

Mental Health and Australia's Culturally and Linguistically Diverse Communities

**A Submission to the Senate
Standing Committee on
Community Affairs**

July 2011

The Federation of Ethnic
Communities' Councils of
Australia (FECCA)

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1. Executive Summary

FECCA is the national peak body representing Australians from culturally and linguistically diverse (CALD) backgrounds.

FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society. FECCA's policies are designed around the concepts of empowerment and inclusion, and are formulated with the common good of all Australians in mind.

In the field of mental health service provision, research, and funding, the unique and pressing needs of CALD individuals and communities have been consistently overlooked and unmet in Australia. By failing to address and support the mental health needs of both established and new migrant and refugee peoples and communities, the current health system perpetuates rather than ameliorates the social exclusion and isolation, homelessness, low employment levels, and poorer health experienced by many CALD Australians.

It is imperative that mental health funding for CALD communities be increased to reflect the growing proportion of individuals in Australia who speak a language other than English at home and/or are otherwise considered of culturally and linguistically diverse background. The 2006 Census found that 23% of Australia's population were born overseas, and 16% of Australians speak a language other than English at home. It has been estimated that 23% of Australians aged 65 and over in 2011 are of CALD background, and that this number will rise to 30% in 2021. It is widely known that ageing amongst all Australians, and CALD individuals in particular, increases the likelihood of depression, isolation, and other mental health-related issues or causal factors. Moreover, the recent intake of humanitarian migrants from areas of conflict means that many New and Emerging Communities (NEC) in Australia have torture and trauma backgrounds, which render them susceptible to mental health issues and in need of culturally sensitive and appropriate support services.

With these statistics clearly in mind, it is alarming that the 2011-12 Budget gives no new funding to CALD-specific mental health initiatives within its much-publicised \$2.2 billion mental health funding, instead merely continuing its previous allocation of \$2.7 million to a single Mental Health in Multicultural Australia project. This equates to a mere 1% of mental health funding being allocated to those who comprise almost a quarter of the population, or 44% when those either born overseas or with a parent born overseas are factored in. Multicultural mental health issues are frequently tied to intergenerational issues, particularly amongst new arrivals, and so multicultural mental health is an area relevant to almost half of the Australian population. Once the unique barriers that CALD

individuals face in accessing mental health services, such as limited English language proficiency and digital literacy, lack of interpreter services, stigma, lack of culturally competent care, and different understandings of mental health have been factored in, the discrepancy in the amount of funding allocated to multicultural and CALD-specific agencies and services is even more striking and problematic for the future.

Along with support for CALD-specific and multicultural-focused mental health services, it is important that resources be allocated to “mainstream” organisations specifically for cultural competency training, the engagement of interpreters and translators, and employment of bicultural workers. Cultural diversity is not a niche market within Australia; it is Australia. Therefore all service providers and organisations must be equipped to manage cultural and language differences competently, so as to overcome the barriers to access and equity faced by so many CALD Australians.

Ultimately, the funding and support provided through the current and future Budget to mainstream and CALD-specific mental health services must be given and implemented with Australia’s growing cultural diversity firmly in mind, for it is only by recognising and supporting this diversity that a harmonious and healthy Australia can exist.

To counter the double disadvantage faced by CALD communities in accessing mental health services and care, FECCA recommends the following:

- That increased funding be allocated to ethno-specific and multicultural mental health organisations and agencies, and that more such agencies be created and dispersed across Australia so as to reach all those in need of mental health support. To this end, each state and territory should be resourced with its own transcultural mental health centre, as currently the Australian Capital Territory, South Australia, Tasmania, and the Northern Territory are without transcultural mental health centres.
- That increased funding be allocated to building a disaggregated research base regarding CALD mental health
- That cultural competency become core business for all service providers
- That more interpreters and bicultural workers are engaged and employed across all field of mental health care
- That community education and outreach programs be supported and broadened to counter stigma and other barriers to engaging with mental health services, with a focus on those particularly vulnerable to mental health issues such as the aged, newly-arrived, youth, homeless, and those with torture and trauma backgrounds.

- That research and culturally-appropriate campaigns regarding suicide in CALD communities be implemented and resourced into the future.
- That Commonwealth-funded mental health initiatives such as beyondblue and Headspace include specific CALD-focused services and programs. These could work in partnership with multicultural sector agencies and transcultural mental health centres to implement, for example, culturally appropriate depression treatment given the high levels of depression in the CALD, and particularly older CALD, population.
- That people of CALD background be included in Tier 2 of the ATAPS program to enable more flexible approaches and access to psychological services.

2. CALD Communities, the 2011-2012 Budget changes, and Mental Health in the Current Climate

The 2011-2012 Budget changes relating to mental health must be implemented within a framework of recognition of Australia's current and future cultural and linguistic diversity. Having established the reality and value of multiculturalism through its "People of Australia" Multicultural Policy, the Government must follow through on its commitment to Australia's multiculturalism by ensuring that CALD individuals with mental health issues are adequately and competently cared for within the Mental Health sector.

Currently, only \$2.7 million of the Government's \$2.2 billion funding of mental health has been allocated to the Mental Health in Multicultural Australia project, with this amount of funding inadequate to address the significant discrepancies and inequities in health between CALD and non-CALD Australians.

Research from both Australia and overseas has consistently highlighted that immigrant and refugee populations are at higher risk of severe mental illness, and tend to have higher rates of diagnosis of psychosis upon presenting at acute inpatient units, than the host population¹. CALD patients also tend to access specialist mental health services through emergency hospital departments at a severe, or crisis, stage of their condition, which drastically curtails recovery prospects. These aspects of CALD mental health have been attributed to pre-migration, migration, and settlement stresses including, but not limited to, torture and trauma backgrounds, social isolation, unemployment, and an inability or unwillingness to access mainstream support services due to these services' lack of cultural and language competency. Lack of cultural awareness and understanding in mental health services inhibits early diagnosis, and is compounded by consumers' and workers' failure to make use of interpreters where required, as well as by misunderstanding and stigma within CALD communities. Each of these factors translates into barriers that decrease the likelihood of mental illness being recognised, acknowledged, and treated within CALD communities.

CALD-specific and culturally appropriate mental health services are vital to ensuring that CALD Australians at risk of or suffering from mental illness do not remain hidden and unassisted in the future, as is so often the case at present. Additional and consistent research into CALD-specific mental health is also needed to provide the baseline and guiding point for future projects and endeavours in the arena of CALD mental health.

¹ Ethnic Communities' Council of Victoria Inc (2011) *A Better Way: Mental Health and Aged Care – A Multicultural Perspective*, Carlton: ECCV; Stolk, Y et al (2008) *Access to Mental Health Services in Victoria: A Focus on Ethnic Communities*, Melbourne: Victorian Transcultural Psychiatry Unit.

At present, half of the nation's states and territories do not have their own transcultural mental health services, centres, or programs. These are the Northern Territory, South Australia, the Australian Capital Territory, and Tasmania, as the latter two have only networks, not transcultural mental health centres or funded organisations. Moreover, the state-wide status of Western Australia's transcultural mental health centre remains unresolved. As a result, significant numbers of the CALD population in Australia have no recourse to information or support for mental health. In order to address and overcome these serious inequities in access to services, resources must be provided across Australia to ensure that all CALD communities have transcultural, multicultural, and/or culturally-competent support nearby.

Stigma is also a key and pressing barrier to accessing mental health support in CALD communities, with recent research showing that there are higher rates of stigma around depression and other mental illness in ethnic communities². Moreover, it has been consistently noted that "stigma about mental illness amongst people from non-English speaking backgrounds needs to be addressed from within their ethnic communities and networks ... In some cases mental illness was attributed to being possessed by malicious spirits, past misdeeds and inherited bad luck"³. Community outreach and education must be implemented across Australia to work towards a reduction of culturally-located stigma, and to facilitate awareness of pathways to support. This is where bicultural workers and the trust and community networks built by organisations are essential. Culturally responsive and appropriate support is needed now and into the future to prevent mental illness.

FECCA recommends:

- That increased funding be allocated to CALD-specific and multicultural mental health organisations and agencies, and that more such agencies be created and dispersed across Australia so as to reach all those in need of mental health support
- That increased funding be allocated to building a disaggregated research base regarding CALD mental health
- That cultural competency become core business for all service providers
- That more interpreters and bicultural workers are engaged and employed across all field of mental health care
- That community education and outreach programs be supported and broadened to counter stigma and other barriers to engaging

² Ibid; Turnbull, M and Stokes, H (2011) *Evaluation of the Brimbank Young Men's Project, Final Report: June 2011*, Centre for Multicultural Youth: Melbourne

³ Ethnic Communities' Council of Victoria Inc (2011), op.cit.

with mental health services, with a focus on those particularly vulnerable to mental health issues such as the aged, newly-arrived, youth, homeless, and those with torture and trauma backgrounds.

- That multicultural and ethno-specific services be established in those states and territories of Australia currently lacking, in order to address inequities in access to support amongst CALD Australians in these areas.

3. The Better Access Initiative and CALD Communities

The National Health Reform's rationalisation of allied health treatment sessions, as part of its upcoming changes to the Better Access Initiative, is particularly disadvantageous to CALD communities and individuals, particularly those facing such barriers as low English language proficiency, limited financial means, lack of systems knowledge, and pre-migration experiences of torture and trauma or detention centre backgrounds. Limiting the number of allied mental health services to 10 sessions per patient per calendar year equates to limiting the access of the most vulnerable to services that are ostensibly designed to assist precisely such vulnerable individuals.

While Australians of all backgrounds with mental health issues may find the upcoming Better Access Initiative's restriction of mental health sessions detrimental, for CALD individuals with English language difficulties, lack of familiarity with the Western health system, and/or little to no prior experience with mental health care, the negative consequences may be far more acute.

This is due to the reality that, for people with limited or no English language and who may have experienced trauma and torture, in some cases perpetrated by figures of authority in previous countries, establishing communication and trust between patient and health care worker can take far longer than for English speakers. Even under favourable circumstances, it may take one session simply to establish that a patient needs an interpreter and another to establish relations of trust between the patient, counsellor or psychologist and interpreter. As a result, CALD patients under the Better Access initiative screen may already be into their third session by the time mental health issues can be accurately identified and treatment initiated. With only ten as opposed to twelve sessions permitted in a year after November 2011, it is clear that CALD consumers will be distinctly disadvantaged by the upcoming changes to mental health services in Australia.

Moreover, the current Access to Allied Psychological Services or ATAPS program, which has been funded to address access barriers to Better Access by focusing on hard-to-reach groups, is not adequately reaching CALD communities. There are currently significant problems within Better Access and ATAPS, as people who do not speak English are not able to access psychological services because private practitioners cannot use free interpreter services, and the lack of clear inclusion of CALD within ATAPS is inhibiting GPs' ability to identify and refer CALD peoples to the appropriate support. It is strongly recommended that CALD peoples are included as a target priority group for Tier 2 under ATAPS, as assistance therefore will be more automatic with less reliance on GPs to recognise and take the time to organise help for

CALD clients. If CALD groups are incorporated into Tier 2 under ATAPS, then multicultural service agencies and transcultural centres will be able to themselves identify in-need individuals, contact GPs, and arrange and propose assistance and treatment via ATAPS. This more flexible approach to mental health service delivery will be extremely beneficial for non-English speaking CALD clients with regards to treatment and support.

FECCA recommends:

- Increased resources and funding be allocated to CALD-specific mental health services across Australia, with this particularly necessary in light of the cuts to the Better Access Initiative which will negatively impact upon CALD consumers.
- That CALD be included as a target priority group for Tier 2 of ATAPS to enable more flexible and accessible mental health support and psychological care for CALD communities.

4. Service Provision and Cultural Competency within Mental Health Services

Mental health issues constitute a complex, difficult, and at times contentious aspect of life for many people within any society or country, with the treatment of and support for mental health problems significantly hindered or helped by the ability of those affected to acknowledge the issue and actively engage in their own or others' need for support. Failure to recognise or be assisted with mental health problems can lead to unemployment, social isolation, criminality and incarceration, domestic and family violence, child abuse⁴, and/or homelessness. Even for English-speaking Australians, stigma, shame, and an inability to recognise mental health issues inhibit access to mental health services. Adding in language difficulties, different cultural conceptualisations of mental illness, cultural stigma, lack of systems knowledge, unfamiliarity with Western health systems, and the overall dearth of culturally competent health services renders CALD Australians particularly susceptible to missing out on mental health support and recovery.

It is therefore essential that the government actively work towards building a culturally appropriate and sensitive mental health workforce in both mainstream and CALD-specific mental health services. Cultural competency is not just about a token access to interpreters – particularly as the existence of interpreter services is often unknown to CALD communities or severely under-resourced – but about recognising and supporting Australia's cultural diversity and reflecting this in all service provision.

Cultural competency in the mental health arena must go beyond the provision of interpreters to incorporate an overarching awareness and recognition not only of Australia's cultural and linguistic diversity, but of the heterogeneity of this diversity. No CALD community is the same, and neither are the individuals within it comparable. New and emerging communities face different life stressors and circumstances than do established migrant communities in Australia, and correlatively the mental health issues they face each require cultural sensitivity and streamlining. Similarly, CALD women, youth, the aged, unemployed, homeless, and so on face different challenges to their mental health, and Australian mental health services must be equipped to deal with this.

It is imperative that cultural competency be incorporated into health services across the board, and that ethno-specific and culturally-appropriate service providers, not only through the Mental Health in Multicultural Australia project, be resourced and supported in their work.

Cultural competency must also involve education and outreach programs that target stigma surrounding mental health in CALD communities.

⁴ Jeffreys, H et al (2011) *Keeping the Child in Mind: Child Protection Practice and Parental Mental Health*, Adelaide: Department for Families and Communities

These could be facilitated through or in conjunction with local organisations and councils such as Ethnic Communities' Councils, Migrant Resource Centres, schools both public, private, and faith-based, and also community events or meeting areas. Information about mental health symptoms, issues, and support must be made available in translated languages using simple terminology, with funding specifically allocated for this.

Employing more bilingual and bicultural workers across the mental health system, as well as establishing multilingual mental health counselling help-lines, would help address the current disparities and inequities experienced by CALD Australians in health indicators and outcomes.

It is only by implementing, funding, researching, and supporting ethno-specific and culturally appropriate service provision across Australia that the government's recent promises to address and counter the negative effects of mental health can be carried through with regards to all Australians regardless of their cultural or linguistic background.

FECCA recommends:

- Increased training in and evaluation of cultural competency across all areas and levels of mental health service provision. This should involve rolling out the existing mental health cultural competency training developed by the state-based transcultural mental health centres to all mental health workforces across Australia.
- The creation and support of more CALD-specific mental health services, including a multilingual mental health counselling help-line
- Increased recruitment and employment of bicultural and bilingual workers to help overcome language and cultural barriers in accessing mental health services
- Increased community outreach work to develop education and understanding of mental health within CALD communities whilst combating stigma and shame related to cultural beliefs
- The creation and dissemination of in-language mental health information via a variety of formats, including brochures and leaflets in public and community areas and through CALD organisations' and councils' community networks.

5. Online Mental Health Services and CALD Communities

In today's increasingly digitalised and mediated world, it is inevitable that health services and information, and specifically mental health services and information, will correlatively also be increasingly published and disseminated online.

While, theoretically, online mental health services allow for greater accessibility via people's ability to "log on" and connect with services without first having to travel to a centralised geographical location, it is the unfortunate reality that moving essential services online is not only capable of but does increase inequities amongst already-disadvantaged CALD communities. This is particularly true of those with low digital literacy and English language proficiency and limited access to computers, such as the CALD ageing population and new and emerging communities.

Moreover it is well-documented that, due to cultural values and past experiences, many CALD groups prefer face-to-face interactions and information in health services, with this point particularly pertinent in the sensitive arena of mental health, where misconceptions and misunderstanding of symptoms, diagnoses, and treatments abound.

For many CALD groups, including the aged and those from NEC, accessing online mental health services may be all but impossible due to language barriers and the digital divides. As a result, CALD individuals suffering from or caring for those with mental health issues may be rendered worse off by the introduction of online mental health services unless such services are consistently imbued with cultural competency and are culturally supported, via the translation of online resources and information, increased funding for computers and internet training in public areas and in CALD communities, and successful promotion of the internet and online services to disadvantaged CALD communities.

FECCA recommends:

- That all online mental health services be available in translated languages
- That increased funding be given to CALD-specific internet and computer training, and the availability of computers in public areas such as libraries
- That CALD-specific and culturally competent promotion of the existence and value of online mental health services be resourced and disseminated across Australia
- That the increasing prevalence of online health services does not displace face-to-face health information and service provision, as many CALD communities are comfortable only with the latter.

6. References

Ethnic Communities' Council of Victoria Inc (2011) *A Better Way: Mental Health and Aged Care – A Multicultural Perspective*, Carlton: ECCV

Jeffreys, H et al (2011) *Keeping the Child in Mind: Child Protection Practice and Parental Mental Health*, Adelaide: Department for Families and Communities

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Turnbull, M and Stokes, H (2011) *Evaluation of the Brimbank Young Men's Project, Final Report: June 2011*, Centre for Multicultural Youth: Melbourne

FECCA would also like to thank the Queensland Transcultural Mental Health Centre and Ramdas Sankan for their input towards this submission.