce development projects, youth participation opportunities, and others.

If you would like to get in contact in regards to this project, please contact:
training@orygen.org.au



ACKNOWLEDGEMENT APPENDIX: SPECIAL THANKS

Orygen would like to thank everyone who has contributed to the project. The below is a very small acknowledgement for the invaluable time, insight and thoughts provided.

All participants were contacted via email to check whether they were comfortable with having their name listed – clinical consultants were provided with an ‘opt out’ option should they prefer not to be listed, and provided the option to respond to how they preferred their name was listed.

Young people with lived expertise were provided with an ‘opt in’ contact, with the opportunity to choose how they preferred to be listed.

Some people preferred to have their role and title included, however unless indicated this was not included.

For those people we were unable to get in contact with, we tried to find alternative ways to get consent, however the choice was made to not include their names if confirming their preferences was not possible, or if we received an indication that they had not received our email for example, an out of office reply or a bounce back email.

As a result, the list below does not fully represent the number of participants involved, we estimated that approximately 70 individual stakeholders were involved in the project. The lists below recognise those who were happy to be listed/ recognised or who the team were in contact with.

In some cases, individuals were consulted who were connected to organisations but were not necessarily representing themselves as part of the organisation – for example, young people with lived experience. If there was uncertainty about the affiliation with an organisation, the organisation’s name was not included.

EXPERT WORKING GROUP MEMBERS

Expert working group members from the following organisations: Centre for Multicultural Youth (CMY), Victorian Transcultural Mental Health Unit (VTMH), Embrace (MHiMA), headspace National, Foundation House, Orygen.

WITH THANKS

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Perla F

Radhika Santhanam-Martin

Ruth Das

Sian Lloyd

Sonya Vargas

Tess Jolley

BROADER CONSULTATION

General consultation or people that supported the overall project from the following organisations.

We have not included names from the above list, although some people may have provided further consultation.

The following list represents people from: Orygen, Foundation House, Centre for Multicultural Youth, headspace National, Victorian Transcultural Mental Health Unit (VTMH), Australian GLBTIQ Multicultural Council (AGMC), Department of Youth Justice, Telethon Kids, Multicultural Youth Advisory Network (MYAN) NSW and STAARTS NSW.

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Alex Long

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CONSULTANTS DIRECTLY ON RESOURCES

The people on the below list were contributors to individual resources. They represent: Orygen, Victorian Transcultural Mental Health Unit (VTMH), Centre for Multicultural Youth (CMY), Co-health and MHIMA Embrace.

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

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