BRiTA Futures
Building Resilience in
Transcultural Australians

Program Report

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The *BRiTA Futures* Program

Introduction

BRiTA Futures is a group intervention program designed specifically to build resilience towards acculturation stress in children and adolescents from culturally and linguistically diverse (CALD) backgrounds. *BRiTA Futures* has two components, the primary school version for children aged 9 to 12 years and the adolescents' version for young people aged between 12 and 18 years. *BRiTA Futures* aims to develop and evaluate an approach to promoting resilience and the positive mental health of CALD children and adolescents within a framework that acknowledges risk and protective factors related to cultural diversity, experiences of migration and acculturation as well as developing a healthy bicultural identity.

By adopting a strengths based approach to promoting positive mental health and social connectedness, the focus of the *BRiTA Futures* program is on strengthening protective factors such as positive bicultural identity, self-esteem, sense of connectedness, communication skills, goal setting and future planning as well as recognising the risk factors related to acculturation stresses and childhood and adolescence development. *BRiTA Futures* provides supportive settings such as schools and community based and welfare (NGO) organisations with tools for optimising the mental health and wellbeing of CALD children and adolescents in Australia which in turn, enables CALD children and adolescents, including newly arrived young refugees, to find ways to live harmoniously with their culture of origin and within the Australian culture.

Background

The need to develop a group intervention program to build resilience in children and young Australians from CALD backgrounds was identified by the Queensland Transcultural Mental Health Centre with the release of the report *Coping in a New World 2001.* This report looked at the mental health strengths and needs of 123 CALD young people in Western Australia, South Australia and Queensland from their perspectives and the perspectives of 41 carers and 47 service providers.

A number of school-based mental health education programs were identified which showed promising outcomes, however, none of these addressed the unique cultural factors impacting mental health and wellbeing of young children and adolescents from CALD backgrounds. While the concept of resilience has gained considerable attention, specific issues related to the stress of acculturation and the definition of a cultural identity were not included in these programs. The workforce in education and health related sectors were also not adequately trained to be inclusive of these issues when delivering generic mental health promotion programs.

Some initial work was undertaken focusing on adapting existing resilience building group programs for young people to those with a CALD background, however as they did not fully meet the cultural frameworks required when working with CALD populations, it was decided to research and develop a new program specifically focussing on the needs of CALD young people.

The *BRiTA Futures* Program (Building Resilience in Transcultural Australians) was first developed and piloted in 2002/2004 to promote positive mental health in young people (adolescents) by the Queensland Transcultural Mental Health Centre (QTMHC) with funding from Beyondblue, Department of Health and Aging (DoHA) and Queensland Health.

The *BRiTA Futures* Primary School (PS) (Building Resilience in Transcultural Australians, Primary School Version) program, extended from the earlier Adolescents pilot project and was developed and piloted in 2005/2006 by QTMHC in collaboration with the Resilient Children and Communities Project, QUT through an Industry Linkage Grant.

In 2007, the adolescent version of the *BRiTA Futures* Program was reviewed by a range of stakeholders working with newly arrived adolescents from refugee backgrounds to make it more appropriate for this group. Since then the program has successfully been delivered to young people from refugee backgrounds.

In 2008-2009, the program content was re-developed and published and training of group program facilitators commenced in Queensland. In 2009, in partnership with the University of Queensland, via the Queensland Centre for Mental Health Research, the program's evaluation tools were reviewed and improved. A database was also established to store and analyse program data in an ongoing capacity.

In 2010, in partnership with the School of Psychology and Counselling, Queensland University of Technology, work commenced on developing an adult component of *BRiTA Futures* enabling the program to work simultaneously with parents and families of children and adolescents participating in *BRiTA Futures.*

To date, 199 group program facilitators have been trained in Queensland, and 50 group programs have been delivered, reaching over 500 CALD children and young people.

A preliminary evaluation based on the previous evaluation tools of 117 primary school aged children and 192 adolescents who completed the program found:

- The program was successful in reaching its target group, as 63% of children and 82% of adolescents were born overseas from 43 different countries.
- At commencement of the program around a quarter of the primary school age participants had global quality of life scores below the normative range for western and non-western populations indicating some level of unhappiness with life as a whole.
- Almost half of the adolescents had a score at, or above, the threshold of indicating some level of psychological distress.
- Both age groups indicated that they had relatively high levels of resilience prior to the program as measured by resourcefulness and social support.
- Post program data showed an improvement in participants' happiness in the primary school age group and wellbeing in the adolescent group.

In summary, the preliminary results suggest encouraging trends in that *BRiTA Futures* is effective in building resilience and promoting wellbeing in children and adolescents from CALD backgrounds.

Literature review

Introduction

For many people, the migration process and associated experiences of settlement and acculturation are recognised as contributing to poor mental health (Selvamanickam, Gorman & Zgryza, 2001). It is generally accepted that the rates of access to mental health support services by migrants are significantly lower than the rates of the general population. This effect can be assumed to be much lower in younger children and adolescents from culturally and linguistically diverse (CALD) backgrounds. The impact of migration is often overlooked in children and young people, who may in many cases, have little control over the migration process. There is very little evidence or research that addresses this impact. In children and adolescents, acculturation stress, the development of a bicultural identity, the demands of adapting to a foreign culture at critical stages of life and the pressures of childhood and adolescent development may often go unnoticed for considerable periods of time, and may contribute to stress and trauma. This can significantly undermine normal protective and resilience factors for CALD children and their families which can result in serious associated mental health problems and increased risks of suicide (Walker, 2002; Minas, 1990).

It is however recognised that targeting those with an increased risk of mental illness in the early life stages can promote resilience. For example, intervention in the perinatal period to encourage positive bonding and in early childhood to support appropriate social interaction and engagement has been shown to enhance resilience (Ayyash-Abdo, 2002). Similarly, recognising children who are showing disturbed behaviour and intervening in school, community and family environments can lessen the risk of subsequent conduct disorder and propensity to substance dependence.

While considerable efforts have been made to develop intervention programs for those who are clinically diagnosed or 'at high risk' for poor mental health outcomes, evidence is accumulating that promoting resilience in children and young people can protect against mental health problems and suicide (CDC, 2004; Ayyash-Abdo, 2002). The 2008 *National Mental Health Policy* framework states the importance of targeted programs to address prevention and intervention for at risk groups – especially children and families. With promotion, prevention and early intervention being a key platform in the *Queensland Plan for Mental Health 2007-2010* and the *Fourth National Mental Health Plan 2009-2014* there is a strong emphasis on adopting positive 'assets- strengthening', promoting 'protective factors' and fostering resiliency as a preventative strategy (Australian Health Ministers, 2003). As mental health needs are growing in Australia, a better awareness of factors that support resilience and coping strategies in children and young people is being recognised as vitally important (NMHPWG, 2009).

Mental health interventions in Australia have recently shifted focus towards the development of appropriate preventative approaches to mental health alongside tertiary mental health services for the CALD population. The *Fourth National Mental Health Plan 2009–2014* adopts a population health framework which recognises that mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels. The framework acknowledges the importance of mental health issues across the lifespan from infancy to old age, and recognises that some people may be particularly vulnerable because of their demographic characteristics (e.g. age, cultural background) or their experiences (e.g. exposure to trauma or abuse) (NMHPWG, 2009).

For the purpose of this paper, references are made only to CALD children and young people or adolescents from migrant and refugee backgrounds.

Mental health of children and adolescents from CALD backgrounds

People from culturally and linguistically diverse (CALD) backgrounds in Australia suffer from the usual range of mental health problems. Information on the prevalence and incidence of mental health disorders for CALD groups and those specifically different cultural groups in Australia is not always captured by general community statistics due to methodological issues and being excluded when not proficient in English.

It is estimated that nearly 45% of the general adult Australian population will experience a mental illness in some stage in their lives and one in five Australians will experience a mental disorder in any 12-month period (ABS, 2007). Young people are more likely to experience a mental illness and the prevalence of mental disorders declines with age. In 2007, 26% of 16-24 year olds had experienced a mental disorder in the previous 12 months. Data published in 2008 revealed that during a 12-month period, 7% of Australian children and adolescents aged 0-17 were experiencing mental health problems (ABS, 2006).

There is mounting evidence suggesting that migration stresses faced by people, either through choice or by necessity (such as refugees), can undermine normal protective and resilience factors in both parents and children resulting in serious mental health problems or in the extreme, increased risk of suicide (Lustig et al, 2004; Walker, 2002). Although migration itself has not been shown to be directly linked to mental illness, it is believed to be mediated by numerous risk factors that create a psychological vulnerability to poor mental health, rather than poor mental health itself (CDC, 2004). This vulnerability is further exacerbated by the fact that CALD communities experience a large number of social factors, i.e. discrimination, that determine their poor mental health and are historically less likely to access mental health services than the general population (Romios, McBride & Mansourian, 2007). Other common mediating factors believed to influence psychological vulnerability include gender, age and ethnic origin (Oppedal, Roysamb & Heyerdahl, 2005).

An increasing number of Australian cross-cultural and acculturation studies have served to advance the understanding of the difficulties faced by children and families who migrate to Australia (Sonderegger & Barrett, 2002). CALD adolescents (between the ages 12 to 18) and children (under 12 years old) are, however, particularly susceptible to the negative experiences of the migration process. Traumatic life events either prior to, during, or following migration and the demands of psychologically adjusting to a new cultural environment (acculturation) during an important phase of development can lead to a considerable increase in stress which may in turn have the potential to lead to, or exacerbate, a mental health problem. The process of acculturation occurs when two or more cultures come into unavoidable persistent contact (Garrett & Pichette, 2000). Regardless of whether an individual identifies with only one or several aspects of both cultures, the cultural collision that occurs creates stress that can often result in anxiety, depression, identity confusion and feelings of marginalisation and alienation (Turjeman, Mesch & Fishman, 2008; Ouarasse & van de Vijver, 2004; Williams & Berry, 1991).

Evidence from studies have shown that stressful life experiences from the process of migration and acculturation are linked to higher levels of psychological distress and physiological problems in children and adolescents (Turjeman, Mesch & Fishman, 2008; Oppedal, Roysamb & Heyerdahl, 2005; Oppedal & Roysamb, 2004) and may contribute to poor mental health (Stevens & Vollebergh, 2008; Bryan & Batch, 2002). Oppedal et al (2005) found that the first generation 'healthy migrant benefit' vanishes over generations with first generation girls and second generation boys being more at risk and concluding that by the third generation, ethnic minority youth appear to have more mental health problems and risk behaviours than native born.

A *Kids Helpline Survey* of Australian adolescents (and their families) from a CALD background found an increased prevalence of self-reported psychosocial stress symptoms related to adapting to, and accommodating, multiple sets of social and cultural mores. This increased risk of mental health issues were associated with prolonged emotional distress, social and cultural disconnectedness, exposure to social stigma, disrupted family functioning, and educational failure as a result of migration and the acculturation process (MMHA, 2001).

Minas & Sawyer (2002) found that CALD children and young people were likely to be overlooked during prolonged stress within a family where parents or carers were also functionally impaired because of depression or other mental health conditions. Kim, Cain & McCubbin (2006) reported on the impact of acculturation on maternal and paternal parenting for adolescents living in two cultures and was identified as a critical factor for young adolescents' psychological adjustment and wellbeing. The complexities of bi-cultural relationships within the family often add significant stress that restricts opportunities to integrate with social networks (Rivera, 2007; Kim, Sarason & Sarason, 2006; Smokowski & Bacallao, 2006; Walker, 2002).

Critical levels of depression and suicide ideation with acculturative stress in young people (Turjeman, Mesch & Fishman, 2008; Hovey, 2000; Hovey & King, 1996) and clinically significant levels of depression and anxiety symptoms among young people with a refugee background (Sack et al, 1999; Sack, 1998; Sourander, 1998) have been reported. Jaycox et al (2002) reported 32% of recent immigrant children showed clinical levels of Post Traumatic Stress Disorder symptoms, and 16% reported clinical depressive symptoms. Risk factors that contribute to poor mental health are outlined in Table 1 (Sozomenou et al., 2000; feedback from Assessment of Students with a Refugee Background Forum, QTMHC, 2009; feedback from BRiTA Futures Group Facilitators, QTMHC, 2009).

Table 1: Risk factors for poor mental health outcomes of CALD children and adolescents

- Acculturation stress (e.g. language and cultural adaptation to a high-income country)
- Confusion regarding cultural identity
- Intergenerational and intercultural conflict
- Disrupted education prior to migration and inadequate education system once in Australia
- Lack of English language ability as well as health literacy
- Settlement and adaptation difficulties
- Migration or refugee experiences
- Grief or loss relating to migration from their country of origin, i.e. separation from family members
- Post traumatic stress from experiences prior to resettlement and difficulties with acculturation, i.e. experiences of racism and discrimination
- Conflicting cultural beliefs about health and illness
- Emotional and psychological problems in parents (e.g. depression)
- Real or perceived threats to personal safety
- Uncertainty about political status (e.g. visas, residency, etc)
- Inadequate accommodation for large or extended families
- Marginalisation by peers
- Social and cultural isolation
- Low social status
- Unfamiliarity with systems and services

The *Coping in a New World* report outlined a number of contributing factors to mental illness associated with the migration and acculturation process. These included social, language and cultural isolation or alienation; family and peer relations; role expectations; low educational resources; complications arising from migration and settlement that occur at critical development phases of the lifespan; and the impact of unemployment and education on the social and emotional wellbeing of CALD children, young people and their families (Selvamanickam, Gorman & Zgryza, 2001).

Resilience: a new approach to mental health promotion

Evidence is growing that by promoting resilience through strengthening protective factors and mitigating risk factors in children and young people can in fact protect them against mental health problems and suicide. According to the Centre for Disease Control and Prevention (CDC, 1995 in Ayyash-Abdo, 2002), resilience is the capacity to 'bounce back' in the face of adversity. Resilience, defined as 'good eventual adaptation despite developmental risk, acute stressors or chronic adversity' (Masten, 1994, p5), is identified as a key factor in the successful acculturation of CALD children and adolescents. The two core dimensions that contribute to resiliency are the level of adversity experienced and an individual's capacity to adapt to that adversity based on the interaction of risk and protective factors. While the level of adversity experienced prior to arriving in Australia cannot be directly controlled, the risk and protective factors they experience after migration can be directly and indirectly influenced to produce a more positive acculturation outcome (Lemerle & Prasad-Ildes, 2004).

'Risk factors' commonly refer to experiences and characteristics that increase the likelihood of certain negative outcomes, while 'protective factors' are attitudes or beliefs that mitigate against those negative outcomes (Mangham et al, 1995; Jaycox et al, 2009). For example, protective factors in reference to suicide would be a strong sense of belonging and connectedness, supportive community, school and family environments, help seeking behaviour and effective and accessible clinical care. Conversely, risk factors for suicide would be depression, discrimination and social alienation. Consequently, fostering resilience to suicidality would be achieved by balancing the risk and protective factors outlined above at both the individual and community level (Lemerle, Stewart & Prasad-Ildes, 2007).

Individual and community resilience to acculturation stress can likewise be enhanced by analysing the potential risk and protective factors. This balance can be accomplished by exposing at-risk individuals to the right developmental opportunities at the right time and in contrast, diminished resilience may occur due to a lack of these opportunities (Nuttall, 2009).

The precursors to resilience are believed to develop during childhood and depend primarily on the environmental conditions, attitudes and social behaviour a child is exposed to by influential familial and extra-familial adult figures (Lemerle & Prasad-Ildes, 2004). During this period, significant life events also occur that increase or diminish an individual's exposure to opportunities to develop personal skills and strategies that interact with innate personality dispositions to form their overall ability to adapt to adverse situations. Another consideration, especially during adolescence, is the effect of peer groups. It is believed that the key to developing psychosocial competence during adolescence is interpersonal skills which enhance a sense of connectedness to significant social structures such as schools, family and community organisations (Ouarasse & van de Vijver, 2004; Lemerle & Prasad-Ildes, 2004).

Family and social support and cultural strengths play a critical role in successful acculturation processes and mental health and wellbeing of migrant children (Rivera, 2007; Smokowski & Bacallao, 2006). The first attempt to study the effect of adolescent resilience from a cultural perspective was by Werner & Smith (1982), undertaking 30 years of

ethnographic analysis of high risk children in Kauai, Hawaii. They found that high risk children who succeeded despite adversity exhibited similar temperamental characteristics: intelligence, high level of social skills and strong relationships with their parents or other adults (Werner & Smith, 1982). These characteristics formed the basis of the concept of protective factors. Mangham et al (1995) suggested that these protective factors work by providing a buffer against acculturation stress as a reservoir for the resilient individual to draw from when creating personal strategies that limit the influence of such stress.

There are widely accepted dimensions of resilience as identified in the International Resilience Project (IRP) (Grotberg, 1996) that have been assumed to be consistent across cultures such as high self-esteem, social communication skills and a sense of connectedness to family and cultural institutions. Data collected from 30 countries supported the claim that although cultural differences have an important influence on the level of resilience a person is likely to exhibit after migrating to a new country (Shek, 2004), there are a number of core dimensions that cross national and cultural boundaries. Unique cultural influences observed included parenting style, participating in the extended family network, exposure to social discrimination/racism, perceived safety, strong social and cultural heritage/values and exposure to catastrophic life events.

Enculturation is the extent to which a person identifies with their ethnic culture, participates in traditional cultural activities and feels a sense of pride in their cultural heritage (Chen et al, 1999, Zimmerman et al, 1996). Research has shown that an individual who exhibits these attributes is less likely to show signs of psychopathology and more likely to be resilient to acculturation stress. LaFromboise et al (2006) examined resilience in American Indian youth finding that enculturation was a protective factor and that for every unit increase in enculturation there was a 1.8 unit increase in the odds of being resilient. This suggests that the concept of enculturation fits adequately into Grotberg's (1996) list of unique cultural influences on resilience.

The Centre of Applied Research and Education Improvement (CAREI) concurred with Grotberg's (1996) findings and articulated a similar list of 10 fundamental beliefs that they found to shape cultural resilience. These were: spirituality, child-rearing/extended family, veneration of age/wisdom/tradition, respect for nature, generosity and sharing, co-operation/group harmony, autonomy/respect for others, composure/patience, relativity of time, and non-verbal communication (CAREI, 1997). The 10 beliefs articulated represent culturally specific versions of the environmental, social, attitudinal and familial influences described by the concept of general resilience.

Although longstanding evidence suggests that people from CALD backgrounds and migrants from lower economic backgrounds have higher rates of mental health problems than those from higher socio-economic groups (Minas, 1990), social values, religious influences and peer support or social activities within ethnic communities provide a protective factor against mental health problems (Rens, 2002). Having learned coping capacities, inner strength and social supports within the family and peer networks can provide resiliency in children and young people which may protect them from long term mental health problems arising from adversity, trauma and social dislocation (Barankin & Khanlou, 2007; Ouarasse & van de Vijver, 2004; Almqvist & Broberg, 1999).

Sam & Oppedal (2002) stated that immigrant children and adolescents face different adaptation challenges than their parents, they adapt well and in many cases even better than their host counterparts. There is strong evidence that in some circumstances, there is an association between proficiency in the second language, an attitudinally based motivation to learn that second language and the ethnic and cultural identity linked to that language (Young & Gardner, 1990). As this is one of the indicators of acculturation, both strong ethnic

identity and high acculturation would seem to protect against the development of psychopathology (Chen et al, 1999). The context in which acculturation develops is of vital importance for acculturation outcomes. A study in the Netherlands examined both the mainstream and minority context and how these are perceived by adolescents and young people related to acculturation outcomes (Ouarasse & van de Vijver, 2004).

Acculturation stress diminishes over time where integration (rather than separation and marginalisation) have been encouraged (Ouarasse & van de Vijver, 2004). Kroger & Green (1996) examined the adjustment and identity development of 100 young adults following exposure to new social and cultural environments and found that positive development during the adolescent lifespan was attributed to establishing meaningful life directions, religious awareness and relationship formation. The study concluded that acquiring competencies or life skills have enabled young people to operate within more than one cultural context and develop tolerance for diversity. Having cultural competencies in living across different cultural contexts have been supported by Ouarasse & van de Vijver (2004).

Several publications including Lemerle, Stewart & Prasad-Ildes (2007); Rousseau et al (2005); Barrett, Sonderegger & Xenos (2003); Gonzales-Ramos & Sanchez-Nester (2001); AUSEINET (1999) have focussed on protective factors such as strong parent-child relationships, religious practices and extra familial social support that have specifically addressed mental health resilience in children and young people from a CALD background.

The key findings from the *BRiTA* Phase 1 pilot study (Lemerle & Prasad-Ildes, 2004), indicated positive trends towards resilience protective factors such as interpersonal competencies and social skills in young adolescents. The study also reported statistically significant improvement in personal goal-setting and help seeking skills as well as strengthening the social relationships of young people with their peers.

Resilience and mental health promotion interventions/programs for CALD children and adolescents

In an Australian review, Melanie Jacobsen (2002) drew attention to the importance of prevention programs that focus on competencies rather than developmental or environmental deficits and that Australian research was currently leading the way in terms of new models of resilience promotion. Interventions specifically targeting mental health in children and adolescents continue to be directed primarily towards those exhibiting clinically-identifiable conditions or designated as 'at risk' despite the evidence that a positive 'assets-strengthening' focus and the fostering of resiliency as a preventative strategy, holds considerably more promise. The report, *Mental Health of Young People in Australia* (Sawyer et al, 2000) indicated that many young people, particularly those from CALD backgrounds, face significant barriers to help seeking behaviour which in turn reduces the likelihood they will access professional mental health services largely due to concerns about stigma and lack of awareness about available services. In many cases these barriers are further exacerbated by language difficulties or family isolation.

The *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health* (DoHA, 2000) has recognised this concern and highlights the need for community based services (including schools) to identify and refer children and adolescents who show early symptoms of mental health problems to mental health service providers. The plan also recommends developing prevention programs for children and adolescents that help them deal with anxiety and depression in an environment that increases cultural awareness and in a manner that promotes a proactive approach to mental health.

Evaluating resilience programs

Attempts have been made to evaluate resilience programs and mental health promotion interventions that target children and adolescents/youth (Lemerle & Prasad-Ildes, 2004; Constantine & Benard, 2001; Constantine, Benard & Diaz, 1999). Although there are only a few programs that have measured the resilience of people from CALD backgrounds (Constantine & Benard, 2001; Jew et al, 1999; Constantine, Benard & Diaz, 1999) and general resilience programs (Nho, 1999; Lovibond & Lovibond, 1995), current literature has rarely addressed the effectiveness and challenges of evaluating resilience interventions, particularly for children and adolescents from CALD backgrounds. The majority of resilience programs and mental health promotion interventions at present have not been validated and tested for reliability among persons from diverse cultural backgrounds (Barrett et al, 2003).

Evaluating resiliency based programs for CALD people are challenging and ongoing (Nuttall, 2009). Developing evaluation instruments for resilience programs for CALD children and adolescents is not simple or straightforward compared to generic program evaluations (Jew et al, 1999). This is simply because of the diversity of cultures, language, education, acculturation, and stress and literacy levels of CALD groups that pose difficulties in standardising, developing and assessing mental health promotion and competency based resilience interventions.

Rather than discussing evaluation instruments, issues related to measuring resilience and evaluating resilience programs for CALD children and adolescents will be addressed in this section. Within the context of the *BRiTA Futures* program, resilience was measured using the *Multicultural Child Resilience Survey (MCRS)* and the *Multicultural Youth Resilience Questionnaire (MYRQ).* The MYRQ was adapted from the *California Health Kids Resiliency Assessment-CHKRA* (Constantine & Benard, 2001; Constantine, Benard & Diaz, 1999), the *Depression Anxiety Stress Scale-DASS* (Lovibond & Lovibond, 1995) and the *Social, Attitudinal, Familial and Environmental Acculturation Stress Scale-SAFE – short version* (Nho, 1999). Each of these instruments has its own strengths and were selected to evaluate the *BRiTA Futures* program for adolescents for the reasons listed below:

- CHKRA has empirical evidence supporting the concept of protective factors and resilience and has been used for a national, school-based mental health promotion program, *MindMatters*;
- the applicability of DASS to populations as young as 12 years of age and it has also been translated into nine different languages;
- SAFE explores the acculturation and stress domains and has also been demonstrated on children (Chavez et al, 1997).

An early version of the MCRS and the MYRQ were used during the piloting of the *BRiTA Futures* PS and Adolescent programs and the first 28 months of implementation. They assisted in informing the effectiveness of the two versions of the *BRiTA Futures* program, however ongoing issues were identified regarding the effectiveness of the *BRiTA Futures* evaluation tools, particularly with measures of acculturation and resilience for CALD children and adolescents (Nuttall, 2009).

The issue of validity for the early version of the *BRiTA Futures* evaluation instruments was whether they were appropriate for its intended audience. When attempting to assess or measure resilience in young children or adolescents of CALD backgrounds with low literacy levels, it must be ascertained whether they can understand the concepts behind the question they are answering which is significantly important when considering validating instruments for evaluation. For example, pictorial rating scales have been shown to engage a child's interest while being more understandable and leading to more meaningful responses (Fantuzzo & McDermott et al, 1996; Harter & Pike, 1984). It is for this reason that a wide

variety of pictorial scales have been developed that improve the clinician's ability to evaluate psychological concepts (Humphris et al, 2002). Likewise it can be useful with children from a CALD background who may benefit from a visual rating scale as they may not have developed literacy skills.

Unlike generic resilience programs, CALD based interventions are challenging on the basis of cultural diversity. The issue of language competence of diverse groups can pose substantial challenges in the delivery and evaluation of resilience programs. For example, understanding context and various mental health conditions is bound by cultural beliefs, knowledge and experience which can obscure concepts such as 'resilience', 'acculturation stress', 'protective factors', 'risk factors' and 'wellbeing'. A few of the health literacy terms defy many culturally determined definitions, often at a level of not even having equivalent words across languages. This has implications for identifying and measuring resilience indicators, especially for CALD children and adolescents with low literacy levels.

Cultural background also determines subjective experiences of various sets of mental health indicators, along with definitions of those factors contributing to risk and protection. In many cases it is impossible to translate many of these subtle features into westernised models. For example, individuals from more collectivistic social systems do not traditionally suffer the same sense of isolation, loneliness and perceived helplessness that commonly permeate Western experiences of depression, and a loss of personal control, again commonly associated with Western depression, is not a common descriptor when people from Asian cultures define the illness.

More research is needed to identify resiliency factors, not only across CALD populations, but also within specific ethnic groups, including young children and adolescents from refugee backgrounds (Nuttall, 2009). Even though Grotberg (1996) identified common protective factors for resiliency, to date, differentiation of resilience traits between those with a refugee background and voluntary migrant groups have not been investigated. Given the specialised mental health needs of refugees who have experienced trauma, the promotion and evaluation of positive mental wellbeing and resiliency within this group may require specific evaluator approaches, methods and tools. It is imperative that when developing evaluation tools, long term funding and longitudinal research or tracking of the development and outcomes of interventions is required.

The *BRiTA Futures* program has worked with the Queensland Centre for Mental Health Research to conduct a factor analysis of the items of both evaluation tools, the MCRS and MYRQ, and have redeveloped the instruments that address most of the issues mentioned above.

The development of *BRiTA Futures*

The *BRiTA Futures* Program was designed to research and develop appropriate content, delivery formats and evaluation strategies for an intervention program addressing culturally determined mental health risks and protective factors for children and young people from CALD backgrounds. The following section provides a description of the conceptual development of the *BRiTA Futures* Program for primary school aged children and adolescents, the conceptual foundation for the two versions of the program and the rationale for the development of both the primary school and adolescent programs.

The conceptual development of the *BRiTA Futures* Programs

The *Building Resiliency in Transcultural Australians (BRiTA)* Project, developed and managed by the Queensland Transcultural Mental Health Centre (QTMHC), aimed to address the gap in conceptual applicability that exists between resilience literature and the Australian CALD population (Lemerle & Prasad-Ildes, 2004). It targets culturally specific resilience enhancing factors in children and young people from CALD backgrounds which assist them to cope with the stressful process of acculturation. The project was originally based on the QTMHC study, *Coping in a New World* (Selvamanickam, Gorman & Zgryza, 2001) which explored the needs of CALD adolescents. This study suggested strengthening the existing coping skills of CALD adolescents in addition to building an environment which supported wellbeing and promoted resilience protective factors (Lemerle & Prasad-Ildes, 2004) and include:

- Culturally determined coping styles which may reduce the psychological impact of perceived discrimination which are determined by cultural and parenting styles (Noh & Kaspar, 2003);
- Congruence of the family's and school's values and beliefs (Bhattacharya, 2000);
- Availability of parental or extended family support (Birman, Trickett & Vinokurov, 2002);
- Strength of identification with, and pride in, an ethnic group including involvement in ethnic practices (Mossakowski, 2003); and
- Bi-cultural orientation (Ying, 1995) reflected in integration with the host culture (Eshel & Rosenthal-Sokolov, 2000).

BRiTA Futures is a group based program that aims to strengthen the resiliency towards acculturation stress of children and young people including those with a recent refugee background by providing knowledge, skills and tools to strengthen protective factors such as a development of a healthy bicultural identity; emotional literacy; good relationships with family, peers and community; conflict resolution and other coping skills; positive thinking and goal setting.

Based on the community capacity building model of service delivery and community consultation, the conceptualisation and development of the *BRiTA Futures* Program involved linking schools, community support and welfare (NGO) organisations, and public sector health organisations. This model views community connections as 'assets' that build the social capital within communities, suggesting that communities rich in social capital provide the building blocks for fostering human capital, of which resilience is one key element. The *BRiTA Futures* Program is managed and implemented with comprehensive involvement of all stakeholders. It provides ongoing opportunities for full participation by all key players and members enabling support which contributes to change and innovation.

During the initial planning of the *BRiTA Futures* Program, two reference groups were set up with active involvement from each sector. The first reference group comprised of policymakers, academic experts, members from CALD and refugee communities, mental

health workers and members of migrant support networks who provided advice and guidance on the development of the *BRiTA* Program framework and directly liaised with migrant community groups to recruit adolescent participants for the pilot *BRiTA* study. The second group consisted of CALD young people recruited through local schools.

The development of the *BRiTA Futures* Program structure and content for group sessions was based on a rigorous systematic review of national and international literature of interventions and prevention programs effective in preventing anxiety and depression and of relevant resilience building programs. Publications from existing programs (see Appendix 1) formed the basis for content development relevant to promoting resilience protective factors and cross-cultural populations, especially children and young people of CALD backgrounds.

The *BRiTA Futures* project is quantitatively evaluated using the *Multicultural Youth Resilience Questionnaire (MYRQ)*, an assessment of concepts drawn from the *California Healthy Kids Resiliency Assessment* (Constantine, Benard & Diaz, 1999; Constantine & Benard, 2001), the *Depression Anxiety Stress Scale* (Lovibond & Lovibond, 1995) and the *Social, Attitudinal, Familial and Environmental Acculturation Stress Scale* – short version (Nho, 1999) which was based on a comprehensive review of validated instruments for child and adolescent mental health research.

Following the piloting of the *BRiTA* Program in 2001, feedback from group facilitators was incorporated into the further development of the program. A unique feature of the *BRiTA Futures* program is its focus on the context of the issues that are relevant to CALD children and adolescents. Presently, the validation and development of the instruments for the *BRiTA Futures* program is ongoing through collaborative research between the QTMHC and the Queensland University of Technology and a partnership between the QTMHC and the University of Queensland.

Key milestones in the development of the *BRiTA Futures* Program 2002-2010

Year	Adolescent Program	Child Program
2002-04	Researched, developed and piloted the program with 47 adolescents in community based settings.	
2004-05	Developed a Self Directed Learning training package for school based health nurses.	
2005-06		Researched and developed a primary school version and piloted it with 156 primary school students in partnership with Queensland University of Technology.
2006-07	In partnership with Milpera State High School, an intensive English language school, tailored components of the program to the needs of young people with low literacy and with a recent refugee background.	
2007-08	• Initiated training of group facilitators (21) to enable implementation of *BRiTA Futures* in community and school based settings. • Reviewed *BRiTA Futures* Program content and redeveloped Group Facilitators Training Program based on implementation feedback. • Graphic design and publication of the *BRiTA Futures* Program materials. • Developed the *Multicultural Youth Resilience Questionnaire©* (MYRQ) designed to evaluate program.	• Reviewed content of program and redeveloped Group Facilitators Training Program based on pilot. • Graphic design and publication of the *BRiTA Futures* Program materials. • Developed the *Multicultural Child Resilience Survey©* (MCRS) designed to evaluate program. • Recruited and trained 15 child program facilitators to enable implementation of *BRiTA Futures* in community and school based settings.
2008-09	• Recruitment and training of 26 adolescent program and 13 child program facilitators from a variety of settings including schools, health and community based organisations. • Conducted 17 programs with 184 participants. • Recruited and trained 5 facilitators in Toowoomba, 19 in the International Islamic School in Brisbane and 8 in Cairns. • Commenced development of a sustainability strategy in terms of marketing, training *BRiTA Futures* Program Facilitators and collection of evaluation data.	
2009-10	• Completed a review of the MYRQ and the MCRS in partnership with the Qld Centre for Mental Health Research. • Established a database for program evaluation data storage and analysis. • Commenced the development of the *BRiTA Futures for Adults and Parents* Program in partnership with the University of Technology.	

SUMMARY	• Between 2008 and November 2010:
	    o 199 *BRiTA Futures* Group Facilitators have been trained
	    o 50 *BRiTA Futures* Group Programs have been delivered
	    o Evaluation data has been received from a total of 511 CALD children and young people who have *received the BRiTA Futures* group program intervention.	

Overview of the current *BRiTA Futures* Program

The *BRiTA Futures* Program is based on evidence on what helps children and young people from CALD backgrounds adapt or cope with the difficulties of acculturating to the Australian culture. There are two *BRiTA Futures* Programs, one developed for primary school children and the other for adolescents.

The *BRiTA Futures* Program promotes and strengthens resilience protective factors in children and young people from CALD backgrounds, within a framework that acknowledges risk and protective factors related to cultural diversity and the experience of migration, acculturation and bicultural identity development. The program offers a set of learning modules, founded on evidence-based culturally specific protective (resilience-enhancing) factors of migration and acculturation processes and built on cultural values and practices that promote resilience skills and positive mental health outcomes for CALD children and adolescents including recently arrived young people with a refugee experience.

The *BRiTA Futures* Program is implemented as 10 learning modules and is delivered in several different formats which include a series of weekly sessions, a three-day camp and weekend workshops held at schools or within the community. Individual sessions encompass discussion of the issues affecting CALD children and adolescents, revision of relevant concepts, and employment of group activities, worksheets and skill-building exercises to consolidate concepts discussed. Some examples of topics covered include: how culture and life experiences shape personal identity; learning how culture shapes habits of thinking and behaving; and ways to build personal optimism and communicating to resolve conflict in difficult circumstances.

The *BRiTA Futures* Program is about:-

- Wellbeing, feeling good about oneself and being healthy.
- Setting and reaching personal goals.
- Finding ways to celebrate the strengths and importance of one's own culture of origin while living in Australia.
- Learning skills to cope with the pressures that come from change and other stressful events.
- The opportunity to talk with others about stresses either as migrants or as second or third generation Australians with family who still strongly relate to original cultural values.
- Having the space to share with others what this is like and learn from each other's ideas and experiences.

The following section is an overview of the current *BRiTA Futures* Program outlining the (i) characteristics of the *BRiTA Futures* Programs; (ii) program facilitators and other supportive mechanisms; (iii) selecting participants; (iv) sustaining BRiTA Futures; and (v) quality control and evaluation.

(i)   Characteristics of the two versions of the *BRiTA Futures* Program

The BRiTA Futures Program for Primary School (BRiTA Futures – PS)
The *BRiTA Futures Primary School* targets children in grades 5 – 7 or aged between 9 and 12 years. It is flexible and can be delivered in various settings including schools, community or organisations, youth based and mental health promotion settings. It is delivered in a class, as a small group or using a whole of class or school approach.

The *BRiTA Futures Primary School* consists of 8 x 2-hour weekly sessions. The Group Facilitators Manual is designed to provide resources which teachers, community workers and mental health professionals can use to guide children from diverse backgrounds through the 8-module program. Each session plan is placed within the framework of the overall program that delivers a developmentally sound series of steps towards building the life skills and attitudes that foster resiliency towards acculturation stress.

The topic sessions for the *BRiTA Futures Primary School* include:

Session 1:   *Resilience in Our Multicultural Classroom*

Session 2:   *Cultural Identity: Making Me Who I Am*

Session 3:   *Building Empowerment: Self Talk and Self Esteem*

Session 4:   *Building Social Competencies: Understanding Cross-Cultural Communication*

Session 5:   *Social Competencies: Resolving Conflict & Coping with Challenges*

Session 6:   *Making Life Fun: Beat Stress & Build Optimism*

Session 7:   *Family & Friends: Staying Strong with Positive Relationships*

Session 8:   *Bouncing Back After Hard Knocks: How to Stay Resilient Throughout Life*

The aims of the sessions for the *BRiTA Futures Primary School*, the essential learnings and developmental assets for each session are tabulated and presented in Appendix 2.

The BRiTA Futures Program for Adolescents (BRiTA Futures – Adolescents)
The *BRiTA Futures Adolescents* program is for young people aged 12 – 18 years who have migrated to Australia either recently or some time ago; who were born in Australia but have at least one parent who was born overseas; and young people who are in regular contact with these groups of young people.

The program is designed to provide a resource for teachers, community workers, and mental health professionals to guide young people from CALD backgrounds with the aim of fostering resilience, protective traits and skills.

The program consists of 10 x 2 hour sessions which can be conducted either as a weekly series of group-based sessions or in a 2–3 day 'camp' format. The program includes a resource manual for facilitators which provides background materials and a brief overview of the 'theory' underpinning each session and how this relates to the development of resilience. The sessions include:

> **Session 1:** *Getting to Know Me, Getting to Know You, Trusting Each Other*
>
> **Session 2:** *Cultural identity & Life Experience: Making Me Who I Am*
>
> **Session 3:** *Habits of Thinking: Self-talk and Self Esteem*
>
> **Session 4:** *Habits & Feeling: Understanding Our Emotions*
>
> **Session 5:** *Communication Strategies for Calming Conflict*
>
> **Session 6:** *Sticks and Stones: Challenging Social and Cultural Stereotypes*
>
> **Session 7:** *Staying in Balance: Humour, Values and Spirituality*
>
> **Session 8:** *Building Positive Relationships: Family, Peer & Community Networks*
>
> **Session 9:** *Getting to Know the Support Services*
>
> **Session 10:** *Life Goals and Future Planning*

The aims of the sessions for the *BRiTA Futures Adolescents* Program and concepts covered by each session are tabulated and presented in Appendix 3.

(ii)   Program Facilitators and other supportive mechanisms

The *BRiTA Futures* program relies on program facilitators to deliver the group program and thus an essential component is to train, resource and support these facilitators.

Program Facilitator's training program
The facilitators are required to complete the program facilitator training prior to delivery of the *BRiTA Futures* program. A two day facilitators training program for *BRiTA Futures* is designed to up-skill potential facilitators who are selectively recruited from various education, youth, and mental health, multicultural and community sectors. The training program provides background information about the *BRiTA Futures* programs and the conceptual foundation of the program development. It gives the facilitators an overview of the concept of resiliency, particularly how it applies to the acculturation process; and mental health risk and protective factors relevant to CALD children, young people, including those with a refugee background. It provides the facilitators with group-building, group engagement and techniques needed to work with CALD children and young people. The training program also provides the facilitators with all the information about the program evaluation strategies and resources - both quantitative and qualitative.

The facilitators deliver a session at the end of the training program in order to be assessed on specific competencies. The competencies and skills assessed to deliver *BRiTA Futures* include cultural competency skills; recruitment and planning (using appropriate selection criteria, recruitment strategies, obtaining consent from potential participants and parents, and program format implementation); general presentation based on content knowledge of the *BRiTA Futures* program; management of the activities; using language suitable for the target audience (adolescents or children); time management; ability to engage the audience; ability to anticipate issues that might emerge from the segment presented; and achievement

of the objectives of the segment presented. The training and assessment of potential facilitators is provided by the Queensland Transcultural Mental Health Centre, Mental Health Promotion, Prevention and Early Intervention Program. Gradually, the most experienced program facilitators will be invited to contribute to the training of new program facilitators.

Facilitator's training manual and support

A trainer's manual (either the *BRiTA Futures* Primary School version or Adolescents version) is provided to facilitators during training to enable them to run the program. The manual equips program facilitators with all the necessary materials to deliver the program. It includes short content sections under each topic and instructions for running the core and optional experiential group activities to consolidate concepts discussed. It also offers activities for participants with lower levels of English language skills. Resource materials for each session include colour discussion posters in two sizes and props such as balls, art materials and a CD containing audio resources. Two more resource CDs further support the program facilitators: one with background theoretical material relevant for each session and another one with examples of invitation templates, brochures and information leaflets for potential participants, parents/teachers and other relevant people, and all the program handouts and evaluation forms.

The *BRiTA Futures* Program Facilitator's Manual also contains information about support available for program facilitators when the need to further support a participant is identified.

Program facilitators

Two program facilitators are required to conduct the *BRiTA Futures* programs, and are selected from the education, youth, community, multicultural and mental health sectors. The main facilitator is recruited on the basis of their experience with children, youth and mental health programs as well as having experience in critical incident management as some participants may have mental health issues. The co-facilitator's role is to support the main facilitator at each session of the *BRiTA Futures* program. However, it is also likely that two highly skilled program facilitators will deliver the program.

The key role of the facilitators is to mobilise the psychological and cultural resources of the participants and to provide them with the *BRiTA Futures* information and materials designed to encourage their learning and growth.

The number of program facilitators depends on the number of participants, the complexity of their issues and the level of skill of the facilitators. More facilitators may be needed when working with a larger group or taking a whole of class or school approach. For example, the inclusion of a Guidance Counsellor or a local Multicultural Youth Worker or a Child and Youth Mental Health Worker may be beneficial due to the sensitive nature of some of the activities and issues discussed and the vulnerability of participants. Throughout the program, it is also important that facilitators assess the level of trust and rapport that the group has developed, and the appropriateness of each activity for all the members in the group. For example, for some newly arrived children with a recent refugee background, or those who have recently experienced a significant loss or trauma, some activities may be too confronting.

Language support/interpreters

Language support and interpreters are useful for participants with very limited English abilities. When recruiting interpreters, age, gender, experience in mental health, community development work or working with children and young people will need to be considered to run the program effectively as this will influence the interpreter's ability to engage participants and their familiarity with concepts and terms used throughout this program.

Gender may also be considered when recruiting interpreters especially when running an all girl or all boy group.

(iii) Selecting participants

The *BRiTA Futures* Program has been designed to assist participants to address their acculturation stress. Acculturation stress impacts those from a first generation and often also those from a second and even third generation who are still struggling with issues of cultural identity and sense of belonging in a cultural society. Acculturation also touches, to a much lesser degree those who come in regular contact with the groups just mentioned. Thus, when selecting participants to join a *BRiTA Futures* program, these can be drawn from emerging minority ethnic groups to those from more established CALD communities to multicultural groups that include non-CALD participants.

(iv) Sustaining *BRiTA Futures*

The sustainability of the *BRiTA Futures* program has been gradually increasing over the last three years. A small army of program facilitators across the state have been running *BRiTA Futures*, some on a regular basis and using their own resources or attracting additional resources. Having produced 200 copies of the *BRiTA Futures* Manual has significantly supported the training of program facilitators and delivery, as locations have been largely able to photocopy handouts for participants, access art materials and provide snacks.

However, when the QTMHC had access to specific purpose funding, very selected community-based non-for profit settings using community volunteers were able to be supported to deliver *BRiTA Futures*. Some settings have been able to continue delivering *BRiTA Futures* gathering their own resources. However, as the program grows, the need to have a *BRiTA Futures* Program Co-ordinator who continues training program facilitators, updating the training program and the content of the program and maintaining the evaluation database is becoming paramount.

(v) Quality control and evaluation

BRiTA Futures has endeavoured to maintain quality control of the program by reviewing and updating the content and resources of the program and improving the quantitative evaluation tools. It continues it track quality control by carefully selecting the program facilitators who are going to be trained; ensuring they have the support of the organisation they are representing; conducting a competency based assessment during the training session; providing them with clear referral pathways should any of the program participants be identified with a mental health issue; following up trained program facilitators regarding their planning, delivery and evaluation of *BRiTA Futures*, i.e. mentoring; and offering them debriefing and support.   By requesting program facilitators conduct qualitative and quantitative program evaluation from the perspective of participants as well as obtaining program facilitators' feedback, opportunities are also open for feedback from other setting's staff or stakeholders and parents/carers of participants.

The evaluation component of *BRiTA Futures* assesses how much the program helps participants learn and apply new skills in order to deal with their acculturation process. The evaluation process gathers comprehensive demographic data and data on parent/carer consent as well as the results of the application of a number of evaluation tools. The *BRiTA Futures* program is currently evaluated using the following tools:

1. *Multicultural Child Resilience Survey©* QTMHC
2. *Personal Wellbeing Index: School Children (PWI:SC) 3rd edition* © Cummins, R. A. & Lau, A. L. D. 2005, Department of Rehabilitation Sciences Hong Kong Polytechnic University
3. *Multicultural Youth Resilience Questionnaire©* QTMHC.
4. *GHQ-12 Questionnaire* © Goldberg, D., 1972
5. Session reviews including Session Student Review and Session Facilitator Review
6. Evaluation Focus Group Questions that can be applied to participants.

The quantitative evaluation is carried out at the outset of the program and then at its completion.

(vi)   Preliminary evaluation findings

A preliminary evaluation based on the previous evaluation tools of 117 primary school aged children and 192 adolescents who completed the program found:

- The program is successful in reaching its target group as 63% of children and 82% of adolescents were born overseas from 43 different countries.
- At the commencement of the program around a quarter of the primary school age participants had global quality of life scores below the normative range for Western and non-Western populations indicating some level of unhappiness with life as a whole.
- Almost half of the adolescents had a score at, or above, the threshold of indicating some level of psychological distress.
- Both age groups indicated that they had relatively high levels of resilience prior to the program as measured by resourcefulness and social support.
- Post program data showed an improvement in participants' happiness in the primary school age group and wellbeing in the adolescent group.

These preliminary results show encouraging trends in that the outcomes that can be achieved with the *BRiTA Futures* Program are going in the expected direction. Improved evaluation tools will assist in evaluating future outcomes.

Program limitations
BRiTA Futures has been designed to build the inner strengths of children and young people with a CALD background to cope successfully with the issues of acculturation stress. The settings supporting the delivery of the program are expected to sustain the gains of the group program by providing participants with an environment that celebrates multiculturalism and cultural diversity, that has mechanisms in place to prevent bullying based on racial relations and that endeavours to engage with families of participants regardless of their cultural background and English language abilities. Although *BRiTA Futures* encourages via the program facilitator training to implement all of the above, this falls outside the control of the program.

Key learnings to date
- *BRiTA Futures* has been shown to work effectively in diverse settings such as in schools with English as a Second Language (ESL) students and the whole classroom, and in community settings such as youth services, settlement agencies, religious associations and cultural organisations.

- To date, the *BRiTA Futures* for adolescents has attracted more interest than the primary school version of the program. However, more recently the latter has started to attract more program facilitators.

- Group facilitators have reported that delivering *BRiTA Futures* has assisted them in identifying participants with mental health issues that otherwise would have been overlooked.

- Through the promotion, training of program facilitators and delivery and evaluation of *BRiTA Futures,* the concepts around resilience towards acculturation stress have been refined.

- Partnerships have been established or strengthened as a result of delivering *BRiTA Futures.* For example, a child and youth mental health service (CYMHS) partnering with a local school, a youth agency partnering with the ESL program of a local school, and multicultural services linking with local schools and CYMHS.

- Community–based programs where parents are more engaged tend to receive overwhelmingly positive feedback and showed that the program objectives were largely achieved.

Challenges
- Time constraints to complete all of the program sessions, particularly in school settings, sometimes constitute a significant barrier to achieve the objectives. Some prefer to run fewer sessions or shorter sessions over the time available and achieve priority objectives for them.

- Program facilitators may need cultural or language assistance, particularly for participants from emerging communities.

- Delivering the program has triggered own acculturation issues in program facilitators - both CALD and non-CALD. To date this issue has been dealt with during the training, but once the *BRiTA Futures* Program for Adults and Parents is completed, it will be offered to facilitators identified during the training as experiencing a level of issues that could potentially interfere with them delivering the program.

Future directions
The Queensland Transcultural Mental Health Centre has incorporated *BRiTA Futures* as a core program within its existing Mental Health Promotion, Prevention and Early Intervention Program. It will continue to train and support additional *BRiTA Futures* program facilitators who have the capacity to deliver the program within the resources of their organisations. In partnership with the Queensland Centre for Mental Health Research, a database has been developed with the capacity to collate and analyse pre and post program evaluation data.

This will be a substantial contribution to the evidence of the mental health risk and protective factors in CALD children and young people and will enable the Queensland Transcultural Mental Health Centre to continuously work towards improvements in the *BRiTA Futures* Program to ensure the effectiveness of *BRiTA Futures* in building resilience and decreasing acculturation stress in children and young people with a CALD background. An ongoing challenge will be the need to support the delivery of *BRiTA Futures* in multicultural community settings with limited infrastructure. A range of strategies will be required such as providing assistance for them to access funding for program sustainability. A number of

local NGOs have lodged submissions for funding to deliver the *BRiTA Futures* program in their community.

The key to the future of the *BRiTA Futures* Program relies on the capacity of the Queensland Transcultural Mental Health Centre to train and support program facilitators to deliver the program in school and community settings. To date, 45% of program facilitators trained and resourced with a Facilitator's Manual have delivered at least one program. It is anticipated that by now, having more user-friendly quantitative evaluation tools available, more programs will be implemented and evaluated as this was identified as a barrier for implementation, particularly where time and literacy of participants was an issue. The fact that there is now a *BRiTA Futures* Evaluation Database in place means that in the future, more data will be available for analysis, evidence building and feedback to settings delivering the program.

As the only available resiliency building program addressing the specific needs of CALD children and young people in Australia, numerous requests for the program from interstate and some international settings have been received which highlight the potential of expanding the dissemination of *BRiTA Futures* in a manner that could support the sustainability of the program in Queensland. Currently, the development of a train-the-trainer program is taking place to have the capacity to train program facilitator trainers in other locations within and outside of Queensland. The aim is to have a full time *BRiTA Futures* Program Co-ordinator with the capacity to provide support to program trainers and the existing 199 program facilitators.

Another strategy to achieve sustainability for *BRiTA Futures* is to have each version included in the list of resources of *KidsMatters* – Primary School version – and *MindMatters* – Adolescent version. The application to facilitate this is currently underway.

Similarly, in response to requests, the development of a *BRiTA Futures* program for CALD adults, particularly those who are parents, is currently underway and is ready for piloting. Requests have come from settings where the existing two versions of *BRiTA Futures* is being delivered and also from services providing settlement assistance to adults who have recently migrated and from services working with migrants from more established ethnic communities.

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Appendix 1

Interventions that were used as models for development of both versions of the *BRiTA Futures* program include (Gilham et al, 1995; McGrath, 2000; Clarke & Lewinsohn, 1995; Kusche & Greenberg, 1994; Shochet, Holland & Whitefield, 1997; Nicholas & Broadstock, 1999). A brief overview of the programs as described:

The Bounce Back! Social Skills and Resilience Program (McGrath, 2000) is based on the coping skills of 11-12 year old school children towards substance and other risk-taking behaviours. It consists of five elements – (1) the coping skills such as optimist thinking and humour; rational interpretation of events; normalising and help seeking and self-disclosure; (2) supportive social skills; (3) a SCARF classroom (based on values of support, cooperation, acceptance, respect and friendliness); (4) anti-bullying with coping strategies for bullying; and (5) 'success thinking' element. Evaluation of the *Bounce Back* program indicated that it was effective and user friendly for teaching students strategies for coping with negative events in their lives.

The Penn Resiliency Program was designed as a school based intervention for improving wellbeing and preventing depressive symptoms in young adolescents. It consists of 8 -10 students per group with a 12- two hour session program implemented by school teachers and guidance counsellors. The intervention has two parts. The first is the *Penn Optimism Program* (POP) whereby students learn techniques for identifying negative beliefs, generating interpretations for problems, assertiveness, negotiations, relaxation and decision making. The *Penn Enhancement Program* (PEP) is the second component which encourages and promotes interpersonal relationships of young people through middle and high school years and targets areas such as goal-setting and identifying values; self esteem, friendship and dealing with peer pressure (Gilham et al, 1995).

The Promoting Optimism WA (POWA) program was adapted from Seligman's depression prevention program (PENN Resilience Program). It is a cognitive behavioural intervention that was designed to reduce the incidence of depression and associated behavioural and educational problems in rural children of 10-13 years of age in Western Australia. It is a school based depression prevention program that involves 12 two-hour sessions built around instructions, discussions, learning different ways to do things and the chance for children to practise what they learn by role-plays and short homework exercises (Jaycox et al, 1994; Giilham et al, 1995).

The Resourceful Adolescent Program (RAP-A) was developed for adolescents to use in school settings and targets all young people in a particular grade. The program has a Group Leader's Manual and Participant's Workbook. It is an 11 session program targeting students in years 7, 8 and 9 which aims to build resilience to depression in pre-teenagers and younger adolescents. The sessions were conducted weekly for 40-45 minutes during class time. The RAP-A integrated cognitive, behavioural and interpersonal approaches found to be effective in the treatment or prevention of adolescent depression. The key areas of focus included recognition and affirmation of existing strengths and resources; promoting self-management and self regulation skills during stress; cognitive restricting; creating a problem solving model; building and accessing psychological support networks; considering other's perspectives and keeping and making peace (Shochet, Holland & Whitefield, 1997). The evaluation of the program in Brisbane and Western Australia indicated a significant decrease in levels of depression for those participating in the program compared with the control groups (those not participating) at post intervention and 12-month follow up.

Nicholas and Broadstock, 1999 reported a systematic evidence-based review of interventions aimed at preventing mental illness in young people. The systematic review included 35 studies which met the criteria for inclusion. The review concluded that there was little consensus about the benefits of certain approaches and the success of any program depends largely on the social capital and social-demographic structure of the target community, the program providers' motivation and commitment, and resources such as time, expertise and money. The key recommendations of this review were:

- that any program be culturally appropriate;
- the programs be piloted on a small scale with rigorous process and outcome evaluation;
- that outcome evaluation strategies are well-planned, resources are realistic and approximately extended over time;
- that evaluations include the cost effectiveness of the program; and
- that workforce development and training be integrated into the program and similarly evaluated.

Appendix 2: The *BRiTA Futures* Primary School Program

Sessions (Title)	Aim	Essential Learning	Developmental Assets
Session 1 Resilience in Our Multicultural Classroom	(1) To introduce the concept of culture. (2) To introduce the concept of resilience. (3) To relate resilience to major life changes such as migration and acculturation.	***Ways of working (Yr 5 & 7):*** collect, analyse and evaluate information and evidence. ***Knowledge and understanding (Yr 5):*** Reflect on, and identify how, their own and others behaviours, skills and actions influence health and wellbeing, movement capacities and personal development. ***Knowledge and understanding (Yr 7):*** Reflect on, and identify, the impact of diverse influences on health and wellbeing, movement capacities and personal development, including the best use of positive influences. ***Personal development (Yr 5):*** Life events and transitions can be dealt with through meaning-making, resilience strategies, and use of personal and community resources.	• Empowerment – child feels valued by adults. • Cultural identity. • Identifying role models.
Session 2 Cultural Identity: Making Me Who I Am	(1) To understand and appreciate similarities and differences across cultures. (2) To gain an understanding of personal strengths derived from culture and experience.	***Personal development (Yr 7):*** Identity and self image are influenced by environmental factors, including media and social expectations of age, gender and culture. ***Personal development (Yr 5):*** Identity is influenced by personality traits, responses in variety of social contexts, responsibilities and accomplishments. ***Knowledge and understanding (Yr 5):*** Personal, social, cultural and environmental factors influence behaviours and choices including eating and physical activity.	• Cultural competence. • Equality and social justice.

Sessions (Title)	Aim	Essential Learning	Developmental Assets
Session 3 Building Empowerment: Self talk and Self-esteem	(1) To learn about how habits shape our thoughts, feelings and beliefs about ourselves. (2) To learn new culturally appropriate strategies for building self-esteem and managing self –talk.	***Knowledge and understanding (Yr 5):*** Health includes physical, social, emotional and cognitive (relating to thought processes, reasoning and intuition) dimensions. ***Personal development (Yr 5):*** Representations of people, including stereotypes, influence the beliefs and attitudes that people develop about themselves and others. ***Personal development (Yr 7):*** Assuming roles and responsibilities, experiencing leadership opportunities, respecting cultural protocols and differences and working well with others, develops positive identity and self-esteem.	• Empowerment. • Self-esteem. • Cultural competence.
Session 4 Building Social Competences: Understanding Cross-Cultural Communication	(1) To learn about ways emotions are expressed across cultural groups. (2) To learn skills for building positive cross-cultural relationships. (3) To be able to recognise and express feelings appropriately and learn skills to manage difficult feelings. (4) To develop an optimistic outlook.	***Ways of working (Yr 5):*** Propose, justify and implement simple plans or actions to promote health and wellbeing, movement capacities, and personal development. ***Ways of working (Yr 7):*** Propose, justify, implement and monitor plans or actions to promote health and wellbeing, movement capacities, and personal development. ***Personal development (Yr 5):*** Representations of people, including stereotypes, influence the beliefs and attitudes that people develop about themselves and others.	• Interpersonal competence. • Positive communication. • Emotional intelligence. • Positive expression and management of feelings. • Positive peer relationships.

Sessions (Title)	Aim	Essential Learning	Developmental Assets
Session 5 Social Competencies: Resolving Conflict & Coping with Challenges	(1) To introduce the communication process and different styles of communicating (passive, aggressive & assertive). (2) To gain an understanding of the nature of conflict triggers. (3) To understand how cultural factors contribute to conflict, and explore ways to resolve these.	***Ways of working (Yr 5):*** Apply personal development skills and strategies in team and group situations. ***Ways of working (Yr 7):*** Select and demonstrate appropriate personal development skills and strategies in team and group situations.	• Interpersonal competence. • Peaceful conflict resolution. • Positive communication. • Empowerment and safety. • Positive peer relationships.
Session 6 Making Life Fun: Beat Stress & Build Optimism	(1) To understand stress and its effects. (2) To build skills for coping with stressful life events. (3) To learn about the value of humour and laughter. (4) To understand the concept of optimism and how to apply it to stress management.	***Personal development (Yr 7):*** Life events and transitions can be dealt with through meaning–making, resilience strategies, and the use of personal and community resources.	• Empowerment & safety. • Optimism and sense of humour. • Stress management skills.
Session 7 Family & Friends: Staying Strong with Positive Relationships	(1) To explore ways in which we are influenced by family patterns of communication and family traditions. (2) To build strategies for establishing peer networks across cultures. (3) To learn about 'community' and finding one's place.	***Knowledge and understanding (Yr 5):*** Personal, social, cultural and environmental factors influence behaviours and choices including eating and physical activity. ***Knowledge and understanding (Yr 7):*** Family, peers and the media influence health behaviours. ***Personal development (Yr 5):*** Representations of people, including stereotypes, influence the beliefs and attitudes that people develop about themselves and others. ***Personal development (Yr 7):*** Life events and transitions can be dealt with through meaning–making, resilience strategies, and the use of personal and community resources.	• Development assets. • Cultural competence. • Positive peer and family relationships. • Sense of community.

Sessions (Title)	Aim	Essential Learning	Developmental Assets
Session 8 Bouncing Back After Hard Knocks: How to Stay Resilient Throughout Life	(1) To identify sources of strength, such as spirituality and rituals. (2) To begin to look at decision-making and how values influence this. (3) To further develop an understanding of resilience and ways to build it. (4) To review the learning and skills gained throughout the program.	***Knowledge and understanding (Yr 5):*** Reflect on, and identify how, their own and others behaviours, skills and actions influence health and wellbeing, movement capacities and personal development. ***Knowledge and understanding (Yr 7):*** Reflect on, and identify, the impact of diverse influences on health and wellbeing, movement capacities and personal development, including the best use of positive influences. ***Ways of working (Yr 5 & 7):*** Collect, analyse and evaluate information and evidence. ***Personal development (Yr 5):*** Life events and transitions can be dealt with through meaning–making, resilience strategies, and the use of personal and community resources.	• Empowerment & safety. • Cultural competence. • Resilience.

Appendix 3: The *BRiTA Futures Adolescents* Program

Sessions (Title)	Aims	Concepts Covered
Session 1 Getting to Know Me, Getting to Know You, Trusting Each Other	(1) To introduce the program, its structure and aims, including how it will be evaluated, expectations of participants, and 'rules' (e.g. issues of confidentiality, respect, active listening and participation). (2) Building group cohesion and preparing participants for personal growth and risk-taking. (3) Completing the pre-program evaluation task (optional).	• Rules • Respect • Trust • Personal sharing.
Session 2 Cultural identity & Life Experience: Making Me Who I Am	(1) To explore ways in which culture and life experiences shape personal identity. (2) To learn about ways in which old and new traditions affect our lives. (3) To gain an understanding of personal strengths derived from culture and experience.	• Introducing the concept of 'culture'. • Cultural identity. • Family identity. • Personal identity. • Life experience and identity.
Session 3 Habits of Thinking: Self-talk and Self esteem	(1) To learn about how habits shape our thoughts, feelings and beliefs about ourselves. (2) To learn new culturally appropriate strategies for building self-esteem. (3) To learn about optimism and how to promote it.	• Habits • Habits of thinking: self – talk. • Habits of feeling: self-esteem.
Session 4 Habits & Feeling: Understanding Our Emotions	(1) To learn about the language of feelings (emotions). (2) To recognise how culture determines the language we use to express feelings. (3) To learn strategies for dealing with difficult emotions. (4) To develop an optimistic outlook.	• Feelings and emotional expression. • 'Reading' emotions. • Body language. • Hidden feelings.

Sessions (Title)	Aims	Concepts Covered
Session 5 Communications Strategies for Calming Conflict	(1) To understand the communication process and different styles if communicating (passive, aggressive and assertive). (2) To explore ways to balance autonomy and interdependence. (3) To gain an understanding of the nature of conflict, stages of conflict; conflict triggers, and conflict resolution strategies. (4) To consider ways in which cultural differences contribute to conflict. (5) To gain an understanding of how personal values contribute to conflict. (6) To introduce the idea of personal power.	• Communication styles (passive, aggressive, assertive). • Conflict • Problem solving. • Decision – making and personal power.
Session 6 Sticks and Stones: Challenging Social and Cultural Stereotypes	(1) To understand the concept of stereotypes, discrimination and prejudice. (2) To learn effective strategies for coping with discrimination. (3) To understand the stress response and how to manage it.	• Stereotypes and prejudice. • Ways to cope with prejudice. • Stress • Culture shock. • Relaxation
Session 7 Staying in Balance: Humour, Values and Spirituality	(1) To learn how to use humour for inner strength. (2) To understand the concept of mentoring and ways to find a personal mentor. (3) To gain insight into the relationship between culture and spirituality. (4) To define personal values and explore how our culture shapes these.	• Mentors • Spirituality • Values

Sessions (Title)	Aims	Concepts Covered
Session 8 Building Positive Relationships: Family, Peer & Community Networks	(1) To explore ways in which we are influenced by family patterns of communication and family traditions. (2) To learn about different cultural patterns for solving problems and dealing with conflict. (3) To build strategies for establishing peer networks across cultures. (4) To learn about 'community' and finding one's place.	• Family traditions. • Family communication. • Culture and communication. • Family problem-solving. • Making friends and fitting in.
Session 9 Getting to Know the Support Services	(1) To learn about how and where to find information and sources of support for multicultural families in a complex world. (2) Introduction to local services, telephone help and internet support, and how they can help young people and their families. (3) Seminar series from representatives of local service providers, organisations and groups relevant to multicultural youth and family health services.	• Understanding of accessing information and appropriate resources or sources of local services. • Accessing appropriate services such as telephone help lines, useful internet sites. • Familiarisation of support services.
Session 10 Life Goals and Future Planning	(1) To establish personal life dreams or aspirations and goals, and plan steps for achieving these. (2) To review the program outcomes and discuss ways to sustain these.	• Dreams and goals. • Decision making. • Resilience. • Vision for the future. • Review of the program.