



# Response to NACMH Discussion Paper A Mentally Healthy Future for all Australians

March 2010



*in partnership with*



## Multicultural Mental Health Australia

Multicultural Mental Health Australia (MMHA) actively promotes the mental health and well-being of Australia's diverse communities and seeks to improve access, responsiveness and quality of mental health services for these communities. It achieves this through partnerships with the Australian mental health sector, transcultural mental health and refugee services and networks, federal, state and territory governments as well as the community. Multicultural Mental Health Australia is funded to provide national leadership in transcultural mental health under the National Mental Health Strategy and National Suicide Prevention Strategy of the Commonwealth Department of Health and Ageing.

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## Partner agencies, groups, networks & experts

This response was compiled by MMHA in partnership with the following national, state and territory peak agencies, groups, networks and experts:

### **Australian Federation of International Students (AFIS)**

AFIS is a non-profit, community oriented organisation aimed at assisting international students in maximizing the scope and potential of their experience living and studying in Australia.

### **Australian Multicultural Foundation (AMF)**

The Australian Multicultural Foundation was established to promote a strong commitment to Australia as one people drawn from many cultures and by so doing, advance its social and economic well being, promote respect and understanding towards each other and the contribution of people from all cultures to the development of Australia.

### **Federation of Ethnic Communities' Councils of Australia (FECCA)**

FECCA is the national peak body representing Australians from culturally and linguistically diverse (CALD) backgrounds. FECCA's membership comprises state, territory and regional multicultural and ethnic councils.

### **Forum of Australian Services for Survivors of Torture and Trauma (FASSTT)**

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) is a network of Australia's eight specialist rehabilitation agencies and other providers that work with survivors of torture and trauma who have come to Australia from overseas.

### **MMHA National CALD Consumer & Carer Reference Groups**

The MMHA National CALD Consumer and Carer Reference Groups provide a national voice for CALD mental health consumers and carers and aim to build capacity for CALD consumers and carers to address mental health issues within their states and territories.

### **National Ethnic Disability Alliance (NEDA)**

The National Ethnic Disability Alliance (NEDA) is the national voice advocating for the rights and interests of people from non-English speaking background (NESB) with disability, their families and carers throughout Australia

**National Multicultural Youth Advocacy Network (NMYAN)**

The NMYAN is a national policy and advocacy body with representatives from each of Australia's states and territories. It was established in 2005 in response to an identified need for a national advisory and advocacy network for multicultural youth issues. A key objective of NMYAN is to increase collaboration and coordination between states and territories in order to highlight the rights and interests of multicultural young people living in Australia.

**Network of Immigrant and Refugee Women of Australia (NIRWA)**

NIRWA as an independent body that seeks to advocate for immigrant and refugee women at a national level by working to achieve cultural, social, economic, educational and gender equality for all immigrant and refugee women living in Australia and to work with other women's organisations to advocate collectively on common issues affecting all women.

**Settlement Council of Australia (SCOA)**

The Settlement Council of Australia (SCOA) is the national peak body representing migrant and refugee settlement agencies across Australia. SCOA operates as a network of settlement service providers. SCOA's aim is to bring settlement service providers together at a national level in order to create cohesion amongst our members, and improve collaborative and strategic planning processes for the settlement sector.

**ADEC**

ADEC strives to empower people with a disability from non-English speaking backgrounds, their carers, and families to fully participate as members of the Victorian community. ADEC is a state-wide organisation.

**Bernadette Wright - Specialist Clinical Psychologist**

Consultant on Transcultural Mental Health – Western Australia

**Fremantle Multicultural Centre (FMC)**

The Fremantle Multicultural Centre aims to meet the current and future needs of migrants and refugees by providing services such as settlement support; crisis accommodation; mental health support and early intervention programmes - and through providing social opportunities and support to reduce isolation.

**Monica McEvoy - Multicultural Mental Health Nurse Practitioner Project - Child and Adolescent Mental Health Service – Children, Youth and Women's Health Services (CYWHS) SA**

This role aims to increase the cultural competency of CAMHS services within CYWHS and to improve access to CAMHS for young people and families from CALD backgrounds.

**Multicultural Services Centre of WA (MSCWA)**

Multicultural Services Centre of W.A. is a community services organisation established to meet the settlement, welfare, education and training, cultural and related needs of culturally and linguistically diverse Western Australians; Undertake research and community education activities related to their needs; and Establish Foundations/Trusts for this purpose.

**NSW Transcultural Mental Health Centre**

TMHC is a statewide service that promotes access to mental health services for people of CALD background and provides clinical consultation and assessment, transcultural mental health promotion, prevention and early intervention, publication and resource development and education and training.

**Phoenix Centre**

The Phoenix Centre is a program of the Migrant Resource Centre of Southern Tasmania offering specialist services including counselling, advocacy, community development programs and natural therapies for survivors of torture and trauma.

**TAS Transcultural Mental Health Network**

The TTMHN exists as a coordinated network consisting of individuals, groups, and organizations from across CALD communities, consumers, carers and service providers, who meet to discuss current issues and identify strategies to improve transcultural mental health care in Tasmania.

**Transcultural Mental Health Network - ACT**

The Transcultural Mental Health Network (ACT) is a voluntary group committed to improving the mental health and wellbeing of people from CALD backgrounds living in the ACT. The Network is working towards connecting people through distribution of information and resources, as well as influencing attitudes within the community.

**Victorian Refugee Health Network (VRHN)**

The Network was formed in 2007 to bring health and community services together to be more accessible and responsive to the needs of refugees and asylum seekers.

**Victorian Transcultural Psychiatry Unit (VTPU)**

The VTPU is a statewide unit which supports area mental health and psychiatric disability support services in working with culturally and linguistically diverse (CALD) consumers and carers throughout Victoria.

## INTRODUCTION

Multicultural Mental Health Australia (MMHA) welcomes the invitation by the Honourable Minister Nicola Roxon to provide comment on the National Advisory Council on Mental Health's discussion paper, *A Mentally Healthy Future for all Australians*.

The discussion paper provides a legitimate and astute set of investment proposals that stand to make a difference for the mental health and wellbeing of Australians. The NACMH should also be commended for acknowledging the disadvantage that many Australians, particularly Australia's indigenous population, already face in trying to secure a mentally healthy future.

MMHA sought the expertise of various national, state and territory multicultural and transcultural mental health services, networks, agencies and experts in an effort to ensure that the mental health needs of Australia's culturally and linguistically diverse (CALD) communities was adequately addressed. Those experts have partnered with MMHA to support this response.

MMHA, and the partners to this response, support the recommended investment proposals by the NACMH in the discussion paper. However recommended adjustments are proposed in this response in order to work towards redressing long term disparities in mental health outcomes for Australia's CALD communities. These disparities are outlined in the accompanying draft Issues Paper by MMHA titled *The State of Play*.

Cultural, demographic and socio-economic factors affect and influence the health status of populations and they influence the uptake of health-related preventative and intervention services. For this reason, it is important to acknowledge and plan for the diversity of Australia's population and its impact on mental health in Australia.

The following section provides recommended adjustments to the NACMH Investment Proposals which acknowledges and plans for the diversity of Australia's population. The table overleaf provides a summary of the detailed recommendations made in the following section.

<b>Summary recommendations</b>	
<b>PRIORITY AREA 1 - A mentally healthy Australia is everyone's business</b>	
Investment 1	Targeted stigma reduction and mental health literacy initiatives for Australians from CALD backgrounds
Investment 2	Mental health competency training should include cultural competence training
<b>PRIORITY AREA 2 – Investing in our communities</b>	
Investment 3	Identification of priority communities should use indicators broader than the ABS to be inclusive of all Australians
Investment 4	A Mentally Healthy Communities Program should be developed in partnership with local CALD communities and should target communities across the lifespan
Investment 5	Additionally, the <i>Framework for the Implementation of the National Mental Health Plan in Multicultural Australia</i> should be audited and revised in alignment with the Fourth National Mental Health Plan.
<b>PRIORITY AREA 3 – Investing in our workplaces</b>	
Investment 6	Workplace discrimination and racism must be addressed
Investment 7	CALD communities, via the various peaks, must be involved in the development of Employment Support Programs for consumers from CALD backgrounds
<b>PRIORITY AREA 4 – Investing in our children, youth and families</b>	
Investment 8	Early childhood programs need to consider cultural, gender and religious differences and need to target vulnerable groups from CALD backgrounds, such as newly arrived migrants and refugees
Investment 9	Schools should partner with local transcultural mental health services and multicultural health and welfare services in order to target programs for people from CALD backgrounds
Investment 10	Services for families at high risk should demonstrate cultural competence and implement access strategies for communities from CALD backgrounds
<b>PRIORITY AREA 5 – Investing in our health system</b>	
Investment 11	Targeted strategies are required to respond to the growing and changing demands in the demographic characteristics of older Australians from CALD backgrounds
Investment 12	Connecting Care Initiatives need partnerships with Australia's multicultural health and welfare sectors to work towards equitable access for people from CALD backgrounds
Investment 13	Investment in suicide research and targeted suicide prevention programs for people from CALD backgrounds
<b>PRIORITY AREA 6 – Investing in our mental health system</b>	
Investment 14	A National e-Mental Health Strategy needs to ensure CALD accessibility and useability
Investment 15	A National Early Psychosis Program needs partnerships with local multicultural health and welfare services and transcultural mental health services in order to target young people and communities from CALD backgrounds
Investment 16	Partnerships with multicultural stakeholders are needed in order to address high prevalence mental disorders in CALD communities
Investment 17	Reform of Australia's mental health system needs to scale up transcultural mental initiatives that aim to reduce current disparities in access to timely and culturally appropriate mental health services
Investment 18	Expansion of multicultural NGO models that have proven to improve access for CALD communities
Investment 19	Investment in a culturally competent mental health workforce
<b>PRIORITY AREA 7 – Investing in research, evaluation and measuring our progress</b>	
Investment 20	The Mental Health Reform Agency must develop a transcultural mental health directive to address current disparities for CALD communities across Australia
Investment 21	NACMH investment proposal supported. No further recommendations
Investment 22	A National Institute for Mental Health must develop a National CALD Mental Health Research Agenda to better understand CALD prevalence rates and mental health utilisation rates and promote initiatives to address the same

## RESPONSE TO NACMH RECOMMENDATIONS

The investment proposals by the National Advisory Council on Mental Health are visionary and stand to make a significant difference for many Australians.

The MMHA Draft Issues Paper, *The State of Play*, however, highlights that CALD communities, in general, still lag behind in terms of mental health outcomes. Interventions targeting the general population have tended to elude CALD communities with the resulting increased disparity in mental health outcomes for CALD communities across Australia and between states and territories.

This highlights the need for specific interventions targeting CALD communities.

Although disparities faced by CALD communities are acknowledged in the NACMH discussion paper, the proposed investment priorities do not include strategies to address the mental health disparities outlined in the MMHA Draft Issues Paper, *The State of Play*. Unless CALD needs are specifically identified and addressed, the proposals are at risk of missing a significant part of Australia's population – those from CALD backgrounds.

The following section recommends adjustments to the NACMH investment proposals to ensure that all of Australia's citizens can benefit from the NACMH recommendations.

### PRIORITY AREA 1 - A mentally healthy Australia is everyone's business

#### NACMH proposed program of investment 1:

#### Mental health literacy through expanded community education initiatives

This response welcomes the proposal to expand mental health literacy and stigma reduction initiatives including an expanded role for Beyond Blue, Mental Health First Aid and school-based mental health education programs such as Mind Matters and Kids Matter.

Unfortunately, until recently, many mental health literacy and stigma reduction initiatives have not comprehensively addressed the specific needs of people from CALD backgrounds across Australia. There are a lack of translated materials and culturally-appropriate dissemination strategies. Particular barriers for some CALD communities (and indigenous communities) include low education levels and low literacy in English and/or their own languages; low literacy in mental health; lack of translated materials; and a lack of initiatives that acknowledge the strengths that CALD communities already have in addressing stigma within their communities.

Multicultural Mental Health Australia (MMHA) has recently begun implementing a strengths-based stigma reduction initiative targeting CALD communities across Australia – the ***MMHA Stepping Out of the Shadows Stigma Reduction Program***. The program uses a Train-the-Trainer model to build the capacity of agencies within each state and territory to work with and educate CALD communities about stigma and mental illness.

A national evaluation of the program is currently being conducted. MMHA has also begun dialogue with Mental Health First Aid to explore adapting the Stepping Out of the Shadows program to include culturally relevant Mental Health First Aid literacy components. While some State and Territory Departments of Health have made contributions, a key issue for the implementation of this program has been the lack of resources for agencies to implement the program within their state or territory.

**Recommended adjustment:**

- i. Provide adequate resources to implement the MMHA community stigma reduction and mental health literacy initiatives at a national, state and territory level which are culturally and linguistically appropriate.
- ii. These initiatives should become core business for agencies funded to deliver mental health services. Embedded within the stigma reduction initiatives should be a culturally appropriate mental health literacy education program that is supported by agencies but subsequently 'owned' and 'driven' by the communities in order to ensure sustainability.
- iii. Additionally, the indicators of success should include the following: *An increased utilisation of mental health services by Australia's CALD communities.*

**NACMH proposed program of investment 2:****Mental health practice and competency training for all health and human service employees**

Expansion of mental health literacy and mental health competency training for all health and human services staff and the proposed review of mental health curricula is important if the responsibility of the mental health and wellbeing of all Australians is to be addressed through a holistic response across service sectors.

It is important that this program includes 'front line professionals' such as reception-based employees in all health areas, including mental health services and emergency based services.

It is recommended that this initiative be expanded to include a national program of cultural competence training for all health and human service employees to ensure that those employees are equipped to deal with Australia's CALD population

Currently MMHA is developing a ***National Cultural Competency Tool for Mental Health Services*** which will be aligned with the newly revised National Standards for Mental Health Services. This tool can be used to assist the development of culturally competent mental health service provision.

It also recommended that a review of mental health curricula within undergraduate, vocational and post-vocational training include a review of cultural competence training within each of those educational strata.

**Recommended adjustment:**

- i. A program of mental health practice and competency training for all health and human service employees, including front-line reception staff, should be developed and implemented nationally and should include cultural competency training.
- ii. A review of mental health curricula should include a review of cultural competence training within the mental health curricula with reference to the MMHA *National Cultural Competence Tool for Mental Health Services* and to the newly revised *National Standards for Mental Health Services*.

**PRIORITY AREA 2 – Investing in our communities****NACMH proposed program of investment 3:  
Priority Communities Initiative**

CALD communities tend to experience significant disadvantages in their mental and general health status. While research has shown that many first generation immigrants may bring with them protective health factors, the process of acculturation can lead to health inequities increasing over time. Small and emerging communities (e.g. refugee and humanitarian entrants) also face disadvantages of poverty, unemployment, lack of affordable housing, low English proficiency, social isolation, exclusion, and racism.

There is also no explicit mention of people of refugee backgrounds. Identification of Priority Communities should include people of refugee backgrounds who face multiple risks with respect to their mental health including a history of traumatic experiences in countries of origin and transit and separation from family members who often reside in places where their safety and well-being are at risk.

In reference to the proposal to use ABS indicators and indexes to identify the 100 most socially and economically disadvantaged communities, it should be noted that the ABS does not, as a matter of course, have indicators and indexes identifying people of refugee backgrounds.

People with disability from refugee and CALD backgrounds can also be confronted with the double jeopardy of disability and mental health conditions. The National Ethnic Disability Alliance (NEDA) estimates that there are approximately one million Australians living with a disability and who are from non-English speaking backgrounds. Yet very little research is done into the issues impacting on their lives, particularly the interplay of mental illness, disability and cultural background.

**Recommended adjustment:**

- i. Identification of Priority Communities should use processes broader than the ABS due to the lack of ABS collection of CALD and refugee data on mental health.
- ii. The identification of Priority Communities should consider research on the interplay of various issues, such as people's disability, mental illness and CALD (including refugee) background that impacts on their disadvantage. The identification should also consider research that shows that CALD communities tend to fare worse than others when it comes to timely and appropriate access to Australia's mental health system (See *MMHA's State of Play Draft Issues Paper*).
- iii. While the indicators of success in the NACMH discussion paper focus on people aged 0-25, it is recommended that indicators of success are identified for all members of the Australian population and across the lifespan.

**NACMH proposed program of investment 4:  
Mentally Healthy Communities Program**

This response supports the NACMH recommendation to develop targeted early intervention, prevention and promotion programs to address locally identified mental health needs.

In order to ensure CALD participation in these initiatives it is imperative that the planning and development of such initiatives includes input from CALD communities, multicultural agencies, local ethno-specific agencies, refugee and transcultural mental health centres and networks.

While the development of such initiatives should address the needs of individuals in

communities across life stages, it should also consider the impact that older Australians from CALD backgrounds face. For example, first generation Australians from CALD backgrounds may revert back to the language of their country of origin as they age. Older Australians from refugee backgrounds who have experienced torture and trauma may have compounding mental health and ageing issues as they get older.

**Recommended adjustment:**

- i. Mentally Health Communities Programs should be developed in partnership with local stakeholders with targeted input from disadvantaged communities including CALD communities. Importantly, such programs should be driven and owned by the community being targeted.
- ii. Strategies that target individuals across life stages should also include the development of a bicultural and bilingual workforce that is trained and has capacity to deal with Australia's ageing CALD population.
- iii. Indicators of success should also include a statement that highlights 'an increased utilisation of services by members of the community who previously have recorded low rates of utilisation of mental health services, such as people born in Non English Speaking Countries (see reference to Stolk, Minas and Klimidis, 2008 in *MMHA's State of Play Draft Issues Paper*)

**NACMH proposed program of investment 5:**

**Revision and implementation of the Social and Emotional Wellbeing Framework**

The revision and implementation of the Social and Emotional Wellbeing Framework for Australia's indigenous people is a well-needed step in beginning to redress the mental health and wellbeing disadvantage that Australia's indigenous populations have faced.

A Framework to address mental health disadvantage in CALD communities across Australia was also developed for the Third National Mental Health Plan – *The Framework for the Implementation of the National Mental Health Plan 2003-2008* in Multicultural Australia. This framework is now 2 years out of date. The release of the Fourth National Mental Health Plan provides an opportunity for the revision and implementation of a renewed framework. This will help build on and further consolidate the work done in the previous framework and support the commonwealth's commitment to meeting the needs of different populations under the Fourth National Mental Health Plan.

A review of the Framework for the Implementation of the National Mental Health Plan in Multicultural Australia should also include an examination of its efficacy during its lifespan between 2003 – 2008. A review of any best practice models that stemmed from implementing this framework may be required to assess whether or not the Framework was meaningful to the population group it targeted.

**Recommended adjustment:**

- i. Revision and implementation of the Social and Emotional Wellbeing Framework; and
- ii. Additionally, the *Framework for the Implementation of the National Mental Health Plan in Multicultural Australia* should be audited (to measure the extent of implementation within state and territory jurisdictions) and revised in alignment with the Fourth National Mental Health Plan.

**PRIORITY AREA 3 – Investing in our workplaces****NACMH proposed program of investment 6:****A mentally healthy workplace study**

This response supports the proposal for research into how mental health promotion can be embedded in workplace and occupational health and safety legislation, policy, standards, codes and requirements.

For people of CALD backgrounds, particularly those who are socially disadvantaged, the workplace may be a hostile environment where covert bullying and discrimination may be experienced. The embedding of mental health promotion in workplace and occupational health and safety legislation, policy, standards, codes and requirements is necessary. However, it is also essential for such initiatives to include programs that address issues of racism and discrimination as part of developing a mentally healthy workplace.

**Recommended adjustment:**

- i. A Mentally Healthy Workplace Study needs to ensure that the issues of discrimination and racism are also addressed as part of ensuring a mentally healthy workplace.
- ii. A Mentally Healthy Workplace Study needs to ensure that Australia's CALD communities are also consulted through culturally and linguistically appropriate research methods.

**NACMH proposed program of investment 7:****Employer Incentive and Safety Net Program and Employment Support Program for people with mental illness**

This response supports the proposal for an Employer Incentive and Safety Net Program and an Employment Support Program for people with mental illness. However the development of such initiatives should include consultation and input from relevant peaks engaged with CALD communities.

**Recommended adjustment:**

The development of an Employer Incentive and Safety Net Program and an Employment Support Program for people with mental illness should involve participation and collaboration from relevant peaks engaged with CALD communities.

**PRIORITY AREA 4 – Investing in our children, youth and families****NACMH proposed program of investment 8:****Early childhood and family mental health and developmental services (0-25 years)**

This response supports the further development of a program of early childhood and family mental health and developmental services as a process for providing integrated early intervention, early childhood and family clinical mental health services. However, given that migration experiences have a relationship to the psycho-social adjustment (and mental health) of children and young people, it is vital that the needs and issues of children and young people from CALD communities are specifically addressed within this initiative.

To improve the uptake of such initiatives by CALD families, children and young people, there is a need to ensure that such initiatives are based in the community

(e.g. linked to schools or community centres rather than mental health clinics or hospital based centres) and are resourced to:

- ⇒ employ transcultural mental health workers to provide mental health promotion programs to young people from new and emerging communities, particularly at the point of resettlement;
- ⇒ develop and provide training in transcultural mental health to a range of professionals who work with young people;
- ⇒ undertake research into issues which impact on children, young people and families from CALD backgrounds.

The development of such initiatives can learn from and upscale existing projects that have successfully targeted CALD communities. Examples of such initiatives include the SA Child and Adolescent Mental Health (CAMHS) Western Region Multicultural Mental Health Nurse Practitioner project, and the NSW Transcultural Mental Health Centre's Child and Families Mental Health Program:

<http://www.dhi.gov.au/default.aspx?ArticleID=351#Increasing%20Access>.

#### **Recommended adjustment:**

- i. Early childhood and family mental health and developmental services (0-25 years) need to include targeted programs for CALD families.
- ii. All programs need to work within a framework of supporting social, emotional, personal and physical development whilst being considerate of cultural, gender, linguistic and religious differences.
- iii. Programs need to be developed in partnership with community representatives, from CALD communities and specifically target vulnerable groups such as children and young people from refugee backgrounds and new migrants from emerging communities.
- iv. The programs would also require training courses on transcultural early intervention models which assist in the early identification of CALD young people at risk of mental health problems.

#### **NACMH proposed program of investment 9:**

##### **Schools as hubs for acting early and for nurturing children and families**

This response supports such an initiative, however, as previously mentioned, there is a need to ensure the involvement of CALD communities, multicultural health and welfare services, transcultural mental health services and refugee services in order to facilitate access to and ensure that such an initiative is inclusive of children, young people and their families from CALD backgrounds.

#### **Recommended adjustment:**

- i. The development of Schools as early intervention hubs need to ensure consultation and involvement of local community structures and agencies, including those from the multicultural sector. This needs to be coordinated with transcultural mental health and refugee services in order to ensure a planned targeting of children, young people and their families from CALD backgrounds.
- ii. Programs need to be developed in partnership with community representatives, from CALD communities and specifically target vulnerable groups such as children and young people from refugee backgrounds and new migrants from emerging communities; CALD refugee young women experiencing domestic violence; and CALD young people with a dual diagnosis.

**NACMH proposed program of investment 10:  
Services for families at high risk**

Such a proposal is highly supported but the development of such initiatives would need consultation from CALD communities, multicultural health and welfare services, transcultural mental health services and refugee services to ensure that the needs of CALD families and communities are considered.

Research and programs which target families who are at-risk need to consider the impact that language, culture, migration and resettlement experiences have on the uptake of such services. Issues to consider include the increased risk of depression that children of adult refugees may face due to the high prevalence of depression in adult refugees. Combined with parental and/or carers' fears and concerns about the intentions of government services, this may create considerable barriers in reaching parents, their children and young people alike. Therefore, the need to develop culturally appropriate programs for parents with mental health problems who are parenting children and adolescents within an Australian context is paramount in working towards better mental health for all in the future.

Particular consideration should be given to families, children and young people from refugee backgrounds given the multiple risk factors they face.

Funding of such initiatives should also require services to demonstrate how they will ensure access for families from CALD backgrounds and build on existing innovative projects that address the recognised under-utilisation of family service agencies by newly arrived and refugee background communities. Examples of such initiatives include the Foundation House Family Strengthening Program in Victoria:

[http://www.foundationhouse.org.au/service\\_innovation\\_program/family\\_strengthening/parenting.htm](http://www.foundationhouse.org.au/service_innovation_program/family_strengthening/parenting.htm)

Part of this process should also include cultural competency training for services that receive such funding.

**Recommended adjustment:**

- i. Service for families at high risk should demonstrate cultural competence and strategies that ensure equitable access for communities from CALD backgrounds. The development of such services should build on existing innovative projects that address the recognised under-utilisation of family service agencies by communities from CALD (particularly refugee) backgrounds.
- ii. Programs need to develop culturally appropriate early intervention services which specifically target vulnerable groups with specific needs, such as CALD children and young people from CALD backgrounds living with parents with a mental illness and families from refugee backgrounds.

**PRIORITY AREA 5 – Investing in our health system****NACMH proposed program of investment 11:****Services for the elderly**

The development of specialised mental health and dementia care services for older Australians need to be aware of the following issues that impact on the access and quality care for older Australians from CALD backgrounds:

- There is an urgent need for more research into mental health problems within the elderly population from CALD backgrounds as there is currently a limited knowledge on prevalence rates and appropriate treatment options for this population group.
- Research also indicates higher rates of suicide at old age, among some immigrant communities (see reference to McDonald and Steel, 1997 in *The State of Play*).

Although a variety of models of ethno-specific and multicultural services exist for older Australians from CALD backgrounds, services options are not adequately resourced to cater for the significant and growing needs of this population group. Further research is needed into how these models can be scaled up for all Australians. Further employment, training and development of bilingual staff will also enhance the capacity of mainstream services to be inclusive of all Australians.

The Commonwealth funded Community Partners Program provides a good model of equipping mainstream aged care services to better understand and respond to needs of elderly people from CALD backgrounds.

Another example includes a multilingual multimedia campaign undertaken in NSW, by the NSW TMHC, to address mental health promotion, prevention and early intervention with older people from CALD communities. Following the campaigns, the NSW TMHC clinical consultation service experienced a 70% increase in referrals on older people 65 years and over (NSW Transcultural Mental Health Centre).

**Recommended adjustment:**

- i. Services for the elderly need culturally appropriate models to be inclusive of all older Australians. The development of such services need to review existing models such as the Commonwealth funded Community Partners Program that has aimed to improve access and quality of services for Australia's diverse population.
- ii. Targeted strategies are also required to respond to the growing and changing demands in the demographics of older people from CALD communities and their access to mental health services.
- iii. There is a need for an enhancement in the quality and safety measures when working with older people from CALD communities. This would entail increased use of culturally relevant assessment tools, interpreters, and bilingual/bicultural mental health clinical specialists.

**NACMH proposed program of investment 12:****Connecting Care Initiatives – Person-centred collaborative practice incentives with a particular focus on addressing inequities in physical health and social circumstances of people with mental illness and their families**

Holistic models of care and preventative services are needed. Mental health service models provided by the NGO sector offer good examples of holistic and person-centred care. Cross-sector and multidisciplinary partnerships are essential for holistic models. This is particularly so for Australians from CALD communities.

Family-focussed models that are sensitive to CALD family need partnerships with the multicultural health and welfare sector to ensure improved access for all.

Partnerships with the transcultural mental health sector and with refugee services will also be important to ensure holistic service provision for Australia's diverse populations.

**Recommended adjustment:**

Connecting Care Initiatives need family-focussed models and need to involve partnerships with Australia's multicultural health and welfare sectors to ensure improved outcomes for all Australians.

**NACMH proposed program of investment 13:****A partnership with the community to address suicide and self-harm**

The development of a new national suicide prevention and post-vention strategy needs to ensure that targeted strategies to address inequities for Australia's CALD communities are developed. This must include investment in research of suicide in CALD communities and the funding of multicultural models to address suicide in CALD communities.

Existing suicide prevention strategies and initiatives in Australia are primarily developed within a public health framework and people from CALD communities have been identified within these frameworks, however there is currently a dearth of available baseline information and epidemiological research and initiatives in Australia, which explore and target people from CALD backgrounds. For example, *The Framework for Suicide Risk Assessment and Management for NSW Health Staff* is a useful method for health staff in identifying risk and protective factors for suicidal behaviour. Whilst the NSW Health Framework has identified a limited number of risk and protective factors for CALD populations, it would be significantly enhanced by further research which explores factors for current and emerging CALD communities.

Suicidal behaviour in CALD communities is largely unknown and this is of concern considering the diversity of the Australia community.

However, previous research undertaken in NSW (which is now over 10 years old) indicates that older migrants are at a higher risk of suicide and an increase in the relative rate of female suicide (than in their country of origin) amongst women from certain countries (see reference to McDonald and Steel, 1997, in *The State of Play*). Additionally, international research indicates that second generation immigrants are at a higher risk of suicide than their parents generation (see reference to Hjern and Allebeck, 2002 in *The State of Play*)

**Recommended adjustment:**

- i. A partnership with the community to address suicide and self-harm must target health and service inequities amongst Australia's CALD populations.
- ii. There is an urgent need to implement data collection and linkage systems, which

are able to accurately reflect the prevalence of suicidal behaviour (suicide deaths and suicide attempts) within and across CALD communities. For example, by requesting the present public health surveillance systems to implement the ABS's *Standards for Statistics on Cultural and Linguistic Diversity*. Existing surveys, such as the *National Survey of Mental Health and Wellbeing*, may be further enhanced by being conducted in a person's preferred language and by a person of the same cultural group

- iii. There is an urgent need to undertake research which explores current suicidal behaviour in CALD communities to inform the development of culturally sensitive models of suicide prevention.
- iv. Culturally sensitive suicide prevention initiatives need to be developed by working collaboratively with individuals and communities and should include working in accessible settings for CALD communities, such as within settlement services, multicultural and ethno-specific services and religious institutions.
- v. Mainstream suicide prevention programs also need to enhance their cultural competence through, for example, cultural competence training for health professionals that address cultural and gender differences pertaining to suicide risk.

## **PRIORITY AREA 6 – Investing in our mental health system**

### **NACMH proposed program of investment 14:**

#### **The development of National e-Mental Health Services**

The development of a National e-Mental Health Strategy would need to ensure that research into the use of e-mental health services needs to consider how CALD communities could also benefit from such a service strategy.

Consideration of web content accessibility standards, such as the Federal Government's Web Content Accessibility Guidelines (WCAG) 2.0 should be factored into the development of a National e-Mental Health Strategy.

#### **Recommended adjustment:**

The development of National e-Mental Health Services needs to involve CALD communities in the development of the strategy and needs to ensure linkages with multilingual resources with e-Mental health portal services.

### **NACMH proposed program of investment 15:**

#### **A national early psychosis program**

In order to ensure that CALD communities have access to timely, responsive and quality services, the development of a national partnership-based early psychosis program needs to:

- Be based on evidence of how mental health problems impact on CALD communities; and
- Have active partnerships with Australia's transcultural mental health services, and multicultural health, welfare and refugee service sectors across Australia.

#### **Recommended adjustment:**

A national early psychosis program needs to be developed in partnership with Australia's transcultural mental health services, and multicultural health, welfare and refugee service sectors in order to ensure a targeted response for Australia's CALD communities.

**NACMH proposed program of investment 16:****A national early intervention program for high prevalence mental disorders**

As previously stated, the development of a national early intervention program for high prevalence mental disorders needs to be done in partnership with Australia's transcultural mental health services, and multicultural health, welfare and refugee service sectors to ensure that the program is planned and targets all Australians, including those from CALD backgrounds.

**Recommended adjustment:**

A national early intervention program for high prevalence mental disorders needs to be developed in partnership with Australia's multicultural health and human services sectors.

**NACMH proposed program of investment 17:****Mental Health Service Reform Program – ensuring timely and quality services across life span, across disorders and across acuity**

A program of mental health service reform would also be an opportunity to address the long-term problem of poor access for Australia's CALD communities.

A program of mental health service reform provides an opportunity to research the efficacy and scale up existing initiatives that aim to improve access for Australia's CALD communities. Many such initiatives also work with Australia's services for victims of torture and trauma (via the FASSTT network of services across Australia) to ensure that the mental health needs of refugees and those who have experienced torture and trauma are addressed within these strategies. Such initiatives need to be scaled up for sustainable application across all of Australia's mental health services and service systems.

Examples of such initiatives developed by various transcultural mental health centres across Australia include:

- NSW TMHC (<http://www.dhi.gov.au/Transcultural-Mental-Health-Centre/Information-for-Health-Professionals/Clinical-Consultation-and-Assessment-Service/Clinical-Consultation-and-Assessment-Service/default.aspx>)
- QTMHC (<http://www.health.qld.gov.au/pahospital/qtmhc/partnership.asp>)
- VTPU (<http://www.vtpu.org.au/programs/culturalportfolioholders.html>)

A program of mental health service reform should include plans for the establishment of a state-wide transcultural mental health services in each state and territory.

Rather than reinvent the wheel, newly established services should learn from, and replicate the effective models of service delivery that have been demonstrated by long-established Transcultural Mental health Centres and Services.

**Recommended adjustment:**

- i. A program of mental health service reform needs to research the efficacy of and scale up existing initiatives that aim to improve access for Australia's CALD communities.
- ii. A program of mental health service reform should include plans for the establishment of state-wide transcultural mental health services in states and territories where they do not exist.

**NACMH proposed program of investment 18:****Expansion of community-based support and recovery models**

The expansion of community-based support and recovery models needs to ensure that the principles of access and culturally-appropriate service provision for CALD communities are integral part of the development of such models.

The expansion of existing community-based support and recovery models that target CALD communities and the development of new models that target CALD communities need to be at the forefront of this strategy.

Multicultural NGO models that have aimed to improve access for CALD communities need to be scaled up to shift disparities in access rates of CALD communities to clinical and NGO mental health services. Examples of such initiatives include:

ADEC: <http://www.adec.org.au/transculturalMentalHealth.html>

FMC: <http://www4.fmcwa.com.au/services/mental-health-access-service>

MSCWA: <http://www.mscwa.com.au/our-programs/maitri-health-mental-service>

**Recommended adjustment:**

- i. The expansion of community-based support and recovery models needs to ensure access for CALD communities through partnerships with transcultural mental health services, multicultural and ethno-specific health and welfare services, and refugee services.
- ii. Expansion of community based support and recovery models for CALD communities should be done in consultation with state based transcultural mental health centres, networks and multicultural NGOs with innovative ideas from each state being shared nationally through the coordination role provided by Multicultural Mental Health Australia.

**NACMH proposed program of investment 19:****Mental health workforce strategy**

The development of a mental health workforce strategy should include the development of a workforce with capacity to work with all Australians, regardless of cultural or linguistic background. This involves ensuring that the workforce is culturally competent and that the workforce strategy targets the recruitment and development of bilingual staff as a strategy to improving access and the quality of services to Australians from CALD backgrounds.

As previously mentioned, MMHA is currently developing a ***National Cultural Competency Tool for Mental Health services***. The Tool is aligned with the newly revised National Standards for Mental Health Services. The tool is designed to assist mental health services to implement and integrate cultural competency standards in the mental health workforce.

A national cultural competency training program for the mental health workforce, which is aligned with the National Standards for Mental Health Services, needs to be funded and implemented across each state and territory. This training should meet identified essential criteria and standards to ensure culturally competent mental health practice. It should also include a robust evaluation mechanism that would measure the impact of this training on subsequent mental health practice in transcultural mental health service delivery. Development and funding for the implementation of such training would serve as a necessary adjunct to the MMHA National Cultural Competency Tool.

**Recommended adjustment:**

The development of the mental health workforce strategy needs to ensure that Australia's mental health workforce is equipped to work with all Australians, regardless of cultural or linguistic background. It is therefore recommended that the strategy:

- (i) Targets the recruitment and development of bilingual staff, including development of a program for the recognition of overseas trained/qualified mental health professionals;
- (ii) Adopts the National Cultural Competency Tool for the development of a culturally competent workforce; and
- (iii) Fund the development of a national cultural competency training program for the mental health workforce to be implemented by state and territory transcultural mental health experts and services.

**PRIORITY AREA 7 – Investing in research, evaluation and measuring our progress**

NACMH proposed program of investment 20:

Mental Health Reform Agency to strengthen quality and accountability

An independent mental health reform agency to monitor safety, effectiveness and quality of mental health services would be a key step in increasing the quality, and accountability of Australia's mental health service system.

A key mandate for this agency should also be how Australia's mental health services and systems are working to improve access for all Australians – regardless of cultural or linguistic diversity. Therefore, such an agency should include a transcultural mental health directive within the agency that consults closely with MMHA and Transcultural Mental Health services and networks across Australia.

**Recommended adjustment:**

- i. The Mental Health Reform Agency needs develop a transcultural mental health directive and needs to work in partnership with peak bodies in the multicultural health and mental health sector to develop a program of reform that ensures access for all.
- ii. The Mental Health Reform Agency should have a CALD representative to ensure the needs of CALD communities are embedded into Australia's mental health directions

NACMH proposed program of investment 21:

Uniform legislative provisions

The development of uniform legislative provisions for the treatment and care of people with mental illness and related disorders across Australia would be a welcome initiative to reduce disparities in service provision across jurisdictions and increase safety across jurisdictions.

**Recommended adjustment:**

No further recommendation.

NACMH proposed program of investment 22:

National Institute for Mental Health to strengthen research and evidence and to promote learning

As stated in the MMHA draft issues paper, The State of Play, there is a significant lack of research on how mental health issues impact on Australians from a CALD background. This impacts on the ability of governments to design appropriate mental health systems to address mental health disparities in CALD communities and it restricts the ability of services to plan for its target population.

**Recommended adjustment:**

- i. A National Institute for Mental health should work with Multicultural Mental Health Australia, national and international transcultural mental health experts, and other peaks to develop a **National CALD Mental Health Research Agenda** to build knowledge on prevalence rates and disparities for Australia's CALD communities and promote initiatives that aim to address those disparities.
- ii. The Institute should also include a purposive sampling of small population groups to be able to better track the mental health of CALD groups including refugee and newly arriving communities who may present with particular mental health morbidity.
- iii. The Institute should mandate that all funded mental health research programs should identify how they will target CALD communities within their research.

## CONCLUSION

Multicultural Mental Health Australia and the various partners commend the National Advisory Council on Mental Health for the vision outlined in the discussion paper, *A Mentally Healthy Future for all Australians*. We also commend the work and investment by the various government departments, at the Commonwealth and State and Territory levels, in addressing issues of access and equity for Australia's CALD communities.

However, as the draft MMHA Issues Paper, *The State of Play*, outlines, further work is needed to redress barriers and inequities in access to mental health promotion, prevention, early intervention and acute mental health services for Australian's from CALD backgrounds. This response by MMHA and the various partners provides recommended adjustments to the NACMH Investment Proposals to redress those barriers.

As the national organisation focusing on the mental health and wellbeing of people from culturally and linguistically diverse backgrounds across Australia, MMHA would also be pleased to provide further support and assistance to the Department of Health and Ageing and NACMH to further progress the discussion paper and the recommendations made within this response.

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