Response to part B – TheMHS award application 2017 - Being

Project name: إلى النور إلى الموارد العربية للصحة النفسية

Into the Light - An Arabic Resource on Psychological Health

1. **Additional description** (Up to 1 x A4 page); Service information additional to that covered in Part A.

An essential part of Being’s role is to encourage mental health consumers to provide input into decision making at all levels concerning the way mental health services are provided.

We gather information through our interactive website, committees, consumer groups, forums and research about consumers’ experiences of mental health services, the improvements they would like to see and what they expect from government. This helps produce the evidence we need to lobby for changes to legislation and policy about issues relevant to mental health consumers. We seek to influence all areas of government, such as health, justice, and family and community services.

Being is in constant contact with consumers across the state and this means we hear about the systemic issues faced by people and groups. Our connection with consumers gives us a unique perspective on information and resources that would make a big difference in the lives of people using mental health services and generates the ideas for projects where there is an identified need or gap. Where possible, we use this knowledge to lead or contribute to projects that make a difference to consumers through creating information or resources.

The Into the Light resources are one of these projects and links to the videos can be found at [http://being.org.au/resources/into-the-light/](http://being.org.au/resources/into-the-light/)

2. **Criteria** (Up to 10 x A4 page) - (Judges allocate marks to each criterion)

2.1 **Evidence of a significant contribution to the field of mental health on a local, state or national level.**

The Into the Light resources were developed for the Arabic speaking communities in NSW, however they are publicly available and could be utilised by anyone in any state or country. To our knowledge, this is the first time a mental health resource that is relevant, useful and accessible to Arabic speaking communities has been created in Australia.

As Ayman Alhaboub from the Liverpool Migrant Resource Centre said, “This resource is different because it is from the community. It is based on what the community said they needed. It shows real people and their experiences, and it has
important messages from clinicians and different religions. People want to sit down and have conversations about these things, and this resource will help with that.”

The contribution of this mental health promotion resource is yet to be fully recognised due to the short time it has been available, however the main video has been viewed 163 times since it was launched.

2.2 Evidence of innovation and/or recognised best practise

Throughout each stage of the project (outlined below) we looked for both best practice and innovative ways to include consumers in design and production. As a result, we achieved a phenomenal level of collaboration. Being partnered with Metro Assist, Transcultural Mental Health Centre and Liverpool Migrant Resource Centre initially but then many more people both from the Arabic speaking communities and people who worked in services with Arabic speaking consumers became involved. This really was a consumer and community led project.

As a result of this collaboration, cultural appropriateness remained a priority throughout the project. This included in the production of the videos, which were created by a culturally competent organisation, Ethno Connect.

The project was supported by the Australian Government through the Inner West Sydney Partners in Recovery Innovation Grant Program and its Lead Agency, New Horizons Ltd through a grant of $96,101 and also supported by the Mental Health Commission of NSW through the annual core funding grant to Being. This meant we also had a range of government agencies and NGO partners that were supportive of the project.

It is recognised as best practice that any health promotion activity consider the contribution of the community it is targeting\(^1\). The more the community is involved in the prevention and early intervention strategy the more likely it will be successful.

In the case of this project Being ensured that the development of the resource was led by people from an Arabic speaking community who had experienced psychological distress. The project was also informed by the Arabic speaking communities. We held community conversations with four groups; two groups of men and two groups with women with a total of 48 participants.

The learning that came from working with the community on this project included the use of the preferred term psychological distress, that stigma often led to shame which led to silence, and that people were more likely to seek help from religious leaders first.

We also used literature to guide the development of the resource to ensure it was based on evidence.

The literature told us that the Arabic speaking communities had:

- Low awareness about mental health, illness & treatment options
- Strong stigma towards mental illness
- Many have experienced trauma & violence
- Many face multiple difficulties settling into Australia
- Few Arabic-specific mental health services
- Mental health information in Arabic is often outdated and not culturally relevant

2.3 Evidence of participation of mental health consumers in the planning, implementation and evaluation. There may be exceptions to the involvement of mental health consumers. If so, please address this when responding to this criterion.

Being is a consumer run organisation and more than 75% of our staff identify as having a lived experience of mental illness. In relation to the Into the Light Project, the project officer employed to lead the project, Adla Abushanab, identified as having an experience of psychological distress. Adla also appears in the videos.

As previously mentioned, this project was both consumer and community led. In order to achieve this, we took steps to ensure the project was informed by the Arabic-speaking communities and those who work closely with them. The process for development of the resources is outlined below.

Into the Light project plan:

<table>
<thead>
<tr>
<th>Step 1</th>
<th>We formed a Project Advisory Group to give advice on the best way to carry out the project. This group included an Arabic-speaking consumer, Arabic community workers, and members with expertise in working with Arabic-speaking communities’ mental health, and community engagement.</th>
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<td>Step 2</td>
<td>We carried out four focus groups with first-generation Arabic migrants across three Sydney areas to identify what the mental health resource should be and how to make it accessible. There were two focus groups with men and two with women. A total of 48 people shared their views. The focus groups were in Arabic, and the notes were translated to English afterwards.</td>
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The key things people told us were that:

- many had experienced psychological distress or supported someone else
- many were not aware that there were information and services for dealing with psychological distress
- some people would go to their religious leaders for help
they wanted information and discussions in their community about psychological health and distress, because there is a lot of stigma in their community from lack of knowledge and understanding.

They want information online, on TV and radio, and also at schools and community events.

**Step 3** Based on feedback from the focus groups and the Project Advisory Group, we decided to create a three-part video resource to cover the key perspectives that people had identified as important. These were perspectives from:

1. Arabic migrants who have experienced psychological distress themselves
2. Mental health professionals
3. Arabic religious representatives

To be accessible, the resource will be freely available on YouTube, with some DVD copies available for free for organisations, such as services, schools, and religious centres.

**Step 4** We worked with Ethno Connect to film and produce the video resource.

It was important that the resource tells the experiences and views of real people living in the Arabic-speaking communities in NSW. We networked with many organisations and groups that are either part of the Arabic-speaking communities, or work closely with the communities, to find suitable people for the film.

**Step 5** We held an event with Arabic-speaking communities to launch the video resource and to kick start the conversations in the communities about psychological health and dealing with distress.

2.4 Evidence of Partnerships and Linkages (collaboration for continuity between organisations).

See response in 2.2. The collaboration and partnerships in the project were the key to its success. The project required expertise from a range of organisations:

- Metro Assist
- Transcultural Mental Health Centre
Liverpool Migrant Resource Centre
- Inner West Sydney Partners in Recovery including lead agency New Horizons
- Ethno Connect

These collaborations not only resulted in the production of culturally appropriate and relevant resources, but also strengthened ties between organisations within the communities.

2.5 Verification and evaluation of the program’s effectiveness e.g. quality improvement activity, data collection and its use including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates.

We have received great feedback about the videos and the importance of their messages. At the launch event, 22 people filled in an evaluation. Of the 22 people, 19 people said they had personally experience psychological distress before and 19 also said they had family and friends that had experienced psychological distress. Only 8 of the 19 people said they had accessed any services for distress within Australia. 17 people said they would encourage others to watch the videos.

The majority of attendees said the event sparked them to find out more information about psychological distress, speak more about psychological distress with their family and friends and also seek help themselves when they are feeling distressed.

So far over 120 DVDs have been taken by various community organisations. The main video on youtube has been viewed 163 times since the launch in July 2016.

This is the beginning of Being seeing the impact of videos. Further evaluation will occur in the future alongside more promotion.

We will continue to promote the resource and work with Arabic speaking communities on mental health. We have plans to continue working with Transcultural Mental Health on promotion of the resource.

3. Conclusion (Up to 1/2 x A4 page)

It was important to highlight the need for culturally specific resources that are created with communities as with people who experience mental illness or as preferred by the Arabic speaking communities ‘psychosocial distress’. Being believes this is an excellent example of collaboration to create a mental health promotion resource that can be utilised by many people in the future.

4. Referees - nominate two referees.
5. **Appendix of Support Material** (up to 8 x A4 pages) e.g. back up material such as research abstracts, publications, data charts, news clippings, feedback and photographs.

Copy of the promotional postcard:
Photograph of the launch event:

Website promotion of the podcast on SBS:
A video tackling mental health in the Arabic community will be screened in Rockdale on Wednesday, July 20.

The film is produced by mental health advocacy group Leen to encourage Arabic speaking people to access mental health support and services.

The film will be separated into three 10-minute videos that include stories from Arabic migrants, interviews with two psychologists and three religious leaders.

Juliette Saad has experienced depression and will share her story during the video.

She said she felt extremely lonely when she moved to Australia from Lebanon and that feeling only grew when she separated from her husband.

Despite having a regular GP she didn't comfortable sharing her problems.