



Senate Inquiry into Mental Health Services In Australia

Submission from:

Multicultural Mental Health Australia

JULY 2007

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2007-2008 SENATE INQUIRY



INTO MENTAL HEALTH SERVICES IN AUSTRALIA

Submission from **Multicultural Mental Health Australia**

This paper is in addition to an earlier submission by MMHA to the Senate Select Committee of Inquiry into Mental Health Services in 2005. The 2005 submission included 20 recommendations. MMHA would like to add a number of new and modified recommendations in order to address the specific Terms of Reference of the current 2007-2008 Senate Inquiry into Mental Health Services in Australia.

This is a list of all the recommendations made by MMHA:

MMHA Recommendation 20 [new]

That jurisdictions, when measuring outcomes and performance, ensure the needs of their target populations include individuals from Culturally and Linguistically Diverse (CALD) backgrounds.

MMHA Recommendation 21 [new]

That funding be provided to recruit, train and support more bilingual personnel and interpreter services to assist with the Government's initiative to fund Telephone Counselling, Self-Help and Web-based Support Programs. Bilingual counsellors and interpreters will need to be employed to enhance existing services and their ability to assist CALD consumers and carers. Any kind of 24-hour Telephone Helpline will need to be made available to CALD consumers and carers in their language.

MMHA Recommendation 22 [new]

There is a need to devise a national media campaign to combat stigma towards mental illness by CALD communities – an inclusive awareness campaign featuring prominent Australians from CALD backgrounds who have personal links to a mental illness.

MMHA Recommendation 23 [new]

MMHA requires any data collection across the sector to reflect Australia's CALD communities. Improved data collection will assist the mental health sector in monitoring trends and assist in the planning and development of quality services and early intervention programs.

MMHA Recommendation 24 [new]

All existing and future mental health initiatives need to be culturally specific and consider the diverse needs of CALD populations. Any kind of community-based housing for example requires specific religion, language, gender, diet and cultural aspects to be considered [eg: shared housing for Muslim women – will be inappropriate if male workers are on site]. Special diet and religious requirements also need to be considered. As well using interpreters. The principles of the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia [*The Framework*] need to be adopted.

MMHA Recommendation 25 [new]

That funding be provided for innovative service models such as the NSW Housing and Support Initiative (HASI), and Queensland *Project 300* program, be set up across all states and territories and be culturally appropriate and considerate of the diverse needs of their local CALD populations.

MMHA Recommendation 26 [new]

All initiatives such as specialist crisis accommodation services for people with dual diagnosis and complex conditions be available to people from CALD backgrounds and structured to ensure that the diverse needs of CALD populations are met and the principles of *The Framework* are adopted in the service delivery stage.

MMHA Recommendation 27 [new]

That funding for a national post-natal depression helpline include sufficient funds for the recruitment of trained bilingual mental health personnel and access to interpreters to provide assistance to women of CALD backgrounds who ring seeking help for post-natal depression in their language.

MMHA Recommendation 28 [new]

MMHA supports the expansion of mental health courts and diversion programs across all states and territories and for these programs to be set up and structured so they cater for the diverse needs of the CALD populations.

MMHA 2005 Recommendation 1 [modified]

That the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia be rolled out further so that all states and territories adopt the principles within this document in their planning and implementation of Mental Health services to better cater for CALD populations.

MMHA 2005 Recommendation 5 [modified]

That more funding be provided to further develop and implement cultural competency training across the sector to ensure culturally appropriate services are provided to CALD mental health consumers. To also increase the number of bilingual and bicultural mental health staff through scholarships, ongoing support and positive recruitment to specifically target people from CALD backgrounds.

MMHA 2005 Recommendation 15 [modified]

That funding is provided to:

- a) Review the availability, quality and cultural appropriateness of support and information for carers and families of people from CALD backgrounds with a mental illness,
- b) Fund, pilot and evaluate innovative programs to support them.

In this submission, we have responded to the Terms Of Reference [TOR] outlined for the 2007-2008 Senate Inquiry into Mental Health Services in Australia. These are:

TOR 1:

Ongoing efforts towards improving mental health services in Australia, with reference to the National Action Plan of Mental Health agreed upon at the July 2006 meeting of the Council of Australian Governments, particularly examining the commitments and contributions of the different levels of government with regard to their respective roles and responsibilities:

Multicultural Mental Health Australia welcomes the COAG National Action Plan of Mental Health. However, MMHA is concerned that the Plan fails to adequately address the needs of people from CALD backgrounds. The COAG initiatives do not incorporate recommendations 76-81, which deal with CALD communities and refugees.

In this respect the Plan does not assist in implementing the multicultural aspect of the National Mental Health Strategy, which is outlined in *the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* [The Framework].

Despite these concerns, MMHA encourages COAG's initiative in devising Coordinating Care (see p. 5 of The Plan). This initiative involves introducing a new system of linking care via a clinical provider and a community coordinator where the clinical provider will be responsible for the clinical management of the person. This provides an excellent blueprint for mental health consumers from CALD backgrounds who face barriers due to their culture and language. CALD communities tend to respond better to local community-based and culturally specific services.

It is MMHA's belief that in order for the COAG Plan to address the needs and improve the treatment and care for Australians from CALD backgrounds as outlined in *The Framework*, it needs to:

- Acknowledge that CALD consumers have special requirements in accessing caseworkers to assist them with housing, employment, education etc. To ensure this level of support is provided, agencies need to consider employing bilingual staff and involving ethno-specific and multicultural service providers as well as using interpreters.
- Major funding bodies like the Department of Families, Community Services and Indigenous Affairs [FaCSIA] must devise strategies to encourage and involve ethno-specific and multicultural agencies to

respond to calls for tender for important mental health services in the community. MMHA identified this need during the second call for applications of FaCSIA's Personal Helpers and Mentors Program [PHAMS]. MMHA believes there is a crucial need for improved targeting of ethno-specific and multicultural agencies to tender for programs like these.

- Allow for ethno-specific and multicultural sites to be set up to trial such programs like PHAMS specifically for people from CALD backgrounds. MMHA believes this approach will be beneficial to Australia's CALD communities.
- Encourage more initiatives to focus on CALD and Aboriginal and Torres Strait Islander [ATSI] families during calls for tenders for all government programs. MMHA supports initiatives recently seen during calls for applications for funding of the Mental Health Community-based Program on the 16th June 2007 by FaCSIA where they paid particular focus on ATSI and CALD families to help them cope with mental illness (p. 9).
- Mainstream mental health services across the country need to work more closely with MMHA and Transcultural Mental Health Centres to assist the former to better serve the needs of Australians from CALD backgrounds.

In relation to supporting the mental health workforce and increasing their capacity to provide adequate services to CALD consumers and carers, urges governments to fund and encourage cultural competency training of mental health staff. While the COAG Plan outlines an initiative to Increasing Mental Health Workforce Support and Capacity by rolling out new positions [p.6], the Plan does not include any requirements for these new and ongoing positions to gain training in cultural competency. MMHA strongly believes this is crucial and that the Plan needs to encourage and build a diverse workforce of bilingual and bicultural workers through scholarships, support and specific recruitment targeting CALD populations.

Similarly with the Mental Health in Tertiary Curricula (outlined on page 11 of The Plan) which aims to increase mental health content through developing mental health training modules for registered nurses, it only recognises the need to focus on indigenous cultural issues by including a special component of culturally appropriate management of indigenous patients.

MMHA argues that this approach needs to be further extended by including the needs of CALD communities as they make a substantial percentage of the Australian population (Census 2006). Again the Plan needs to also acknowledge the cultural and linguistic requirements of people from CALD backgrounds. This component should include compulsory training in cultural competency, which will assist the entire community.

In addition to this, MMHA is also concerned that the Individual Implementation Mental Health Plans for Victoria, New South Wales, South Australian, Tasmania, the Australian Capital Territory and Northern Territory do not acknowledge CALD consumers or carers. MMHA argues that these jurisdictions need to recognise the specific needs of their CALD populations and address them in their initiatives. For example, in the Victorian Government's plan to Increase Workforce Capacity [p. 20] this initiative needs to include specific training in cultural competency for all frontline mental health workers.

The Commonwealth, State and Territory Governments need to follow the Queensland Government's initiative in supporting CALD populations by funding and creating Transcultural Mental Health Positions. Queensland's Individual Implementation Plan includes a commitment to employ 11 transcultural mental health workers across 13 District Health Services (p. 22 & 23). MMHA encourages other state and territory jurisdictions to follow this precedent.

In addition to this initiative, Queensland has also made a commitment to Integrating and Improving the Care System to enhance mental health service delivery (p. 22). This initiative does not only target the general population, but also targets specific population groups including people from CALD backgrounds. MMHA is extremely encouraged by this commitment and would like to see other states and territories follow Queensland's lead.

MMHA also supports efforts by the Western Australian Government in its commitment to develop a cultural competency training package that includes cultural competency standards and a self assessment audit tool for mental health services (p. 29). However, MMHA questions whether this is a new commitment, as the program has not been evaluated to determine its implementation success. MMHA understands that the funding for this project came in an earlier round and therefore would like to call for the audit tool to be implemented nationally across all states and territories.

In light of the Commonwealth and State and Territory Governments ongoing efforts towards improving mental health services, MMHA would like to make the following recommendations:

MMHA 2005 Recommendation 1 [modified]

That the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia [*The Framework*] be rolled out further so that all states and territories adopt the principles within this document in their planning and implementation of Mental Health services to better cater for CALD populations.

MMHA 2005 Recommendation 5 [modified]

That more funding be provided to further develop and implement cultural competency training across the sector to ensure culturally appropriate services are provided to CALD mental health consumers. To also increase the number of bilingual and bicultural mental health staff through scholarships, ongoing support and positive recruitment to specifically target people from CALD backgrounds.

MMHA 2005 Recommendation 10

That information on the National Standards for Mental Health Services are available to CALD consumers, their families and carers in an understandable manner appropriate to their language and culture.

MMHA 2005 Recommendation 11

That States and Territory mental health services be required to provide CALD consumers, their carers and families with information on their rights under state and territory legislation, in their language.

MMHA 2005 Recommendation 13

That funding be provided to support the development of evidence-based recovery and rehabilitation programs for CALD consumers and that recovery and rehabilitation programs are developed to address the diverse needs of CALD communities.

MMHA 2005 Recommendation 19

That relevant state and territory jurisdictions review existing data on service utilisation, and established data collection systems for their capacity to identify CALD consumers of mental health services, to establish baseline data, to identify gaps and make appropriate service and program improvements.

MMHA Recommendation 21 [new]

That funding be provided to recruit, train and support more bilingual personnel and interpreter services to assist with the Government's initiative to fund Telephone Counselling, Self-Help and Web-based Support Programmes. Bilingual counsellors and interpreters will need to be employed to enhance existing services and their ability to assist CALD consumers and carers. Any kind of 24-hour telephone Helpline will need to be made available to CALD consumers and carers in their language.

TOR 2:

That the Committee, in considering this matter, give consideration to:

- a) The extent to which the action plan assists in achieving the aims and objectives of the National Mental Health Strategy;

As outlined above, MMHA acknowledges that the Commonwealth's Community Based Programmes to Help Families Coping with Mental Illness, which has a particular focus on ATSI and CALD communities, will help achieve the aims and objectives of the National Mental Health Strategy. (See page 9 of the Action Plan)

Similarly the Queensland Government's commitments to employ 11 transcultural mental health workers (See pages 22 and 23) and target CALD populations in Integrating and Improving the Care System will also assist in achieving these aims and objectives.

MMHA also believes the Western Australian Government's commitment to the development of a culturally competent training package that includes cultural competency standards and a self-assessment audit tool for mental health service (p. 29) will further assist in this regard. However, MMHA questions whether this is a new commitment, as the program has not been monitored to determine how it has been rolled out. MMHA understands that the funding for this project came in an earlier round and therefore would like to call for the audit tool to be implemented nationally across all states and territories.

While these points of the Plan need to be clarified, MMHA urges the Recommendations 30-34 of the Workforce and Training component from the report: *A National Approach To Mental Health* to incorporate compulsory cultural competency training in all postgraduate programs and additional workforce placements. This approach will ensure the Plan achieves the aims and objectives of the National Mental Health Strategy.

TOR 2 :

That the Committee, in considering this matter, give consideration to:

- b) The overall contribution of the action plan to the development of a coordinated infrastructure to support community-based care;

MMHA 2005 Recommendation 4

That appropriate assessment protocols for CALD consumers be developed and disseminated to increase the capacity of primary care providers to detect and manage the early signs and symptoms of mental health problems & mental illness.

MMHA 2005 Recommendation 5 [modified]

That more funding be provided to further develop and implement cultural competency training across the sector to ensure culturally appropriate services are provided to CALD mental health consumers. To also increase the number of bilingual and bicultural mental health staff through scholarships, ongoing support and positive recruitment to specifically target people from CALD backgrounds.

MMHA 2005 Recommendation 6

That relevant state and territory jurisdictions enter partnerships with community organisations and NGOs to develop models of collaboration and funding to increase the capacity of community organisations and NGOs to effectively meet the needs of CALD consumers with mental health problems, their families and carers.

MMHA 2005 Recommendation 7

That funding be provided to develop training program and support materials for NGOs and community support services to develop their understanding of mental health and mental illness in CALD communities and how to provide culturally appropriate services to CALD mental health consumers.

MMHA 2005 Recommendation 12 [modified]

That all initiatives to progress consumer and carer participation be targeted to develop specific strategies to engage consumers from diverse backgrounds in decision making processes.

MMHA 2005 Recommendation 15 [modified]

That funding is provided to:

- a) Review the availability, quality and cultural appropriateness of support and information for carers and families of people from CALD backgrounds with a mental illness,
- b) Fund, pilot and evaluate innovative programs to support them.

MMHA 2005 Recommendation 16

That the development of guidelines for carer plans include the complex needs of CALD carers.

TOR 2 :

That the Committee, in considering this matter, give consideration to:

- c) Progress towards implementing the recommendations of the Select Committee on Mental Health, as outlined in its report: A National Approach to Mental Health – from Crisis to Community;

MMHA 2005 Recommendation 3 [modified]

That the Better Mental Health Outcomes program be expanded to allow access to bilingual/bicultural allied health personnel and provide education and advice on culturally appropriate assessments and on cultural components of mental health and illness.

MMHA 2005 Recommendation 5 [modified]

That more funding be provided to further develop and implement cultural competency training across the sector to ensure culturally appropriate services are provided to CALD mental health consumers. To also increase the number of bilingual and bicultural mental health staff through scholarships, ongoing support and positive recruitment to specifically target people from CALD backgrounds..

MMHA 2005 Recommendation 12 [modified]

That all initiatives to progress consumer and carer participation be targeted to develop specific strategies to engage consumers from diverse backgrounds in decision-making processes.

MMHA 2005 Recommendation 14 [modified]

That all community information and education programs developed by mainstream mental health providers for CALD communities include information on recovery.

MMHA 2005 Recommendation 15 [modified]

That funding is provided to:

- a) Review the availability, quality and cultural appropriateness of support and information for carers and families of CALD people with a mental illness,
- b) Fund, pilot and evaluate innovative programs to support them.

MMHA 2005 Recommendation 16

That the development of guidelines for carer plans include the complex needs of CALD carers.

MMHA 2005 Recommendation 18

That adequate recurrent funding be provided by all jurisdictions for early intervention and prevention programs for newly arrived young people from diverse (and refugee backgrounds) backgrounds who are at risk of developing mental health problems and associated behavioural problems, leading to involvement with juvenile and criminal justice systems.

TOR 2 :

That the Committee, in considering this matter, give consideration to:

- d) identifying any possible remaining gaps or shortfalls in funding and in the range of services available for people with a mental illness.

MMHA 2007 Recommendation 1 [modified]

That the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia be rolled out further so that all states and territories adopt the principles within this document in their planning and implementation of Mental Health services to better cater for CALD populations.

MMHA 2005 Recommendation 5 [modified]

That more funding be provided to further develop and implement cultural competency training across the sector to ensure culturally appropriate services are provided to CALD mental health consumers. To also increase the number of bilingual and bicultural mental health staff through scholarships, ongoing support and positive recruitment to specifically target people from CALD backgrounds..

MMHA 2005 Recommendation 9

That government national mental health media strategies include multilingual media, in their mental health promotion through media education campaigns on a range of issues.

MMHA 2005 Recommendation 12 [modified]

That all initiatives to progress consumer and carer participation be targeted to develop specific strategies to engage consumers from diverse backgrounds in decision making processes.

MMHA 2005 Recommendation 13

That funding be provided to support the development of evidence-based recovery and rehabilitation programs for CALD consumers and that recovery and rehabilitation programs developed address the needs of culturally diverse communities.

MMHA 2005 Recommendation 15 [modified]

That funding is provided to:

- a) Review the availability, quality and cultural appropriateness of support and information for carers and families of CALD people with a mental illness,
- b) Fund, pilot and evaluate innovative programs to support them.

MMHA 2005 Recommendation 17

That an independent multidisciplinary mental health panel which is experienced in the delivery of mental health services to culturally diverse population groups be established and include consumer and carer representation, to oversee the delivery of mental health care in immigration detention centres, including assessment of the mental health status of detainees and the subsequent provision of culturally appropriate and quality mental health care.

MMHA 2005 Recommendation 18

That adequate recurrent funding be provided by all jurisdictions for early intervention and prevention programs for newly arrived young people from diverse backgrounds who are at risk of developing mental health problems and associated behaviour problems, leading to involvement with juvenile and criminal justice systems.

MMHA Recommendation 20 [new]

That jurisdictions, when measuring outcomes and performance, ensure the needs of their target populations include individuals from CALD backgrounds.

MMHA Recommendation 21 [new]

That funding be provided to recruit, train and support more bilingual personnel and interpreter services to assist with the Government's initiative to fund Telephone Counselling, Self-Help and Web-based Support Programmes. Bilingual counsellors and interpreters will need to be employed to enhance existing services and their ability to assist CALD consumers and carers. Any kind of 24-hour telephone Helpline will need to be made available to CALD consumers and carers in their language.

Senate Inquiry's Report Recommendation 4:

- 17.11 The committee recommends that [Australian Health Ministers](#) agree to Fund and empower the *Mental Health Council of Australia* to:
- * promote community and school-based education and stigma reduction,

MMHA endorses Recommendation 4 and further recommends [22] that a national media campaign is devised to combat stigma towards mental illness by CALD communities. To be an inclusive awareness campaign featuring prominent Australians from CALD backgrounds who have personal links to a mental illness and utilising multilingual and mainstream media outlets.

Senate Inquiry's Report Recommendation 8:

- 17.17 The committee recommends that the Australian Institute of Health and Welfare should collect comprehensive data on mental health service provision such as the number of people receiving treatment and the nature of that treatment, public and private, and on population wide indicators of mental health and well being.

MMHA endorses Recommendation 8 and further recommends [23] that any data collection processes across the sector to reflect Australia's CALD population. Improved data collection will assist the mental health sector in monitoring illness

and service provision trends and help with the planning, development and implementation of quality Mental Health services and early intervention programs.

Senate Inquiry's Report Recommendation 13:

17.23 The committee recommends that state and territory governments:

- Establish more respite and step up/step down accommodation options in conjunction with the federal government's Better Mental Health in the Community program.
- Provide long-stay in-patient facilities with a focus on rehabilitation for patients with severe and chronic mental disability, co-located with general hospitals but set in spacious, home-like environments.
- Ensure safe environments for consumers in acute, long-stay and emergency settings, including gender and age group separation.
- Provide specialised mental health and dual diagnosis spaces or departments (as appropriate) within emergency departments in general hospitals.
- Establish more long-term supported, community-based housing for people with mental illnesses with links to community mental health centres for clinical support.
- Increase funding to establish more detoxification and rehabilitation services for people with drug and alcohol abuse disorders.
- That there be specialized inpatient facilities for people with dual diagnosis.
- Establish specialised programs within designated community mental health facilities to treat conditions such as eating disorders, perinatal depression and personality disorders.
- Transfer responsibility for mental health in general prisons to the department within each state or territory with portfolio responsibility for health.
- Increase levels of consumer involvement in mental health services, including consumer representation at all levels and provision of funding to consumer-run mental health services.

MMHA endorses Recommendation 13 and further recommends [24] for all existing and future mental health initiatives to be culturally specific and consider the diverse needs of CALD populations. Any kind of community-based housing for example requires specific religion, language, gender, diet and cultural aspects to be considered [eg: shared housing for Muslim women – will be inappropriate if male workers are on site]. Special diet and religious requirements also need to be considered. As well using interpreters. The principles of the Framework for

the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia [*The Framework*] need to be adopted.

Senate Inquiry's Report Recommendation 22:

3.13 That the Australian Government fund and implement a nationwide mass media mental illness stigma reduction and education campaign.

MMHA endorses Recommendation 22 and further recommends [22] a national campaign be devised to combat stigma towards mental illness by CALD communities. To be an inclusive awareness campaign featuring prominent Australians from CALD backgrounds who have personal links to a mental illness and utilising multilingual and mainstream media outlets.

Senate Inquiry's Report Recommendation 29:

3.20 Further to recommendation 10 in the committee's first report, support be provided for base load recurrent funding for specialist telephone services, assessed on a case by case basis.

Senate Inquiry's Report Recommendation 35:

3.26 That mobile intensive treatment teams or crisis assessment teams be adequately resourced to provide mental health crisis responses 24 hours a day, 7 days a week, minimising the need for police and ambulance attendance and, in many cases, avoiding inpatient admission.

MMHA endorses Recommendations 29 and 35 and further recommends [21] that funding be provided to recruit, train and support bilingual personnel and interpreter services to assist with the Government's initiative to fund Telephone Counselling, Self-Help and Web-based Support Programs. Bilingual counsellors and interpreters will need to be employed to enhance existing services and their ability to assist CALD consumers and carers. Any kind of 24-hour Telephone Helpline will need to be made available to CALD consumers and carers in their language.

Senate Inquiry's Report Recommendation 37:

3.28 That federal, state and territory governments ensure that the full range of short, medium and long-term supported accommodation is available to those with mental illness who need it. Modes of innovative service delivery that should be considered include:

- The Housing and Support Initiative (HASI), a joint initiative between the NSW departments of Health and Housing and local NGOs, providing coordinated disability support, accommodation and health services to people requiring high-level support to live in the community. A 12-month trial in South Eastern Sydney showed a decrease in inpatient bed days for patients enrolled in HASI from 197 days to 32 days.[2]
- The *Project 300* program, conducted in Queensland to assist 300 consumers to move from psychiatric treatment and rehabilitation facilities to the community. The 18-month evaluation reported 'improved well being for people with significant disability' and following discharge, 'individuals continued to demonstrate

improvements in symptoms, clinical functioning and quality of life. Remarkably few disadvantages for the clients were identified. Only 3 of the 218 clients discharged returned to long-term care'.^[3]

MMHA endorses Recommendation 37 and further recommends [25] that funding be provided for innovative service models such as the NSW Housing and Support Initiative (HASI), and Queensland *Project 300* program, be set up across all states and territories and be culturally appropriate and considerate of the diverse needs of their local CALD populations.

Senate Inquiry's Report Recommendation 39:

3.30 That each state and territory provide specialist crisis accommodation services for people with dual diagnosis and complex conditions involving disruptive behaviour.

MMHA endorses Recommendation 39 and further recommends [26] that all initiatives such as specialist crisis accommodation services for people with dual diagnosis and complex conditions be available to people from CALD backgrounds, that they are structured to ensure that the diverse needs of CALD populations are met and the principles of *The Framework* are adopted in the service delivery stage.

Senate Inquiry's Report Recommendation 50:

3.41 That there be an evaluation of the effectiveness of the *Parentline* telephone counselling service that assists parents and carers in Queensland and the Northern Territory with behavioural management, parenting skills, and interpersonal relationships, with the view to expanding the service across all states and territories.

Senate Inquiry's Report Recommendation 53:

3.44 That the Australian Health Ministers agree to establish a national post-natal depression helpline and provide recurrent funding for its operation.

MMHA endorses Recommendation 50 and 53 and further recommends [27] that funding for a national post-natal depression helpline include sufficient funds for the recruitment of trained bilingual mental health personnel and access to interpreters to provide assistance to women of CALD backgrounds who ring seeking help for post-natal depression in their language.

Senate Inquiry's Report Recommendation 57:

3.48 That there be a significant expansion of mental health courts and diversion programs, focussed on keeping people with mental illness out of prison and supporting them with health, housing and employment services that will reduce offending behaviour and assist with recovery.

MMHA endorses Recommendation 57 and further recommends [28] for the expansion of mental health courts and diversion programs across all states and territories and for these programs to be set up and structured so they cater for the diverse needs of the CALD populations.

MMHA considers cultural competency training to court and law enforcement personnel and new cadets from all jurisdictions as very crucial. MMHA urges the states and territories to follow the Victorian Government's lead with its Victorian Interpreter Card and Symbol, which has been in circulation since May 2006. The card and symbol are designed to help people with low English skills to obtain interpreter services. The Interpreter Symbol is displayed in some public hospitals, police stations, community legal centres, migrant resource centres and employment offices. It provides a visual indication that language assistance is available at these services, while the wallet-sized card helps staff identify and seek the language assistance required. (See www.voma.vic.gov.au)

Senate Inquiry's Report Recommendation 77:

3.68 That the Australian Government review funding levels to providers of mental health services to refugee communities, to ensure those levels reflect the high levels of need amongst this population.

MMHA understands that some progress has been made in this area. Funding for the Program of Assistance for Torture and Trauma Survivors, through FACSIA, has increased recurrently by \$3M. Despite this progress, MMHA believes that there are still further needs to be addressed in this area.

Senate Inquiry's Report Recommendation 78:

3.69 That appropriate assessment protocols for CALD consumers be developed and disseminated to increase the capacity of primary care providers to detect and manage the early signs and symptoms of mental health problems and mental illness.

MMHA fully endorses **recommendation 78**

Senate Inquiry's Report Recommendation 79:

3.70 That culturally specific mental health services be developed in partnership between all levels of government, migrant resource centres and other organisations, including the Forum of Australian Services for Survivors of Torture and Trauma.

MMHA fully endorses **recommendation 79**

Senate Inquiry's Report Recommendation 81:

3.72 That

- there be a review of health care policies for the delivery of health care for refugee and asylum seekers in both the Australian community and Australian run detention centres, with a view to developing more culturally sensitive and comprehensive policies and standards that recognise the complex needs of asylum seekers; and
- there be consideration of providing access to Medicare rebates during refugee determination processes.

MMHA fully endorses **recommendation 81**, however it would need to be reworded to *people from refugee backgrounds living in the community*. MMHA considers it important to make this distinction, as once people are settled in Australia, they are officially no longer refugees. MMHA suggests that this recommendation should also refer to asylum seekers in detention *and in the community*.

While MMHA endorses some of the Senate Inquiry recommendations and highlights areas for improvement it would like to acknowledge in the development of health policies for asylum seekers in detention, in the context of the recently established Detention Health Advisory Group [DeHAG]. This comprises of representatives from key professional associations and from specialized services with relevant expertise.

MMHA is advised that DeHAG was involved in developing a set of health standards for use in detention centres for health service providers to meet. These standards have been co-badged with the Royal Australian College of General Practitioners (RACGP).

In addition, some progress has also been made in developing health policies for people from refugee backgrounds in the community, however more needs to be done. For example, the Multi-Jurisdictional Refugee & Humanitarian Working Group has developed a working paper on 'Rural and Regional Settlement of Refugees - Health Related Issues' and on the 'Education Needs of General Practitioners and other health workers providing services to refugees and asylum seekers', both with a series of recommendations. MMHA supports the implementation of these recommendations.

Part two of **Recommendation 81** suggests that there be ".....consideration of providing access to Medicare rebates during refugee determination processes". However, MMHA understands that people on bridging visas without work-rights and those without a spouse, child or parent who is an Australian citizen or permanent resident, can not get access to Medicare.

While people on Temporary Protection Visas [TPV] have access to Medicare, they remain ineligible for a range of other services, benefits and rights [e.g, DIAC funded services such as those provided by Migrant Resource Centres, federally funded English language programs and family reunion rights]. MMHA believes that such restrictions should be removed as they impose significant exclusions and can have an adverse impact on the mental health and social well-being of these people. (*Momartin S. Steel Z. et al, Medical Journal of Australia, Vol 185 No 7 2 Oct 2006*).

MMHA also considers the fact that people from refugee backgrounds must apply for another TPV after 3 years as particularly detrimental as it leaves people in limbo. MMHA recommends that TPVs be abolished in the interests of the mental health of people from refugee backgrounds.

MMHA reiterates the following recommendations as they impact on the mental well-being of people from refugee backgrounds in the community and asylum seekers:

- a) The need for training and capacity building within the mainstream mental health system to ensure services provide an appropriate response to people from refugee backgrounds who have endured torture/trauma. Specialist torture and trauma services like STARTTS need to play a role in building capacity of mainstream services to provide appropriate care. MMHA believes that more funding is required to undertake this capacity building work.
- b) The need to build capacity of mainstream mental health, in part through the employment of bilingual/bicultural staff, and general health to address and respond appropriately to mental health needs of people from refugee backgrounds. Adequate funding of mainstream mental health services is required to achieve this.
- c) The need for training/capacity building with general practitioners to work with people from refugee backgrounds on mental health and other health issues.
- d) Addressing the unmet needs for people from CALD and refugee backgrounds in supported accommodation, employment, family and social support services. The recommendations by the Select Committee on Mental Health overlooked this. There is still a lack of supported accommodation for this population group following their release from a mental health facility. Support also needs to be made available for ongoing case-management of clients with multiple needs, to enable adequate access to related services and the capacity to monitor and respond to their changing needs.

As the national body funded to promote mental health and raise awareness on suicide prevention for Australians from CALD backgrounds, MMHA is looking forward in working towards implementing these recommendations in future initiatives to ensure all jurisdictions meet the objectives of the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia.