

# Designing an inclusive national mental health service from diverse communities' perspectives

## AUTHORS

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Fig. 1. Image capturing 'digital vault' activity in Phase 1

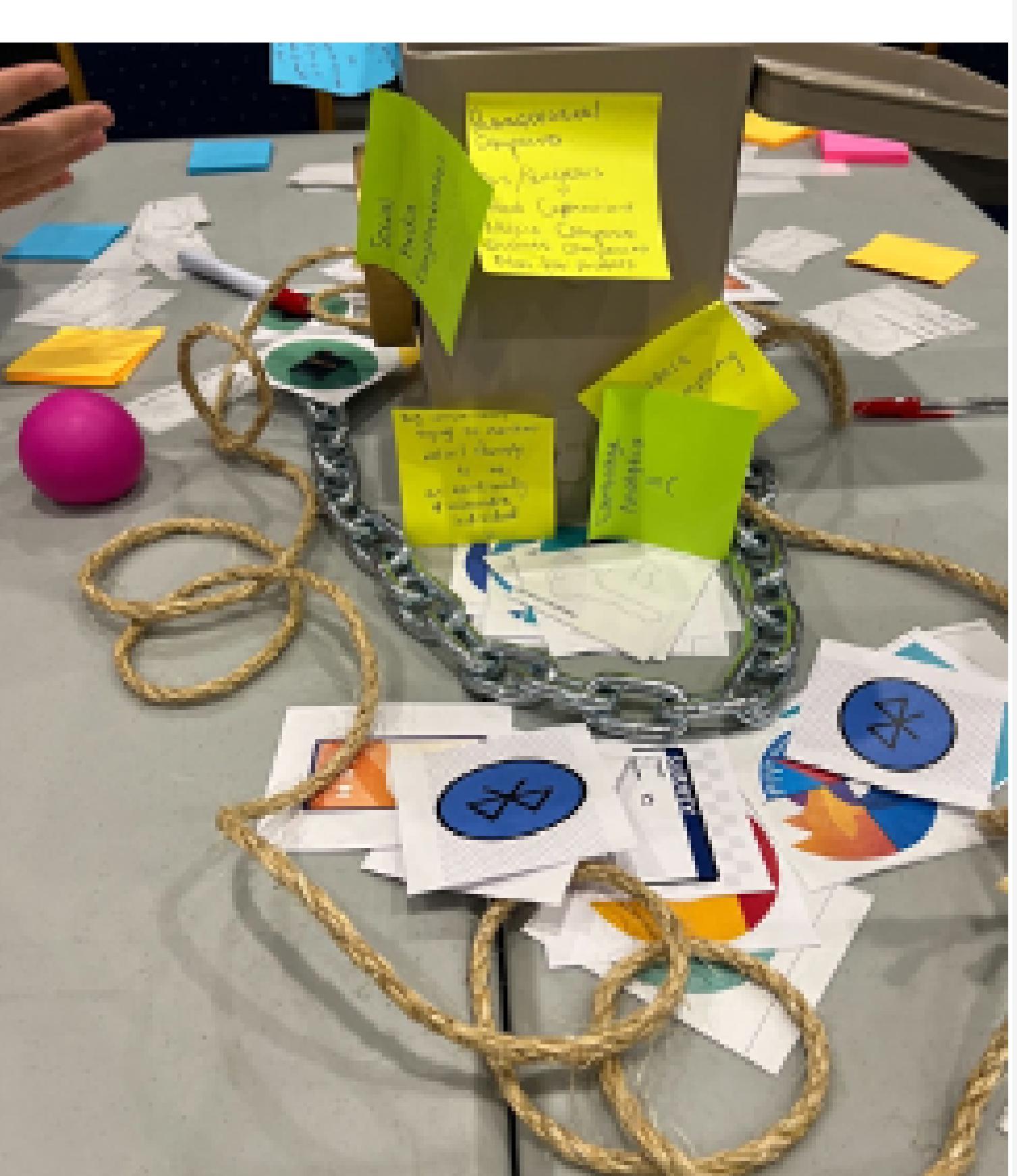


Fig. 2. Image capturing 'digital vault' activity in Phase 1

- Healthy parent-child relationships will increase engagement in mental health support by young persons from diverse backgrounds.
- Barriers to engagement with digital mental health include cultural-based discrimination, the influence of culture on mental health support, and how a diagnostic label may impact the likelihood of engaging in help-seeking.
- Our findings suggest a need for culturally safe psychoeducation that fosters self-determination with tailored resources that account for:
  - Language barriers
  - Variations in conceptions around mental health and wellbeing
  - Transparent data collection; and
  - Messaging on how users can be supported

## INTRODUCTION

- Digital mental health innovations (DMHI) have the potential to improve care, interventions, monitoring, and equity through access (APC, 2020).
- Barriers to access for Culturally and Linguistically Diverse (CALD) communities may include: language, stigma and shame (Khatri and Assefa 2022). People from diverse backgrounds access mental health services at a more severe stage of their condition, reducing their chance of recovery (FECCA, 2011).
- Australia is multi-cultural and diverse, but DMHIs tend to be designed with Anglo Australians in mind. Clinical implementations need to be designed with diverse populations to integrate their perspectives and preferences (Smith et al 2023).
- End users should be more involved in innovative research and treated more as partners instead of passive participants.

## OBJECTIVE

To engage stakeholders from diverse communities in Australia to explore sociocultural perspectives of mental health data collection, digital mental health literacy, and the impact of a diagnosis or recommendation from a DMHI to inform the inclusive design of a national digital mental health service. This will include the examination of the following research questions:

**RQ1** Exploring how diverse users value data about mental health and whom they would share it with.

**RQ2** What are diverse user's understandings of the potential impact that predictions from DMHI may have in different contexts, particularly where there are conflicting interests between third parties and the well-being of the individual end-users.

**RQ3** How is predictive information communicated and understood, and to what impact on clinical practice this might have.

## METHODOLOGY

- Participants were recruited with a diverse range of lived mental health and cultural experiences. We conducted two user-centred workshops: one with young people (aged 16-25; n=10, 7 female, 3 male) and another with parents of young people (n=8: 4 female, 4 male); and a consolidation workshop with parents and young people (n=8: 4 female, 4 male).
- The study involved 2 phases (see Figure 3) with Phase 1 (RQ1 and RQ2) informing the development of the cognitive walkthrough (see Figure 4) in Phase 2.1 (RQ3).
- We used a soon-to-be-available nationwide digital mental health technology being developed as a self-directed check-in system that assesses a child or young person's social, emotional, and behavioural well-being and development and offers automatic feedback including evidence-based programs.
- We used consumer engagement, including a participant lead, to examine perspectives that would inform future-facing design.
- All 3 sessions were conducted face-to-face (3 hours each) and participants were remunerated \$40p/h.
- Sessions were thematically analysed with an inductive approach using methods from Braun and Clarke, 2006.



Fig. 3 Visualisation of study design

## RESULTS

Six themes were developed from the analysis of the data collected from both phases. They were:

- (1) Sociocultural influences on mental health:**
  - Variations in help-seeking, parental influence, community and spiritual support.
- (2) Generational differences in mental health and digital literacy:**
  - Differences in accessing mental health professionals, digital and mental health literacy, and cultural considerations, which varied depending on whether a participant was a first or second generation migrant.
- (3) Stigma and the influence of culture on mental health:**
  - Cultural beliefs provide alternative explanations of poor mental health, concerns about further marginalization when given a mental health diagnosis, and fears it may ignite defensive barriers in the community.
- (4) Cultural based discrimination in mental health support:**
  - Inequity in the availability of psychological assessments, screening tools, and support being available in languages other than English and discrimination by third parties.
- (5) Trust in the use and application of a DMHI:**
  - DMHI should offer further resources once completing a screening with emphasis placed on the importance of a healthy relationships (parent-to-parent and parent-child) determining the likelihood of engaging in DMHI.
- (6) Data management and sharing:**
  - Participants exhibited a moderate level of understanding of personal data and how to manage it, with some concerns about data breaches identified; young people felt that they were more open to having their data tracked or shared.

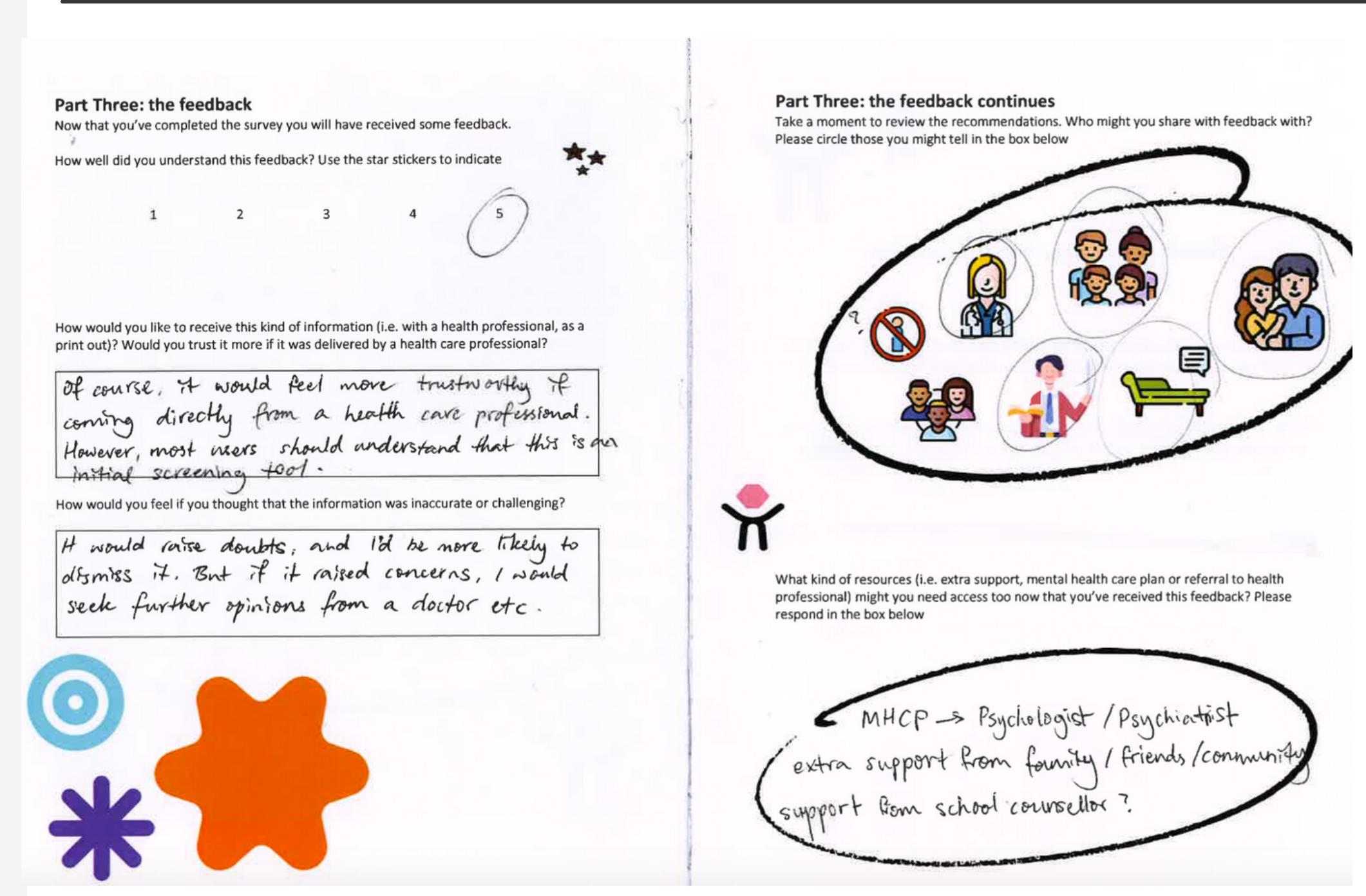


Fig. 4. Example of completed Cognitive Walkthrough booklet

## ANALYSIS

- The diagnosis process of DMHI may further marginalise diverse community members by medicalising different cultural practices.
- Connection to family and parent-child relationship are a central factor in the likelihood of engaging with a DMHI. The closeness of parent-child relationship likely influences the engagement with DMHI and whether information provided by DMHIs are shared.
- Cultural barriers may result in fewer people from diverse populations accessing DMHI including fear of stigma and judgement from within their own community. Additional barriers included: a lack of resources available in their languages, visa and migration concerns, insurance premiums, and recent health care data breaches.
- Young people were thought to have a higher level of general mental health and digital literacy.

## CONCLUSION

Inclusive design considerations for the future development of DMHI that account for cultural-based discrimination, are culturally safe, consider family and cultural influence on mental health support, and consider the impact of a screening result of diagnosis may improve the likelihood of engaging in DMHIs and help seeking.

## References

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