ORIGINAL ARTICLE

Crossing the digital divide: A content analysis of mainstream Australian mental health websites for languages other than English

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Abstract

Growth in e-mental health services in the past decade has been significant, corresponding with rising rates of mental health concerns and amplified by social isolation strategies imposed by the COVID-19 global pandemic. Governments, mental health services and practitioners have identified this as a significant area for investment and highlight its capacity for widespread reach, prevention and early intervention. At a time of growth and investment, it is critical to evaluate the extent to which online mental health platforms are effective in reaching the diverse populations they aim to serve. The current study used content analysis to evaluate 33 Australian mental health websites receiving government funding for the availability of translated materials and resources for culturally and linguistically diverse people. The websites analysed covered a range of mental health topics and overall had limited translated materials available. Only four websites (12.12%) provided a translation tool and none of the interactive tools offered, such as web chat services, were available in languages other than English. From a total of 1100 subsections across all websites, eight subsections (0.73%) were specifically targeting populations identifying as culturally and linguistically diverse. Strategic reconsideration and investment are required to enhance the capacity of current mental health platforms to engage and support the mental health needs of the diverse communities they intend to serve. The research and its findings can provide a basis for research and reflection within other health and social services as online platforms proliferate.

KEYWORDS
Australia, diversity issues, health inequalities, language, mental health, mental health services, translation

There have been documented increases in mental health concerns in the face of the COVID-19 global pandemic (Dawel et al., 2020; Gray et al., 2020). Increased demand exacerbates long-standing gaps in the ability of existing services to meet mental health needs as progress has been slow in building capacity and addressing barriers to services for people requiring professional assistance worldwide (Patel et al., 2018). With physical distancing, an increasingly common practice, Internet-based mental healthcare services and interventions provide a solution to physical access issues (Pierce et al., 2021; Wind et al., 2020). Online mental health services also represent an important low-cost strategy for reducing mental health stigma, providing public education and increasing access to intervention for any community members experiencing mental health concerns. The current research evaluates Australian government-funded mental health websites to determine the extent to which these websites reach non-English speaking/literate populations through their platforms.

The Internet provides a cost-efficient and fast method for information dissemination and may be an effective tool for increasing mental health literacy and associated help-seeking behaviours. In many countries such as Australia, there is widespread Internet access (Australian Bureau of Statistics, 2018) and research suggests that it is increasingly used by the public for accessing health information (Wong et al., 2014), including mental health information during the COVID-19 pandemic (Titov et al., 2020). Many young people report seeking information about mental health problems online (Burns et al., 2010), and research highlights that online resources can be important for addressing key barriers to mental health services, such as stigma, given they can be accessed anonymously and privately (Chan et al., 2016). A national study carried out in the United States found that people with stigmatised illnesses, including anxiety and depression, were more likely to access information about their illness online than people with non-stigmatised illnesses (Berger et al., 2005). Further, Internet-based psychoeducational programmes show promise for effectively increasing health literacy, decreasing stigma and increasing help-seeking intentions and attitudes (Taylor-Rodgers & Batterham, 2014).

The Internet can be an equally important tool for accessing resources through telehealth interventions and other interactive tools. Data gathered during the global COVID-19 response indicate a rapid rise in telehealth services, thereby allowing access to services without the physical health risks posed by face-to-face contact. A cross-sectional study of 2619 licensed psychologists reported a 12-fold increase in the use of telepsychology during the pandemic, with 86% of all services conducted by telepsychology (Pierce et al., 2021). Moreover, these providers predicted that 35% of services would continue as telepsychology after the pandemic; a substantial increase from 7% of services pre-pandemic (Pierce et al., 2021). Whilst future practice is difficult to predict, online mental health platforms can play an important role within the mental health service landscape (Titov et al., 2020) and e-mental health has received significant investment by governments and service organisations in recent years (Marshall et al., 2020).

What is known about this topic?

- Culturally and linguistically diverse communities experience numerous barriers to accessing mental health services.
- There has been rapid expansion of e-mental health services in recent years, including but not limited to responding to the COVID-19 global pandemic.
- Ensuring equitable and appropriate services for culturally and linguistically diverse communities is mandated in most professional policies and codes.

What this paper adds?

- Content analysis of government-funded Australian mental health websites revealed limited availability of resources in languages other than English.
- A small minority (12%) of analysed websites included translation tools within their websites and none offered interactive tools (e.g. web chat tools) in languages other than English.
- There was limited information on the analysed websites that appeared to be tailored to address topics specific to culturally and linguistically diverse populations.

However, within the mental health sector more broadly, questions remain regarding equity in the cultural and linguistic tailoring of services to ensure engagement with diverse populations. In Australia, a systematic review of the experiences of culturally and linguistically diverse (CALD) women found that language and communication difficulties are a significant barrier to mental healthcare more generally (Wohler & Dantas, 2017). Government figures show that people who speak a language other than English at home are less likely to access subsidised mental health-related services than people who speak English at home (Australian Bureau of Statistics, 2016). Linguistic barriers are particularly salient in the Australian context, given nearly half of the population were either born overseas or have a parent that was born overseas and approximately 20% of the population speaks a language other than English in the home (Australian Bureau of Statistics, 2017). Consideration of linguistic needs is critical within mental health services, perhaps most especially when making mental health information available on public mental health websites. However, there is limited research that directly assesses the ways in which the burgeoning e-mental health landscape effectively accommodates these linguistic needs within their platforms.

The current research examines the linguistic and cultural content available in current Australian mental health websites in tailoring their information and services to CALD communities. A strategic decision was made to look at any mental health website that provides information, resources and/or referrals to individuals across Australia and was in receipt of federal funding according to reporting

the prior financial year. Therefore, this research assesses the extent to which 33 major Australian mental health websites offer information in languages other than English and the extent to which they address issues of CALD inclusion. This represents a large industry within Australia and this exploration is particularly important at a time when significant increases in funding for digital mental health are occurring in the wake of the COVID-19 pandemic (Marshall et al., 2020). The consequences of this investigation include a greater understanding of the mental health information available to CALD Australians, along with ways in which mental health website developments may better serve the needs of all community members.

1 | METHODS

This study employed content analysis to quantify the materials provided on Australian mental health websites specifically targeting CALD communities. Content analysis is a methodology that is used to carry out a systematic measurement of the subject of various message forms, such as written texts (Neuendorf, 2002). Content analysis is a quantitative method and is particularly useful in the current study with its focus on quantifying the presence or absence of services and languages on mental health support websites. This project had exempt ethics approval by the research team's Human Research Ethics Committee as all data were publicly available.

1.1 | Sampling

An initial pool of websites was generated by following the links listed on the Australian Government Department of Health mental health programmes webpage as of November 2018. This pool was expanded by further online searching and snowball sampling by following the links provided on already listed websites. This search identified Australian organisations with a digital platform that contained information regarding mental health either generally (i.e. information about staying mentally well) or specifically (i.e. information about a specific mental health problem). Through this search process, a list of 135 Australian mental health websites was compiled.

Next, the websites were assessed against the eligibility for the study. Websites aimed at all Australians at a national level and in receipt of Australian government funding as of their last annual report were included. Further, websites were required to have a primary focus on providing information and/or interactive tools (e.g. web chat services) and referral information to individuals. Websites that were primarily designed for advocacy, fundraising and/or campaigning within the mental health sector were excluded. Likewise, websites that focused on specific demographic groups (e.g. people in a specific age group) and/or geographic areas (e.g. state- or territory-based services) were excluded. Websites could be more general and multifaceted or could focus on one specific mental health issue or diagnosis. These inclusion and exclusion criteria yielded a sample of 33 Australian mental health websites.

1.2 | Measures

A coding manual was developed by the research team that defined and operationalised the data to be extracted from each website (a coding manual is included in the Appendix S1). The coding manual was developed by the second author in consultation with the first and third authors. It was developed based on the research questions and following familiarisation with several of the websites to identify patterns of presentation and organisation within the websites. The descriptions of each item were operationalised to allow for quantitative measurement. The manual was independently reviewed by the authors and then discussed as a group to reach consensus to ensure clarity and replicability. The manual covered five key areas.

1.2.1 | General website information

General information about each website was recorded, including the name of the organisation operating the website, the URL for the home page of the website and the date/s on which the website was accessed. The primary objective of the website was recorded as one of the following 10 content areas: general mental health, drug and/or alcohol specific, self-help tools, suicide, grief, depression/anxiety, eating disorders, relationships, trauma and gambling. General mental health websites covered topics related to general mental well-being or covered more than one specific mental health concern within the website. To be considered in one of the specific content areas, the website needed to focus on that topic and any mention of other mental health disorders was in relation to the primary topic. For example, websites categorised as a suicide-focused website focused on the experiences of suicidality and bereavement by suicide only and the mention of other mental health concerns were mentioned in relation to suicide.

1.2.2 | Availability of non-English language options

This measure was designed to capture the amount of information provided in languages other than English on the websites. The inclusion of a translation tool or option on the website was recorded, as well as the placement of the tool on the website. That is, whether this was on the homepage or required users to search for translation options. The language in which the translation tool was publicised, the languages available via this tool and the languages in which they were listed were also recorded. The date of data collection for this section was also noted.

1.2.3 | Inclusion of CALD-specific content

Information specific to CALD users on each website was identified, with the total number of subsections (i.e. all level 1 and 2 headings per the site map) on each website recorded, along with the

number of subsections specific to the CALD/multicultural community. In the absence of a site map, the website navigation menu was used. A search for the mention of the specific words 'Culturally and Linguistically Diverse', 'CALD' and/or 'multicultural', commonly used words in an Australian context, was carried out and the number of headings that included any of these terms was counted. Further, the presence of topics relevant to CALD users, such as personal accounts of mental health problem from a migrant perspective, was also recorded.

1.2.4 | Interactive resources and referrals

The interactive resource measures aimed to determine whether websites had forums, web chat options, phone lines and/or email services available, both in English and languages other than English. A referral variable was also included to determine whether the websites were referring users to other websites/resources. Organisations that websites referred to were recorded.

1.3 | Procedure

The 33 websites that were identified per the search strategy were coded using the standardised data extraction manual developed by the research team. Coding was carried out by the second author using the final coding manual between 6 and 23 August 2019. Five websites (15% of the sample) were then selected from the sample and coded by a second member of the research team to assess the reliability of results. Comparisons suggested an intercoder reliability rate of 90%, which reflects an acceptable level of reliability (Lombard et al., 2002).

2 | RESULTS

The 33 websites included in the final sample were most commonly general mental health websites ($n = 8$), followed by four websites each focused on drug- and/or alcohol-specific issues, self-help tools, or suicide-specific information and services. Table 1 provides the names and categories of the 33 websites.

2.1 | Availability of translation tools

In the sample, only four websites (12.12%) provided a translation option. This was visible on the front page of two websites (6.06%). On two other websites, users could locate a translation tool by using a search tool in the website by searching for 'translated', 'translation' or 'language' (6.06%). All websites with a translation tool described that tool only in English. The available language options were listed in only English on one website (3.03%), only the native script on one website (3.03%) and both the native script and English name on two websites (6.06%). The languages in which websites could be viewed are detailed in Table 2.

2.2 | Inclusion

From a total of 1100 subsections across all websites, eight subsections (0.73%) were specific to CALD/multicultural people. Specific mentions of the CALD/multicultural community in relation to mental health were made on nine websites (27.27%). This mention was available in a language other than English on two websites (6.06%) in the sample. First-person perspectives of mental health problem by individuals from a different cultural background, as identified within

TABLE 1 Classification of websites in the sample according to primary objective ($n = 33$)

Type	Organisations	Total
General mental health	Beyond Blue; Head to Health; Black Dog Institute; SANE Australia; Mental Health Online; Your Health in Mind; Every Mind; Mental Illness Fellowship of Australia	8
Drug and/or alcohol specific	Family Drug Support Australia; Self-Help Addiction Resource Centre; The Right Mix; Hello Sunday Morning	4
Self-help tool	Smiling Mind; Mood Gym; This Way Up; On Track	4
Suicide specific	Lifeline; Support After Suicide; Suicide Prevention Pathways; R U OK?	4
Grief specific	GriefLine; Australian Centre for Grief and Bereavement; GriefLink	3
Anxiety and/or depression specific	MindSpot; Blue Pages; dNet	3
Eating disorder specific	National Eating Disorders Collaboration; The Butterfly Foundation	2
Relationship specific	Relationships Australia; 1800 RESPECT	2
Trauma specific	Phoenix Australia; Blue Knot Foundation	2
Gambling specific	Gambling Help Online	1

TABLE 2 Websites with materials available in a language other than English within the study sample (*n* = 33)

Information type	Organisation	Languages available	Accessibility
Self-help tool	Moodgym	German	Homepage
Gambling specific	Gambling Help Online	Amharic, Italian, Vietnamese, Spanish, Indonesian, Arabic, Chinese (traditional and simplified), Dari, Luxembourgish, Greek, Hindi, Serbian, Turkish, Punjabi, Khmer, Yoruba	Through search function
Relationship specific	1800RESPECT	Arabic, Bengali, Chinese (traditional and simplified), Croatian, Dari, Dinka, Farsi, French, Greek, Hindi, Indonesian, Italian, Khmer, Korean, Lao, Macedonian, Polish, Portuguese, Serbian, Spanish, Tagalog, Tamil, Tetum, Thai, Urdu, Vietnamese	Homepage
Grief specific	Australian Centre for Grief and Bereavement	Chinese, Greek, Italian, Vietnamese	Through search function

the content (e.g. Sudanese, Karen or 'recent migrant'), were available on two websites (6.06%).

2.3 | Interactive resources and referrals

Forums were available on four websites (12.12%), web chat services on seven websites (21.21%) and email services on seven websites (21.21%). None of these interactive resources were available in a language other than English. Telephone counselling services were provided by 14 websites in the sample (42.42%), with three websites from the sample (9.09%) offering telephone counselling with a translator. Within the sample, eight websites (24.24%) referred CALD users to websites specific to their demographic group.

3 | DISCUSSION

Equity, inclusion and respect for the rights of all people lie at the centre of mental health professional codes and guidelines to ensure ethical practices (Australian Bureau of Statistics, 2018). Within Australia, a country with rich cultural diversity, this includes a requirement to attend to the unique linguistic and cultural needs of communities accessing services, including mental health services. This content analysis of government-funded Australian mental health websites identified barriers to accessing information and resources for people with limited English literacy alongside limited information that appeared to directly target CALD Australians. Whilst a specific search and review of CALD-specific websites was outside the scope of this content analysis, the results indicate that only 24% of included websites linked to CALD-specific resources, thus indicating gaps in connection across the sector. These results highlight that a thorough review of approaches to diversity and inclusion within online mental health services and platforms is warranted given significant investments are being made in expanding online information and service delivery. These findings align with research that identifies minority and marginalised communities as continuing to experience digital exclusion (Thomas et al., 2020).

Within the 33 major Australian mental health websites reviewed, there was limited availability of translation tools, with only four websites including translation tools. Websites focusing on the most common mental health concerns, depression and/or anxiety, were not available in a language other than English within this sample. The websites with a translation tool often did not have this option visible from the home page of the website. Accessing these tools would, therefore, require users to navigate through the website in English to locate the translation tool. This adds additional barriers for users with limited English literacy. Such tools should be accessible from the home page to maximise access. Furthermore, translation options were often listed in English rather than the language that they represented. This potentially creates a further barrier for users with limited English literacy. Given patients' language proficiency and the availability of interpreters are important factors contributing to inequities in health and healthcare disparities for ethnic minority communities (Chauhan et al., 2020), this should be a priority consideration in e-mental health design.

Within Australia, there are a range of federal, state, territory and organisational policies in place that influence language provision across mental health services, thus creating inconsistency and potential confusion. Minas et al. (2013) reviewed Australian mental health policies and highlighted that whilst there is a priority within mental health policies on providing culturally responsive services, there remain challenges to the ways in which those policies are effectively implemented within practices. As e-mental health becomes increasingly funded and utilised, policies need to be updated so that new mediums of service delivery also take culture and language into account. There are some initial guidelines and recommendations, such as improving online multilingual materials (e.g. Victorian Government, 2017) that can provide practical and technical guidance on the best ways of embedding multilingual information in websites, though further research and development is required to evaluate the reach and effectiveness of these approaches.

The availability of the material in multiple languages is a particular challenge in a country such as Australia where over 300 languages are spoken within Australian households (Australian Bureau of Statistics, 2017). The linguistic tailoring of resources to

accommodate such diversity will require significant initial and ongoing investment. Consideration of the most common languages and investments in building better and more efficient translation tools could support more widespread access. Additionally, targeted approaches to reduce the literacy levels of existing content could support better access and understanding for those with limited English proficiency.

Less than one-third of websites in the sample for this study made explicit reference to the CALD community, potentially pointing to wider issues of cultural exclusion. Given the tremendous heterogeneity in the Australian community, a lack of such diversity presented on Australian mental health websites warrants reflection. First-person narratives regarding CALD experiences of mental health were shown on two websites in the sample. Such narratives have the potential to decrease stigma as users can identify with characters that share similar backgrounds. Research with Mexican-Americans in the United States found that narratives featuring Latinx characters produced the strongest emotional responses, greater identification with the story and in turn, this was linked to shifts in knowledge, attitudes and behavioural intentions regarding health behaviours (Murphy et al., 2013). The lack of such narratives across the websites studied here potentially represents a missed opportunity to engage CALD communities with mental health information. If there is a priority to offer tailored information through CALD-specific websites, then clearly greater linkages need to be made between more general mental health websites with CALD-specific resources.

Within the currently evaluated websites, we searched for specific reference to the most commonly used terms in Australia including 'Culturally and Linguistically Diverse', 'CALD' and/or 'multicultural'. It is possible that efforts had been made to increase representation and inclusion that did not explicitly include these three terms and were therefore missed in the current content analysis. Future research that explores this in greater detail and looks at the quality of CALD-specific content is warranted. To do this, engagement with diverse CALD stakeholders is critical to drive the development of resources and tools that are tailored to those communities to support engagement within existing e-mental health platforms.

Results showed that no forums, web chat or email services were available in a language other than English. Of the 14 websites in the sample that provided telephone counselling services, only three had information about accessing the national Translating and Interpreting Service. All instructions to access this service were offered only in English and further detail on the types of resources CALD people are entitled to, such as a how and when they can access an interpreter, is needed. Given we know that CALD communities in Australia can lack information about the supports available in the community (Minas et al., 2013), providing clearer information about how and where to access additional support within their native language is critically important.

The provision of interactive services may be more difficult, particularly in the case of web chat services. This is due to the instant nature of the web chat format, which requires the respondent to understand and use the same language as the user. Similarly, forums and e-mail services require appropriate monitoring by the organisation, which cannot be carried out without understanding what is being posted by users. Organisations should engage multilingual employees to moderate such services and refer urgent matters onto telephone counselling services with access to interpreting services. Engaging multilingual employees speaking the top languages spoken in Australia might be a beneficial first step for organisations seeking to better engage CALD users with interactive services. It also highlights the critical importance of ensuring healthcare services more generally are representative of the communities they serve.

Research indicates that having a more diverse workforce helps to increase access to services for underserved communities, though barriers persist despite interventions aiming to increase representation (e.g. targeted recruitment, additional educational and financial supports) within the healthcare sector workforce (Snyder et al., 2018). Areas of increased diversity in the United States healthcare workforce have been limited to entry-level positions, which come with lower pay and more limited career progression opportunities (Snyder et al., 2018). Similarly, a focus on increasing the availability of interpreters or bicultural workers to provide linguistic support for clients does not necessarily address the challenges for people in those roles having the appropriate mental health training for both translation purposes (e.g. mental health terminology) or for managing the stressors and strains of the role (e.g. vicarious trauma). Continued efforts to improve stakeholder engagement, bolster professional pipelines and increase diversity within the mental healthcare sector could help to ensure that the development and offering of mental health services and materials is done with the voices and perspectives of diverse populations.

Whilst recognising a need for more universal design of e-mental health services to include CALD communities, there is an important role for specifically tailored sites to explore CALD issues in greater depth. Within this sample, eight websites (24.24%) referred users on to a variety of other Internet resources targeting CALD populations. Four websites within the sample referred CALD users to the Mental Health in Multicultural Australia (MHiMA) website, which has now transitioned to a federally funded initiative, Embrace Mental Health. This is an initiative specifically targeting mental health and suicide prevention amongst Australia's CALD populations and provides more extensive information on accessing interpreters, services and providing translated materials. Sharing of translated resources across platforms may be possible, with referrals made where CALD users are seeking more specific information. The eight websites providing referrals for CALD users to more specific multicultural websites did so only in English. Therefore, even where the intention is to refer CALD users to other websites specifically tailored to CALD communities, updates to websites to offer these referrals in languages other than English would likely enhance their reach and utility.

Other resources recommended to CALD users included directories of mental health practitioners. Such services have the capacity to assist users to connect with a healthcare professional based on preferences including religious background and language spoken. For CALD people, this may mean having access to a healthcare

professional from a similar cultural background. However, one of the directories was small in scope, only covering a limited geographic region within Australia and thus with limited utility outside that region. Alongside the other caveats of having translated and easy-to-navigate websites to support CALD users, this approach requires continuous updating to ensure accuracy.

Assessing the content of the websites CALD users were referred to was outside of the scope of this study, as sites such as MHiMA (now Embrace) did not meet the inclusion criteria for this project. Given that CALD users are being referred to these websites, future research may benefit from a similar analysis of CALD-focused websites to evaluate their content and capacity to better meet the needs of CALD users. As Embrace is a more recent initiative, ensuring that existing platforms add this to their referral options, is an important tool for increasing access. However, this must happen alongside improvements within the general resources analysed here.

3.1 | Implications

The sample for this study focused on mental health websites aimed at all Australians on a national level and funded by the federal government. This research identified that the availability of information, resources and support tools in languages other than English is currently lacking on the 33 websites reviewed. The *National Mental Health Policy* released by the Australian Government in 2008 highlights that, 'All Australians … with mental health problems and mental illness should be able to access a necessary range of mental and general health services, disability services and services offering vocational rehabilitation, housing and supported accommodation and respite care' (p. 12). With this mandate, e-mental health services must consider how they meet this need.

The question of how to ensure e-mental health access for the hundreds of language groups in Australia is challenging and complex. One approach is to invest in a separate web platform that tailors to the range of linguistic and cultural needs of Australians as embodied by the Embrace initiative. The other is to ensure that 'mainstream' platforms are more accessible. We argue both are important.

Findings from this project suggest that greater mental health support for CALD communities could be achieved if two main issues are addressed. The first of these areas is accessibility. At a minimum, website developers should include a translation tool on the home page of mental health websites. The languages listed in this tool should be listed in both their native script and the English alphabet (i.e. resources should list Arabic as both: عربی/Arabic) so that users are not required to understand English instructions to access translated information. Government funding schemes should require and support this as standard practice in the development of e-mental health platforms.

The other area of improvement is inclusion. All websites should aim to acknowledge the rich cultural and linguistic diversity embodied in Australia and the important role that culture and language play in mental health. All websites should also aim to direct CALD users

to appropriate information, whether this is offered by the website in question or through a referral to CALD-focused websites such as Embrace. Mental health organisations should seek to collaborate with CALD organisations and communities in determining what resources would most benefit CALD users. Furthermore, CALD users should be able to recognise themselves in the stories depicted online. The inclusion of more first-person narratives about mental health issues from various cultural perspectives would likely better engage CALD users.

3.2 | Strengths and limitations

Several limitations apply to this study. First, research was undertaken by a research team from an English-speaking background. As a result, our understanding of the range of cultural and linguistic barriers people might face when seeking assistance with mental health issues is scholarly and from professional practice experiences, rather than first-hand experience. Areas of information relevant to CALD communities may, therefore, not be included in the measures designed by this research team. As a result, certain areas of interest to CALD communities may not have been covered within this study.

As the sample was not exhaustive and focused on mental health websites targeting the general population, this study was unable to provide a complete picture of national mental health websites in Australia. Further research is necessary to generate a more complete list of resources that are accessible to and inclusive of CALD users. A more thorough evaluation of the depth and breadth of CALD-specific resources would also be useful to guide further resource development. Such a list would be a valuable resource for practitioners and community health workers wishing to direct patients from a CALD background to more culturally relevant and sensitive information regarding mental health.

Despite these limitations, this study highlighted a pressing issue in Australia that draws attention to the ways mental health resources online might be improved to better meet the needs of CALD users. This research used a quantitative approach to assess inclusivity and accessibility, allowing for an empirical comparison between websites. Previous research had not assessed the state of mental health websites in Australia in terms of inclusivity, and this study has thus made an original contribution to the growing body of literature regarding multicultural Australia. This is particularly important as rapid expansion of e-mental health services is being generated in response to the COVID-19 pandemic. Particular attention to promoting universal design approaches that promotes access for all Australians is essential for mental health services.

3.3 | Future directions and conclusions

This project identified continuing cultural exclusion on Australian mental health websites. Despite the promise of accessibility inherent in digital service provision, current Australian mental health websites

are not yet adequately representative of the CALD community or accessible to people with limited English proficiency. Digital inclusion is relevant not only for mental health but also for all areas within the health and social service sectors. Steps to ameliorate issues limiting inclusion are critical to ensure that known barriers to mental health services more generally are not replicated in online services. Whilst this project quantified online inclusion via tracking translation tools and the provision of information in languages other than English, it did not assess the quality of translated information, nor the quality of mental health information online in general. Assessing the quality of online mental health resources with a more nuanced understanding of the unique needs of CALD communities is an important next step. To do this, active engagement with diverse communities in the development of e-mental health services and platforms is essential.

CONFLICT OF INTEREST

There are no conflicts of interest to declare for any authors.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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