Committee Secretary
Senate Standing Committees on Community Affairs
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Dear Madam/Sir

SUBMISSION TO SENATE INQUIRY INTO THE GOVERNMENT'S FUNDING AND ADMINISTRATION OF MENTAL HEALTH SERVICES-MENTAL HEALTH NEEDS PERSPECTIVE OF REFUGEE FAMILIES OF AFRICAN ORIGIN LIVING IN WESTERN AUSTRALIA.

This submission is aimed at highlighting some background health related issues pertaining largely to members of the African communities who are of refugee background because they are most at risk of either having or developing mental illness because of the following reasons:

- The African refugee people are men, women, youth and children who were displaced from their homelands as a result of decades of civil war.
- They will have witnessed/experienced traumatic events such as witnessing members of their families graphically killed infront of them.
- The majority of them would have been guerrillas themselves – as such they would have participated in willful or forced killings themselves. They will have witnessed decimation of their families, homes and property which would have forced them to run off to the bush, wither to revenge their families massacre, or for political reasons; escaped horrendous torture or forced/kidnapped by guerrillas and forcefully recruited in the guerrilla warfare.
- Most would have suffered injury either during their flight or at war and never received proper treatment since. I have seen children whose hands were chopped off.
- Nearly all of them would have lived in refugee camps for at least a decade in abhorrent conditions.
- Women will most likely have witnessed their husbands, sons, brothers and other male relatives murdered before them or run away and have never been found. Most of the women were rape victims.
- Those who migrated to Australia as teenagers were most likely child soldiers or rape victims.
- Prior to gaining refuge in Australia, the lives of refugee families were based on daily survival strategies.

On re-settlement in Australia where there is no longer fear of insecurity; where food and shelter are guaranteed and the children are in school, instead of having a break from worries a new bout of problems which is far more overwhelming begin to emerge:

- For the first time in years, they now have the leisure to reflect, and take stock of what they have gone through; who is still missing of their family members; losses incurred etc. They now start to grieve over their losses; their miraculous escapes; seek ways for family re-union; find financial support for those left behind.

All the above problems are in addition to the following settlement struggles:

- Learning English, and to read and write for the first time for many of them.
- Isolation
- The need to get a job
- Coping with a new culture, in a highly industrialised Country.
- New family values
- Lack of knowledge regarding new survival skills in Australia.
- Other family woes such as family separation, divorce, teenage issues
- Getting a driver's licence
- How to survive in a fast paced environment, etc.

How can people who are so emotionally and psychologically drained, who do not even know that worrying can cause illness cope with the many stresses that confront them? People of African ethnicity tend to believe that all illnesses are physical and visible and most of them do not even have the term 'stress'or 'depression' in their own language. Many people also attribute mental illness to witchcraft; a curse or a sign for spiritual appeasement. In other words, people who don't know nor believe that mental illness can be diagnosed and can be treated and not even realize that they or a family member maybe suffering from mental illness.

SOME FACTS:

There have been issues of domestic violence within the African community, during my term as President of the African community in Western Australia, which have ended fatally. We have had the Youth who have ended up in prison write letters to the community blaming the community for doing nothing to help them. We have attempted to abate the number of school drop out by establishing a tutoring program. In 2001 the

African Community sought funding and jointly with Transcultural Psychiatric Unit at Royal Perth Hospital, we ran a work shop of Train the Trainers in early mental illness awareness, detection and intervention.

RECOMMENDED MENTAL HEALTH NEEDS FOR THE AFRICAN COMMUNITY MEMBERS IN W.A.

- Funding for early intervention community based programs.
- Education on Mental Illness and early detection of the onset of mental illness and tackling stigma issues.
- Research needed to get statistical facts regarding the prevalence amongst refugee families in the community; their knowledge of mental illnesses and to assess their awareness of available services for them which are culturally sensitive.
- Treatment.
- Culturally and linguistically appropriate counselling/psychological interventions.

Additionally governments should also consider the following:

- **CALD data collection systems**
  The accurate measurement of the mental health status of CaLD communities is fundamental to the provision of quality mental health services for CaLD communities.

  There are few data collections systems in Australia which consistently observe and measure:
  - The demographics of CaLD mental health service users;
  - The prevalence rates of mental health problems in CaLD populations; and
  - The utilisation rates of mental health services by the CaLD population

  NEED: Reliable and consistent CaLD data to be collected nationally. Data collected should include country of birth, language spoken at home and interpreter need. It should be collected by all mental health services across the country and analysed and reported on regularly.

3. **Interpreter services**
   Limited access to interpreter services in mental health settings presents a major barrier in the utilisation of mental health services. This is further compounded by service providers' limited knowledge about how to use interpreters effectively. This knowledge gap has a direct impact on the quality and safety of mental health service provision to CaLD communities. The main objective should be to use as far as possible bilingual and bicultural clinicians.

   NEED: Interpreter services to be funded in all states and territories and interpreters to be trained in mental health terminology.

4 **Improved access and pathways to culturally appropriate mental health services**

Primary mental health pathways differ between states and territories, and these pathways are frequently confusing and unclear for CaLD consumers. This can prevent CaLD consumers from accessing services during the symptomatic/early stage of an illness. Consequently, they are more likely to access services at the acute stage of their illness, effectively prolonging its severity and costing more.

NEED: All types of funded mental health services (public and community) across Australia to have identical pathways and to employ mental health professionals who reflect the makeup of the local CaLD population to encourage and facilitate access by consumers from CaLD backgrounds

5. **National commitment to reduce stigma**

Stigma associated with mental illness is more prevalent in CaLD communities, and often based on the traditions and beliefs of their country of origin.

In 2009, MMHA launched the first ever national Stigma Reduction Community Education program, which explores how individuals and communities can deal appropriately with stigma, using their existing traditions and beliefs. It is a national and international first. However, implementation across the nation has been hindered by lack of state funding.

NEED: Funding to implement the stigma reduction program nationally on an ongoing basis.

6. **Suicide prevention funding**

Between 1997 and 2005, there were more than 2 000 suicide deaths each year in Australia (AIHW, 2009). In 2008, the Federal Government released the national LIFE framework on suicide. It explicitly states that suicide prevention in CaLD communities needs ***special consideration*** because:

- Suicide rates among immigrants to Western countries appears to be higher than in their COB;
- Migrating and adapting to a new country is highly stressful; and
- Migration stress can be more traumatic for the elderly, socially isolated, unemployed, or displaced people, such as refugees.

However the suicidal behaviour in CaLD communities remains unknown because of the lack of research on the topic and limited data collection.

NEED: Ongoing CaLD specific suicide prevention programs across Australia, drawing upon the CaLD data sets to reflect needs of vulnerable groups. Funding for research on suicide in CaLD communities.

7. **Research**

Research on mental health in CaLD communities has not been a priority, although all governments require evidence to justify funding allocations. A recent review of suicide prevention research by Robinson et al (2008) for the period 1999 to 2006 identified that of 209 published journal articles and 26 funding grants, none targeted CaLD populations.

The lack of funding for CaLD research means CaLD mental health issues slip are not prioritised and addressed and adequate mental health services and systems are not planned for all Australians.

NEED: Funding for research into mental health of CaLD communities to determine the prevalence of mental illness in CaLD communities, incidence rates by language groups, and protective and risk factors.

8. Improved CaLD consumer and carer participation

The current revised National Standards for Mental Health Services highlights the importance of consumer and carer participation at all levels of service planning, design, delivery and evaluation.

Consumers and carers from CaLD backgrounds do not have a voice on a national scale. Participation rates in the design, management and decision-making structures of mainstream mental health services by CaLD consumers and carers are low or non-existent.

NEED: Funding for the establishment of state-based language and topic specific peer support groups for consumers from CaLD backgrounds and their families in every state and territory

- **A culturally competent mental health workforce to meet the needs of consumers from CaLD backgrounds**

The Australian mental health workforce has a long way to go before they can adequately and equally respond to and address the unique and special needs of CaLD consumers and carers.

In 2008, MMHA was funded to develop a National Cultural Competency Tool (NCCT) with guidelines to be used by both the public and the community mental health sectors nationally. The tool was aligned to the Diversity Standard (4) of the revised National Standards for Mental Health Services (NSMHS), to be launched on 16 Sept 2010.

NEED: National Cultural Competency Tool to be used and complied with by the Australian mental health sector, and thereby improve the cultural competency of its workforce significantly. To maximise the tool's effectiveness, state and federal endorsed training to implement the NCCT must be funded, mandated and monitored.

10. Improved mental health literacy in CaLD communities

The literacy levels of people from CaLD backgrounds on mental health, illness and wellbeing is below that of the mainstream population.

Increasing knowledge about mental health has reduced stigma in the mainstream community in the last 5-10 years. However, similar education campaigns for people from CaLD backgrounds do not currently exist.

NEED: Ongoing funding to develop and run mental health promotion and education programs and sessions to CaLD communities across the nation utilising the local community networks, media, multilingual resources.

- **Improved government commitment to creating and funding equitable mental health services**

  Disparities exist that need to be addressed on an equity basis and include:
  - The lack of access to specialised or alternate mental health services, such as Help Lines by people from CaLD backgrounds. All help-lines available are mainly in English and must be funded to be available in other languages.
  - Multicultural mental health policies and plans at state and territory levels do not exist. To date, only NSW has a multicultural mental health plan, which was released in 2009. All states and territories must develop and implement such plans and incorporate these in the annual mental health plans they are require to develop, implement and monitor

Lastly, permit me remind the esteemed members of the Senate that migrants and refugees are also taxpayers and therefore are entitled to have services that are culturally and linguistically appropriate just like their Anglo Australian counterparts. If governments truly believe in multiculturalism and substantive equality then they should put their money where their mouth is and ensure funding equity.

END.

Compiled by:
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