

12 March 2025

Mental Health and Suicide Prevention Agreement Review

The Multicultural Communities Council of South Australia (MCCSA) thanks you for the opportunity to provide input to the Select Committee on Stillbirth in South Australia. Our organisation is the peak multicultural agency in South Australia, representing over 125 ethnic communities across the state. Established 50 years ago, MCCSA works closely with culturally and linguistically diverse (CALD) communities to address various issues affecting their wellbeing, including health matters. Through our Women's and Men's Councils and regular community consultations, we have identified several concerns regarding mental health and suicide prevention approaches.

## Culturally Inclusive Approaches to Suicide Prevention

### Challenges in CALD Communities

Through our engagement with diverse communities, we have identified significant barriers in accessing and delivering effective suicide prevention support for culturally and linguistically diverse (CALD) populations:

- **Limited Engagement with Formal Services** – Many CALD individuals are more likely to seek support from religious or community leaders rather than formal suicide prevention networks (SPNs). These leaders often have a deeper understanding of their community's needs and play a crucial role in shaping attitudes toward mental health and suicide-related distress.
- **Lack of Culturally Specific Data** – There is a critical gap in research on suicide risk factors within different CALD communities. Without this data, interventions remain generic and may not adequately address unique cultural risk factors.
- **Need for a Narrative Approach** – Standard suicide risk assessment tools were primarily developed in Western contexts and may not fully capture how individuals from different cultural backgrounds express emotional distress or suicidal thoughts. A storytelling-based approach, rather than rigid questionnaires, could allow people to communicate in culturally familiar ways.
- **Stigma and Exclusion** – Community feedback highlights that those who do not fit traditional social norms (e.g., LGBTQIA+ individuals, people with disabilities, divorced individuals) often experience stigma and exclusion, which can contribute to mental distress.

## Recommendations

1. **Integrating Cultural Intelligence and Competence in Suicide Prevention Training**
  - Suicide prevention professionals require training that places cultural diversity at its core, including culturally specific risk factors, protective factors, and intervention strategies.

- Cultural intelligence and competence training should be embedded at all levels, ensuring professionals are equipped to engage effectively with CALD individuals.
2. **Developing Culturally Tailored Prevention Programs**
    - Programs must consider collective well-being alongside individual risk factors, acknowledging that mental health is often viewed through a community lens in many cultures.
    - Prevention and intervention strategies should address cultural beliefs, stigmas, and practices surrounding mental health and suicide.
  3. **Enhancing Representation and Community-Led Initiatives**
    - Suicide prevention professionals should reflect the diversity of the population to ensure a better understanding of cultural nuances in discussing suicide.
    - Community-led initiatives should be supported and expanded, as programs developed within specific cultural communities are often the most effective.
  4. **Addressing Immigration-Related Stressors**
    - Mental health support services should include programs that specifically address stressors related to immigration, including cultural adjustment and discrimination.
  5. **Cultural Bereavement Support**
    - Support services should respect different cultural mourning practices and beliefs about death.
    - A resource library should be developed to provide information on diverse cultural mourning practices, ensuring that support staff can respond appropriately.
    - Bereavement support groups require stable funding, as existing groups have reported financial difficulties in maintaining services. Exploring funding partnerships or alternative financial models could help sustain these critical support networks.
  6. **Improving Accessibility of Suicide Prevention Resources**
    - Grieving individuals should not have to search extensively for support; instead, outreach systems should proactively connect them with services, potentially through hospitals or law enforcement.
    - The development of a mobile app or a user-friendly website with centralized suicide prevention resources should be explored.
  7. **Cultural Intelligence Training for First Responders**
    - Feedback from community members has highlighted **serious concerns** regarding the approach and communication of law enforcement and emergency responders in suicide-related situations.
    - There is an urgent need for cultural intelligence training for **SAPOL (South Australia Police)** and other first responders to ensure culturally sensitive and trauma-informed responses in mental health crises.
  8. **Ensuring CALD Representation in Decision-Making**
    - Organizations like the **Multicultural Communities Council of South Australia (MCCSA)**, which works with over **85% of the CALD population in SA**, must be at the forefront when decisions about CALD communities are being made.
    - MCCSA and similar organizations need to be present in key decision-making spaces, ensuring that CALD voices are heard and that policies and programs **accurately reflect the needs of diverse communities**.

- Without direct representation, decisions risk being **out of touch with lived experiences**, reducing the effectiveness of interventions designed to support CALD populations.

By implementing these strategies, we can foster a **more inclusive, culturally responsive** approach to suicide prevention, ultimately improving outcomes for CALD communities.

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Yours sincerely,

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CEO