

Multicultural health and wellbeing

Definitions

"People of multicultural backgrounds" are those whose cultural identity varies from the main Aboriginal/Torres Strait Islander or Anglo-Celtic groups. We recognise there is great diversity among people from multicultural backgrounds across cultures, faiths, languages, migration journeys and experiences.



Culturally and Linguistically Diverse (CALD) is a term often used by service providers and when discussing data.

Racism is a belief that one race is better than others. Racism occurs when this belief is accompanied by the power to harm, oppress or discriminate, either by individuals, organisations or systems.

Gippsland statistics



12.4% of people were born overseas (30.0% in Victoria)



6.3% of people were born in a non-English speaking country (24.1% in Victoria)



6.7% of households use a language other than English (30.2% in Victoria)



0.5% of people have low English proficiency (3.8% in Victoria)



1,492 people don't speak English well



414 people do not speak English at all



52.0% of people believe multiculturalism makes life better (63.5% in Victoria)



Top five languages spoken at home in Gippsland other than English:

- Italian
- Mandarin
- German
- Greek
- Punjabi

New arrivals to Gippsland from other countries in 2023, by permanent migration stream:



<40 as part of the refugee and humanitarian program



366 people - family stream



808 people - skilled stream

*Data does not include people on a temporary visa, bridging visa or without a valid visa

Top long-term health conditions among people who reported they don't speak English well:



53% arthritis



28% heart disease



29% mental health condition



20% dementia

Health status

16% of Australian adults report a personal experience of discrimination based on skin colour, ethnicity or religion compared to about a third of people from non-English speaking backgrounds



People experiencing racism are:

- | **5 times** more likely to have poor mental health
- | **2.5 times** more likely to have poor physical health

Barriers to accessing healthcare

- Language and communication issues
- Low health literacy and digital literacy while navigating a whole new system
- Poor access to culturally competent care
- Stigma, discrimination, racism and exclusion
- Social isolation
- Financial stress and vulnerability
- Anxiety, distrust and fear of government services among humanitarian arrivals
- Refugees and people seeking asylum often have added barriers impacting health, including restricted Medicare eligibility, low income and trauma relating to war and family separation

Multicultural people experiencing additional barriers to accessing healthcare include:

- | Women who can be dependent on a spouse
- | People exposed to violence, including sexual violence
- | Children and young people
- | People with a disability

"No one explains to you how the system works, and people are left to find out for themselves."
- Multicultural community member

"...it can be very lonely in a new country and you have little time and energy left after doing all the necessary things."
- Multicultural community member

Victorian Multicultural Commission Regional Advisory Council identified priority issues for Gippsland:

- | Barriers accessing mental health care and suicide prevention services and support
- | Racism
- | Lack of culturally appropriate family violence services
- | Lack of community spaces to meet and organise events
- | High reliance on CALD volunteers in community organisations
- | Education and training

Multicultural health and wellbeing



Health systems around the world have evolved to respond to the dominant cultural or ethnic groups' needs. Structural racism in a health system results in a lack of inclusivity, maintains inequities, and impacts health care access.

Top 5 languages used in free interpreter sessions with medical practitioners and pharmacists:

- Mandarin
- Vietnamese
- Thai
- Khmer
- Myanmar Language (alt Burmese)

There were a total of 331 free interpreter sessions with health professionals in Gippsland in 2022-23; 95% were with a GP and 99% were via phone.

Professional perspective



There is limited knowledge about the challenges multicultural people face, and available services and supports

Homelessness among the multicultural community is a hidden problem

People working in the health system often assume people know how the system works

Regional areas can have more problems with racism than metro areas

Lack of knowledge about interpreter services, and low interpreter availability

Reliance on family, friends and Google translate due to difficulty accessing professional interpreter services

Mental health stigma in some cultures

... more education needs to be provided to our communities on how to accept people with a multicultural background. Especially in the regional and rural areas. There are still a lot of cultural inclusivity and safety issues ...

- Professional

...it is really hard for them [new arrivals] to make an appointment.

- Professional

...it's a struggle again because these interpreters speak a different dialect ... so it's hard to understand them.

- Multicultural community member

Gippsland PHN services and supports



- **Multicultural Health Needs Assessment**
- **Priority Primary Care Centres** for conditions that require urgent care, but not an emergency response
- **Gippsland Pathways** for primary care professionals, including Refugee health referrals and interpreter services
- **Training and Events** for health professionals in Gippsland
- **Promote use of interpreter services**
- **Improve multicultural data collection**
- **Support for early access to healthcare for recent arrivals**

Access more Gippsland PHN publications here

Opportunities to improve



Victoria's Department of Health multicultural health action plan 2023-27



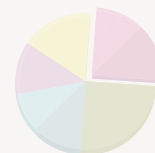
[Embrace Multicultural Mental Health Framework](#)



[The PHN Multicultural Health Framework 2024](#)

Action areas from the PHN Multicultural Framework include:

- Identify and understand multicultural community needs
- Collaborate and co-design to develop local solutions
- Improve primary care models, information and navigation to improve access
- Professional development for primary care staff, including reception staff
- Promote and support interpreters in primary care to build capacity
- Improve data collection using five recommended fields:
 - Country of birth
 - Ethnicity
 - Language spoken
 - Interpreter required
 - Year of arrival in Australia
- Involve multicultural people in governance systems, healthcare reform and service co-design activities to ensure inclusivity.



...we need to have the welcoming pack...how to set up Medicare, how to enrol your child into kindergarten or school.

- Multicultural community member

Services and supports



Migrants, refugees and humanitarian entrants generally have access to healthcare under Medicare, depending on their visa. Other temporary migrants may have to hold private health insurance.

For more information about access to healthcare in Victoria, see:



[Latrobe Community Health Services Multicultural Services Team 1800 242 696](#)



[Centre for Multicultural Youth, Gippsland \(CMY\)](#)



[Gippsland Multicultural Services](#) assists migrants and refugees



[Victorian Refugee Health Network](#)



[Victoria Department of Health: Refugee and asylum seeker health and wellbeing information](#)



[Free Translating and Interpreting Service \(TIS National\)](#)



[Health Translations](#) free library of translated health and wellbeing resources



[Multicultural Health Connect 1800 186 815](#) for free health advice from a nurse



[Centre for Culture, Ethnicity & Health](#) provides training and resources