SENATE INQUIRY ON MENTAL HEALTH

Response from Australian Polish Community Services

Australian Polish Community Services is a community based organisation in Victoria that provides a range of welfare programs to the Polish community, particularly in the area of aged care. The Polish community has the largest number of refugees ever to arrive in Australia with 60,000 Poles coming here as displaced persons following the Second World War. A further 20,000 Poles arrived in Australia in the 1980s as a result of the political turmoil experienced in Poland with the Solidarity Movement fighting to free Poland from the communist regime.

As an ethno-specific service provider, we receive a range of requests for assistance from the Polish community, including in areas for which we do not receive funding, as well as aim to identify issues and trends for the community that require some type of response. Mental health and the social and emotional wellbeing of the Polish community in Victoria is an issue that has continued to arise since the organisation was established in 1983. This has now become a priority issue for the community and for our organisation.

Whilst we are responding on the basis of our experiences in supporting members of the Polish community in Victoria, many of the comments are relevant to other culturally and linguistically diverse communities. We would also like to take this opportunity to express our concerns about the failure to disseminate the information to community based ethno-specific and multicultural community service providers, all of whom come into contact with clients with mental illnesses and social and emotional wellbeing issues, and who could provide very useful and important input and feedback into an inquiry such as this. Further to this, the failure to include peak umbrella organisations, such as the Ethnic Communities Council of Victoria who have the capacity to collect and collate responses from a large number of ethnic communities, results in limited feedback on the capacity of the mental health and primary care sectors to respond effectively to the needs of culturally and linguistically diverse Australians.

We would like to provide comment on the following terms of reference. As the issues overlap in these points of reference we will provide an overall response rather than a separate one for each reference point.

b. the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care;
h. the role of primary health care in promotion, prevention, early detection and chronic care management;
l. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

Much of our contact with members of the Polish speaking community is at crisis stage or relates to the mental health issues now being referred to as social and emotional wellbeing ie. Depression and anxiety disorders. Polish-speaking people

are making contact with the service on another pretext and as a result of assessment of their current needs we are identifying that their primary need at the time of contact is support from mental health services, including referral to the Crisis Assessment Teams. In the majority of instances, these individuals have had no prior contact with the mental health system and the point at which they are referred for help is when they are at crisis point.

Lack of culturally and linguistically appropriate information provision, early intervention and prevention strategies plays a significant role in this situation. Individuals do not know where to go for help, how the system works, and the implications of engagement with the mental health system. The community also does not necessarily know what they need to look for in terms of signs or symptoms that an individual may be experiencing in order to suggest appropriate avenues for support and assistance. Nor do they necessarily know the services to access in order to gain more knowledge.

Endeavours by this agency to identify support services / help lines that are able to provide linguistic support is proving fruitless. In our attempts to develop an information pamphlet on depression for the Polish community (adapted from a service in another state) we have, to date, been unable to identify a single appropriate support agency (ie. Those funded to provide help lines / information to the community) who can provide linguistic support to callers. These agencies simply inform us that they are not funded to access interpreting services and therefore are unable to directly assist individuals with little or no grasp of the English language. The alternative solution for these agencies was to suggest that they would use a family member or an agency such as ours as the interpreter, a highly unprofessional approach that potentially breaches the privacy of the individual and may prevent them from seeking further assistance due to shame or embarrassment. Further, without the utilisation of professional interpreters the risk of incorrect interpreting taking place is high and may be potentially life threatening to the individual.

Lack of and easy accessibility to written resources explaining the various types of mental illness and the supports available further exacerbates this situation. When we approached one agency specifically funded to respond to depression in the community, particularly prevention and early intervention, to determine the availability of information in community languages, we were informed that they don't provide materials in community languages but if we wanted to translate it for them, that's okay. Unfortunately, that's not okay. As an agency we are not funded to undertake translations for other services and agencies, and more importantly, our staff are not accredited translators. The implications of taking this approach display a lack of professionalism on the part of the other agencies and a lack of understanding about the importance of accurately and appropriately translated information to ensure the correct message is being passed along.

The lack of linguistically appropriate support is not limited to the above scenarios. This agency has been contacted by psychiatrists working with inpatients in hospitals requesting the provision of Polish language counselling services (to be provided free) to their patients. As a result of our inability to provide such a service as we don't have a counselling position on staff, the request then came for the provision of referral to Polish speaking psychologists / psychiatrists who would provide free services to

clients. In one instance, the requesting psychiatrist acknowledged the client required the services provided by the particular facility she was an inpatient with but that working with her required the use of an interpreter so another alternative was preferred.

In terms of education around the stigma attached to mental illness, the move towards addressing this issue with culturally and linguistically diverse (CALD) communities is very poor. Whilst there have been some moves towards de-stigmatisation with the western, Anglo, English speaking population, it cannot be assumed that these messages and strategies are effective for CALD populations. Whilst there may be some similar attitudes towards mental illness that cross cultural and linguistic groups, education programs are not effective unless there is an understanding of the attitudes and experiences of each community towards mental illness, the availability of treatments and services in other countries that may influence how a particular community views the issues. Education to de-stigmatise mental illness can only be effective when it is developed in collaboration with the community, the “correct” language is used to reach each community and genuine attempts are made to provide culturally and linguistically relevant information and support.