



Chinese Lifeline Feasibility Study

Final Report

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Chinese Lifeline Feasibility Study

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EXECUTIVE SUMMARY

The Bridging Hope Charity Foundation partnered with the Lifeline Research Foundation and DiverseWerks to establish the feasibility of a Chinese language Lifeline service in Australia. The project explored the need for such a service within the Chinese Australian community, as well as cultural appropriateness for delivery of mental health and wellbeing support services and activities, in particular suicide prevention supports.

Aims

The aims of the project were to:

- ▶ Establish the crisis support needs of Chinese Australians;
- ▶ Examine the cultural outlook on mental health and wellbeing (including suicidality) and current help seeking practices including existing services and community supports;
- ▶ Assess community preferences for services and activities;
- ▶ Identify the communication, marketing and community engagement required to present mental health and wellbeing, and suicide prevention services to Chinese Australians; and
- ▶ Nominate factors that are critical to the effectiveness and success of service design and delivery for mental health and wellbeing, and suicide prevention services to Chinese Australians.

Methodology

The methodology for the feasibility study was developed to allow the project partners to work closely and collaboratively together across all project stages and distinct but interrelated areas of work. The project included the following components:

- ▶ Demographic and geographic data analysis of Chinese Australian populations in Australia and in metropolitan Sydney;
- ▶ Research on comparable telephone helplines in China;
- ▶ Mapping existing programs and services, their current use and community preferences through research and depth interviews (n=9);
- ▶ Community survey administered online and in print in Simplified Chinese and English (n = 2 080); and
- ▶ Three (3) focus group consultations – mental health professionals, community workers and service providers, and a Chinese women’s community group.

Findings

The highest population of Chinese Australians reside in NSW (n=520,910), with the Greater Sydney region having the highest population density in Australia. The majority of Chinese speakers in Australia speak Mandarin and Cantonese.

The locations of current mental health services for the Chinese Australian community are widespread across Greater Sydney, with more demand in areas with higher Chinese populations. Of the services interviewed, seven provided services in English, Mandarin and Cantonese. However, these services are limited in their capacity, either due to funding, availability of Chinese speaking staff or infrastructure, or a combination of both. There are between 0 and 7 current mental health services in LGAs within Greater Sydney that cater to Chinese Australians.

Some preferences of Chinese Australians for accessing mental health services or programs include the service or practitioner having Chinese cultural understanding and Chinese language skills; confidentiality; anonymity; trust and rapport; a preference not to use interpreters; and flexibility of the service, so that it is easily accessible as and when needed.

Services that are available in language and culturally adapted to a Chinese understanding are considered very important as service delivery needs to be modified to meet cultural understanding. Issues around privacy and confidentiality were also a strong and consistent theme. Supporting people to feel safe and able to trust the service was identified as vital.

The survey received n=2080 responses, of which 80% of respondents were women. The results suggest that a significant proportion of Chinese Australians have recently experienced a period of stress or know someone who has (38% and 36% respectively). Common triggers for stress and anxiety include financial and family related problems but also adjusting to Australia, and the lack of access to friends and family in China. For those who have experience a period of stress, most (63%) did not seek help from someone during this time. Family and friends were the primary means of help for those seeking support. However, if professional help was sought there was a clear preference for Chinese speaking professionals with a slight preference for counsellors over psychologists and psychiatrists.

Outcomes from the focus groups complimented the results of the survey confirming mental health is not openly discussed in the community and appears to be a highly stigmatised topic. The desire for privacy, maintaining individual and familial reputation and the importance of 'keeping face' or 'saving face' were also barriers that were identified as preventing many from seeking support. However, the main barriers were lack of culturally and linguistically appropriate services and language. Focus group participants indicated that culturally appropriate and in-language services and supports were extremely important to the community when considering mental health issues.

Depth interviews, survey respondents and focus group participants all agreed Chinese Australians would use a mental health phone service either for their own mental health or to

assist with supporting a friend or family member. This is a clear indication of support for a telephone support service with Chinese speaking staff and volunteers with a deep understanding of Chinese cultural norms.

Promotion of the service would benefit from endorsement and support of local community leaders as well as celebrities as service ambassadors to help build trust for the service within the community. In terms of social and digital media use, WeChat was unanimously agreed to be the most effective method to reach people from a mainland Chinese background. According to the focus groups WeChat is used by people from all demographics including older Chinese. However, Chinese people with a background outside mainland China, such as Hong Kong, Taiwan or Singapore have a presence across all other forms of social media such as Facebook, Instagram and Twitter. Additionally, it was stressed that all promotions, advertising and written material be translated into Simplified Chinese, and that consideration be given to also using Traditional Chinese for some materials as an effort to be as inclusive as possible.

Conclusion

There was a high correlation level across the outcomes of the various project activities, and a firm basis for the establishment of a Chinese language Lifeline service. The project outcomes support a feasible basis for the service.

Recommendations

The key recommendations are for Lifeline to approach and begin building relationships with existing networks and service providers to the Chinese Australian community to establish rapport within the community. It is important for Lifeline to understand and acknowledge the diversity within the Chinese Australian community and to train staff to recognise and understand the community as not culturally homogenous. The service should be made available in Mandarin and Cantonese and accessible for middle-aged women from mainland China as a starting point for promotion and establishing a reputation.

Staff and volunteers need to be appropriately trained to support people with a broad range of issues that trigger mental health problems including marital problems, the stresses of raising children, domestic and family violence, financial pressures, and work-related stress. Capacity building within the Chinese Australian community is also needed to facilitate alternative support pathways such as listening training and support skills to equip community members and workers. It is also recommended that Lifeline run educational workshops and training at a local level to address the lack of knowledge about mental health supports and services, recognising the signs of illness and how to understand what to do before, during and after a crisis, and the stigma around mental health.

To promote the service, Lifeline needs to seek the endorsement of community leaders and, if possible, celebrities in the Chinese community to build trust, credibility and resonance in the community as well as reduce stigma. Additionally, Lifeline should open a WeChat account to use

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for service promotion to the mainland Chinese community, and engage with the broader Chinese Australian community through other social media platforms.

1. BACKGROUND

1.1 Introduction

The Bridging Hope Charity Foundation partnered with the Lifeline Research Foundation to explore the needs within the Chinese Australian community for, and the cultural appropriateness of, the delivery of mental health and wellbeing support services and activities, in particular suicide prevention supports.

DiverseWerks was approached by the partnership to work collaboratively with them on a feasibility study. The aims of the project were to:

- » Establish the crisis support needs of Chinese Australians;
- » Examine the cultural outlook on mental health and wellbeing (including suicidality) and current help seeking practices including existing services and community supports;
- » Assess community preferences for services and activities;
- » Identify the communication, marketing and community engagement required to present mental health and wellbeing, and suicide prevention services to Chinese Australians; and
- » Nominate factors that are critical to the effectiveness and success of service design and delivery for mental health and wellbeing, and suicide prevention services to Chinese Australians.

1.2 Methodology

The methodology for the feasibility study was developed to allow the project partners to work closely and collaboratively together across all project stages and distinct but interrelated areas of work.

1.2.1 PROJECT COMPONENTS

The project included the following series of components:

1.2.1.1 PROJECT MANAGEMENT

Project management of the project included:

- An initial project briefing with Project Steering Committee to finalise the key project components including the project timeline, the research work to be undertaken by the Lifeline Research Foundation to feed into the overall project, the interface between the

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community survey and focussed engagement activities to be conducted by Bridging Hope; and the project specifics around gathering information about equivalent telephone helplines in China and how to access expert advice to support the Australian project.

- ▶ Monthly Project Steering Committee Briefings to ensure project partners were kept informed about the project components as they developed and for the three partners to share their insights. These monthly briefings confirmed the direction of the project stages.

Interim Project Reports consisted of a **Demographic Data Analysis Report** delivered in July 2017 to confirm both geographic and social cohort areas of priority, and an **Interim Report** based on the analysis of the research and the survey as at the end of October 2017.

- ▶ In December 2017, the final **Project Report** will be presented to the Project Steering Committee.

1.2.2.2 STAGE ONE - REVIEW OF EXISTING DATA

Stage One of the project involved two sub-components:

- ▶ a demographic and geographic data review based on Chinese Australian populations across Australia and then in the Sydney metropolitan area to identify the highest level of population as the target group for the project;
- ▶ Research on comparable telephone helplines in China.

1.2.2.3 STAGE TWO: MAPPING EXISTING PROGRAMS AND SERVICES, AND CURRENT USE AND COMMUNITY PREFERENCES

Depth interviews with identified mental health professionals, health and community workers, community organisations and peak bodies created a map of current mental health service delivery for Chinese Australians in the Sydney area.

1.2.2.4 STAGE THREE: COMMUNITY SURVEY

The project team collaborated on the design and development of a set of survey questions in Simplified Chinese and English. The survey was delivered through both printed and online mediums.

The survey was distributed by all three project partners through their existing networks and by Bridging Hope through a series of community-based activities.

1.2.2.5 STAGE FOUR: FOCUS GROUP CONSULTATIONS

Participants for three focus groups were identified by project partners during Stages One, Two and Three of the project. Three focus groups were conducted in November 2017 as follows:

- ▶ Mental health professionals or GPs working with Chinese Australians in the mental health area or academic experts;
- ▶ Women consumers identified through community organisation Asian Women at Work; and
- ▶ Advocates, community or health workers and service providers accessed during Stages Two and Three of the project.

The aim of the focus groups was to gain insight into current service use and community preferences for mental health support services and to test the concepts and ideas for improved services and supports developed in the interim report.

Stage Five: Final Report

This final report has been provided to the Project Steering Committee and includes:

- All project results and research findings;
- Recommendations on the feasibility of a Chinese Lifeline service; and
- The most effective response to identified needs for services and supports within Chinese Australian populations.

2. DEMOGRAPHIC ANALYSIS

2.1 Background

As a first step, a demographic analysis was conducted to examine the distribution and population density of Chinese Australians and Chinese born residents including paternal and maternal country of origin and language spoken at home. The aim was to identify the highest population by geographic location in Australia to target areas of Chinese density where project activities could reach the greatest number of participants and produce effective qualitative data for the research project.

The data analysis was conducted using data collected by the Australian Bureau of Statistics (ABS) from the 2016 Census, and Settlement Data from the Department of Immigration and Border Patrol (DIBP) from September 2016 to June 2017.

For the purpose of this analysis Chinese cohorts included Chinese, Taiwanese, Chinese Asian, nec (not elsewhere classified).

2.2 Data Analysis Results

The highest population of Chinese Australians reside in NSW (n=520,910), followed by Victoria (n=374,721). Queensland, South Australia and Western Australia have populations ranging from 23,000 to 142,000. Tasmania, Northern Territory and the Australian Capital Territory all have populations under 23,000. It was therefore recommended that the project focus on NSW as the state with the highest Chinese population density to achieve the greatest amount of participation in the project activities and consequently collate the most reliable qualitative data from a larger number of participants.

2.2.1 Population density in Greater Sydney and NSW

Given New South Wales has the greatest population density of people with Chinese ancestry, the project activities would most effectively achieve the outcomes of the feasibility study by concentrating on that state.

The Greater Sydney region has the highest population density in Australia, with the majority of Chinese Australians residing in the following areas:

- ▶ Inner South West
- ▶ North Sydney and Hornsby
- ▶ Parramatta

- ▶ City and Inner South
- ▶ Ryde
- ▶ Inner West

Areas of Sydney with a population density greater than n=40,000 were therefore selected as project target areas. The review of existing support services and of local organisations and cultural hubs also focussed on the Sydney area.

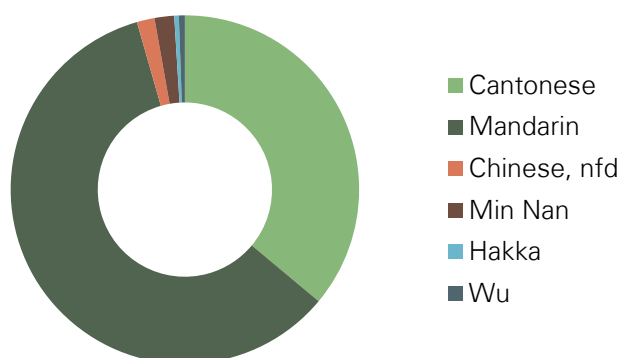
2.2.2 Languages spoken at home

In addition to identifying the number of people with Chinese heritage in Australia and more specifically Greater Sydney, it is important to understand the cultural and linguistic diversity within Chinese communities. In the 2016 Census there were five (5) Chinese languages identified as being spoken at home:

- ▶ Mandarin
- ▶ Cantonese
- ▶ Min Nan
- ▶ Hakka
- ▶ Wu

The following charts illustrate the number of people who self-identified as predominantly speaking a Chinese language at home. This is a visual representation of the total number of speakers of each respective language in Greater Sydney.

Chart 1: Chinese languages spoken at home in Greater Sydney



Source: ABS 2016 Census data

A significant majority of people in Sydney who nominate that they speak Chinese at home speak Mandarin, with 36 per cent speaking Cantonese. To accommodate this, resources and materials for the Project were translated into Simplified Chinese as the standard written format. While Chinese speakers from Macau, Hong Kong and Taiwan use Traditional Chinese format, Simplified

Chinese is also accessible to them. It is also important to acknowledge the Chinese minorities nominating using Min Nan, Hakka or Wu at home can access information and materials using Simplified Chinese as the common written form.

2.2.3 Settlement Data

The most contemporary trends of migration from China into Australia in the period following the 2016 Census (September 2016 to June 2017) were also considered to allow for as broad a picture of the community as possible.

The chart below represents the settlement of people from China (with no further definition), the People’s Republic of China and Taiwan over this more recent, post-Census period using Department of Immigration and Border Patrol (DIBP) settlement data. The data has been separated by gender so that we can again begin to understand the gender make-up of these communities.

Chart 2: Chinese settlement in Australia from 2011-2017



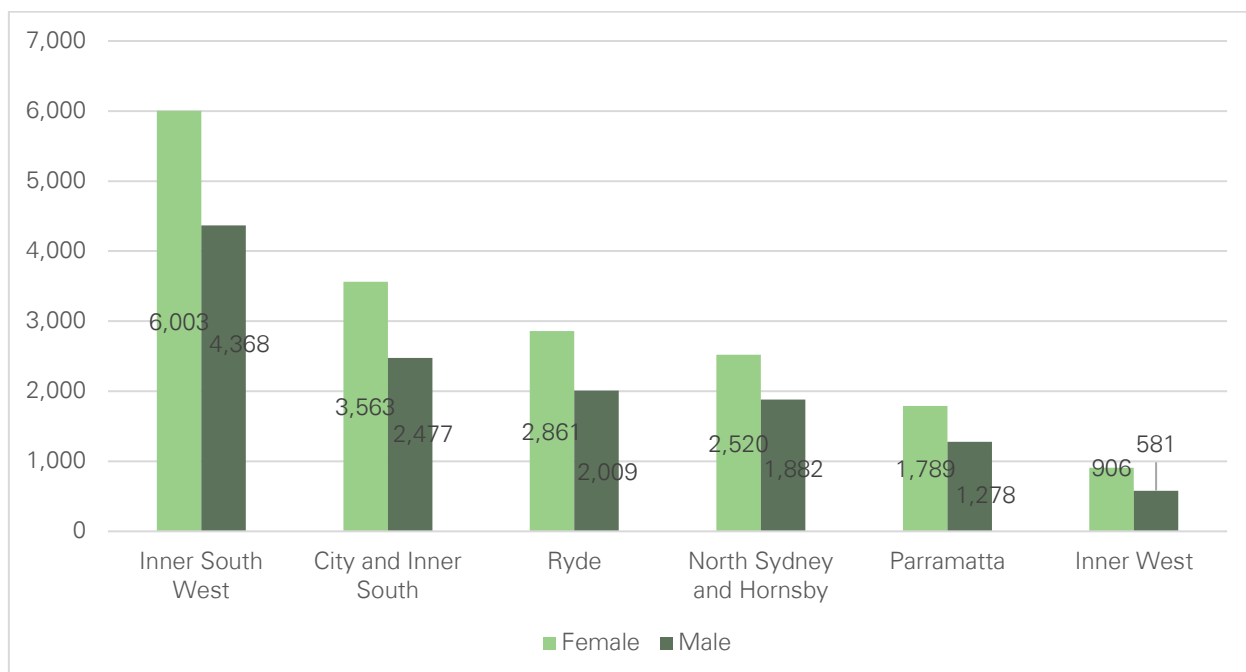
Source: DIBP 2017 Settlement Data

NSW retains the highest level of new Chinese settlement which would suggest that NSW will continue to be the state with the highest density Chinese population. However, Victoria saw similarly large intake numbers to NSW, and it is possible that in future years Victoria could overtake NSW for the annual growth of its Chinese population.

Turning specifically at NSW, the following chart examines the six (6) areas of Sydney with the greatest population density of people with Chinese heritage. In the chart below, we can see

similarities to the national trend, with each area having a significantly larger proportion of women settling compared to men.

Chart 3: Chinese settlement in the 6 Sydney areas with highest Chinese population density from 2011-2017



Source: DIBP 2017 Settlement Data

It is important to consider cultural attitudes and behaviours around gender for any community engagement strategy, particularly when the data suggests that these communities have growing populations of Chinese women.

Although North Sydney and Hornsby, and Parramatta have the highest population density after Inner South Sydney, Ryde and City and Inner South have had greater amounts of Chinese settlement between 2011-2017. This would suggest that these areas would have a high proportion of Chinese born residents and citizens and may require a more culturally competent approach than other areas. This may also suggest that these areas will grow to have larger populations than North Sydney and Parramatta in the long term.

2.2.4 Other population categories

There are other population categories to be considered for the Chinese Lifeline Feasibility Study. These include people entering Australia from China or other countries on short term stay visas such as time limited holiday, study, spouse or work based visas. People who are in Australia without any visas were also to be considered for the Project but were outside the scope of the data analysis. These include but may not be limited to people who entered Australia on a short-term holiday visa but stayed in Australia after their visa expired. These population cohorts include:

- ▶ International Students (n=63,190 in NSW)¹
- ▶ Short Term Visa holders:
 - Visitor visa (subclass 600): provides for a visa for people travelling to Australia as a tourist, for business up to 3, 6 or 12 months;
 - Working and Holiday visas (subclass 417 and 462): provides for a visa for young people aged between 18 and 30 to holiday and work in Australia for up to a year; and
 - Work related visas (subclass 457, 400, 189, 190, 186, 489, 403, 187, and 408).²

Some short-term visa holders may be accompanied by a spouse. Also, included in the short-term visa category are some spouse visas including Prospective Marriage visa (subclass 300) which allows for a stay of up to 9 months based on the intention to marry a prospective spouse.

- ▶ Other population cohorts to be considered for this study should include the following groups as those with potential for distinct mental health needs:
 - Parents of Permanent Visa holders or Australian citizens from China. This often includes ageing parents regularly in Australia on short term holiday visas primarily undertaking a carer role with young children;
 - Those in Australia without current visa status and facing deportation; and
 - Illegal workers including sex workers.

2.3 Conclusions

The data analysis indicated population density rather than need for Lifeline support services or a definitive quantitative representation of service needs in the designated areas.

Engagement Implications

The following implications were considered when organising the Project activities, including the writing and distribution of the survey, translation of materials and the areas that were targeted for engagement. These included:

¹ DET International Student Enrolment Data 2017

² Australian Government, *Australia.gov.au information site*, <http://www.australia.gov.au/information-and-services/immigration-and-visas>, (accessed 25 July 2017)

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- New South Wales has the greatest population density of people with Chinese heritage in Australia, with a majority living in Greater Sydney.
- There is a comparatively small population of people with Chinese heritage in rural and regional NSW which is spread across a large area. It may not be feasible to engage with these populations as they are populations of less than n=2000 people in large geographical areas.
- Consideration had to be given for any future project on the specific mental health needs of people living in rural and regional areas as being distinct from those in larger, urban populations.
- Cantonese and Mandarin make up a large majority of Chinese speakers in Australia. However, there are over n=10,000 speakers of other Chinese languages in Greater Sydney and over n=6000 people who did not further define what Chinese language they spoke.
- Materials and resources for events and activities needed to be translated into Simplified Chinese as the most accessible language form.
- Inner South West Sydney, Parramatta, North Sydney and Hornsby, Ryde, the Inner West and the City and Inner South are the areas of Sydney with populations of more than n=40,000 people with Chinese heritage. To most effectively collect quantitative data and for a feasible engagement strategy, these areas were targeted for Project activities.
- There is a trend in settlement data of significantly more women arriving in Australia than men. This emphasised the need for cultural competency around issues and attitudes of gender.
- International students from China are the largest international student population in Australia.
- There were population cohorts that were hard to reach but who have distinct and potentially elevated level mental health needs including parents of permanent residents and citizens, those without current visas, illegal workers including sex workers, those in Australia under forced conditions and those with work visas in difficult industrial environments, and spouses. The community survey was circulated to United Voice in NSW (the trade union covering large numbers of Chinese speaking, low paid workers) and the Australian Sex Workers Association Scarlet Alliance in an attempt to pick up input from harder to reach cohorts.

3. INTERNATIONAL EXAMPLES OF COMPARABLE CHINESE LANGUAGE SERVICES

3.1 Overview of Services

There are several examples of Chinese language telephone crisis helplines that are known to operate: the Beijing Crisis Line, which itself also operates to support 30 provincial telephone crisis helplines in China; the Taiwan Lifeline and the Hong Kong Lifeline. In Hong Kong there is also a Befrienders telephone support service.

The Lifeline services in Taiwan and Hong Kong associate with Lifeline International, an unincorporated association of Lifeline organisations in countries including Malaysia, South Korea, Japan, Sri Lanka, South Africa, Canada, United States of America and several countries in Pasifika: New Zealand/Aotearoa, Fiji, Tonga and New Guinea. The Befrienders service in Hong Kong relates to Befrienders Worldwide, a network that originated from the UK Samaritans helpline service.

A crisis helpline that has association with Lifeline International also operates in Shang Hai, China. This service, however, is delivered in English only.

In New Zealand/Aotearoa, a Chinese language telephone crisis line operated for many years through Lifeline. Unfortunately, this service was discontinued after funding was reduced.

This range of services provides opportunities for exchange of experience and insights into the operation of a telephone crisis helpline for Chinese Australians. As Lifeline Australia is involved in Lifeline International, and the International Association for Suicide Prevention (IASP) Helplines Special Interest Group, there are communication channels in place to facilitate this exchange and co-operation.

3.2 Profile of the Beijing Helpline Service

The service based in Beijing, China, has the following features:

- ▶ About 20,000 to 25,000 calls are taken each year
- ▶ This relates to a 30% - 40% Call Answer Rate (i.e. demand is greater than supply)
- ▶ Around half (10,000) calls are from people at high risk of suicide
- ▶ The service commenced in 2002; since 2010 it has received Government funding

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- ▶ It is a 24/7 service
- ▶ It is a free call phone number
- ▶ Approximately 70% of calls received are from cell/mobile phones
- ▶ The service is promoted through the Chinese version of Google and through health services

Organisational Factors:

- There are 32 paid staff working on the service; they have qualifications in psychotherapy and counselling;
- All calls are recorded and these recordings are used for supervision to maintain quality of service and to develop the skill and proficiency of the helpline workers, with individual and group supervision sessions for workers scheduled every two weeks; there are 9 supervisors who use a review tool that covers 21 attributes on the quality of service
- The helpline service is overseen by the Hospital clinical review committee

The service model for the Beijing Helpline

Stage One: Define the Problem

Stage Two: Safety Assessment

Stage Three: Resolve Problem

Stage Four: Refer to other services and supports

The techniques used are as follows:

- Present a calm manner to de-escalate emotional distress
- Show the caller compassion and a desire to help them
- Ensure safety for the caller
- Check practical considerations for caller wellbeing, e.g. sleep, eating, exercise
- Exploration of reasons for dying and for living: address suicidality
- Exploration of the resources available to address the problems in a caller's life
- Make referrals to other services and/or arrange follow up phone calls

Suicide Risk Assessment and Response

- Suicide risk assessments are routinely undertaken (guided by computer algorithms and by directly checking for caller access to means by which they could end their life)
- About 2,000 calls each year are identified for 'follow up' calls to check for safety and provide additional support (NB: There is no liaison with police for emergency actions with

regard to suicidal person at imminent risk – this is because police may not be equipped for appropriate action on mental health and suicidal issues)

Capacity

The Beijing Helpline operates as a 'lead' for the provincial helpline services throughout China. It provides a training program and some support for these services. There is capacity for this helpline service to advise and assist other helplines with a particular insight on Chinese population needs.

4. A MAP OF CURRENT SERVICE PROVISION

4.1 Depth interviews

To build a map of the current mental health service provision for the Chinese Australian community in Greater Sydney, nine (n=9) in-depth interviews were conducted with various service providers. These ranged from private practice psychologists, government funded health and other programs, and Chinese specific not-for-profit organisations. The list of organisations is at Appendix A.

The private psychology practices serviced the entire community, however, as psychologists were Chinese, their client base tended to higher levels of people from the Chinese community, with the exception of one service in North Sydney that had been specifically funded by the local, federally-funded Primary Health Network (PHN) to target the Chinese community. Programs run through NSW Health were not specifically for the Chinese community, however due to demand, Sydney Local Health District (SLHD) runs Chinese specific Mental Health First Aid training, and Western Sydney Local Health District (WSLHD) runs Chinese specific programs as their access worker speaks Cantonese. However, these are not ongoing programs. The Multicultural Problem Gambling Service has a client base across CALD communities, but significant numbers of people from a Chinese background are accessing the service. It was identified that problem gambling is an increasing issue in the Chinese community, particularly among men.

Of the private psychology practices, most offer one-on-one or family psychology appointments. These are charged at between \$110- \$200 per session, except for the PHN funded service which is free. The Hillsong Christian Caring and Counselling Centre charge \$50 for their counselling service and the government or community run services are free of charge.

The locations of services were widespread across Greater Sydney, with more demand in areas with higher Chinese populations, including:

Pennant Hills	Serving Epping, Hornsby, Ryde, Chatswood, Parramatta and Castle Hill
North Sydney LGA	Cammeray, Cremorne, Cremorne Point, Crows Nest, Kirribilli, Kurraba Point, Lavender Bay, McMahons Point, Milsons Point, Neutral Bay, North Sydney, St Leonards (part), Waverton and Wollstonecraft
North Ryde	Serving Chatswood, and 7kms north or west of Pennant Hills

Western Sydney Local Health District	Serving Auburn, Blacktown, The Hills Shire, Holroyd and Parramatta
All NSW (Problem Gambling Service)	NSW-wide service
Chatswood	Serving Burwood, St Ives, Epping and Castle Hill
Sydney Local Health District	Serving central Sydney metropolitan area from Balmain to Canterbury
Baulkham Hills	Serving Epping, Carlingford, Blacktown and Quakers Hills

Of the services interviewed for the project, seven provide services in English, Mandarin and Cantonese. The WSLHD service is available in both Cantonese and English, and the Aspiration Education & Development Clinic delivers psychology services in English and Mandarin.

All services were regarded as being well used and attended, with substantial numbers of Chinese clients seeking assistance. It is important to note that these services are limited in their capacity, either due to funding, availability of Chinese speaking staff or infrastructure, or a combination of both. It was also highlighted that there is significant stigma around mental health issues for the Chinese Australian community, particularly around problem gambling and depression. While demand in the community is apparent, seeking support for mental health issues can be under-utilised.

Of interest is the demand for Mental Health First Aid training, run by SLHD which are very popular, with waiting lists for each workshop that Chinese community members wish to attend. This demonstrates a clear and immediate need in the Chinese Australian community to understand mental health and how to access support, without having to disclose personal information about themselves or family members.

With regard to preferences within the Chinese Australian community for accessing mental health services or programs, there was consistency across all responses. These included:

- ▶ The service or practitioner having Chinese cultural understanding;
- ▶ Services being available in language (Mandarin or Cantonese) - language was identified as the biggest barrier to accessing assistance;
- ▶ Services and programs offering strict confidentiality;
- ▶ Services having an option to remain anonymous, as mental health is perceived as a sensitive issue and the Chinese community attach significant stigma to it;

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- ▶ Being able to easily build trust and rapport with the clinician or service;
- ▶ One-on-one counselling services to increase privacy;
- ▶ Privacy issues extending to a preference not to use interpreters;
- ▶ Flexibility of the service, so that it is easily accessible as and when needed; and
- ▶ Being provided with information, knowledge and skills to equip people to deal with situations.

There was also consistency in responses on how mental health services have been adapted to meet the needs of the Chinese Australian community, and these compliment community preferences. Services that are available in language and are culturally adapted to a Chinese understanding were considered very important as service delivery needs to be modified to meet cultural understanding. Helping people from the Chinese Australian community feel comfortable accessing the service was also considered fundamental to providing successful services.

Issues around privacy and confidentiality were also a strong and consistent theme, as the cultural belief of 'saving face' or 'losing face' is strongly influential for why individuals and families may or may not access mental health services. Shame and stigma around mental health need to be directly addressed to support individuals, families and communities, and encourage them to seek assistance. Chinese language media articles with mental health topics were considered beneficial in supporting this.

It was identified that the Chinese Australian community holds strong reservations about seeking assistance and as such, services need to tailor communication approaches in a sensitive manner. Having face to face consultations and engagement is the preference of the Chinese Australian community and generating positive word of mouth promotion was identified as the most effective way to increase service use. It was also noted that, in general, it takes longer for this community to disclose information such as medical and family history, therefore building trust and rapport were effective strategies to address this. Service providers and clinicians have noticed an increasing demand for services in the mental health space and felt this could be significantly supported by a Chinese Lifeline service.

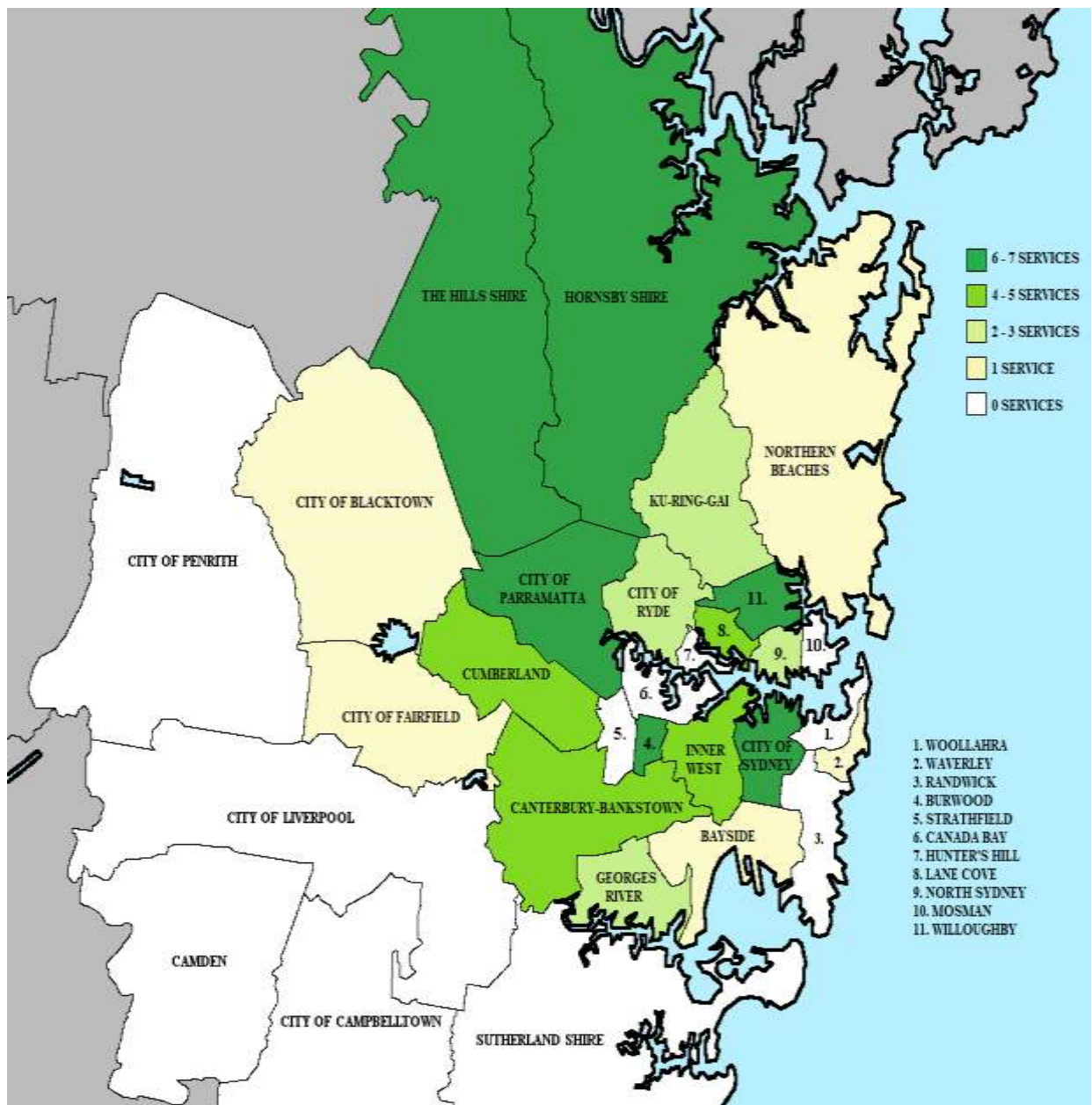
In specific regard to a Chinese Lifeline service, there was consensus that it would be effective, particularly around privacy and confidentiality. If community members could remain anonymous and speak directly to someone from a Chinese background and with Chinese language skills, the consensus among all interviewees was that the service would have a strong uptake. It was also felt that the service would be used more by younger people than older and this should be taken into consideration. Supporting people to feel safe and able to trust the service is vital. Interviewees suggested that Chinese communities value quality, and as such the quality of the service should be valued above accessibility. For example, rather than having 24-hour access to phone services, the service should have highly qualified/trained staff to address mental health

concerns. Again, the concept of 'face' was very important and needs to be considered in the operational side of the service. For this community, anonymity is key.

4.2 Map of existing services in NSW

Below is a map of existing Mental Health services in NSW that cater to Chinese Australians. This includes mental health practitioners such as psychologists, counsellors and psychiatrists that speak either Cantonese or Mandarin as well as community based mental health organisations that have programs, services or activities that are specifically catering to Chinese Australians.

Chart 4: Existing Chinese mental health services across Greater Sydney



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According to the 2016 census, Parramatta, Canterbury-Bankstown, Georges River and Sydney have the largest Chinese communities (approx. 28,385 to 39,490 people), Cumberland, City of Fairfield and City of Ryde have communities between 16,859 and 28,385 people.

5. COMMUNITY SURVEY

The project team developed a survey aimed at understanding the current need for a mental health phone support service for the Chinese Australian community and to identify specific needs around mental health in the community. The topics covered in the survey included:

- ▶ Past experiences with mental health services;
- ▶ Barriers to accessing mental health services;
- ▶ Attitudes around mental health;
- ▶ Key considerations for the development of a Chinese mental health service; and
- ▶ The likelihood of accessing a Chinese mental health phone service.

The survey received n=2775 responses. These were a combination of online responses and hard copy response filled out at community events and meetings, although the overwhelming majority of responses were received online.

The survey was made available in both English and Simplified Chinese to make it as accessible as possible to the targeted community. Simplified Chinese was chosen over written Mandarin and Cantonese as it was best way to reach the greatest number of participants in the community without the need for many duplicate surveys. A copy of the survey questions in Simplified Chinese and English is included here at Appendix B.

DiverseWerks, Lifeline and Bridging Hope Charity Foundation contacted a wide range of community organisations, churches, mental health and health professionals and community workers in the Chinese Australian community in Sydney to facilitate the distribution of the survey. New South Wales was the focus for distribution due to the high density of Chinese communities in the state comparable to all other states.

The responses from the English (n=16) and simplified Chinese (n=2759) surveys were merged to a total of n=2775 responses. Of the total number of respondents, responses were only included where respondents completed 50 per cent of questions 1 to 11 as responses to these questions were essential to the purpose of the survey. A total of n=695 responses were removed from the final analysis, leaving the total number of responses in the analysis to n=2080.

5.1 Demographic data

A majority of survey respondents were located in New South Wales (58%) with a just over a third of respondents from Victoria (34%) and smaller proportions from Queensland (7%), WA (1%), South Australia (n=8), the Australian Capital Territory (n=6) and Tasmania (n=1). Most participants

held either Australian Citizenship or were a Permanent Resident visa holder (87%) with the remainder small groups shown in the table below.

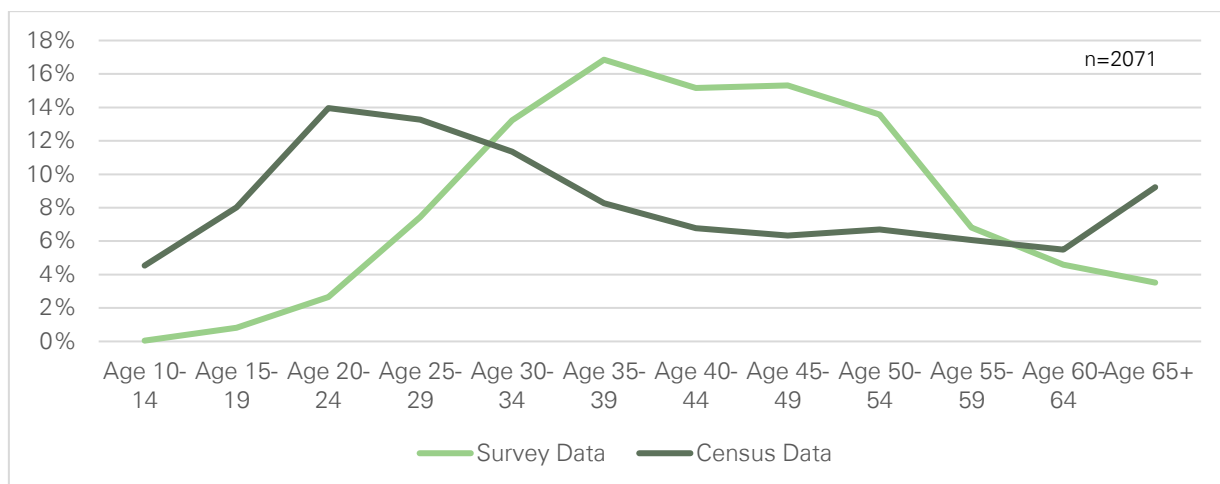
Table 1: Q15. What is your current residency or visa status in Australia?

Residency/Visa Status		
Australian citizen or Permanent Resident visa holder	1811	87%
Student visa or Guardian visa or Temporary Graduate visa (800, 590, 485)	82	4%
Other visa holders (please specify)	48	2%
Spouse of visa holder or Prospective Marriage visa (subclass 300)	47	2%
Work related visa (457, 400, 403, 408)	43	2%
Parental visa (subclass 103, 804, 143)	12	1%
Visitor visa (600)	11	1%
I do not hold a current Australian visa or citizenship	10	<1%
Refugee visa (subclass 866)	8	<1%
Working holiday visa (417, 462)	3	<1%
Total	2075	100%

89 per cent of respondents or their families came from Mainland China with 6 per cent originating from Hong Kong and the remainder from Taiwan (2%), South East Countries (2%) and other countries and regions (1%). This is important for language considerations when establishing a Chinese mental health service.

A significant majority of respondents identified as female (80%) compared with 19 per cent male and 1 per cent other. The largest age demographics represented by respondents were between 30 and 54 years. This data deviates from the that presented by the ABS 2016 census which can be seen in the chart below.

Chart 1: Q12. What age are you?



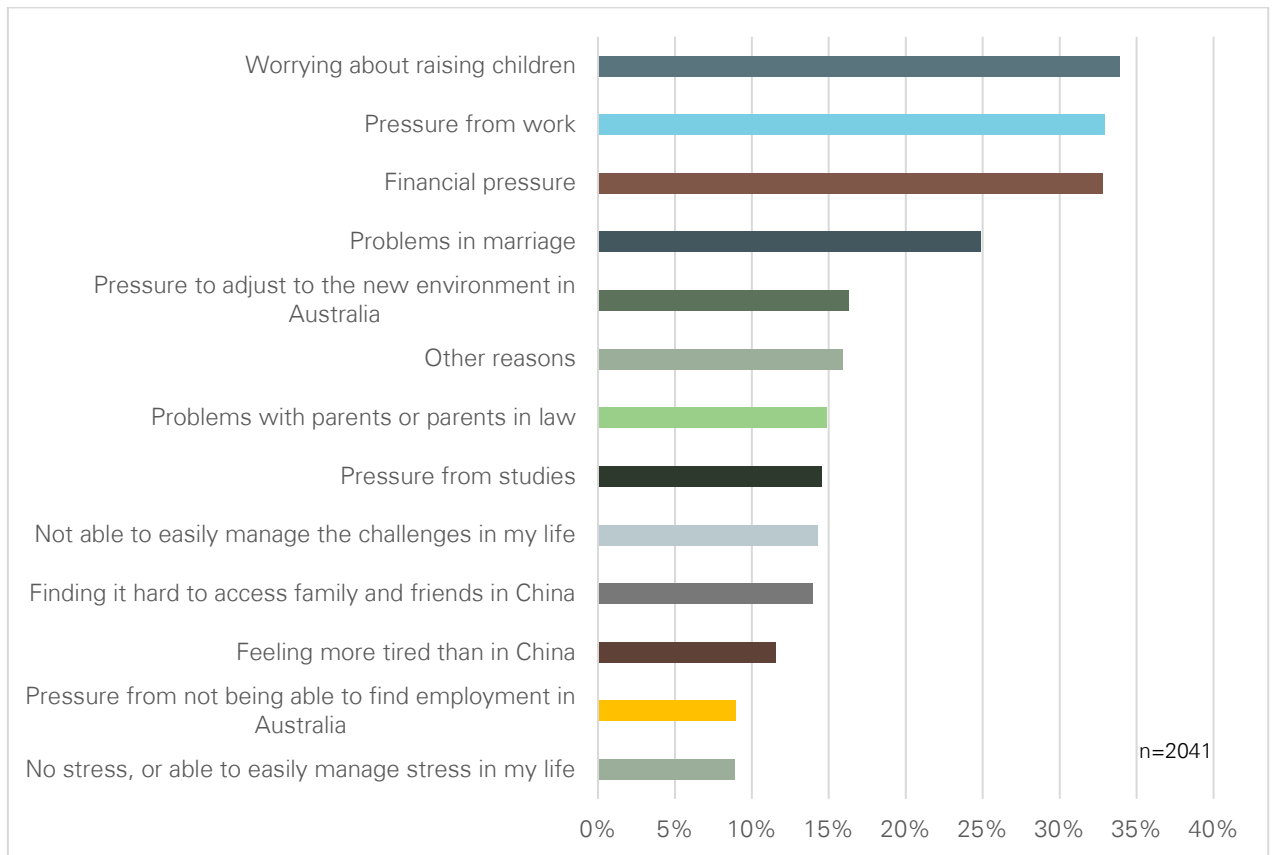
It can be discerned from the demographic responses that the average respondent was a female Australian citizen or permanent resident aged 40 to 44 originating in mainland China and living in NSW. It is also important to consider the implications of age and gender when understanding the analysis of the survey.

The demographics presented in this survey are not representative of the Chinese community as a whole, however this does suggest that there is a more open attitude towards mental health or greater awareness in the nominated age and gender group. This group may be easier for mental health services to engage than other cohorts within the Chinese Australian community.

5.2 Broader Community Experiences with Mental Health

A majority of participants in the survey (68%) had either experienced a high level of stress or emotional distress within the past 3 months or had a family member or friend who had, with 38 per cent having experienced such distress themselves and 36 per cent knowing a family member or friend who had. Additionally, when asked if they knew of any deaths by suicide in the Chinese Australian community, 27 per cent of respondents indicated that they did.

Chart 2: Q2. What was the cause of your stress? (Please choose more than one answer if appropriate)



There were a number of causes for stress and anxiety identified by respondents. Stress regarding raising children (34%), pressure from work (33%), financial pressure (33%) and marital problems (25%) were the most prevalent causes for stress in the cohort.

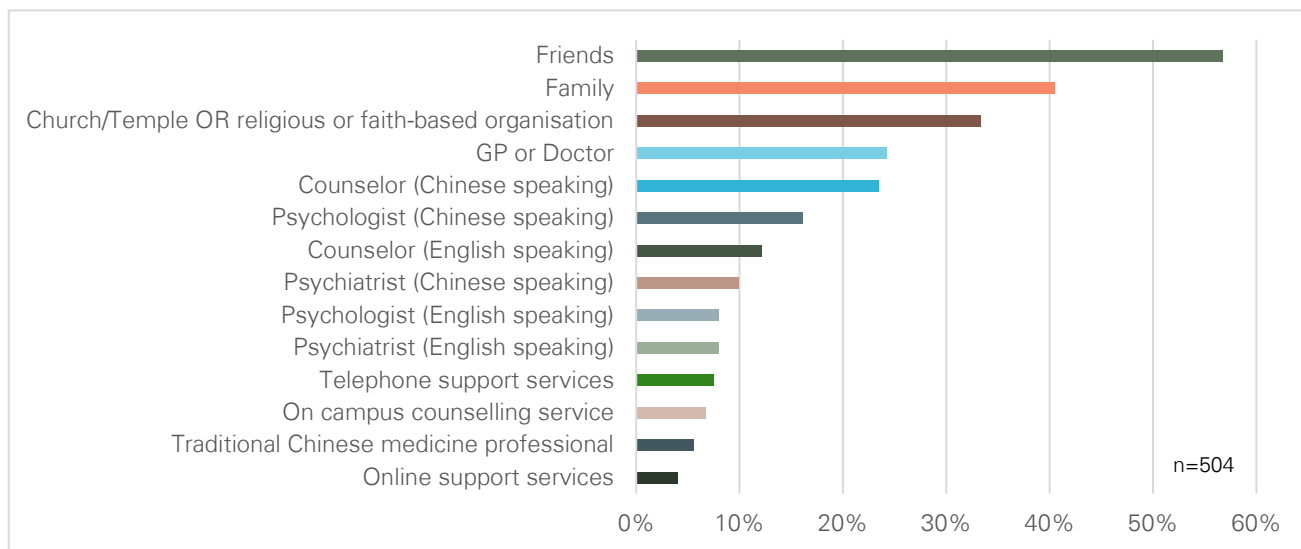
It can be identified from the data above that stress and anxiety is something that is both recognised and prevalent within the Chinese Australian community. Although family, financial and work-related issues are the most prominent triggers that are likely to be high risk factors in the broader Australian community, it should be noted that the pressures of adjusting to a new environment in Australia (16%) and difficulties accessing family and friends in China (14%) were also common causes for stress.

5.3 Personal Experiences

Of the participants who had experienced a period of stress or anxiety in the past 3 months (n=785 or 38% of all respondents) only 37 per cent indicated they had sought help from someone else during this period.

The most common person that respondents went to when seeking help by a significant margin were friends (57%) followed by family (40%) and a church/temple or religious/faith-based organisation (33%). The remaining responses can be seen in the chart below.

Chart 3: Q4. If yes, who did you seek help from? (Please choose more than one answer if appropriate)

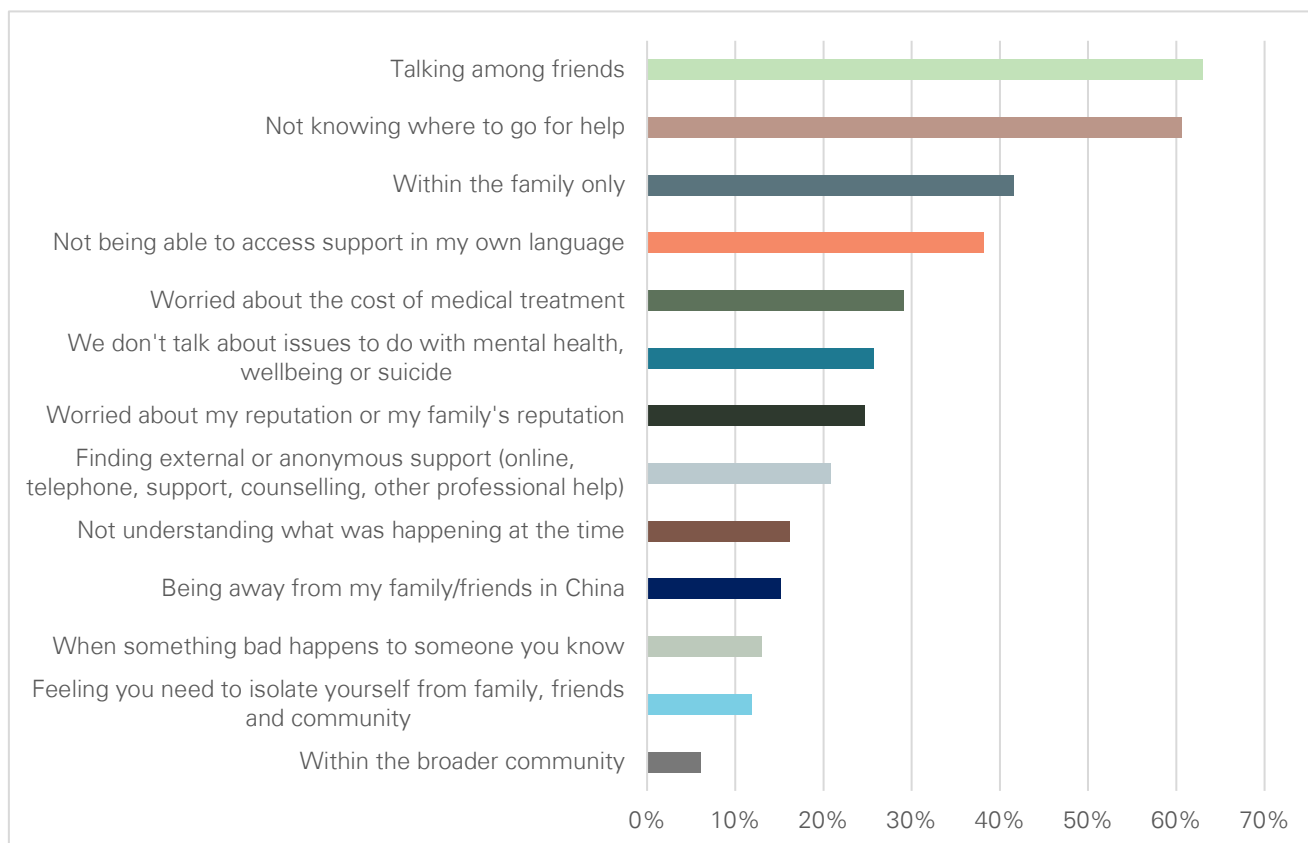


appropriate)

From the chart above it can be determined that when given the option, respondents preferred Chinese speaking professionals (counsellors, psychologists and psychiatrists) over English speaking professionals when seeking help.

When asked about the barriers that participants had experiences to seeking help regarding their mental health, not knowing where to go for help and talking among friends were overwhelming the most common reasons at 61 and 63 per cent respectively.

Chart 4: Q5. Have you experienced any of the following barriers to seeking help? (Please choose more than one answer if appropriate)



It is also important to note that many respondents also considered worrying about their reputation or the reputation of their family (25%) and not talking about issues to do with mental health, wellbeing and suicide (26%) as barriers to seeking help. These barriers should be considered when engaging with the Chinese Australian community as these cultural and familial attitudes will play a significant role in the potential to reach into the community.

Additionally, 38 per cent of respondents felt that a lack of access to in-language supports was a prominent barrier for seeking help. This identifies a need in the community for in-language services and supports the establishment of a Lifeline phone support service in Mandarin and Cantonese.

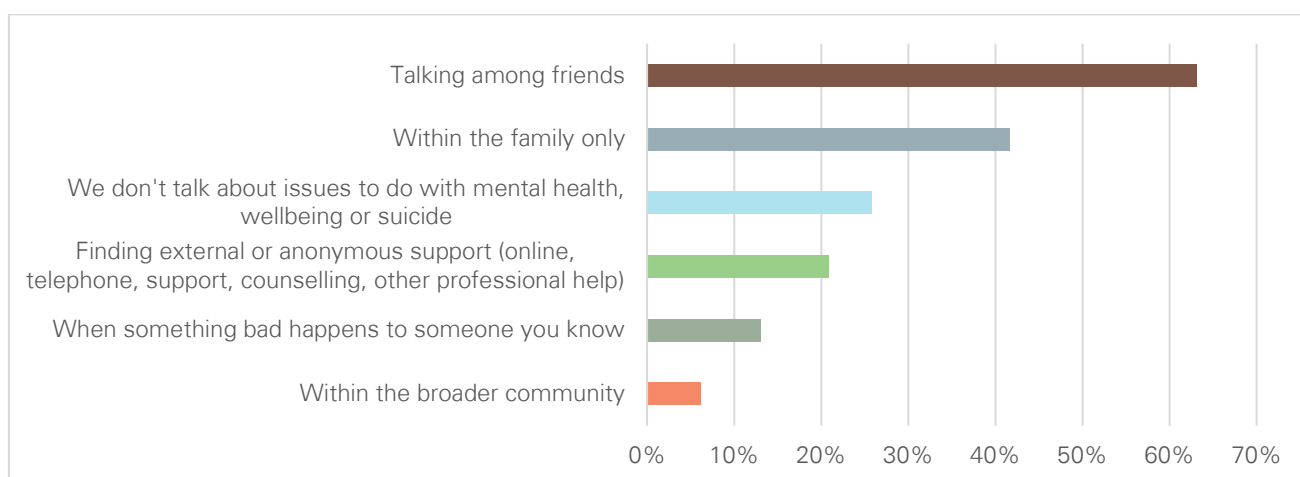
Overall, the personal experiences of participants suggest a high level of existing need for in-language mental health services which are freely accessible. The overwhelming response to the survey, the high numbers of responses in Simplified Chinese to the community survey when the option to participate in English was offered, combined with the suggested levels of community members currently in need of mental health supports but not seeking them also supports the introduction of an in-language service. If a Chinese Lifeline service were to be established, consideration would need to be given to appropriate promotion and marketing to ensure reach into the community is successful.

5.4 Cultural Considerations

Questions 6, 7 and 9 of the survey asked respondents to identify cultural aspects that may shape how the Chinese Australian community approaches and addresses mental health and suicide. The responses provide important considerations for the establishment of an over-the-phone mental health service for the community.

While talking among friends (63%) and keeping things within the family (42%) were the most prominent approaches, when asked how the Chinese Australian community deals with issues around mental health, a considerable proportion of respondents identified that they do not talk about issues to do with mental health, wellbeing and suicide.

Chart 5: Q6. How do you think others in the Chinese Australian community deal with issues around mental health wellbeing? (Please choose more than one answer if appropriate)



From this response rate, we can surmise that mental health is a topic which is predominantly discussed internally within the community, if at all. It is important to consider the importance of familial and friendship networks as coping mechanisms for stress and anxiety for the successful provision of mental health services in the community, as well as the capacity of such networks to be able to understand mental health issues and provide both support and referral suggestions.

In question 7 most participants (74%) identified having access to culturally appropriate mental health and suicide prevention supports as important skills and conditions for mental health service providers. A majority (54%) also indicated the significance of having a cultural understanding of mental health issues and wellbeing.

Privacy was nominated by 22 per cent (n=1250) of respondents as an important consideration for a Chinese mental health service. This was the most common response to the survey question suggesting that there is a lack of education about mental health services in the Chinese Australian Community where it is not assumed that mental health professionals keep information about their clients confidential.



The Chinese are more concerned about the privacy of their services because they commonly feel ashamed about their mental problems. What's more, their cultural identities are also more reluctant to express and communicate.



Many respondents mentioned shame and the desire to protect their personal reputation or the reputation of their family as something that would need to be considered in a mental health service targeted at the Chinese Australian Community. Additionally, the importance of family as both a tool and a barrier to addressing mental illness was raised

The notion of “keeping face”, or not showing one’s true mental or emotional state, for the sake of avoiding discrimination or stigmatisation was a common theme amongst respondents.



Many people are afraid to show their sadness or mental problems to others because they are afraid of discrimination or bullying.



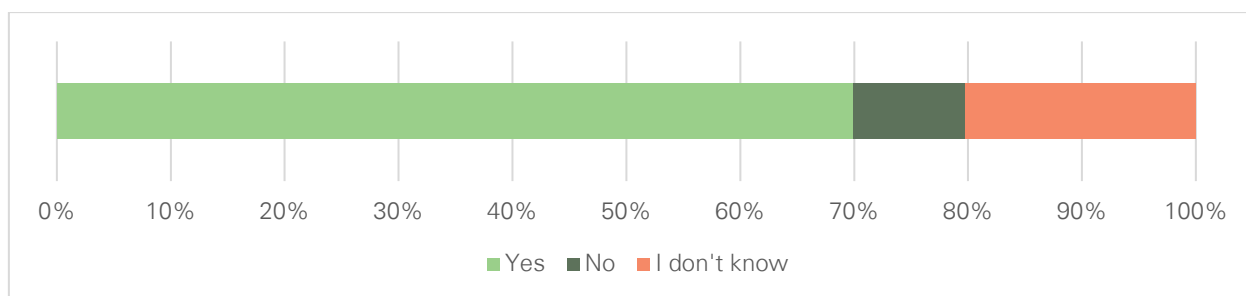
Among the cultural and linguistic considerations suggested by respondents, religious and philosophical values were also mentioned as important aspects of many Chinese people’s lives that will affect their experience with mental health and mental health services. Confucianism, Taoism, Christianity and Buddhism were the religions that appeared in the open responses.

It is evident from these responses that while some cohort groups within the Chinese Australian community are comfortable talking about mental health amongst family or friends, there is still stigma in the broader community that would need to be considered or addressed in service provision.

5.5 Service Preferences

A Chinese language telephone support service was preferred by an overwhelming majority (70%) if support needed for themselves or a family member. Only 10 per cent of respondents said they would not use a Chinese language telephone service with 20 per cent still unsure.

Chart 6: Q10. Would you use a telephone support service with Chinese language staff if you or a family member or friend was in need of support?



While the survey response indicates that a majority of the community may be open to using an in-language phone service, almost all (99%) of participants who indicated that they would use a phone service have never used a similar service before. Of those that had used a service in either Australia or China, 20 per cent indicated that they currently would not use a Chinese language phone service if one were available.

The community preference for an in-language phone service is consistent with previous responses which have highlighted support for in-language services and the need for anonymity/confidentiality as important components of a mental health service. There is a significant gap identified in existing mental health service provision shown in the data above.

5.6 Key Points

The online survey identified a number of key points to take into consideration and incorporate into this feasibility study. It must be noted that this survey yields results which do not necessarily represent the views of the broader Chinese Australian community, however the survey does identify the demographic cohorts within the Chinese community that are most likely to use mental health services and offer valuable insights into the attitudes and preferences of these parts of the community. Although most participants reside in NSW, many respondents were from Victoria and Queensland, as well as smaller numbers from South Australia, Western Australia, Tasmania and the ACT. As such, the results of this survey can be considered for service provision nationally.

Key points to be considered from this survey are:

- ▶ There is a significant proportion of the Chinese Australian community that have recently experienced a period of stress or know someone who has (38% and 36% respectively). Many respondents also know of deaths by suicide in the Chinese Australian community (27%);
- ▶ Common triggers for stress and anxiety include financial and family related problems but also include issues specific to the Chinese community such as adjusting to Australia, and the lack of access to friends and family in China;

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- ▶ For those who have experience a period of stress, most (63%) did not seek help from someone during this time. Family and friends were the primary means of help for those seeking support. When mental health care professionals were sought for help there was a clear preference for Chinese speaking professionals with a slight preference for counsellors over psychologists and psychiatrists;
- ▶ Social and communal barriers were the most common, including talking amongst friends, barriers within the family and stress about the reputation of the individual or the family. However, not knowing where to go for help was the second highest barrier (61% of respondents) and the lack of access to in-language supports and cost of medical treatment were also identified as prominent barriers;
- ▶ It is evident that mental health is not openly discussed in the community and it appears to be a highly stigmatised topic for a significant proportion of the community;
- ▶ Lack of culturally and linguistically appropriate services is a barrier to treatment. Respondents indicated that culturally appropriate and in-language services and supports were extremely important to the community when considering mental health issues; and
- ▶ There was a significant gap identified in the community with most respondents open to using a Chinese language mental health phone service but with very few having previous experience using one in either Australia or China. The 20 per cent of respondents who have used a similar service before indicated that they either would not, or don't know if they would, use a Chinese language phone service. It is possible that existing services do not currently meet the expected needs of a considerable part of the community.

6. CONSULTATIONS

Three separate focus group consultations were conducted with distinct cohorts:

- ▶ Mental Health Professionals;
- ▶ Chinese community workers and advocates; and,
- ▶ A Chinese women's community group

Copies of the questions used in the focus groups are included here at Appendix C and D.

6.1 Mental Health Professionals

The first focus group involved five (n=5) participants including people with backgrounds from mainland China, Hong Kong and Singapore and both Australian citizens that immigrated here and Australian born citizens. They included the fields of psychology and psychiatry.

6.1.1 Causes for stress and anxiety

Participants were first asked to reflect on information provided to them in confidence about the results of the community survey. Participants compared the results of the survey to their professional experiences with Chinese speaking people in need of mental health support.

All participants found that the most common causes of stress and anxiety in the survey (family, marriage and financial/work related) correlated with the common reasons that their clients seek help. It was noted that while these issues are prevalent for broader Australian society, the immigrant and cultural experiences of Chinese Australians adds an additional layer to the stresses and anxieties around marriage, family and finances.



These are the problems that everybody faces whether your part of the Chinese community or not. But it's coloured by the fact that people here are either very far from their families or they have families that come and go... there's a bit of (family related) trauma that's not obvious to the Chinese community.



The pressures related to more transient family members regularly entering and leaving Australia – accommodations and visas in particular – were mentioned as other contributing factors to stress and anxiety. Participants felt that isolation and distance from family, friends and networks were significant causes for stress and anxiety that can manifest themselves in the form of marital or familial problems. Additionally, two groups were identified as being at higher risk for isolation and having an inability to disclose mental health issues. These were international students who may find it hard to reach out and are unsure how to talk to friends; and middle aged injured workers, for example those whose migration from China was a direct result of the Tiananmen Square incident as they find it difficult to relate to their peers.

People in the 60 years of age or older group were also identified as a particularly vulnerable group to isolation. Participants listed challenges with socialising due to language barriers, the high cost of living in Australia and the sense of loss for selling their property in China before the housing boom as impacting on mental health for this age group.

Many of the people who do access the mental health services offered by participants are middle-aged women, commonly with marital or family related problems. This is consistent with the results of the community survey, suggesting that middle-aged women would be the most likely demographic in the Chinese Australian community currently to access mental health services.

6.1.2 Crisis support needs and barriers to accessing mental health services

Although participants had limited experience in working with people from a Chinese background in crisis situations, one participant talked about marital problems as the cause for one client seeking crisis support.

Participants discussed the unique dimensions that affect marriages for Chinese people moving to Australia. One participant spoke of marriages breaking down because of the changing dynamics of relationships when removed from their existing networks in their home country.

However, it was unanimously felt that Chinese people are not inclined to access crisis support services when needed.



When having a crisis, Chinese people are more reluctant to get help because of the language and cultural (barriers)... They don't want to expose their weakness and their trouble outside of their house and fear other people will look at them (negatively), especially with mental health issues.



Additionally, Participants agreed that many in the Chinese Australian community will not seek services out of pride and value "keeping face" to friends and family over accessing crisis support services.

The importance of appearances in the community acts as a significant barrier for individuals in the Chinese Australian community from accessing mental health services. Participants also affirmed that language and cultural differences prevent Chinese Australians from seeking mental health services and this often acts as a barrier to receiving adequate support.

The Chinese New Year period was raised by most participants as a particularly stressful and anxious period for single Chinese women due to social and cultural pressures on them by family and friends. One participant mentioned this period as a trigger for some single women to be pushed to a mental health crisis point.

One participant spoke of the cultural considerations absent in existing mental health services that results in many Chinese people being undiagnosed for significant mental health issues such as psychosis and manic states.



An Asian person may not be like (a typical psychotic person in Australia) even if they are unwell because culturally... if you haven't completely lost it you are still there and answer questions politely... so things get missed.



The cultural appropriateness of a mental health service was viewed as very significant to participants, if a service were to be used in the Chinese Australian community.

Another barrier identified by one participant, which was supported through the survey findings, was a lack of knowledge within the Chinese community about where to seek help. It was noted that newer migrants often have limited knowledge about the Australian healthcare system, how it is run or how to access support.

It was evident from the discussion amongst participants that language, personal and familial image and cultural differences were the greatest barriers in the community for accessing mental health services when in need.

6.1.3 Making services and supports culturally appropriate

Following on from that discussion, participants were asked what a service could do to make itself culturally appropriate to the Chinese Australian community. One discussion point was the significance of reputation and endorsement as an effective way to communicate a message.



The Chinese community seem to respond to endorsement in a different way than the mainstream community seem to do.



It was agreed amongst participants that community or celebrity endorsements are a very effective method of communicating a service to the Chinese Australian community. According to the focus group, it is an effective method to rapidly build the trust of an organisation in the community.

Bilingual communications were also identified as important to ensure the service is well known in the Chinese Australian community. Participants suggested Chinese translations in all materials and advertising for the service and organisation, commenting that they were unsure that many Chinese people had heard of Lifeline because of the language barrier, therefore reducing the impact of Lifeline's established reputation. Participants felt that endorsements from respected members of the community would be a significant part of a communication strategy that would be to not only overcome the language barriers but provide an endorsement of the service to the community. Trusted community members that could provide an endorsement included:

- ▶ Chinese speaking General Practitioners;

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- ▶ Official translators;
- ▶ Chinese speaking nurses;
- ▶ Mothers' or grandmothers' groups;
- ▶ Community intermediaries; and,
- ▶ Educational institutions with large numbers of students from a Chinese background.

Participants discussed the importance of culturally appropriate translations. Translations do not only require the direct translations of what is being said, but considerations for the cultural readings of particular words. 'Psychologist', 'psychiatrist', 'mental health' and 'depression' were noted as words that have particularly negative connotations in the Chinese Australian community. It was suggested that the word 'counsellor' was a more accepted word when discussing mental health management in the community.

Additionally, the translation of the name 'Lifeline' was discussed as a name that would need to be thoughtfully translated to communicate the aims of the organisation and the service. One participant said that the name made them think of positivity and hope, but did not explicitly communicate that it was a mental health related service. This was echoed by another participant who said Lifeline communicated hope and survival, going for life, which would be received well in the Chinese community.



It's not just about translating the words... when I hear Lifeline I hear hope, I hear the themes behind it... I don't hear mental health and psychiatry. We need to reflect on the themes.



The importance of cultural beliefs was identified as equally important. Specifically, with the Lifeline phone number. One participant highlighted that the '1-4' at the end of the phone number could be a deterrent to people accessing the line because the number four is unlucky in Chinese culture. It is nearly homophonous to the word 'death' and as such, it was suggested that a different number be used such as ending in '1-3'

When addressing the Chinese Australian community, the focus group emphasised the importance of appreciating the diversity within the community. While WeChat is commonly used by people with a background from mainland China, other Chinese communities from places such as Taiwan, Hong Kong or Singapore use all other forms of social media.

All participants believe that a one-stop-shop site to assist the Chinese Australian community in finding mental health support services could be beneficial. This site could be made available in simplified Chinese, traditional Chinese, Haka, Wu and English. It was also emphasised by some participants that there are many people with a Chinese background in Australia who do not speak any Chinese languages, operating in English.

It is also important that the organisation and its staff have a trustworthy reputation within the community, according to most participants. To the focus group, this not only meant that the staff or volunteers of the service should reflect the diversity of the Chinese Australian community (place of origin, gender, language), but that they should be visible to the community as professionals in their field.

For a service that is primarily operated by volunteers, this may be challenging as participants expressed concern that the Chinese Australian community may have an aversion to the idea of calling volunteers. It was recommended by the focus group that volunteers be presented with the words 'trained' or 'qualified' to build trust and rapport with the Chinese Australian community.

One participant also strongly recommended the need for adequate training and support for Chinese Lifeline staff. It was suggested that Chinese psychology students could be recruited, and that the existing Lifeline service is well equipped to train and support staff as they are experienced in dealing with crisis and have high quality training that could be utilised.

6.1.4 Establishing a Chinese mental health support service

In addition to the necessary skills for a generalist mental health support service, cultural understanding was the common theme discussed amongst participants regarding the establishment of a Chinese Lifeline service.

Participants expressed the importance of volunteers or counsellors who understand the nuances of Chinese behaviour and how it corresponds to an individual's mental health and state of mind.

One participant noted that an understanding and appreciation of the Chinese family structure needs to be understood. Specifically, that parents in Chinese families dominate conversations and drive the seeking of support services. Even if younger people are turning to the service, parents will still dominate, so this needs to be culturally respected – it is a barrier but something that needs to be recognised and worked with. Additionally, it was added that most younger Chinese are well educated, with wide vocabulary for emotional expression and there is no need to think they cannot express themselves, they can speak about feelings very directly.

Another participant noted the importance of a service embedding itself within the community on a grassroots level. While all participants agreed, it was also expressed that it needs to be a two-pronged approach with wide-scope communications such as paid advertisements. Gaining the

support of local members of the community, such as doctors, nurses and translators, was also considered essential for this communications approach.

Specifically, regarding GPs, one participant acknowledged that they are the key point of contact for the Chinese community, so their involvement in communicating information is key. However, it was also noted that GPs are at times not attuned with psychological issues, so the best engagement would be providing them with fact sheets and some short points for where they can refer patients to for further help. It was also suggested that posters and advertisements in GP surgeries would be useful.



It's an endorsement and referral-based culture.



Working with other ethno-specific organisations in the Chinese Australian community was emphasised as an effective approach to establishing the service within the community.

Due to the diversity of the Chinese Australian community, participants also stressed the importance of taking a diverse approach to media, using all available modes of communication to reach as many members of the community as possible – messaging, online platforms and radio were suggested by several participants. One participant felt this was significant because of the quantity of Chinese people that fall under the radar for similar services. WeChat was highlighted as a key mechanism to communicate the Lifeline service, as well as educate the community about mental health and wellbeing as it can communicate information quickly to a large reach of people, including vulnerable groups like Chinese grandparents.



WeChat is not just for young people, you can send out a lot of information to the elderly as well as promote activities and events that fill that void of cultural dislocation.



A final consideration was in relation to the importance of follow-up and follow-through. It was suggested by one participant that either Lifeline counsellors or administration staff could follow-up with people who have accessed the service to see if they have sought additional support. Follow-up was considered key as encouraging help seeking behaviour.

6.2 Community Service Providers

The second focus group involved six (n=6) participants including people with backgrounds from mainland China and Hong Kong as well as Australian citizens who migrated to Australia and Australian born citizens. The organisations present included:

- ▶ Headspace;
- ▶ The Chinese Australia Services Society (CASS);
- ▶ Family Learning and Growth (FLAG);
- ▶ One Door Mental Health; and,
- ▶ Sydney Local Health District.

6.2.1 Causes for stress and anxiety

Discussing the results of the community survey, most participants agreed that the causes for stress and anxiety that are most common in their experience reflected that of the survey responses. Family and financial related problems were the most common causes according to a majority of the focus group. Additionally, the anxiety caused by the changing social status of people who have immigrated to Australia was mentioned as another prominent factor which may be unique to the Chinese Australian experience.

Isolation was a common factor which is considered both a cause for anxiety and a barrier for seeking help. The groups that were noted as vulnerable to experiencing isolation were restaurant workers and grandparents caring for their grandchildren.

Restaurant workers were identified as a vulnerable group to isolation as a result of working long hours and not being able to socialise outside of the household and work. Gambling is a prominent result of the feeling of isolation in this part of the Chinese Australian community.



Looking after the grandchildren is a cause for isolation because when activities are run, Chinese grandparents cannot attend. For many, this responsibility is their main objective for being in Australia.



Crisis in social status was identified as another key cause of stress. This was in relation to having well respected positions in China, such as being an engineer or manager and then immigrating to Australia and having their qualifications unrecognised. English language proficiency also contributed to this issue, as Chinese immigrants are then not successfully gaining as higher paying jobs as they did in China, resulting in anxiety.

6.2.2 Crisis support needs and barriers to accessing mental health services



Chinese try to hide mental health problems and not tell anyone even though they know there is a problem. The majority of referrals are from hospitals when people are already at crisis point.



According to the experience of participants, the common barriers for seeking help were reflected in the survey responses, with reputation and language barriers being the most prominent. One participant also talked about the pressure from parents on young people with an associated concern for young Chinese Australians that seeking help would cause stress for their parents. This barrier is exacerbated by young people's reliance on their parents for transport and appointment making, further suggesting that an anonymous phone service would benefit this demographic.

Another participant also highlighted cultural practices as a barrier. The word 'counsellor' is not translatable in Mandarin or Cantonese, resulting in challenges for seeking help. There are also cultural differences which make many mental health services unappealing to the Chinese Australian community. This was identified as a challenging point for a mental health service, as one participant also stated that many Chinese people have reservations confiding in another Chinese person due to the small size of the local community and the fear of exposing themselves or their reputation. Anonymity was mentioned as something that could mitigate this challenge to an extent.

Language was still considered a significant barrier to accessing mental health services by participants. Because the process to access services in Mandarin or Cantonese is in English, there are many in the community that see this barrier as a reason to not engage these services or struggle to use them at all because of their low English language proficiency. Participants unanimously believe this barrier is largely generational, younger generations do not see language as a barrier. This reinforced the point made by one participant that Chinese services need to understand the group as diverse and not as homogenous.

Practical issues were identified as a key barrier and that there is a belief in the community, that once a Chinese counsellor has been spoken to, that person could run into them in the community and they would experience shame. The concept of confidentiality is not always understood and there is a lack of trust in privacy of information. Many Chinese think that their information will be shared in the wider community or with governments and this stops them from seeking assistance for mental health issues. This can be additionally problematic because with the English language barrier professionals who do not have Chinese language skills cannot be accessed.

It was noted that middle aged women and women caring for children were the most likely to access services because they were free and uncommitted compared with those who were working full time. It was further noted however, that these women are seeking support because of issues of isolation and it is an opportunity to leave the house. Their English levels are low and they do not have generalist service contact, so they seek activities in language where they can connect with other people. It has also been historically difficult to reach men with mental health support because they do not have the time, nor the inclination to seek help.

“

Even organising male specific activities like father's playgroup, the attendance was always very low.

”

Another key barrier to accessing mental health services and support is the parent sponsorship visa. Many older Chinese are unable to seek help because of visa restrictions and language barriers. Most enter Australia to support their adult children for the sole purpose of looking after grandchildren and this can be very isolating. The majority are in their 50s and 60s, but some are over 70 and they are particularly vulnerable to mental health problems. This is often coupled with financial stress as they sell their own possessions in China to help look after their families in Australia. Participants in the focus group nominated an increase in elder abuse – with pressures mounting as grandchildren acculturate and enter high school, there is less need for and communication with grandparents and they can become further isolated within the family unit as there is no perceived need for them anymore.

For younger people, a key barrier centred around their family, specifically their parents finding out they were struggling. Participants nominated their belief that younger people do not want their parents worrying therefore they do not seek help until crisis point. This can be problematic as parents will often need to drive children to appointments, and being unaware of their child's state of mind prevents this from happening and young people are left without mental health support that they need.

6.2.3 Making services and supports culturally appropriate

Following on from that discussion, participants were asked what a service could do to make itself culturally appropriate to the Chinese Australian community. One discussion point was the significance of reputation and endorsement. An identifiable community figure could be very beneficial. One participant shared the example of the Chinese Quit Line, Jackie Chan was engaged as an ambassador and this was very successful. They also noted that a younger, more prominent community member or celebrity such as singer, songwriter and actress Wang Fei would generate a lot of positive energy around the Lifeline service and break down barriers.



They need a superstar to say hey – mental health is ok, here's some organisations that can help you.



All participants agreed that there is a need to focus on the family unit – that mental health cannot be devolved down to the single person or cause, but rather it is the whole family that needs to understand the issues and be educated and supportive.

In the development of the Lifeline service it is important to acknowledge that the Chinese community is not a homogenous group. What works for first generation Chinese Australians is different to second or third generation members and what works for Mainland Chinese may differ to those originating from Hon Kong or other Chinese speaking countries. The service needs to have a range of bilingual/bicultural counsellors to meet these needs and promote cultural understanding. Additionally, the service needs to be *supported* by Chinese language speakers. This means going beyond Mandarin or Cantonese speaking counsellors, to extend to support staff, messages, website/voicemail messages and information and resources.

Participants were of the view that there needs to be a level of coverage of counsellors available for the service to avoid people in crisis not being able to gain access because if the phone goes to voicemail, people will be lost. The general view of the group was that this is a community who do not tend to leave messages, even if the voicemail is in Chinese.

One participant shared that to promote the Lifeline service to the Chinese community, the terminology needs to be framed around 'psychological support' because that is understood in the community. However, another participant raised a key consideration- that stigma needs to be broken down in the community, and there needs to be education about what services are available. It was noted that unless these barriers are addressed, it will be difficult to get the Chinese community to use the Lifeline service.



The Christian Chinese community is very powerful. Looking at partnerships with them in the future is advisable to reach large numbers of the Chinese community.



6.2.4 Establishing a Chinese mental health support service

It was noted that education within the community is necessary to communicate the privacy and confidentiality of mental health professionals – that they are bound by professional standards. As saving face is a key consideration, the Chinese community need to feel confident that what they share with Lifeline will not be disclosed to anyone.

Equally important was the need for education about mental health more generally. Participants highlighted that the people from a Chinese background tend to wait until crisis point to access support because they feel like they cannot talk about mental health issues with anyone. Awareness needs to be established in the community, alongside community education around

appropriate support services. This could be done through media, promotion in the community (for example posters in areas with high Chinese speaking populations) and in-language information.



There is the need for education in the community that mental illness is just another illness and nothing to be ashamed about. It is not some sort of punishment and there is help available.



One participant suggested that learnings from the Chinese Quit Line service are important for the Chinese Lifeline service. When the service is promoted the use of the service increases significantly compared with when the service is not being promoted in the community. Chinese language media is also key in increasing engagement with the service and should be considered as the Lifeline project develops.

Cost was also identified by participants as being a key consideration in the development of the service. The service must be free of charge, to ensure accessibility.

Participants noted that for people currently not accessing mental health services or support, the need for information, clarification and promotion is increasingly important. Knowledge and culture need to be understood and communicated to the community.

For Lifeline staff specifically, one participant suggested the qualities they need to possess included counselling skills, active listening skills, ability to guide the conversation, knowledge of existing services and local services for example local yoga classes or leisure activities for stress management. Linking other services that support good mental health was considered of great significance. It was also noted that the Lifeline staff/volunteers need to be supported with their own mental health, such as having debriefs after difficult calls.

It was acknowledged that GPs play a key role in patient care around mental health, but they are inundated with requests from people, so time to spend on preventative issues with the community is limited if available at all. On a practical note, it was suggested that the best way to provide information and promote the Lifeline service is through the practice – providing them with information, rather than relying solely on the GP. Posters were suggested as a medium to promote the Lifeline service – simple, straight to the point and accessible in the waiting room. Participants believed that hospital staff could also assist, for example through Chinese antenatal clinics, however, it was felt that GPs played a more significant role.

Health care interpreters or bilingual community health educators were also suggested as a community conduit to disseminate information into the Chinese community. Additionally, one participant suggested the use of social media to disseminate information, particularly through WeChat. Social or digital media was noted as an effective means of addressing isolation as it is used by a range of different age groups.



Everybody uses WeChat. It is very popular.



Community workshops were another suggestion that Lifeline could use to further promote the telephone support service. One participant suggested running workshops on common mental health topics like depression, anxiety and family problems. Another added that by providing information to the community, it encourages people to access the service. It was felt by all that the service needs to engage with the community – that the two activities complement each other (face to face engagement and support over the phone). This will build trust and encourage participation and engagement with the Lifeline service. Participants suggested that if the Chinese community meet the person face to face that they would be speaking with over the phone, this would encourage use of the service because they then have a connection with that person. Trust was identified as very important.

All participants also raised the importance of referrals and follow-up. The service needs to be aware of what other mental health support is available in the local community and refer people accordingly – psychology, counselling, psychiatry. The continuation of care is important.

6.3 Community Consultation

A final consultation was held with community members – Chinese women participating in the Asian Women at Work initiative – ‘Learning English through songs class.’ There were 16 participants in this focus group, many of whom were grandparents. They were all from mainland China and had been living in Australia between 2-16 years. A third of participants were living in Australia primarily to look after their grandchildren. All had low English language proficiency, and as such an interpreter was engaged to help facilitate the conversation.

The focus group outline and structure is at Appendix D.

Perhaps unsurprisingly, none of the participants had heard of Lifeline, but once told about what it was, all indicated that they would like to know the number and that it would be a very useful service to them. They wanted to know where to contact if they needed support. They also acknowledged that if there was a Chinese specific Lifeline service, there was a definite need in the community for its use, and they would be positive about the service.

Consistent with barriers identified in the survey and previous consultations, language problems/barriers were perceived to be the biggest barrier to the Chinese community seeking help. Participants also indicated that not knowing how to communicate was another barrier, along with specific cultural sensitivities.



You don't expose problems outside of the family, outside of the household.



Participants shared that people who would be contacting the Lifeline service usually would not be the person experiencing mental health problems. People experiencing mental health issues would keep to themselves as they would have trouble communicating their feelings to other people. They shared that people accessing the service would be likely to be the family members or friends of the person experiencing the issue. It was felt that family members would need this type of service.



The person experiencing the suffering will never admit or accept that they are suffering mental health, so they won't take the step to contact for help.



Participants also noted that people experiencing stress caused by raising and communicating with children, elderly people who care for an ill health partner, and lonely or isolated elderly will need more support than other community members.

Main areas of concern for support were depression, menopause (different moods and hormones being experienced), stress and concerns about the future and ageing, such as retirement and financial worries, as well as how to access services and whether the health system will meet cultural needs. Additionally, many of the women were concerned with the change in the environment (living in Australia) and determining whether it is their duty to look after the second generation. They also identified some issues that were specific to women, such as insomnia, raising children and grandchildren, and settling into Australia because they lose contact with their social networks and then need support, particularly because of language barriers.

The women in the group indicated that they expected the Lifeline service to be confidential, of good quality and staff member/volunteer must have a lot of patience and be well educated and understand the Chinese culture. Having fluent Chinese language skills was a significant need and expected requirement. They indicated that they do not want to go through interpreter services because it can be time consuming and it lacks the direct connection with the counsellor or person on the other end of the phone. The group also indicated that some interpreters on the TIS hotline can be rude and do not have the patience to communicate with them, so it was considered very important that counsellors/staff of Lifeline be patient and respectful with them. They would like to speak with someone who is qualified in mental health, who understands the issues and how to handle them. Having a feedback function for the service/operator was suggested as a feature they would also expect of the service.



The biggest concern is whether the service will meet our language needs.



To use the Lifeline service participants felt that there would be a strong need for community education as many do not know what mental health is, what it covers and what services are provided. This was raised numerous times throughout the consultation. It was also highlighted that the service would need a lot of support and funding from the government to ensure sustainability.

If the Lifeline service was promoted in the community through Chinese language media, WeChat and community groups, participants felt that they would have the awareness to then use the service because they would know about it and that it could help them. It was suggested that engaging with a community leader is a key way to promote messages and extend reach to the wider community, as they are trusted and respected. It would also help if the service was recommended by GPs, and if community workshops where people could be educated and

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engaged with, were run. Getting out into the community and linking up with people was seen as very important.

The group was interested in being trained by Lifeline to act as support people for the wider community, but flagged that if this was to happen, there would need to be a standard by which they were held accountable to.

7. PROJECT OUTCOMES AND RECOMMENDATIONS

There was a high level of synergy among the outcomes of the various project activities, and a firm basis for the establishment of a Chinese language Lifeline service. The project outcomes support a feasible basis for the service.

As a result, a number of strong conclusions have been made. These conclusions have been used to inform recommendations for the establishment of a Chinese Lifeline Service.

7.1.1 Mapping of existing services

Using New South Wales as a case study, it is evident that currently there are a limited number of mental health services that cater to the Chinese Australian community. Even in Local Government Areas with large Chinese Australian communities, the number of the Chinese specific services (including generalist services that have activities or programs with a Chinese focus) does not exceed seven (n=7).

There is an established base of Chinese specific services, however there are sparse in coverage in some regions of Sydney. There are over 40 Mandarin and Cantonese speaking psychologists, psychiatrists and counsellors, and generalist services throughout Sydney offering Chinese specific services and activities. This presents a baseline for mental health advocacy and education and the promotion of a Chinese Lifeline Service in the Chinese Australian community.

Understanding the mapping of existing services in NSW, it is recommended that:

- ▶ **Lifeline approach and begin building relationships with existing service providers to the Chinese Australian community, in recognition of the already established services that are operating in the mental health space within Chinese Australian communities;**
- ▶ **Lifeline utilise relationships and networks with Chinese Australian community service providers to build rapport within the Chinese Australian community and promote the service;** and
- ▶ **Lifeline build a database of bilingual psychology and psychiatry services and professionals to support a further referral system for clients if required.**

7.1.2 Diversity within the Chinese Australian Community

Middle aged women from mainland China were overrepresented in respect to the demographics within the Chinese Australian community in both the community consultation and the online community survey. 80% of respondents to the online community survey were women and 89%

were from mainland China, while 100% of participants in the community consultation were women from mainland China.

Participants in the Professionals and Community Worker focus groups noted the ability of women in the Chinese Australian community to participate in services and activities based on their roles as primary carers for children. It is evident that this demographic and this cohort group within the Chinese Australian community would be the easier demographic for Lifeline to initially access, and potentially represents an interested cohort for training around mental health education and supports within the community and family.

However, it was emphasised in the focus groups that the Chinese Australian community is very diverse in their place of origin, their language and their culture. There were also high-risk groups identified that did not fit the above demographic. The elderly were identified as a vulnerable and isolated group, particularly those with low English language proficiency and carers for grandchildren. Restaurant workers, who are often male, are at risk of stress, anxiety and isolation due to the long working hours and a lack of socialising that often leads to gambling addiction. Young students also experience elevated levels of stress and anxiety as a result of family pressures and expectations.

Considering the diversity within the Chinese Australian community, and the high participation rate of middle-aged women from mainland China in this project, it is recommended that:

- ▶ **The service be accessible for middle-aged women from mainland China as a starting point for establishing the reputation and promotion of the Lifeline service;**
- ▶ **Women are given knowledge, skills and a voice around mental health and wellbeing, both to assist with their experiences with mental health and as advocates in the community;**
- ▶ **Staff be equipped to support women with issues that are more common in this demographic such as gendered social and cultural pressures, domestic and family violence, financial abuse, sexual assault, menopause;**
- ▶ **Lifeline understands and acknowledges the diversity within the Chinese Australian community, and staff are trained to recognise and understand that the community is not culturally homogenous;**
- ▶ **The service itself reflect the diversity within the Chinese Australian community.;** and,
- ▶ **The service considers young students, the elderly and older carers of grandchildren and male restaurant workers as high-risk groups that may not readily access the service, and approach the promotion and use of the service with a long-term plan for engagement with isolated parts of the community.**

7.1.3 Causes for stress and anxiety

Family and finance related issues were the most prominent causes for stress and anxiety in the Chinese Australian community. Other causes and triggers, although not as prevalent were also experienced, such as adjusting to the new environment in Australia, limited access to friends and family in China and social isolation.

As a result of this project it can be concluded that the most common issues experienced in the Chinese Australian community were similar to those in the broader Australian community. However, it was raised in the focus groups that these causes are coloured by the cultural experience and norms of being Chinese and, for some, being an immigrant in Australia.

In addition to the most prominent causes for stress and anxiety, for those who have immigrated to Australia, a loss in social status is something that can be a trigger. For some migrating to Australia from China a formal education and work experience that is not fully recognised upon arrival can be a significant cause for anxiety due to perceived loss of their original social status in China.

With causes for stress and anxiety in the community influenced by the cultural experiences of Chinese Australians, we recommend that:

- ▶ **Staff and volunteers have a deep understanding of Chinese culture and the migration experience in relation to experiences which cause stress and anxiety;** and,
- ▶ **Staff and volunteers are appropriately trained to support people with a broad range of issues that trigger mental health problems including marital problems, the stresses of raising children, domestic and family violence, financial pressures, and work-related stress.**

7.1.4 Barriers to accessing mental health services

Language barriers and a lack of in-language information about mental health and mental health services were most commonly raised in both the survey and the consultations. This is potentially related at least in part to the existing gaps in services for the Chinese Australian community in the mental health space but it should be noted that more than 60% of participants to the survey did not know where to go currently for help and identified this as a barrier to accessing mental health services and support. This suggests a need for education and capacity building within the community to understand mental health and how to access support services.

Cultural differences were also prominent barriers to accessing mental health services and receiving adequate supports. This included behavioural differences which cause mental health problems to be overlooked by a western mental health professional, the implicit meaning of words and the lack of words such as 'psychologist' in Chinese languages and the nuances of familial and cultural traditions which affect the lives of people in the community.

The desire for privacy, maintaining individual and familial reputation and the importance of 'keeping face' or 'saving face' were also barriers that were identified as preventing many from seeking out support. Social stigma around mental health issues or people experiencing depression and anxiety in the community remains prevalent

It is therefore recommended that:

- ▶ **The Lifeline phone service be available in Mandarin *and* Cantonese;**
- ▶ **Given the overwhelming desire of the almost 3,000 survey respondents for completing the translated survey over the English version, that all information be made available in in Simplified Chinese. Further that consideration be given to providing some materials and resources in Traditional Chinese as a measure of inclusivity;**
- ▶ **Lifeline address the need for capacity building with the Chinese Australian community to facilitate alternate support pathways such as:**
 - **Listening training (e.g. Lifeline's work in the South Australian prison system);**
 - **Informal training with community members;**
 - **Skills equipping for community members and workers;**
 - **Alternate pathways into supporting mental health capacity;**
- ▶ **Lifeline run educational workshops and training at a local level to address the lack of knowledge about mental health supports and services, recognising the signs of illness and how to understand what to do before, during and after a crisis, and the stigma around mental health; and,**
- ▶ **Train staff and volunteers to be aware of the barriers which prevent access to mental health services for Chinese Australians and educate them on methods to mitigate these barriers and ensure a positive experience for those using the service.**

7.1.5 Service preferences

A resounding majority of participants indicated they would use a mental health phone service either for their own mental health or to assist with supporting a friend or family member. This

clearly shows an appetite for a telephone support service with Chinese speaking staff and volunteers with a deep understanding of Chinese cultural norms.

Participants in the community survey and focus groups emphasised that they and others in the community were more likely to use an anonymous phone service than seek help online. While a desire for anonymity is not unique to the Chinese community and the origins of crisis helplines and their traditions since have placed high value on anonymous service access, issues of privacy and confidentiality are key values for the Chinese Australian community and need to be considered to encourage uptake of mental health services and support.

Overall there was a positive attitude towards the idea of calling 'professionals' compared to caution or aversion to the idea of calling 'volunteers'. Service quality was another key value identified and the Chinese Australian community need assurance that the person they will be speaking with is appropriately trained in mental health support, such as being a counsellor.

A phone service alone may not reach into all cohorts in the community. Professionals and community workers already working with the Chinese Australian community in Greater Sydney believed older people and others vulnerable to social isolation may be missed.

Most people currently seek support from friends or family and this raises the potential for friends and family members to use the service for assistance in supporting people with stress, anxiety and mental health problems.

Considering the above, it is recommended that:

- ▶ **Anonymity is the foundation of Lifeline practices and promotions for any Chinese Lifeline service emphasises this;**
- ▶ **Staff and volunteers are presented as 'trained' or 'qualified' to build rapport and trust in the community and that the quality of the service is promoted and understood by the Chinese Australian community;**
- ▶ **Lifeline consider alternative ways to promote and access a Lifeline service to reach vulnerable and isolated parts of the community. These could include community outreach activities (both group and one-on-one) and an online mental health support service;** and,
- ▶ **Staff and volunteers be equipped to provide advice and support to the family members and friends of people at a crisis point or with stress and anxiety.**

7.1.6 Marketing and promotion

The consultations found that the Chinese Australian community respond well to an endorsement based marketing approach. The endorsement and support of local community leaders as well as

celebrities as service ambassadors was seen as a highly effective way to promote Lifeline and build trust for the service within the community.

In terms of social and digital media use, WeChat was unanimously agreed as the most effective method to reach people from a mainland Chinese background. According to the focus groups WeChat is used by people from all demographics including older Chinese and the elderly. However, Chinese people with a background outside mainland China, such as Hong Kong, Taiwan or Singapore, are present in all other forms of social media such as Facebook, Instagram and Twitter.

This is a community that responds strongly to community and religious leaders and respected Elders. The support of church and faith ministers, as well as local support from the church-going community, would bolster the profile of a service according to participants in the focus groups and the community survey.

It was identified that there was an aversion within the community to the words 'psychologist', 'psychiatrist', and 'mental health' and that these words would discourage use of the service. There was also suspicion around the number four (4) which is currently the last number of the Lifeline phone service, as it is seen as unlucky in Chinese culture.

Additionally, it was stressed that all promotions, advertising and written material be translated into Simplified Chinese, and that consideration be given to also using Traditional Chinese for some materials as an effort to be as inclusive as possible. The focus group emphasised the importance of high level cultural translations to ensure that the implicit meaning of the message is understood by the community, not simply a direct word-to-word translation.

Considering the consultations and online survey, it is recommended that:

- ▶ **Lifeline seek the endorsement of community leaders and, if possible, celebrities in the Chinese community to promote the service and build trust, credibility and resonance as well as reducing stigma;**
- ▶ **Local community leaders and trusted community members are approached to be ambassadors for the service;**
- ▶ **Lifeline opens a WeChat account to use for service promotion to the mainland Chinese community, and engages with the broader Chinese Australian community through other social media platforms;**
- ▶ **All materials are translated into Simplified Chinese, and that consideration be given to also using Traditional Chinese for some materials as an effort to be as inclusive as possible;**

- ▶ **Translated materials be of a high quality that includes testing to ensure the meaning of the message is accurately communicated;** and
- ▶ **Communication of a Lifeline service does not use words such as 'psychologist', 'psychiatrist', and 'mental health', but rather focusses on 'support' and 'assistance' with 'anxiety and stress'.**

8. APPENDICES

Appendix A: List of Interviewed Stakeholder Organisations (mapping exercise)

Organisation	Type of Service
Hills Christian Caring and Counselling Centre	Faith based / Community Organisation
Psychology Headquarters	Chinese Mental Health Professional
Delhi Road Clinic	Chinese Mental Health Professional
First Light Care	Community Organisation
Western Sydney Local Health District	Health based Organisation (NSW Govt)
Multicultural Problem Gambling Service for NSW	Health based Organisation (NSW Govt)
Family Learning and Growth Inc	Community Organisation
Sydney Local Health District	Health based Organisation (NSW Govt)
Aspiration Child Psychology	Chinese Mental Health Professional

Appendix B: Community Survey in Simplified Chinese and English

Chinese Lifeline Survey (Simplified Chinese Version)



Chinese Lifeline Survey

感谢您同意参与本次问卷调查。Lifeline 与 BridgingHope 慈善基金会 (TWT 资产集团旗下) 携手合作展开对在澳华人的心理健康及幸福的调查。此外我们也将问及在澳华人对有关心理健康和幸福的支持和服务的偏好。

此项问卷为匿名问卷-您的参与将不会被记录在案。

多数问题为多项选择。在您可以选择多于一个的答案时候将会有提示。

再次由衷感谢您抽出时间参与这个重要的问卷项目。

1. 在过去的三个月中, 您或您的家人或朋友是否有过不寻常的高度精神紧张或者情感抑郁?

- 有, 我自己
- 有, 一位家人或朋友
- 没有

2. 什么导致了您的精神紧张?(如若条件符合请选择下面至少一个或一个以上合适答案)

- 学习压力
- 工作压力
- 无法在澳洲找到工作的压力
- 难以适应澳洲新环境的压力
- 感到比在中国更疲惫
- 难以接近在中国的家人及朋友
- 经济压力
- 婚姻问题
- 与父母/公婆/岳父母间的问题
- 抚养儿女的焦虑
- 无法应对我人生中的挑战
- 没有压力或是可以轻松应对我生活中的压力
- 其他原因

3. 当时您向他人求助了吗?

- 有
- 没有



Bridging Hope Charity Foundation

4. 如是的话, 您从何处寻求了帮助?(如若条件符合请选择下面至少一个或一个以上合适答案)

- 说英文的精神科医生
- 说中文的精神科医生
- 说英文的心理学家
- 说中文的心理学家
- 说英文的心理咨询师
- 说中文的心理咨询师
- 校内咨询服务
- 全科医生或医生
- 家人
- 朋友
- 中医
- 在线援助服务
- 电话援助服务
- 教堂/寺庙或者宗教组织或基于信仰的机构

5. 您在寻求援助时是否经历过以下困难?(如若条件符合请选择下面至少一个或一个以上合适答案)

- 担心我自己或我家人的声誉
- 不知道去哪里寻求帮助
- 不理解当时发生了什么
- 远离了在中国的家人及朋友
- 没能够寻求会说中文的心理援助
- 担心医疗费用
- 感觉您需要脱离家人朋友和社区团体

6. 你认为其他澳洲华人是如何处理心理健康以及幸福相关的事情的?(如若条件符合请选择下面至少一个或一个以上合适答案)

- 仅在家人中讨论
- 与朋友间讨论
- 当不好的事情发生在您认识的人身上时
- 在更广泛的社区里讨论
- 我们不讨论心理健康, 幸福及/或自杀的事件
- 寻求外部或者匿名援助(网上援助电话援助咨询其他专业援助)

7. 在您看来, 为了维持在澳华人的心理健康和幸福, 华人如何解决心理健康相关的问题?(如若条件符合请选

- 择下面至少一个或一个以上合适答案)
- 在家人中解决
- 因为我们离家太远从而寻求朋友帮助
- 有对于心理健康及幸福事件的文化认知
- 能找到合适的心理健康及避免自杀行为的支持



8. 您知道发生在澳洲华人团体内的自杀死亡事件吗?

- 是
- 否

9. 在对于在澳华人的心理健康服务应该考虑什么样的文化传统及观点?

10. 当您或您的家人或朋友曾需要帮助时您会使用会说中文的电话援助吗?

- 会
- 不会
- 不知道

11. 您在澳洲或中国是否使用类似的服务?(如有的话请选择下面至少一个答案)

- 有, 在澳洲
- 是, 在中国
- 有, 在澳洲以及中国
- 没有, 从来没有用过类似的服务

12. 您的年龄是?

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 10-14 岁间 | <input type="checkbox"/> 40-44 岁间 |
| <input type="checkbox"/> 15-19 岁间 | <input type="checkbox"/> 45-49 岁间 |
| <input type="checkbox"/> 20-24 岁间 | <input type="checkbox"/> 50-54 岁间 |
| <input type="checkbox"/> 25-29 岁间 | <input type="checkbox"/> 55-59 岁间 |
| <input type="checkbox"/> 30-34 岁间 | <input type="checkbox"/> 60-64 岁间 |
| <input type="checkbox"/> 35-39 岁间 | <input type="checkbox"/> 65 岁以上 |



13. 您的性别是?(此项问卷不受问卷人所表述的性别影响)

- 男
- 女
- 其

14. 您或您的家人原本来自?

- 中国大陆
 - 香港
 - 台湾
 - 东南亚国家
 - 其他(请详细说明)
-

15. 您现在澳洲的国籍或签证状态是?

- | | |
|---|---|
| <input type="checkbox"/> 澳洲公民或永久居民 | <input type="checkbox"/> 工作相关签证(457, 400, 403, 408 类别) |
| <input type="checkbox"/> 难民签证(866 类别) | <input type="checkbox"/> 学生签证或监护人签证或临时毕业生签证(800, 590, 485 签证) |
| <input type="checkbox"/> 父母签证(103, 804, 143 类别) | <input type="checkbox"/> 配偶签证或未来婚姻签证(300 类别) |
| <input type="checkbox"/> 访客签证(600 类别) | <input type="checkbox"/> 我没有持有一个有效的澳洲签证或澳洲居民身份 |
| <input type="checkbox"/> 打工度假签证(417, 462 类别) | |
| <input type="checkbox"/> 其他签证持有者(请详细说明) | |
-

16. 您在澳洲的邮编是?

我们衷心感谢您抽出时间完成此次重要的问卷。如果您需要帮助或协助请致电Lifeline on 13 11 14或访问www.lifeline.org.au/gethelp

Chinese Lifeline Survey (English Version)



Chinese Lifeline Survey

Thank you for agreeing to take part in this survey. Lifeline is working with the Bridging Hope Charity Foundation (part of the TWT Property Group) to ask the Chinese community in Australia about their outlook on mental health and wellbeing. We are also asking about preferences for mental health and wellbeing supports and services.

This survey is anonymous - you will not be identified by taking part.

Most questions are multiple choice. Where you are able to choose more than 1 answer, it will be indicated for you.

Thank you once again for taking the time to be part of this important project.

1. In the past three months, have you had an unusually high period of stress and/or emotional distress, either yourself or with a family member or friend?

- Yes, myself
- Yes, a family member or friend
- No

2. What was the cause of your stress? (Please Choose more than one answer if appropriate)

- Pressure from studies
- Pressure from work
- Pressure to adjust to the new environment in Australia
- Pressure from not being able to find employment in Australia
- Feeling more tired than in China
- Finding it hard to access family and friends in China
- Financial pressure
- Problems in marriage
- Problems with parents or parents in law
- Worrying about raising children
- Not able to easily manage the challenges in my life
- No stress, or able to easily manage stress in my life

Other reasons:

3. Did you seek help from someone else at this time?

- Yes
- No



4. If yes, who did you seek help from? (Please choose more than one answer if appropriate)

- | | |
|--|---|
| <input type="checkbox"/> Psychiatrist (English speaking) | <input type="checkbox"/> GP or Doctor |
| <input type="checkbox"/> Psychiatrist (Chinese speaking) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Psychologist (English speaking) | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Psychologist (Chinese speaking) | <input type="checkbox"/> Traditional Chinese medicine professional |
| <input type="checkbox"/> Counselor (English speaking) | <input type="checkbox"/> Online support services |
| <input type="checkbox"/> Counselor (Chinese speaking) | <input type="checkbox"/> Telephone support services |
| <input type="checkbox"/> On campus counselling service | <input type="checkbox"/> Church/Temple OR religious or faith-based organisation |

5. Have you experienced any of the following barriers to seeking help? (Please choose more than one answer if appropriate)

- Worried about my reputation or my family's reputation
- Not knowing where to go for help
- Not understanding what was happening at the time
- Being away from my family/friends in China
- Not being able to access support in my own language
- Worried about the cost of medical treatment
- Feeling you need to isolate yourself from family, friends and community

6. How do you think others in the Chinese Australian community deal with issues around mental health, wellbeing? (Please choose more than one answer if appropriate)

- | | |
|---|--|
| <input type="checkbox"/> Within the family only | <input type="checkbox"/> Within the broader community |
| <input type="checkbox"/> Talking among friends | <input type="checkbox"/> We don't talk about issues to do with mental health, wellbeing or suicide |
| <input type="checkbox"/> When something bad happens to someone you know | <input type="checkbox"/> Finding external or anonymous support (online, telephone support, counselling, other professional help) |

7. What do you think are the conditions, skills and resilience in the Chinese Australian community around mental health, wellbeing ? (Please choose more than one answer if appropriate)

- Dealing with these issues within the family
- Having friendship supports because we are away from home
- Having a cultural understanding of mental health issues and wellbeing
- Having access to culturally appropriate mental health and suicide prevention supports



8. Do you know of any deaths by suicide in the Chinese Australian community?

- Yes
- No

9. What cultural traditions and outlooks should be taken in consideration in mental health services for Chinese Australians?

10. Would you use a telephone support service with Chinese language staff if you or a family member or friend was in need of support?

- Yes
- No
- I don't know

11. Have you used a similar service in Australia or China? (please choose more than one answer if appropriate)

- Yes, in Australia
- Yes, in China
- In both Australia and China
- No, I have never used a similar service

12. What age are you?

- | | |
|--------------------|---------------------------|
| 10-14 years of age | 40-44 years of age |
| 15-19 years of age | 45-49 years of age |
| 20-24 years of age | 50-54 years of age |
| 25-29 years of age | 55-59 years of age |
| 30-34 years of age | 60-64 years of age |
| 35-39 years of age | More than 65 years of age |



13. What is your gender? (this survey will not discriminate on the basis of gender identity or expression)

- Male
- Female
- Other

14. Where are you or your family originally from?

- Mainland China
 - Hong Kong
 - Taiwan
 - South East Countries
 - Other (please specify)
-

15. What is your current residency or visa status in Australia?

- | | |
|---|---|
| <input type="checkbox"/> Australian citizen or Permanent Resident visa holder | <input type="checkbox"/> Work related visa (457, 400, 403, 408) |
| <input type="checkbox"/> Refugee visa (subclass 866) | <input type="checkbox"/> Student visa or Guardian visa or Temporary Graduate visa (800, 590, 485) |
| <input type="checkbox"/> Parental visa (subclass 103, 804, 143) | <input type="checkbox"/> Spouse of visa holder or Prospective Marriage visa (subclass 300) |
| <input type="checkbox"/> Visitor visa (600) | <input type="checkbox"/> I do not hold a current Australian visa or citizenship |
| <input type="checkbox"/> Working holiday visa (417, 462) | |
| <input type="checkbox"/> Other visa holders (please specify) | |
-

16. What is your postcode in Australia?

We appreciate your time in taking part in this important survey. If you are need of help or support please call Lifeline on 13 11 14 or visit www.lifeline.org.au/gethelp

Appendix C: Consultation questions – professionals and community organisations focus groups

- ▶ What are the main areas of concern for Chinese Australians seeking mental health assistance and support? (e.g. depression, domestic violence, family problems etc)
- ▶ What do you see as the main crisis support needs for Chinese Australians?
- ▶ What do you perceive to be the main barriers to Chinese Australians accessing mental health services and support?
- ▶ What are the key considerations that need to be made to encourage Chinese Australians to use a Chinese language Lifeline service?
- ▶ Noting that privacy and confidentiality are important to the Chinese Australian community, what would promotion of a Chinese Lifeline Service look like?
- ▶ What considerations would need to be made for Lifeline staff? What skills and/or expertise would they require to meet community need?
- ▶ What would a culturally appropriate Chinese Lifeline service look like?
- ▶ What are the most effective mechanisms to promote mental health services and support to the Chinese Australian community?
- ▶ Cultural understanding has been raised as an important consideration for the Chinese Australian community to seek mental health services and support. How should this be communicated/promoted? What should it involve?
- ▶ The generalist health system plays a key role in linking Chinese Australians to mental health services and support. How can linkages be drawn, and relationships formed to support the Chinese Lifeline Service?
- ▶ What are some critical factors to increase the effectiveness and success of mental health and wellbeing, and suicide prevention services to Chinese Australians? What could Lifeline do beyond the provision of a Chinese phone support service to support the community? What would such support look like?
- ▶ This is a community that responds strongly to community and religious leaders and respected Elders. How can relationships and support best be formed with church and faith ministers, heads of organisations, business leaders, MPs and former MPs, media editors and others to support a Chinese Lifeline Service?

Appendix D: Community Focus Group questions

- ▶ Out of interest, who here has heard of Lifeline before? (They are a national charity providing all Australians experiencing a personal crisis with access to free 24-hour crisis support and suicide prevention services).
- ▶ If you knew about this service and were experiencing mental health problems (stress), would it be something that you would use?
- ▶ What would stop you from using the service?
- ▶ What would you expect from the service? (Prompt – qualified staff, confidentiality, understanding of Chinese culture, help in your own language, help solve problem)
- ▶ What are the main areas of concern you would like support with? (Prompt – family problems, financial problems, stress, depression, how to support your child/grandchild, settling into Australia etc)
- ▶ What would encourage you to use a Chinese language Lifeline service?
- ▶ How could this service best be promoted to the Chinese Australian community?
- ▶ Would you be more likely to use it if your GP or health professional told you about it/advised you to use it?
- ▶ Would you be more likely to use the service if there was a community leader/ambassador promoting and supporting it? Who might be a good ambassador?
- ▶ Would you like any other support than a phone service? (Prompt – online support, community education/workshops)
- ▶ Do you think there are any issues involving stress, mental health and wellbeing that are specific to women in the community? (Prompt – family problems, raising children, settling into Australia?)
- ▶ Do you see a role for women in the community to support and promote such a service to each other?
- ▶ Do you think women in the Chinese Australian community would be interested in being trained by Lifeline to act as support people for friends, family, community members when they are experiencing high levels of stress and anxiety? To help support them to find the best services?



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