Friday 20 November 2009

Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

community.affairs.sen@aph.gov.au

Dear Committee Secretary,

The members of Multicultural mental Health Australia's national CALD Consumer and Carer Reference groups wish to thank the Senate Community Affairs Reference Committee and welcomes this opportunity to provide a national culturally and linguistically diverse (CALD) consumer perspective on the Inquiry into Suicide in Australia and submits the following submission from the members of the Reference Groups for consideration and implementation

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

Yours sincerely

Georgia Zogalis
National Program Manager

INQUIRY INTO SUICIDE IN AUSTRALIA

A RESPONSE FROM THE
Multicultural Mental Health Australia's
NATIONAL
CALD CONSUMER & CARER REFERENCE GROUPS

November 2009

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BACKGROUND

The MMHA 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 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
- 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 group also drives the consumer and carer program of MMHA by prioritising national projects and advising on the activities and work plan of the Project Officer (Carers and Consumers).

The National CALD Consumer Reference Group has produced responses to the Australian Medical Council Review of the Education and Training of Psychiatrists, National Mental Health and Employment Disability Strategy, National Disability Strategy, National Health and Hospital's Reform Commission, "Which Way Home" – A New Approach to Homelessness, The GP Mental Health Care Plan, HREOC Freedom of Religion and National Mental Health Consumer and Carer Forum Statement on Seclusion and Restraint on Mental Health Services. This consultation and response will be the first for some members of the national CALD Carer Reference Group.

Both groups (consumer and carers) of MMHA produce 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.

The group also advises on 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 to various forums e,g. to the media, at conferences and forums which helps to raise awareness of issues surrounding the mental health of people from CALD backgrounds and in turn help break down the stigma attached with mental illness in CALD communities.

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

Services deliver support in a manner, which is sensitive to the social and cultural beliefs, values and cultural practices of consumers and carers *(Standard 7 Cultural Awareness National Standards for Mental Health Services 1997)*

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 the national CALD Consumer Reference Group and individual interviews for the members of the Carer Reference Group. The teleconference for the national CALD Consumer Reference Group was held on Thursday 20th October 2009 and members of the Carer Reference Group were interviewed individually. These consumers were from Greek, African, Spanish and Chinese backgrounds. The cultural backgrounds of the carers were Italian, Iranian, Greek and Irish.

The group members were asked to consider a range of questions under the general themes of *Costs of Suicide, Role and Effectiveness of Agencies, Public Awareness Programs* and *Risk and Protective Factors*. The MMHA senior Project Officer (Policy and Community Capacity Building) and the Project Officer (Carers and Consumers) extrapolated a number of questions from the themes of the Inquiry into Suicide in Australia to assist the consumers and carers to focus their responses, ideas and thoughts to the topic of suicide. (See Attachment 1 for the teleconference questions for consumers and Attachment 2 for the interview questions for carers). Provisions were made for the CALD consumers or carers to speak confidentially to the Project Officer (Carers and Consumers) if they wanted to due to the sensitivity of the issue.

The responses are displayed in table format in order to compare and contrast the needs and issues of CALD consumers and carers with regards to suicide and also to analyse where the needs and issues overlapped. This will assist in recommending action for the inquiry and in advocating for the unique and collective needs of CALD consumers and carers that raise specific as well as general concerns. This consultation also helps to identify future project planning and priority setting for MMHA's consumer and carer program and other program areas.

Brief Summary of Results

The responses of both the members of the national CALD Consumer and Carer Reference Groups indicate that they agree on many issues with regards to suicide prevention, while the differences were few. The main differences were the carers focussed more on the lifespan and other communities including emerging communities and the elderly. This may be a direct result of members of the Carer Reference Group having direct personal experience of these issues either by being a member of an emerging community and/or being an elderly person.

The role of services was discussed but not as vigorously as the effectiveness of agencies. Nearly all of the CALD consumers interviewed preferred to focus on the effectiveness of the agencies outlined in the TOR including police, emergency and general health services rather than their role. The consumers and carers interviewed preferred to focus on their experience with General Practitioners when discussing general health services. The CALD carers briefly looked at the role of these agencies but also preferred to comment on their effectiveness.

The requirement for training of agency staff that deal with suicide such as the police, emergency and general health and welfare services in cultural awareness/working with interpreters and mental illness/suicide prevention featured in the responses of both Consumer and Carer Reference Group members and was mutually agreed to be of primary importance in order to reduce suicide rates and equip CALD communities to better deal with this issue.

The language barriers faced by people from CALD backgrounds were highlighted in the responses by the recommendation of the setting up of a multilingual Telephone Crisis Line to assist CALD consumers and carers when faced with suicide.

Partnerships with community and religious leaders were also discussed to increase public awareness of suicide and public discussion in CALD communities in an appropriate and sensitive manner.

A gap was articulated in the mental health workforce specifically the need for consumers and carers to be employed as consumer/carer advocates and support workers. This would assist with increasing mental health awareness and suicide prevention strategies. Consumers and carers work as peers and can learn from each other strategies to stay well and also cope with the various issues surrounding suicide, in particular how to deal with the aftermath for carers and families and also how to deal with suicidal ideation for both consumers and carers. CALD consumers and carers to be recruited for these educative peer roles because of their cultural and linguistic skills.

The groups also identified the need for suicide programs and services to form partnerships with the ethnic media to increase the CALD public's awareness of suicide prevention information and as a tool to disseminate/print/broadcast information on suicide and general mental health. This information to also be distributed to libraries and put into the foreign language sections for borrowing by people from CALD backgrounds whose preferred language is not English.

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1. CALD Consumer and Carer Responses to the Terms Of Reference

1.1 Personal Costs

CARERS	CONSUMERS
• Loss of Life of consumer • Loss of potential of consumer • Loss of main breadwinner/family provider • Stigma and shame • Family breakdown • Family is ostracised from their community • No memorials (suicide viewed as a sin)	• Loss of person who commits suicide • Emotional, mental health cost of family left behind • Stigma and shame • Guilt for family • Family breakdown • Cost for children left behind

1.2 Social costs

CARERS	CONSUMERS
• Cost to emerging communities of individual's resources of person who has suicided • Loss to community network of person who has suicided	• Emotional and mental health cost to mental health service staff working directly with consumer who has suicided • Increased need for services for children left behind

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1.3 Financial costs

CARERS	CONSUMERS
• Loss of family provider • Loss of extra money (CALD families help each other and can provide financial support when in need) • Potential loss of person who has English Skills in the family	• Loss of main income earner • Loss of government funding (educational investment in person that has suicided) • Loss of financial investment from family for education person who suicided.

RECOMMENDATIONS

CALD consumers and carers would like research to be conducted on the personal, social and emotional costs of suicide to people from CALD backgrounds that have been affected by suicide.

CALD consumers and carers to be employed as researchers, the research to be consumer and carer driven and led with the utilisation of CALD consumers and carers both as researchers and in the design, delivery and evaluation of the research.

2. Role and Effectiveness of Agencies

2.1 Police

2.1.1 ROLE

CARERS	CONSUMERS
• Police should not be the first agency called Suicide not a law enforcement issue • Refugees and emerging communities are scared of police due to previous bad experience in homeland and fear of 'uniforms'. Police should be used in a limited capacity	• No responses on role

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2.1.2 EFFECTIVENESS

CARERS	CONSUMERS
• The Police can take charge and calm situations down	• Police respond quicker to suicide situations than mental health services • People lose language in crisis will revert to first language, need bilingual police • Lifeline phone service is only available for English speakers none for people from non-English speaking background and this is discriminatory. • People can get worse by seeing police due to lack of mental health and suicide awareness

RECOMMENDATIONS

1. Mandatory training on cultural awareness, mental illness and suicide. for all new, current and senior police officers
2. Multilingual Telephone Counselling service similar to Lifeline model.
3. Recruitment of bilingual Police Officers
4. Training on working with Interpreters

2.2 Emergency Services

2.2.1 ROLE

CARERS	CONSUMERS
• Transport people to hospital	• To be called in after mental health services have responded and assessed the situation

2.2.2 EFFECTIVENESS

CARERS	CONSUMERS
• They have a direct phone line 000 which means they do respond, in comparison with mental health services who may not answer the call	• No response

RECOMMENDATIONS

1. Funding into training on cultural awareness for emergency services staff

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General Health Services

2.3.1 ROLE

CARERS	CONSUMERS
• To provide referrals to mental health services if person is at risk of suicide	• To provide resources and information to people on available bilingual mental health professionals and services eg psychologists and public and community-based mental health services and programs

2.3.2 EFFECTIVENESS

CARERS	CONSUMERS
• Not effective. Existing general health services and suicide prevention programs are too general and mono-cultural for CALD Communities, therefore they can not effectively assist the CALD person who is considering suicide • Need more bilingual general health professionals as existing mainstream professionals are not sufficiently trained to work well with interpreters and interpreters are not trained on mental health terminology and issues, and interpreters do not exist systemically across Australia for mental health system	• The general health services particularly GP's are only effective if there is an ongoing relationship between them and the consumer for six months or more and an established rapport

RECOMMENDATIONS

1. Recruitment of bilingual doctors and encouragement at school and university level of people from immigrant and emerging communities to consider GPs and other health occupations as a career pathway
2. Training on cultural awareness and suicide prevention and how to respond to suicidal ideation of GPs and other generalist health care providers.
3. Better linkages between generalist health services, psychologists and psychiatrists. The building of partnerships between services to provide a One-Stop-Shop for mental health consumers i.e. to accommodate all relevant services in one building, both general health and mental health services.

4. Public Awareness Programs for CALD communities

The consumers and carers that responded spoke generally about the effectiveness of public awareness programs from their personal perspective, on what they have seen or heard and what they recommend would be important to consider in future public awareness programs targeting CALD consumers, carers and their communities.

4.1 EFFECTIVENESS

CARERS	CONSUMERS
• Word of mouth is a more effective method of promoting awareness programs and engaging in public discussions eg through religious events and community group gatherings, to be led by someone with authority eg spiritual or community leaders • Increased funding for employment of CALD Consumer and Carer advocates and support workers to promote mental health and public discussion of recovery and suicide prevention to their peers across the nation. • Promotion in different languages is needed targeting CALD carers on how to communicate with their loved one during suicidal ideation and in a format that is understandable and accepted by CALD communities	• Public awareness and promotion campaigns are needed targeting CALD communities using various methods including ethnic media (print, radio & TV) on mental health issues and suicide prevention strategies • The Mental Health First Aid training needs to be free fro all carers and consumers to enable them to become trainer for their respective communities

RECOMMENDATIONS

1. Mainstream mental health and multicultural and ethno specific agencies to form partnerships with CALD community and religious leaders and groups to promote and establish public discussion of issues of suicide in CALD communities that is CALD appropriate and educate CALD communities on how to respond and what to do in a crisis situation.

2. Education programs specifically designed for and delivered by CALD consumers and carers on: How to respond to suicidal ideation and How to look after yourself and your family during the aftermath of suicide.

3. Funding to establish solid working partnerships with the ethnic media to initiate discussion around suicide that is CALD appropriate and sensitive.

4. Remove the cost of mental health training programs such as Mental Health First Aid and other similar programs both for consumers and carers trainers and the participants as their cost is prohibitive and excludes people from CALD backgrounds from understanding the signs and symptoms of mental illness and may become a barrier to raising public awareness. More funding to provide these at minimal cost to consumers and carers and the general public
5. Additional funding for the employment of bilingual Consumer and Carer support workers to run suicide prevention programs and advocate, educate and assist CALD consumers and carers to better cope with suicide
6. Production and dissemination of translated mental health information in GP clinics and libraries

6 Risk and Protective Factors to Suicide in CALD communities

6.1 Risk Factors

CARERS	CONSUMERS
• Second generation stress • Migration – Trying to integrate to a new way of life • Stigma and shame • Loss of networks • Isolation • Loneliness • Consumers and carers not being valued as equal members of society • Drugs	• Change of employment status • Sexual orientation • Mental illness • Drug abuse • Family breakdown • Racism • Stigma

6.2 Protective Factors

CARERS	CONSUMERS
• Social networks • Strong family orientated and focused	• Belonging to a community/ social/religious group • Access to religious/spiritual leaders • Friends/family support • Financial security

Recommendations

1. CALD specific research on the risk and protective factors of suicide in CALD communities to be culturally appropriate and /or bilingual in nature.
2. Funding to set up language specific social/support/rehabilitation groups that are culturally appropriate.

Attachment 1

MULTICULTURAL MENTAL HEALTH AUSTRALIA

MMHA National CALD Consumer Reference Group
Consultation Questions

Senate Community Affairs References Committee
Inquiry into Suicide in Australia

Teleconference: Tuesday 20th October 2009
2.00pm (Eastern Standard Time)

1. The personal, social and financial costs of suicide in Australia

1.1. From your CALD consumer perspective:
- 1.1.1 What do you consider to be the personal costs of suicide for CALD consumers and CALD communities in Australia?
- 1.1.2 What do you believe to be the social costs of suicide for CALD consumers and CALD communities in Australia?
- 1.1.3 What do you believe to be the financial costs of suicide for CALD consumers and CALD communities in Australia?

2. The role and effectiveness of agencies such as police, emergency, general health in assisting people at risk of suicide

2.1 What do you think should be the role of:
- 2.1.1 The police in assisting CALD consumers at risk of suicide?
- 2.1.2 The emergency services in assisting CALD consumers at risk of suicide?
- 2.1.3 The general health services in assisting CALD consumers at risk of suicide?

2.2 Do you think these agencies are effective in dealing with the needs of CALD consumers who may be at risk of suicide? If so, how?

2.3 How do you think these agencies could become more effective at dealing with 'at risk' situations for CALD consumers?

2.4 What do you think could be done differently (with regards to:)?
- 2.4.1 The police
- 2.4.2 The emergency services
- 2.4.3 The general health services

3. The role of public awareness programs

3.1 How effective do you think public awareness programs have been in
- 3.1.1 Providing information to CALD consumers
- 3.1.2 Encouraging help-seeking to CALD consumers
- 3.1.3 Developing public discussion of suicide to CALD consumers and carers?

4. Risk and Protective factors

4.1 What do you consider in your personal experience to be the risk and protective factors to suicide in CALD communities?

Written responses will also be accepted by MMHA to be added to the final submission, if unable to participate in the teleconference discussions
For more information, please contact **Vicki Katsifis**
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Attachment 2

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MMHA National CALD Carer Reference Group
Consultation Questions

Senate Community Affairs References Committee
Inquiry into Suicide in Australia

Teleconference: Friday 23rd October
3.30pm (Eastern Standard Time)

1. The personal, social and financial costs of suicide in Australia

1.1.1 From your CALD carer perspective what do you consider to be the personal costs of suicide for CALD carers and CALD communities in Australia?

1.2 From your CALD carer perspective what do you believe to be the social costs of suicide for CALD carers and CALD communities in Australia?

1.3 From your CALD carer perspective what do you believe to be the financial costs of suicide for CALD carers and CALD communities in Australia?

2. The role and effectiveness of agencies such as police, emergency, general health in assisting people at risk of suicide

2.1 What do you think is the role and effectiveness of the police in assisting CALD carers when their loved ones are at risk of suicide?

2.2 What do you think is the role and effectiveness of emergency services in assisting CALD carers when their loved ones are at risk of suicide?

2.3 What do you think is the role and effectiveness of general health services in assisting CALD carers when their loved ones are at risk of suicide?

2.4 Are these agencies effective in dealing with the needs of CALD carers when their loved ones are at risk of suicide? If so how?

2.5 How could these agencies become more effective at dealing with at risk situations for CALD carers?

2.6 What could be done differently (with regards to:)?
- 2.6a) Police
- 2.6b) Emergency services
- 2.6c) General health services

3. The role of public awareness programs

3.1 How effective do you think public awareness programs have been in
- 3.1a providing information to CALD carers
- 3.2b encouraging help-seeking to CALD carers and their loved ones
- 3.3c developing public discussion of suicide to CALD carers?

4**. Risk and Protective factors**

4.1 What do you consider in your personal experience to be the risk and protective factors

Written responses will also be accepted by MMHA to be added to the final submission, if unable to participate in the teleconference discussions
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