



28 April 2011

Committee Secretariat

House of Representatives Standing Committee on Education and
Employment

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Dear Committee Secretariat,

The national CALD **Consumer Reference Group** members of Multicultural Mental Health Australia welcomes the opportunity to provide a culturally and linguistically diverse (CALD) consumer perspective on the inquiry into Mental Health and Workforce Participation and submits the following response for your consideration and implementation.

If you would like to discuss this response further, or require more information or clarification, please do not hesitate to contact myself, or the Project Officer, Ms Vicki Katsifis (Carers and Consumers) on (02) 9840 3333 or Vicki.Katsifis@swahs.health.nsw.gov.au

Yours sincerely,

Georgia Zogalis

National Program Manager

Multicultural Mental Health Australia

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House of Representatives Standing Committee on
Education and Employment

INQUIRY

**Mental Health
And Workforce Participation**

A RESPONSE FROM

MULTICULTURAL MENTAL HEALTH AUSTRALIA'S



**NATIONAL
CALD CONSUMER
REFERENCE GROUP**

April 2011

Multicultural Mental Health Australia
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BACKGROUND

The Multicultural Mental Health Australia national CALD Consumer and Carer Reference Groups are an integral part of the day-to-day workings of MMHA. The Consumer Reference Group has been in operation since November 2007 and the Carer Reference Group since August 2009. These two groups are the only fully representative national CALD mental health consumer and carer groups of their kind in Australia.

The groups possess a number of functions:

- Be a voice for CALD consumers and carers
- Provide spokespersons for mental health issues, cultural issues, CALD consumer and carer issues, and service delivery improvements
- Review documents and resource materials for the mental health sector e.g. policies, discussion papers etc
- Recruiters of other CALD consumers and carers to speak out and share their knowledge and experiences
- Mentors to other CALD consumers and carers including new arrivals
- Campaigning and promoting mental health issues to CALD communities

The groups also drive the consumer and carer program of MMHA by prioritising national projects and advising on the activities and work plan of the Carers and Consumers priority area.

Responses already developed by the MMHA national CALD Reference Groups include: to the Australian Medical Council Review of the Education and Training of Psychiatrists; the National Mental Health and Employment Disability Strategy; the National Disability Strategy; the National Health and Hospital's Reform Commission, "Which Way Home" – A New Approach to Homelessness; the GP Mental Health Care Plan; HREOC's Freedom of Religion, The National Women's Health Policy, The National Workforce Strategy, The Recovery Principles, National Mental Health Consumer and Carer Forum Statement on Seclusion and Restraint on Mental Health Services, the Inquiry into Multiculturalism.

Members from both groups have further developed stand-alone submissions in order to highlight the CALD consumer and carer voice and increase the empowerment and skill building of CALD consumers and carers in driving mental health and other reforms in the health/welfare sectors.

Finally the groups also advise the Speaker's Bureau project of MMHA. This is a group of CALD consumers and carers who speak out on their lived experiences with mental illness at various forums e.g. to the media, at conferences and public meetings to help raise awareness of issues affecting people from CALD backgrounds with a mental illness and in turn help break down the stigma attached to mental illness in CALD communities.

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Principles Of The Submission

Principle 1

All consumers regardless of their cultural background, gender, religion and/or race have the right to access and equity in the provision of services (*Mental Health Statement of Rights and Responsibilities 1992*)

Principle 2

Staffs are trained to access information and resources to provide services that are appropriate to the diverse needs of consumers (*Standard 4 Diversity Responsiveness Cultural Awareness National Standards for Mental Health Services 2010*)

Principle 3

Services develop partnerships and consult with organizations with experience in providing services to specific cultural and religious groups (i.e. ethno specific services, migrant resource centres, transcultural mental health centres, Multicultural Mental Health Australia etc).

Consultation Methodology

MMHA organised a teleconference for selected members of the National CALD consumer reference group who had expertise in workforce and mental health issues. The teleconference was held on Wednesday 20th April 2011 from 2pm – 4pm (EST). The cultural backgrounds of the members included Chinese, Mozambique, Malaysian and Greek.

MMHA consulted the terms of reference of the Inquiry and constructed six culturally appropriate questions for the CALD reference group to consider. The questions used for the teleconference are attached in Appendix 1.

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RESULTS

1. What are some barriers to participation in education/training for consumers from CALD backgrounds?

- Lack of English language proficiency. This impedes CALD consumer's learning curve and ability to keep up with mainstream students. This can lower self-esteem, which then has the potential to trigger a mental health episode. CALD consumers also find it difficult to understand the Referencing system, how to quote from textbooks, how to write bibliographies and this increases the stress factor.
- Being enrolled in English language classes where people are at different levels of English, with a lot of students in the class.
- The current English language sessions are not long enough for consumers who are illiterate with English. This is a high expectation for someone with a mental illness to be expected to learn quickly.
- Lack of knowledge on how to enrol in a course or training program.
- Some CALD consumers are mothers with children and there is no extended family or extra money for childcare so this is a barrier in education participation.
- Cost of education or training programs.
- Visa status of the CALD mental health consumer.
- Medication can make consumers forget about assignments that are due.
- Issue of stigma and shame.
- For assignments – overseas you do running writing; here in Australia assignments are printed. If running writing is handed in, sometimes the teacher cannot read it, so he/she marks it wrong.
- Teachers should be trained to work with people from CALD backgrounds, to make the training more accessible. An example is a person may have 20 years in their profession and in their country they do not use calculators but in Australia they are expected to and are marked down. Bridging courses need to be provided for CALD consumers who don't know the Australian system.
- The processes for Mathematics may be different. Two students may get the same result using different processes. The overseas student has a different process but the Australian Teacher does not understand this process. These barriers are a big problem and can lead to depression. And or other mental health issues.
- Second generation stress – Extreme pressure from CALD parents to become a lawyer, doctor etc to achieve high academic results and become a somebody – this can push a child into depression and can lead to a lack of social and life skills as they are led to mental health treatment early in life.

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2. What are some barriers consumers from CALD backgrounds face when seeking, getting and keeping employment?

- The process of recruitment is foreign to most consumers from CALD backgrounds. Most do not understand how to answer selection criteria or even know the difference between essential and desirable criteria.
- Acquiring confidence to attend the job interview is difficult for consumers from CALD backgrounds. It is a huge hurdle – how to prepare yourself; anticipating the questions you will be asked; what clothes to wear; shoes;
- Lack of understanding of the interview process
- Finding CALD specific support workers – i.e. Personal Helpers and Mentors to support you once you have found the job.
- Qualifications are not recognised from overseas. Due to this, CALD consumers are unable to find a job in their profession and they are reduced to applying for work experience to work in their profession and this leads to depression as they are not being paid for what they are qualified to do.
- Consumers from CALD backgrounds do not know how to write curriculum vitae.
- Lack of understanding of colloquial language used at work.
- Employer's reluctance in employing consumers of CALD backgrounds with mental illness as not willing to understand the intersection of culture and mental illness
- Acquiring a driver's license is also a barrier – some jobs need a driver's license and this is hard to get for consumers of CALD backgrounds.
- Not getting support from supervisor, this can lead to a relapse, not knowing whether to disclose or not about the mental illness.

3. Do you have any examples of government and community based services working together to assist consumers of CALD backgrounds in employment, training and education?

- Course at Liverpool TAFE Sydney NSW, specialising in Hospitality and adult basic education just for consumers of CALD backgrounds.
- Course at Miller TAFE Sydney NSW specifically for CALD consumers on computer skills.
- Photography course to help consumers step out of depression by taking up the hobby of photography.
- Mental Health First Aid Course for the Vietnamese community.
- In WA, Centrelink had a consultation with CALD community leaders on what their needs were.
- The Migrant Resource Centre in Perth sometimes runs computer courses.
- Smoking cessation courses for consumers of CALD backgrounds.
- Church groups running English language classes.
- Libraries have language based book clubs (i.e. Greek book club in Inner West Sydney)
- In WA, the Central Institute of Technology have recently commenced a training course for the employment of bilingual workers.

4. Do you have any suggestions of how to improve the way in which services work together to help consumers from CALD backgrounds increase participation in employment, education and training?

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- Reward employers who employ or train consumers from CALD backgrounds.
 - Have smaller English language sessions, perhaps even 2 or 3 students in each session.
 - Have ongoing cultural awareness workshops and information on mental illness such as stigma reduction training sessions.
 - Have a campaign to train employers and educational institutions on how to work with consumers from CALD backgrounds – there would be more participation if employers and educational institutions gave consumers from CALD backgrounds a chance.
 - Non-government peak bodies should receive funding to run training specifically for CALD consumers to understand employment and training issues and barriers.
 - Services should be using the MMHA National Cultural Competency Tool to become more culturally appropriate
- 5. What are some of the ways (strategies) that you can suggest for friends, neighbours, family and community members to support a consumer from CALD background to participate in**

5a Education

Stigma Reduction Programs in CALD communities – if the stigma is eliminated, it is very easy for the CALD consumer to educate himself or herself as the label is removed. The CALD communities should be taught that mental illness is an illness like any other, like the flu.

Consumers need to be supported, if people have mental illness, the family member can help with understanding of the course content.

5b. Training

If the trainer can speak the language of the trainee this would be helpful. Family members at home who can help with the reading materials, practise with the consumer from CALD background in role-plays, presentations etc

5c. Employment

Friends and family who are working in a company, they can offer opportunities to extended family to come and meet their boss and colleagues to have opportunities that otherwise would not have arisen. The friend can assist with helping the CALD consumer deal with bullying, harassment and discrimination. The CALD consumer can learn different ways of responding and reacting to behaviour.

When there is a relapse, friends and family give you encouragement, employers and community members visit you in hospital – they give you strength. Neighbours can also assist with visiting you in hospital and assisting when you are feeling depressed and they may help with household duties, cooking, cleaning etc.

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6. What are some of the ways (strategies) that you can suggest for employers and co workers to help a CALD consumer's ongoing participation in the workforce?

- Offering peer support and debriefing
- The Employment Assistance Service in Area Health Services where the CALD consumer worker can see a counsellor or psychologist
- More employment of the consumer and carer identified workforce
- Employers to offer flexible hours
- Increased amounts of leave
- Employer to have good rapport and relationships with employees, so that the employees can bring up issues to do with the consumers behaviour whilst in a mental health episode.
- The employer to offer debriefing to all colleagues after a mental health episode from their co - worker to deal with any uncomfortable feelings.

MMHA has provided additional strategies specifically focused on the consumer and carer identified workforce, which occupies a sub set of the mental health sector and non-government sector in mental health.

MMHA considers that supporting and developing the consumer and carer-identified workforce is an important workforce participation strategy for people with a mental illness, both as a strategy in its own right and as a pathway into mainstream employment. The consumer and carer identified workforce is a key priority under the national Mental Health Workforce Strategy, underpinned by the revised National Standards for Mental Health Services (NSMHS) (2010).

MMHA's July 2010 submission to the National Mental Health Consumer and Carer Forum's (NMHCCF) consultation on the development of their ***Position Statement: Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery*** comprised a joint CALD Consumer and Carer and Service and Sector Stakeholder Response that primarily focused on the cultural diversity issues which relate to the consumer and carer identified workforce (please see Attachment 2 for the full consultation and submission document).

Table 1: Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health below sets out:

- MMHA's feedback on the five recommendations to the NMHCCF consultation (Column 1).
- Application for mainstream workforce - MMHA has drawn upon its NMHCCF feedback to make suggestions in relation to the mainstream workforce and cultural diversity issues (Column 2).

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Table 1: Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health	
MMHA Feedback to NMHCCF consultation on consumer and carer identified workforce	Application for mainstream workforce
NMHCCF Recommendation 1: Implementing the 4th National Mental Health Plan	1. Workforce participation to embrace cultural diversity
<p>1.1 Explicit mention of CALD consumer and carer identified workforce</p> <p>There needs to be explicit mention of CALD consumers and carers to ensure that the components of the recommendation to make the consumer and carer identified workforce a key priority of an implementation plan address CALD needs, such as (for example):</p> <ul style="list-style-type: none"> • the extra support and resourcing required if CALD carers, consumers and communities are to play a key role in workforce strategies • specific performance indicators and reporting mechanisms with deliverables related to CALD consumer and carer identified workforce, such as 'number of CALD'. <p>Explicit identification also facilitates advocating for CALD specific positions and provides an operational focus for the inclusion of the special issues of CALD consumers and carers and communities in actively supporting a culture of continuous quality improvement.</p>	<p>There is a need for:</p> <p>1.1 Strategies and mechanisms to ensure that workforce participation addresses the specific needs of consumers from culturally diverse backgrounds, such as:</p> <ul style="list-style-type: none"> • Allocated funding for CALD specific initiatives, (eg: English language training; transition courses). • Reporting mechanisms to identify the number of culturally diverse background participants with a mental illness in workforce/not in workforce <p>1.2 An explicit statement about embracing diversity, with CALD and indigenous specifically mentioned, in order to accommodate culture based concepts of recovery which incorporate workforce participation initiatives.</p>
NMHCCF Recommendation 2: Identifying the existing consumer and carer workforce	2. CALD data collection, analysis and reporting (health and workforce)
<p>2.1 National Audit of occupied and vacant consumer and carer identified positions to include variables which are essential in identifying and addressing the needs of Australia's multicultural population, such as:</p> <ul style="list-style-type: none"> • background/ethnicity of the worker • whether worker speaks a second language/their first language • the 'cultural variety' of the geographic area in which the worker operates • the number of positions held by CALD consumers 	<p>There is a need for:</p> <p>2.1 Improved and consistent collection, analysis and reporting of CALD data of mental health service user demographics and outcome measures across Australia.</p>

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<p>and carers or CALD specific funded positions</p> <ul style="list-style-type: none"> • identification of CALD consumer and carer workers across specific population groups such as youth and elderly. <p>This valuable CALD data would facilitate planning for what needs to be done to achieve adequate representation from CALD communities in these positions.</p>	
<p>2.2 A national support and training needs analysis of existing workforce</p> <p>Recommended that the definition of workforce encompass consumers and carers who are involved in any way. Workforce roles, small or large, need to be acknowledged as significant and identified in the audit. There are a broad range of roles which CALD consumers and carers are involved in, such as contributing to policy development, or the community development aspects of engaging with the community around non-mental health settings, which need to be identified and supported.</p> <p>Associated with this broad definition of workforce, there is a need for funding for interpreters for CALD consumers and carers who want to participate (for example, contributing to committees, consultations and focus groups) but who lack the English language skills.</p>	<p>2.2 Funded national CALD mental health research agenda, including targeted research to analyse prevalence rates of mental health conditions amongst CALD populations across Australia and employment rates amongst CALD background mental health consumers.</p>
<p>2.3 The development of a competency framework and national accredited training for consumer and carer identified workers</p> <p>It is essential that a competency framework and nationally accredited training incorporates components such as 'working cross culturally' and 'culturally based recovery principles'. Such training to be developed and delivered by appropriately qualified CALD practitioners to address the lack of culturally specific knowledge within national training</p> <p>Specific strategies suggested:</p> <ul style="list-style-type: none"> • Utilise expertise of state/territory Transcultural Mental Health Centres (TMHCs) and services. • CALD Consumer and Carer Reference Group to advise on the competencies to include. • Consumer and Carer Consultants need training in working with families so they can help them to access services – this is particularly important in CALD communities. • Training should be piloted first in one state, and then 	<p>2.3 National reporting: The National Mental Health Report, the Health Services in Australia Report and any other appropriate national reporting on mental health and employment needs to include information on the numbers and roles of CALD background participants with a mental illness.</p>

<p>rolled out nationally; however, it needs to be sufficiently flexible to meet the needs of consumer and carer workers in a variety of demographic areas, because of the distribution/concentration of CALD populations.</p> <ul style="list-style-type: none"> • A role for MMHA in creating national resources and training opportunities, enabling the workforce to understand the unique needs and issues of CALD consumers and carers, was identified. 	
<p>2.4 National reporting</p> <p>The National Mental Health Report, the Health Services in Australia Report and any other appropriate national reporting need to include culturally relevant information in relation to the numbers and roles of mental health consumer and carer identified workers. For example, number of CALD identified positions filled. The National Audit (discussed in 2.1 above) would initially source this information, with ongoing reporting mechanisms required (as identified in 1.1 above).</p> <p>This recommendation needs an explicit statement about embracing diversity, with CALD and indigenous specifically mentioned, in order to accommodate culture based concepts of recovery.</p>	<p>2.4 Targeted CALD performance benchmarks for publicly funded mental health services, or workforce initiatives (eg: number of CALD consumers in workforce/not in workforce and appropriate comparisons with non-CALD consumers).</p>
<p>NMHCCF Recommendation 3: Implementation of recovery oriented mental health services</p>	
<p>3.1 Culture based concepts of recovery</p> <p>Feedback identified that a recovery oriented approach needs to take into account the cultural aspects related to recovery, such as culture-based concepts of recovery. Some specific suggestions were:</p> <ul style="list-style-type: none"> • For points 3.1.1 and 3.1.2 to encompass the CALD perspective, there needs to be explicit reference as to how change management practices may be altered to respect or acknowledge recovery approaches from different cultures. • In relation to item 3.2 and the development of meaningful performance indicators. When considering CALD consumers and carers, performance indicators must be culturally relevant and in accordance with culture based concepts of recovery to be meaningful. 	<p>3. Workplace support for culture based concepts of recovery</p> <p>There is a need for:</p> <p>3.1 Inclusion of ongoing training of management and workforce to effect attitudinal change around the need to remove social and cultural barriers to the employment of people with a mental illness, with culture based concepts of recovery included.</p>

<p>3.2 As part of the change management practices to support the implementation of recovery approaches there needs to be a change in service culture to take account of the cultural aspects of recovery. Strategies identified were:</p> <ul style="list-style-type: none"> • Target managers by including recovery as a culturally embedded concept in all policy and service documents, so that it is addressed in discussion and implementation, and is reported on in evaluation processes, for example, how well the workers and service handle the cultural difference of clients. • Recruitment for nurses and managers - selection process should canvas how they work with consumers and carers from CALD backgrounds and how they understand and apply culture-based concepts of recovery. There was support for consumers and carers who are well trained in CALD issues to be on interview panels. • Inclusion of ongoing training of management and workforce to effect attitudinal change around the need to remove social and cultural barriers. • Whilst attitudinal change is difficult to measure, Performance Appraisals could canvass how CALD consumers and carers are being proactively included and how barriers are being removed. Surveys, including those which form part of the organisation's practices, for example MOAT monthly surveys of consumers, were another approach. • The active involvement of consumers and carers from CALD backgrounds in service development and planning processes. 	<p>3.2 Workplace policies, documents and processes (eg: recruitment and performance review) to explicitly address and support culture based concepts of recovery.</p>
<p>3.3 The appointment of a Manager (Level 3 or above) to supervise and monitor the work of the consumer and carer workforce would provide a supportive structural framework.</p>	<p>3.3 The active involvement of consumers and carers from CALD backgrounds in appropriate service development, planning and training processes (eg: how to implement workplace adjustments to support the workforce participation of people with a mental illness).</p>

Attachment 1

GOVERNMENT INQUIRY INTO WORKFORCE PARTICIPATION BY PEOPLE WITH MENTAL ILLNESS

The questions below will be used in the teleconference.

Please read these questions carefully when thinking about your responses, and ensure they specifically focus on the education, training and employment issues consumers from **CALD backgrounds** face rather than consumers from the mainstream.

Some CALD specific examples have been provided to assist you in this process.

1. What are some barriers to participation in education/training for consumers from CALD backgrounds? (E.g. English literacy levels)
2. What are some barriers consumers from CALD backgrounds face when seeking, getting and keeping employment for? (E.g. overseas gained qualifications not being recognised here etc).
3. Do you have any examples of government and community-based services working together to assist consumers of CALD backgrounds in employment, training and education? (E.g. accredited courses offered by ethnic community organisations, Migrant Resource Centres, Centrelink, Neighbourhood Centres etc).
4. Do you have any suggestions of how to improve the way in which services work together to help consumers from CALD backgrounds increase participation in employment, education and training?
5. What are some of the ways (strategies) that you can suggest for friends, neighbours, family and community members to support a consumer from CALD background to participate in:
 - a. Education
 - b. Training
 - c. Employment

(E.g. stigma reduction programs offered through ethnic community organisations to TAFE's, workplaces etc.)

6. What are some of the ways (strategies) that you can suggest for employers and co-workers to help a CALD consumer's ongoing participation in the workforce (E.g. external mentor from the same cultural background, reduced or flexible hours, increased periods of leave).

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Attachment 2



13 July 2010

Ms Kylie Wake
Executive Officer
National Mental Health Consumer and Carer Forum
Mental Health Council of Australia

Dear Kylie

Re: MMHA submission to the development of National Mental Health Consumer and Carer Forum (NMHCCF) Position Statement: *Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery*

Joint CALD Consumer and Carer and Service and Sector Stakeholder Response

Please find attached a submission by Multicultural Mental Health Australia (MMHA) in relation to NMHCCF's draft position statement regarding the consumer and carer-identified workforce.

As the national body funded to provide leadership in multicultural mental health issues, MMHA welcomes this opportunity to provide comment to ensure that the voice of people from culturally and linguistically diverse backgrounds is heard in relation to the mental health consumer and carer identified workforce. MMHA has consulted key state and territory stakeholders, and representatives from MMHA's National CALD Consumer and Carer Reference Groups to collate this response.

If you would like to discuss this response further, please do not hesitate to contact Joyce Broughton, Senior Project Officer (Workforce Capacity Building) on tel: (02) 9840 3333 or Joyce.Broughton@swahs.health.nsw.gov.au

We look forward to the opportunity of future consultations.

Yours sincerely
Georgia Zogalis
National Program Manager

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SUBMISSION

**To the
Development of a
Position Statement:
*Supporting and developing the
consumer and carer identified
workforce – a strategic approach
to recovery***

**A
Service and Sector Stakeholder
Response
And a CALD Consumer and Carer
perspective on the consumer and
carer identified workforce
recommendations**

By

**Multicultural Mental
Health Australia**

July 2010



Multicultural Mental Health Australia

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MMHA Comments

Australia is one of the most multicultural countries in the world. While that diversity is a source of strength and richness, it also challenges us to deal with the social and emotional wellbeing of people from a wide range of cultures, language and ethnic groups and to respect the various traditions, religions and spiritual understandings of our population.

MMHA welcomes and supports the National Mental Health Consumer and Carer Forum's (NMHCCF) development of a Position Statement: Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery, to complement the 4th National Mental Health Plan which promotes the implementation of a recovery oriented culture within mental health.

MMHA recognises that the consumer and carer identified workforce is a key priority under the National Mental Health Workforce Strategy, underpinned by the revised National Standards for Mental Health Services (NSMHS). The NSMHS promote a recovery approach, which is consumer, and carer focused and emphasise that services must meet the specific needs of different cultural groups, including assessment in a culturally sensitive manner. MMHA endorses these initiatives and, in providing the *General Comments and Suggestions* and *Stakeholder Feedback on Recommendations 1-5*, has primarily focused on the cultural diversity issues which relate to the consumer and carer identified workforce.

MMHA is committed to the principles of:

- community capacity building and development
- workforce capacity building
- communication, education and information dissemination
- consumer and carer support and representation

These are priority areas for MMHA under its current funding agreement with the Department of Health and Ageing and our recommendations incorporate strategies, which address these priorities.

Consultation Methodology

Multicultural Mental Health Australia (MMHA) conducted a consultation via teleconference and written submission and sought representation from key national multicultural peaks and state-wide transcultural mental health services (as the consumer and carer identified workforce impacts on their constituents). MMHA also sought representation from its National CALD Consumer and Carer Reference Groups. MMHA would like to acknowledge the contributions of the following ten (10) organisations and representatives:

Agencies and Representatives	Jurisdiction
Project Officer (Carers and Consumers), MMHA	National
WA CALD Consumer Representative, MMHA National CALD Consumer Reference Group	WA
NSW CALD Consumer Representative, MMHA National CALD Consumer Reference Group	NSW
VIC CALD Consumer Representative, MMHA National CALD Consumer Reference Group	VIC
VIC CALD Carer Representative, MMHA National CALD Carer Reference Group	VIC
Victorian Transcultural Psychiatry Unit (VTPU)	VIC (2)
NSW Transcultural Mental Health Centre	NSW
WA Transcultural Mental Health Service	WA
TAS Transcultural Mental Health Network	TAS
ACT Transcultural Mental Health Network	ACT
<p><i>Apologies were received from the following national organisations:</i></p> <ul style="list-style-type: none"> ▪ Federation of Ethnic Communities Councils of Australia (FECCA) ▪ Network of Immigrant and Refugee Women of Australia ▪ Settlement Council of Australia ▪ Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) ▪ TAS CALD Carer Representative, MMHA National CALD Carer Reference Group 	<p>National</p> <p>National</p> <p>National</p> <p>National</p> <p>TAS</p>

The group of stakeholders who participated in the consultation commented on the five recommendations of the Position Statement, using the template provided which asked the following three questions for each recommendation:

1. Does this recommendation cover all areas relevant to CALD consumers, carers and communities?
2. Do you have any additional points to add?
3. Any other comments?

As well as responding to each of the recommendations, there were some over arching general comments and suggestions from the group.

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General Comments and Suggestions

- The contributors to Multicultural Mental Health Australia's consultation welcomed the National Mental Health Consumer and Carer Forum's (NMHCCF) position paper and the positive and considered overarching objectives and recommended initiatives, which it contains.
- It was considered that the position paper required a general statement at the beginning about addressing cultural diversity and inclusion, and the need to identify specific strategies to address the issues of the culturally and linguistically diverse (CALD) consumer and carer workforce. It was also considered important to incorporate CALD specific strategies into each of the 5 recommendations of the position statement.

Disappointment was expressed that the document did not adopt a broader approach, for example acknowledging the lived experience of CALD consumers and carers and their expertise and that CALD specific positions were not referred to throughout the statement. The need for the statement to also focus of specific areas, such as youth and the elderly, as well as indigenous, was also expressed.

- The need for a vocal entity to advocate that the areas relevant to CALD consumers, carers and communities are not overlooked was raised, and that this advocacy must continue beyond the consultation phase of the position paper to drive the CALD agenda through every step of the implementation envisaged in the position paper (Suggestion 1 below refers).
- Multicultural Mental Health Australia highlights the following two resources as relevant to the development and implementation of NMHCCF's Position Statement: *Supporting and developing the consumer and carer identified workforce – a strategic approach to recovery*:

The National Cultural Competency Tool currently being developed by Multicultural Mental Health Australia, for use by mental health services across Australia. This implementation of this tool is designed at an organisational level to assist services in becoming culturally competent. It is scheduled for release later in 2010.

The Stigma Reduction Training Package for use with communities across Australia, which was developed by Multicultural Mental Health Australia. The *Stepping out of the Shadows, Reducing Stigma in Multicultural Communities Training Package* is a culturally relevant initiative which acknowledges and incorporates the diverse cultural range of explanatory models of mental health and illness.

The stakeholder group made the following suggestions:

1. There is an urgent need for the National Mental Health Consumer and Carer Forum (NMHCCF) to appoint a CALD consumer and CALD carer representative on the Forum in order to obtain expert comment on CALD mental health issues in Australia.

These representatives could be nominated from MMHA's National CALD Consumer and Carer Reference Groups, which are resourced, supported, briefed and debriefed by MMHA, the national peak program for multicultural mental health in Australia.

2. CALD Consumer and Carer Reference/Advisory/Action/Support Groups need to be established in each state and territory. Such groups could contribute to the mentoring, training and support of CALD consumers and carers across Australia, as identified in this response to the NMNCCF's identified workforce strategy. The Victorian CALD

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Consumer Reference Group, which advises the Victorian Transcultural Psychiatry Unit (VTPU) on its projects and programs is an example of this model. This group's wider purpose is to be the main body for CALD consumer consultation in Victoria and also to input any state level concerns, which may have national significance, to the broader multicultural mental health arena through MMHA.

3. Consumer and carer consultants who work in mental health services need to play a role in instigating and developing education programs for mental health staff and management, including components such as 'working cross culturally'.
4. Within the document there needs to be a greater emphasis on professional development and workplace pathways for consumers and carers who work in roles such as consultants/advocates or participate in other capacities. For example, consumers and carers involved in public speaking and training to be provided with the opportunity to complete Certificate IV in Training and Assessment and become Trainers and Assessors, and consumers and carers working in peer support roles to be provided with the opportunity to complete Certificate IV in Mental Health and become support workers.

Expanding the skills base of consumer and carer workers enhances their capacity to progress within either the mental health workforce or beyond it to other positions.

5. There needs to be an increase in stigma reduction programs to remove any barriers, to assist consumer consultants to move beyond their current roles if they wish to.

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Stakeholder Feedback on Recommendations 1-5

Recommendation 1: Implementing the 4th National Mental Health Plan

1.1 Explicit mention of CALD consumer and carer identified workforce

It may be implicit within this recommendation that CALD consumers, carers and communities should be included in any consideration to make the consumer and carer identified workforce a key priority of an implementation plan. However, there needs to be explicit mention of CALD consumers and carers to ensure that the components of the recommendation address CALD needs, such as (for example):

- the extra support and resourcing required if CALD carers, consumers and communities are to play a key role in workforce strategies
- specific performance indicators and reporting mechanisms with deliverables related to CALD consumer and carer identified workforce, such as 'number of CALD'

Explicit identification also facilitates advocating for CALD specific positions and provides an operational focus for the inclusion of the special issues of CALD consumers and carers and communities in actively supporting a culture of continuous quality improvement.

Recommendation 2: Identifying the existing consumer and carer workforce

2.4 **National Audit of occupied and vacant consumer and carer identified positions** to include variables which are essential in identifying and addressing the needs of Australia's multicultural population, such as:

- background/ethnicity of the worker
- whether worker speaks a second language/their first language
- the 'cultural variety' of the geographic area in which the worker operates
- the number of positions held by CALD consumers and carers or CALD specific funded positions
- identification of CALD consumer and carer workers across specific population groups such as youth and elderly.

This valuable CALD data would facilitate planning for what needs to be done to achieve adequate representation from CALD communities in these positions.

2.5 A national support and training needs analysis of existing workforce

Recommended that the definition of workforce encompass consumers and carers who are involved in any way. Workforce roles, small or large, need to be acknowledged as significant and identified in the audit. There are a broad range of roles which CALD consumers and carers are involved in, such as contributing to policy development, or the community development aspects of engaging with the community around non-mental health settings, which need to be identified and supported.

Associated with this broad definition of workforce, there is a need for funding for interpreters for CALD consumers and carers who want to participate (for example, contributing to committees, consultations and focus groups) but who lack the English language skills.

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2.6 The development of a competency framework and national accredited training for consumer and carer identified workers

It is essential that a competency framework and nationally accredited training incorporates components such as 'working cross culturally' and 'culturally based recovery principles'. Such training to be developed and delivered by appropriately qualified CALD practitioners to address the lack of culturally specific knowledge within national training bodies.

Specific strategies suggested:

- Utilise expertise of state/territory Transcultural Mental Health Centres (TMHCs) and services.
- CALD Consumer and Carer Reference Group to advise on the competencies to be included.
- Consumer and Carer Consultants need training in working with families so they can help them to access services – this is particularly important in CALD communities.
- Training should be piloted first in one state, and then rolled out nationally; however, it needs to be sufficiently flexible to meet the needs of consumer and carer workers in a variety of demographic areas, because of the distribution/concentration of CALD populations.
- A role for MMHA in creating national resources and training opportunities, enabling the workforce to understand the unique needs and issues of CALD consumers and carers, was identified.

2.7 National reporting

The National Mental Health Report, the Health Services in Australia Report and any other appropriate national reporting need to include culturally relevant information in relation to the numbers and roles of mental health consumer and carer identified workers. For example, number of CALD identified positions filled. The National Audit (discussed in 2.1 above) would initially source this information, with ongoing reporting mechanisms required (as identified in 1.1 above).

Recommendation 3: Implementation of recovery oriented mental health services

This recommendation needs an explicit statement about embracing diversity, with CALD and indigenous specifically mentioned, in order to accommodate culture based concepts of recovery.

3.1 Culture based concepts of recovery

Feedback identified that a recovery oriented approach needs to take into account the cultural aspects related to recovery, such as culture-based concepts of recovery. Some specific suggestions were:

- For points 3.1.1 and 3.1.2 to encompass the CALD perspective, there needs to be explicit reference as to how change management practices may be altered to respect or acknowledge recovery approaches from different cultures.
- In relation to item 3.2 and the development of meaningful performance indicators. When considering CALD consumers and carers, performance indicators must be culturally relevant and in accordance with culture based concepts of recovery to be meaningful.

3.2 As part of the change management practices to support the implementation of recovery approaches there needs to be a change in service culture to take account of the cultural aspects of recovery. Strategies identified were:

- Target managers by including recovery as a culturally embedded concept in all policy and service documents, so that it is addressed in discussion and implementation,

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and is reported on in evaluation processes, for example, how well the workers and service handle the cultural difference of clients.

- Recruitment for nurses and managers - selection process should canvas how they work with consumers and carers from CALD backgrounds and how they understand and apply culture based concepts of recovery. There was support for consumers and carers who are well trained in CALD issues to be on interview panels.
- Inclusion of ongoing training of management and workforce to effect attitudinal change around the need to remove social and cultural barriers.
- Whilst attitudinal change is difficult to measure, Performance Appraisals could canvass how CALD consumers and carers are being proactively included and how barriers are being removed. Surveys, including those which form part of the organisation's practices, for example MOAT monthly surveys of consumers, were another approach.
- The active involvement of consumers and carers from CALD backgrounds in service development and planning processes.

3.3 The appointment of a Manager (Level 3 or above) to supervise and monitor the work of the consumer and carer workforce would provide a supportive structural framework.

Recommendation 4: Supporting and developing the consumer and carer identified workforce

4.1 The stakeholder feedback agreed that all areas covered in the recommendation were relevant, irrespective of whether the identified workforce consumer or carer is from a CALD background. The following additional points were made:

- **Human Resource Management** - every aspect of human resource management should incorporate CALD components, for example, statements of duty, job descriptions and performance indicators, as well a policy and other documentation.
- **Risk management process** - it was emphasised that the consumer and carer workforce, especially CALD, need to have a clear understanding of the risk management process.
- **Mentoring and up skilling programs** are needed to equip consumer and carer workforce with skills for positions in (for example) advocacy, community development, access to/development of resources. CALD consumer and carer input should be recognised and they should be encouraged to find their voice and identify the positive aspects of their roles.
- **Addressing discrimination and barriers**
Reference to discriminatory practices and what to do in the event of discrimination needs to be included.

It can be difficult to recruit consumers because discriminatory workplaces practices often stop consumers from identifying as consumers. Strategies to build opportunities for consumers and carers in the mental health workforce with equal status need to be developed. For example, 'lived experience' should not be discounted, but built into selection criteria.

In smaller states or in small communities, such as in Tasmania, people from CALD backgrounds can find accessing work difficult without identifying as a consumer or carer. Many people don't like to identify as a consumer or carer because of the small community numbers, pressures, stigmas and lack of anonymity that seems to be inherent with small communities. These issues can be significant barriers for people

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from CALD backgrounds, and especially for those in small states or communities, in relation to identifying, advocating and working as a CALD consumer or carer worker.

- **Minimising Stress**

This point needs to identify Recovery Action Plans and Wellness Plans as strategies to assist consumer workers and managers.

The Victorian Mental Illness Awareness Council (VIMIAC) program of independent support for staff was identified as an appropriate model for support of consumer and carer workers.

The need for debriefing support for consumer and carer workers in stressful situations such as being in conflict with their managers was identified. Examples of such support are trained psychologists who support consumer and carer workers, and trained and paid mentors from senior members of the consumer movement (outside of the workplace) who can provide important independent assistance. This can also help address isolation of consumer and carer workforce.

- **Developing leadership and supporting a healthy organisational culture and values** requires a third dot point addressing the development and integration of cultural competency training.

Recommendation 5: Developing the future consumer and carer identified workforce

5.1 Development of a National Mental Health Consumer and Carer Workforce Strategy

It is imperative that the points raised (under General Comments & Suggestions, and Recommendations 1-4 above) in relation to CALD consumer and carer identified workforce inform the development of the National Mental Health Consumer and Carer Workforce Strategy. For example, cultural diversity must be considered in the identification of possible job requirements and the development of position statements.

The strategy's development also needs to address staff training (preferably mandatory) for professional workers on issues such as:

- the concepts of recovery which take into account the cultural aspects related to recovery, and
- role conflict and what it like from a consumer consultant's perspective, with lived experience included in the training programs.

Developing supported networks and strengthening leadership of the consumer and carer identified workforce.

- **A formal national network of consumer and carer identified workers**
In the context of the identified workforce serving a multicultural population, it is essential that the formal national network of consumer and carer identified workers should have adequate and proportional representation of CALD consumers/carers. This would assist a network to provide a satisfactory mechanism for local support networks which are culturally inclusive, and a forum for cross-sector development, with associated workforce opportunities external to the mental health sector.
- **Mental Health Standing Committee** – requires CALD consumer and carer representation, as recommended under general points above.

5.3 Financing the developing the future consumer and carer identified workforce

Additional resourcing at a national level is required, and clearly defined pathways, in order to assist people to come off disability pensions. The support of the business sector is also required.

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