Ethnic Communities Council of Western Australia

ECCWA Submission to the Senate Community Affairs Committee Inquiry into Suicide in Australia

20 View Street, North Perth, WA 6006
Phone: 9227 5322. Fax: 9227 5460
Email: eccwa@iinet.net.au Web: www.multiculturalwa.net.au/eccwa

Ethnic Communities Council of Western Australia

ECCWA Submission to the Senate Community Affairs Committee Inquiry into Suicide in Australia

Introduction

The Ethnic Communities Council of Western Australia (ECCWA) is the State's peak body for ethnic organisations and takes an active interest in all aspects of multiculturalism and ethnic affairs and acts on behalf of all communities in Western Australia. The ECCWA is committed to working closely with the three tiers of government, community agencies and the community to facilitate the effective participation of ethnic minority communities in the decision-making processes of government and community. Whilst we are not involved in the delivery of suicide prevention and mental health services we represent a number of agencies that are. Accordingly, our observations and recommendations are more general

In addressing the terms of reference of the Senate Inquiry into Suicide in Australia we make the following observations:

a. the personal, social and financial costs of suicide in Australia;

The most recent statistics (2007) available indicate that there around 2000 suicides committed in Australia annually. This accounts for 1.3% of the total deaths. There is unfortunately no information gathered by the Australian Bureau of Statistics in respect of these suicide deaths relating to the ethnicity of those perpetrating the act of suicide. This means that it is not possible for accurate data to be examined in respect of trends and issues in culturally and linguistically diverse (CaLD) communities. Further, enquiries to both the Coroner's office and the WA Police have been unable to reveal this information.

b. the accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);

As indicated above there is no ethnicity data that is readily available relating to suicide in CaLD communities in Australia. It is therefore not possible to get accurate data to discern any emerging trends.

c. the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;

20 View Street, North Perth, WA 6006
Phone: 9227 5322. Fax: 9227 5460
Email: eccwa@iinet.net.au Web: www.multiculturalwa.net.au/eccwa

Neither the police nor the health system collects ethnicity data in relation to suicides. It is imperative that this be addressed so as to enable the effectiveness and role of the various agencies to be assessed

d. the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

There are no culturally and linguistically appropriate suicide prevention programs in WA. Any programmes of this nature have to be made available in languages other than English and be delivered in culturally and linguistically appropriate manners to be considered effective.

e. the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

A number of the issues relating to suicide prevention centre around the mental health needs of the community. There are a number of issues relating to CaLD communities and their mental health needs that are listed below:

1. People from CaLD backgrounds have to wait considerably long periods to access professional culturally competent and culturally responsive mental health services due to the shortage of bicultural / bilingual mental health professionals within the mainstream community and public mental health sectors. Waiting periods are high for a mental health assessment that may lead to a diagnosis and appropriate treatment.
2. Mainstream providers have difficulty in communicating with people from CaLD backgrounds and understanding their needs.
3. There is a need for culturally competent and appropriate mental health services for people from CaLD backgrounds. CaLD carers do not have access to culturally competent and appropriate services (e.g. culturally flexible respite options that allow for joint respite activities when needed). This gap increases the burden of care on CaLD carers resulting in increased stress and isolation of those carers. CaLD Carers must be involved in all aspects of the care pathway of the people they are caring for.
4. CaLD consumers, carers and their families need information and education about treatment options available in their language including: talk therapy; psychosocial treatments; rehabilitation and medication options; and the side effects of medication.
5. Despite the existence of disability advocacy, there is a lack of appropriate responses to the advocacy needs of those facing mental health issues or with a psychiatric disability. For example, an advocate who may be more familiar with physical disability services may not be familiar with the mental health system and therefore may not be able to meet the needs of someone with a psychiatric disability. This is further compounded when there are cultural and linguistic issues to deal with as well.

20 View Street, North Perth, WA 6006
Phone: 9227 5322. Fax: 9227 5460
Email: eccwa@iinet.net.au Web: www.multiculturalwa.net.au/eccwa

6. Hospitals do not provide sufficient support and encouragement for CaLD consumers to become involved in activities that meet their needs. CALD consumers are expected to 'fit in' with mainstream, western-oriented programs. While rehabilitation is voluntary, consumers from CaLD backgrounds, who may be at different stages of their recovery, may need more intensive support, encouragement and motivation to participate in rehabilitation activities. A model that utilises bilingual workers to provide this intensive support to meet the needs of consumers from CaLD backgrounds is not available in WA.
7. In recent years the majority of new and emerging communities have settled in the northern metropolitan area. Statistics from Centrelink – in particular, originating from their branches in Mirrabooka and Morley clearly show that CaLD disadvantaged people are disproportionately represented in those areas. The WA Transcultural Mental Health Centre (WA TMHC) which was based in the city was under-resourced to fulfil its state wide remit adequately. It is regrettable that rather than supplementing its funding to enable its capacity to meet the needs of the target communities, it was devolved as a result of an internal, non-independent review. This devolution occurred without wide external consultation with relevant stakeholders, metropolitan-wide or statewide. The findings of the internal review of the WA TMHC are yet to be made public and yet its recommendations have already been implemented.
8. Need to give CaLD consumers the opportunity to participate in decision-making processes of mental health services.
9. Need better access to information on mental health topics and services in various languages and formats due to the wide variety of dialects that will help reduce stigma with mental illness in CaLD communities. Such information should contain contact details of local service providers. Currently much of this information comes from the eastern states with contact details of service providers based there.
10.
11. There are no culturally and linguistically appropriate suicide prevention programs in WA.
12. Stigma was identified as an ongoing issue for CaLD consumers and carers that need to be targeted and addressed.
13. Police services don't duly acknowledge issues of mental health in fulfilling their roles and responsibilities.
14. The incarceration rates of people with mental health conditions are disproportionately high.
15. The mental health needs of children of parents from CaLD backgrounds who have a mental illness are not being met. There are very minimal services services for parenting options or parenting workshops for families from CaLD backgrounds in WA.
16. Uniform ethnicity data is not being collected by mental health agencies and that restricts effective planning and delivery of culturally and linguistically appropriate services

f. the role of targeted programs and services that address the particular circumstances of high-risk groups;

There are no ethno- and linguistically-specific based services at present to address suicide prevention in WA. Based on consultations done by Multicultural Mental Health Australia there is a need for these programmes to be instituted.

g. the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and

As indicated above, there are no culturally appropriate services in this area in WA

h. the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

The National Suicide Prevention Strategy should continue to fund a range of approaches especially community based initiatives. However, a greater emphasis on targeting groups and individuals at greatest risk of suicide and funding approaches that have been demonstrated to be effective would further enhance the appropriateness and effectiveness of the NSPS. The evaluation of the NSPS had this to say in relation to multicultural communities:

- "Ensure core suicide prevention resources developed include material on multicultural issues and versions suitable for use by Aboriginal and Torres Strait Islander organisations and individuals.
- Consider what steps the NSPS could take to encourage better suicide data collection at State/Territory level, feeding into a national data base, for example to progress and/or strengthen the National Coroners Information System in relation to the collection of suicide data."

Other recommendations relating to this area are:
1 That a review is conducted to measure the adequacy of multicultural mental health services in the public and community sectors.

2. That mainstream health, and social, welfare agencies implement culturally competent strategies in order to improve access and provide quality services to CaLD consumers and carers

3. That the state of transcultural mental health services within the community and public mental health sectors across WA are substantially increased and significantly improved.

4. That the mental health workforce is developed to deal with the needs and issues of CaLD consumers and carers.

20 View Street, North Perth, WA 6006
Phone: 9227 5322. Fax: 9227 5460
Email: eccwa@iinet.net.au Web: www.multiculturalwa.net.au/eccwa

5. That the WA and Australian Governments improve and make it a mandatory requirement for all public-funded mental health services to collect uniform ethnicity data.

6. That stigma of mental illness in CaLD communities is addressed and reduced via ongoing education to CaLD consumers, carers, their families and communities.

7. That a Transcultural Mental Health Network /Coalition is developed to advocate and support CaLD consumers and carers to improve and access mainstream mental health services.

8. That a statewide CALD and ethno-specific consumer and carer reference and support groups are funded

Key issues of concern:

1. Lack of culturally appropriate and culturally competent service options

There is a lack of culturally and linguistically appropriate and culturally competent multicultural mental health service options for CaLD consumers and carers in WA. A call is made for investment in transcultural mental health services to support the development of culturally appropriate and culturally competent mental health service options and tools. The multicultural mental health services are not funded in proportion to the size and needs of the CaLD WA population.

2. Capacity building of the multicultural and ethno-specific sectors

A recognition of the role of this sector as a partner in mental health service delivery needs to be followed up with investment in capacity building strategies by the WA Government.

3. Capacity building of CaLD consumers and carers

There is recognition of the lack of CaLD consumer and carer networks within WA. Consumer and carer networks, or reference groups, provide many benefits to its users as well to the wider service system. These include an opportunity for leadership development, knowledge-building and, most importantly, peer support. A suggestion is made that services could partner to develop a CaLD consumer and carer network or reference group. .

4. Improved data collection

The lack of adequate data collection on ethnicity and culture by mental health services was highlighted as a key barrier that made it difficult to measure the extent of mental illness in CaLD communities, the prevalence of specific conditions and assess the impact of CaLD access improvement initiatives.

5. Improved and accountable interpreter services

The importance of interpreter services in providing good quality mental health interventions is widely acknowledged and many barriers highlighted.

6. CaLD community education and stigma reduction.
A significant barrier to access is the knowledge, attitudes and previous experiences of CaLD communities to mental illnesses and disorders and mental health issues, therapies and services. The need for investment by the WA and Australian Government in community education and stigma reduction strategies using grassroots, CaLD community based organisations and specific commitment by the WA Government to fund the implementation of stigma reduction projects. It was also suggested that community education and promotion strategies needed to have a wellness component, that is, a preventative focus. It was further recommended that education of mainstream service providers on the issues affecting CaLD consumers, their carers and families was vitally important in reducing stigma in this group against people from CaLD backgrounds.

Should you require any further information about our submission, please contact our Executive Officer, Suresh Rajan.

Yours sincerely

Maria Saraceni
President