Senate Select Committee of Inquiry into Mental Health Services

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Submission from:
Multicultural Mental Health Australia

April 2005

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Submission Summary

Mental health and cultural and linguistic diversity in Australia

Australia is one of the most multicultural communities in the world with one person in three identifying as having a culturally and linguistically diverse ancestry. Two and a half million people in Australia were born in countries where English is not the primary language and 15 per cent of the population speak a language other than English at home[1].

People in Australia from culturally and linguistically diverse backgrounds are not a homogeneous group and no matter what their country of origin, new arrivals to Australia come from a range of social, educational and economic backgrounds and bring with them a range of protective and risk factors for mental health.

Multicultural Mental Health Australia

Multicultural Mental Health Australia (MMHA) provides national leadership in mental health and suicide prevention for Australians from culturally and linguistically diverse (CALD) backgrounds. MMHA links a wide range of state and territory mental health specialists and services, advocacy groups and tertiary institutions to promote the mental health and well being of Australia's diverse communities. (See Appendix A)

Multicultural Mental Health Australia is funded under the National Mental Health Strategy and National Suicide Prevention Strategy by the Australian Government Department of Health and Ageing.

A major initiative undertaken by MMHA during 2003-2004 has been the development, in conjunction with the Australian Health Ministers Advisory Council National Mental Health Working Group, of the *Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* (the Framework), which identifies priorities for national action in multicultural mental health.

MMHA believes that the Framework provides a blueprint for the development of multicultural mental health services across jurisdictions and charts the way forward, in the context of the National Mental Health Plan 2003-2008. However for it to achieve the desired results, its implementation must be supported by resources or infrastructure at all levels of government, and by a comprehensive implementation plan, driven by the Commonwealth and supported by all jurisdictions.

Scope of this submission

This submission addresses the special mental health needs of people from culturally and linguistically diverse (CALD) backgrounds, their families and carers. It is based heavily on the work MMHA did during the development of the Framework.

The submission outlines the role of culture in mental health, the policy imperatives for equity enshrined in a range of Australian legislation at the state and national level, and the role of the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia as a blue print for the development of services for diverse communities

across Australia. It then addresses in detail and makes recommendations on the following major issues

- the availability of equitable, accessible and culturally appropriate mental health and wellbeing services for people from diverse backgrounds in all jurisdictions of Australia
- the role of primary care and general practice, the mainstream health sector and the non-government sector
- the importance of increasing culturally and linguistically diverse communities' awareness of mental health and illness and of reducing stigma
- the particular issues of people from diverse backgrounds with mental health problems, their families and carers
- the particular status of people from diverse backgrounds with mental health problems in criminal and immigration detention and of refugees and asylum seekers.
- the role of research.

Multicultural Mental Health Australia is also willing to provide evidence to the public hearings that will be conducted by the Senate Select Committee on Mental Health

If you require additional information on these issues, please contact MMHA's National Program Manager Ms. Meg Griffiths on (02) 9840 3333.

Summary of recommendations

Recommendation 1: That the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia be used as the underpinning blueprint for the development of consistent and comparable services in all jurisdictions.

Recommendation 2: That the development process for the Framework be supported by funding and driven by the Commonwealth and committed to by all States and Territories.

Recommendation 3: That the Better Mental Health Outcomes program be expanded to deliver access to bilingual/bicultural allied health workers and education and advice on culturally appropriate assessment and the cultural components of mental health and illness.

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 and mental illness.

Recommendation 5: That funding be provided to develop cultural competency training to increase recognition of the impacts of culture on mental health and improve the capacity of the mainstream mental health sector and the general health and other sectors to deal with this complex relationship and to provide culturally appropriate services to CALD mental health consumers.

Recommendation 6: That 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.

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.

Recommendation 8: That funding be provided to develop and disseminate throughout CALD communities translated information delivered in a variety of media about early sings and symptoms of mental health problems and mental disorders, where to get help and how to provide support.

Recommendation 9:	That national mental health media strategies provide funding to engage multilingual media in mental health promotion through media education campaigns on a range of issues.
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.
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 an understandable manner appropriate to their language and culture.
Recommendation 12:	That all initiatives to progress consumer and carer participation be targeted to develop specific strategies to engage consumers from diverse backgrounds.
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.
Recommendation 14:	That all community information and education programs developed for CALD communities include information on recovery.
Recommendation 15:	That funding is provided to review the availability, quality and cultural appropriateness of support and information for carers and families of CALD people with a mental illness, and pilot and evaluate innovative programs and resources to support them.
Recommendation 16:	That the development of guidelines for carer plans include the complex needs of CALD carers.
Recommendation 17:	That an independent multidisciplinary mental health panel which is experienced in the delivery of mental health services to culturally diverse population group, and includes consumer and carer representation, be established 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.

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.
Recommendation 19:	That 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, and to identify gaps and make appropriate improvements.
Recommendation 20:	That jurisdictions ensure that initiatives to develop standardised outcome measures and performance monitoring tools are culturally appropriate and reflect the complexity of needs of CALD consumers, their families and carers.

The role of culture in mental health

It is estimated that over a quarter of a million first-generation adult Australians from culturally and linguistically diverse backgrounds are estimated to experience some form of mental disorder in a 12-month period, based on the findings of the National Survey of Mental Health and Wellbeing[2]. This does not include second- generation Australians from multicultural backgrounds, many of whom face life stressors linked to their cultural identity or to traumatic events experienced by themselves or their parents.

The mental health needs and priorities of Australia's diverse communities are varied and dynamic. Different cultures have different views of what constitutes mental health and mental illness, depending on what each particular culture regards as "normal" or "abnormal" behaviour, and the influence of other factors such as gender, class, education and religion.

The policy imperative for equity

Equitable access to services, including mental health services, is enshrined in a range of legislation at the national and state levels. This includes

- Charter of Public Service in a Culturally Diverse Society[3] (1998) and Multicultural Australia: United in Diversity[4] (May 2003)
- The Mental Health Statement of Rights and Responsibilities[5] (1991)
- The National Standards for Mental Health Services[6] (1996)
- The National Mental Health Policy[11]
- The first National Mental Health Plan[2]
- The Second National Mental Health Plan[7] (1998).
- The *National Mental Health Plan 2003-2008*[1.]

The role of the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia

The *Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*[8] compliments the National Mental Health Plan[1] by focusing on the specific needs of Australia's multicultural community.

In describing a broad national approach to the mental health and wellbeing of people from culturally and linguistically diverse (CALD) backgrounds, this Framework informs the implementation of the National Mental Health Plan in a diverse community.

However, the goals of the Framework will not be achieved by jurisdictions operating in isolation or by the mental health sector operating separately from general health services and in isolation from other sectors such as employment, education, housing, justice, immigration, and family and children's services. Appropriate service delivery for CALD communities and individuals requires commitment at all levels of government and across jurisdictions.

To achieve the changes recommended by the Framework, action will be required across a range of sectors and at all levels of government, in partnership with individuals from culturally and linguistically diverse backgrounds, their families, communities and organisations.

Equitable, accessible and culturally appropriate: providing mental health and wellbeing services for people from diverse backgrounds across Australia

(TOR A, B, C, M and O)

Access to services

Services for people from culturally and linguistically diverse backgrounds with mental health problems (transcultural mental health services) vary across Australia. The availability of these services ranges from non existent to substantial. Service availability lacks consistency in both range and quality. The proportion of state mental health funding spent on people from CALD backgrounds is largely unknown, due to the lack of clear reporting lines and commonly agreed and used outcome measures.

State commitment to the provision of services for people from CALD backgrounds also varies. Some states have established and sophisticated infrastructure in the from of transcultural mental health centres, where other states lack even a vision or plan to develop such infrastructure. In some states, programs providing assistance to mainstream mental health providers dealing with people from diverse backgrounds across the duration of an episode of mental illness have been disbanded. Unfortunately, in some states where specialist services exit, some mainstream services may see themselves as 'excused' from the provision of culturally appropriate services as this is seen as the role of the specialist centre.

Innovation

While there needs to be capacity to build and test models with national relevance, many initiatives to develop innovative and culturally appropriate models of care are project based, with no sustainability strategies to ensure that they are integrated into mainstream practice. This is exacerbated by a tendency, in many jurisdictions, to think of anything to do with CALD service delivery as "innovative" and to therefore fund service development solely on a project basis and in the short term.

The service system must look beyond taken for granted, monologic, monocultural models of care to focus on care continuity, continuity of relationships, culturally appropriate treatments and consistency of information. Project funding provides no sustainable integration of different models of care within the mainstream, new developments do not become "part of the system" or core business. In this situation, where long term structural development is required, finite funding not only fails to address inequity, it often contributes further to the lack of consistency and equity in service provision across jurisdictions, areas and services.

Data, outcome measures and benchmarking

The current lack of benchmark measures to address lack of equity in access and service capacity is unacceptable at all levels of service delivery. Ethnicity and language competency data is not required as part of the national minimum data set. There is anecdotal evidence that the lack of readily available translated consumer rated outcome measures for all languages currently makes the exclusion of CALD consumers more likely. Clinician rated measures have not been culturally validated as culturally acceptable measures of satisfactory outcomes. It is essential that in all jurisdictions, monitoring systems using

agreed specific and measurable indicators must collect data to inform progress in meeting the needs of CALD communities.

Accountability

In addition to the need for accurate ethnicity data which can be related to service utilisation, there is a substantial variation in accountability levels for the funding which flows from the federal to state system. While responsibility for and outcomes of some funding is clearly accountable in others there is a lack of clarity as to how expenditure of mental health resources relates to service development and the achievement of agreed outcomes. If CALD mental health service delivery is to improve, and jurisdictions are to approach national consistency, the delivery and utilisation of funding needs to focus on moving everybody towards an agreed and common target. Reporting on and monitoring of agreed performance indicators to measure outcomes and effectiveness of services and programs for people from CALD backgrounds must be an integral part of this process.

Further service development

While the Framework describes a blueprint for the development of multicultural mental health services across jurisdictions and charts the way forward, in the context of the National Mental Health Plan 2003-2008, its implementation is not, to this point, supported by resources or infrastructure.

With no national dissemination and implementation strategy to promote the development of jurisdictions to an agreed level of service delivery, there is a serious risk that the goodwill and commitment generated by the development of the Framework will dissipate in the face of inactivity.

Other experiences (e.g., the National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (Action Plan 2000)) indicate that while the development of plans at the national level is effective in raising awareness of issues in the short term, for continued progress towards jurisdictions achieving the outcomes described in such a document it is essential that they be complimented by a capacity building approach to facilitate implementation.[9]

In the context of the release of the Framework, and the fragmented nature of multicultural mental health services and their variability across Australia it is essential that the Commonwealth take a leading role in the implementation of the service development described in the Framework, and that state jurisdictions commit to an implementation process supported nationally by:

- a comprehensive education and awareness campaign on the Framework and its recommendations
- a capacity building process to facilitate development and consolidation of infrastructure required to support the implementation of the Framework at the state/territory level
- development of innovative funding mechanisms and resources to support the implementation and sustainability of multicultural mental health.

Recommendation 1: That the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia be used as the underpinning blueprint for the development of consistent and comparable services in all jurisdictions.

Recommendation 2: That the development process for the Framework be supported by funding and driven by the Commonwealth and committed to by all States and Territories.

Beyond the mental health system: the role of primary care and general practice, mainstream health services and the non-government sector

(TOR D, E and H)

Primary care and general practice

The primary health care sector includes GPs, and other primary care providers such as emergency departments and community health centres. These groups are ideally placed to identify people experiencing mental illness and to intervene early in the course of the illness. Unfortunately under recognition of mental illness in people from diverse backgrounds, inaccurate or incomplete diagnosis and lack of use of interpreters is common.[10]

Primary care needs to be culturally appropriate and to provide interventions of an enduring nature, where service providers are engaged as part of their everyday practice in cross cultural awareness, understanding stigma and dealing in an informed way with the needs of people from culturally and linguistically diverse backgrounds, their families and communities.

All primary health care providers, including general practitioners need cross-cultural competency education, to develop increased capacity in early recognition and intervention, accurate diagnosis, referral and follow-up.

For general practitioners and allied health professionals, the Better Outcomes in Mental Health Care Initiative offers a potential vehicle for:

- Education and training in culturally appropriate assessment, planning and review for CALD patients as part of accredited *Mental Health Skills Training* for GPs registering with the program;
- Training on the role of cultural competency in providing Focused Psychological Strategies for people from diverse backgrounds as part of accredited *Mental Health Skills Training* for GPs registering with the program
- Additional training in cultural issues as part of *Ongoing Learning In Mental Health*
- Up skilling of existing mainstream allied health personnel (particularly those in private practice) in skills required for culturally appropriate assessment and intervention.
- Providing wider access to bilingual allied health practitioners via
    - existing pools of practitioners, located in several states
    - local providers using a brokerage model in remote areas and
    - using video conferencing where local providers are not available.
- Providing access to advice regarding culturally competent assessment and the cultural components of mental health and illness using the same technologies as that currently used to access psychiatric advice.

Recommendation 3: That the Better Mental Health Outcomes program be expanded to deliver access to bilingual/bicultural allied health workers and education and advice on culturally appropriate assessment and the cultural components of mental health and illness.

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 and mental illness.

Mainstream services

Coordination across and between sectors of the health system is essential to the provision of comprehensive, culturally sensitive and appropriate mental health care for CALD consumers, their carers and families.

Mainstream services must also ensure their workforce is culturally competent and aware of the role of culture in the assessment, treatment and diagnosis of mental illness. To this end there is an urgent need to develop the skills of the mental and general health workforce to work with people from culturally diverse backgrounds, and to provide training in culturally competent assessment, diagnosis and treatment, needs assessment, health promotion, service and organisational development and management. It is also essential to integrate cultural competency training into ongoing workforce development in practice and professional setting and in undergraduate and postgraduate training.

Non-health services, like supported accommodation, employment, family and social support services, which are essential to comprehensive recovery focused mental health care are rarely set up to focus on the needs of mental health clients nor people from CALD background. Consequently the appropriateness of their service models, including their eligibility criteria and review assessments, for mental health consumers or for people of CALD background is questionable. Agencies, such as housing, employment, law enforcement and general health services, frequently lack skills in dealing appropriately with people affected by mental illness and lack awareness of the complexity that culture adds to the assessment of functioning. Efforts to increase the sensitivity with which these agencies deal with people with mental illness should also include cultural awareness and the role of culture in mental illness.

People from diverse backgrounds, with early signs and symptoms of mental illness may also be first identified by schools or community groups, via programs targeting community participation and connectedness or dealing with the stress related to the migration experience. Detection, assessment and risk management strategies, validated for populations and population subgroups from CALD backgrounds, are essential to effective early intervention.

Recommendation 5: That funding be provided to develop cultural competency training to increase recognition of the impacts of culture on mental health and improve the capacity of the mainstream mental health sector and the general health and other sectors to deal with this complex relationship and to provide culturally appropriate services to CALD mental health consumers.

Non-Government Organisations (NGOs)

The Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia recognises the need for partnerships between the mental health

system and NGOs, however, frequently the non-government sector, including mental health funded NGOs and multicultural NGOs, is undervalued, under funded, and under-utilised by the health sector.

Despite the range of activities undertaken by the multicultural NGO sector (for example, carer support, settlement services, general welfare activities, employment services, housing, legal services, ethno specific social services, aged care), their excellent networks and understanding of the community, many NGOs see themselves as reluctant players in mental health service provision, with no organisational structure by which the mental health sector can provide them with support.

The role of non-government and community organisations in supporting CALD consumers with mental health problems and mental illness, their families and carers, in advocating for services to be more responsive and in educating and supporting carers is severely limited by their funding base. Many non-government and community services lack any capacity to provide interpreters or bilingual service providers, information in a range of media, and to develop partnership and communications with the mental health service sector.

These services require an adequate funding base to provide culturally competent services to people from CALD backgrounds through the appropriate use of interpreters, provision of translated information, cultural awareness training and engagement of bilingual staff.
It is essential that services and funders acknowledge the role of NGOs in the provision of services to CALD mental health consumers and build their capacity of NGOs to deal effectively with multicultural mental health issues.

Recommendation 6: That 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.

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.

Understanding mental health and mental illness and reducing stigma in diverse communities

(TOR K and L)

Community information and education to address stigma

In many CALD communities stigma surrounding mental illness affects not only consumers of mental health services but their carers and their families. In small and close knit communities, stigma reinforces social isolation and prevents help seeking.

It is also essential that services partner with CALD communities, to develop a shared understanding of mental health and mental illness and to collaborate on effective and culturally acceptable ways to reduce risk, promote mental health and prevent mental illness.

Community awareness programs, which provide mental health information and education on mental health and mental illness in partnership with community organisations, will increase mental health literacy, and promote early recognition of mental health problems and early help seeking. These programs must engage CALD community leaders in promoting acceptance of mental illness, and utilise ethnic media as influencers of community perceptions .

Recommendation 8: That funding be provided to develop and disseminate throughout CALD communities translated information delivered in a variety of media about early sings and symptoms of mental health problems and mental disorders, where to get help and how to provide support.

Recommendation 9: That national mental health media strategies provide funding to engage multilingual media in mental health promotion through media education campaigns on a range of issues.

Translated information

The lack of community information on mental health services and processes and of the rights and responsibilities of mental health consumers and carers in community languages and available in a variety of media must be addressed.

Information on rights

The National Standards for Mental Health Services[11], *Standard 1, Rights,* describes the actions required to ensure that all mental health consumers, their families and carers have their rights upheld. In relation to people from culturally and linguistically diverse backgrounds, it specifically includes the provision of information in appropriate languages and access to interpreters.

People from culturally and linguistically diverse backgrounds require information on the rights and responsibilities of people with mental health problems and mental illness, the implications of mental health legislation in each jurisdiction and procedures to ensure that

patients of mental health facilities are informed of their rights and of complaint and appeal mechanisms in an understandable manner appropriate to their culture and language. In relation to inpatient care the provision of information on the rights of involuntary patients is of particular importance, especially where people have come to Australia with pre-migration experience of refugee camps, police states and torture and trauma, are may be subject to involuntary hospitalisation, transport by police, seclusion and treatment orders.

The adequate provision of rights information involves translated information, either in written form, or as audio or videotape, the use of interpreters or employment of bilingual mental health staff.

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.

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 an understandable manner appropriate to their language and culture.

Supporting people from diverse backgrounds with mental health problems, their families and carers

(TOR G and I)

Consumers need resources, support and training to participate at all levels of the mental health system. Development of appropriate strategies to enhance the capacity of culturally and linguistically diverse communities, as well as individuals to participate at all levels of the mental health system, are an essential if services are to comply with National Mental Health Service Standards on diversity. It is also necessary for mental health services to create systems able to respond to CALD consumer and carer feedback.[12,13]

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CALD consumers and carers as partners in care

Consumers, their families and carers from culturally and linguistically diverse backgrounds experience particular barriers to effective participation in the management of their own mental health. As with all other aspects of mental health service provision for CALD communities, levels of support for CALD consumer and carer participation vary across jurisdictions, and, in the main, lags behind mainstream achievements in participation. [14]

True consumer and carer participation for people from diverse backgrounds requires more than opportunity – it requires the adoption by mental health service of a philosophical position that sees CALD consumers and carers as partners in care and in the design, planning and delivery of services and a commitment to provide the support and skills CALD consumers, their families and carers, need to participate at multiple levels.

Working in partnership with CALD consumers at the level of individual care planning, in service development, and in systemic change requires a commitment at the policy and procedures level backed by the appropriate allocation of resources to treat consumers and carers as equal partners in capacity building. Resources are required for training and support for consumers and carers, and for the development of responsive service models which build the capacity of existing organisations and services to facilitate participation.

Mainstream consumer and carer organisations need to be expanded, resourced and developed to include CALD consumers, their families and carers and to begin to effectively express issues affecting various cultural groups at the policy level. At the same time these groups need to grapple with the issue of how to effectively represent the range of CALD consumer voices given the diversity of cultures, languages and religions that exist within the Australian community.

Recovery focused care

In many CALD communities the concept of recovery is rare or unknown. Mental illness is seen as a lifetime disease from which consumers do not recover. Their families and carers are also permanently affected by the stigma associated with mental illness. These community perception, beliefs and judgments about mental illness, based often on lack of information on mental health and wellbeing and the absence of effective promotion can reinforce social isolation and potentially override an individual's positive outlook about their recovery.

Increased community education, in partnership with CALD communities, is essential to the provision of effective, recovery focused rehabilitation and relapse prevention services.

Recommendation 12: That all initiatives to progress consumer and carer participation be targeted to develop specific strategies to engage consumers from diverse backgrounds.

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 address the needs of culturally diverse communities.

Recommendation 14: That all community information and education programs developed for CALD communities include information on recovery.

Issues for carers

Evidence exists of a lack of focus on carer needs in the mental health system and an absolute lack of understanding of CALD consumer needs and awareness on the part of CALD carers as to what services exist and whether they are even entitled to access them. Carers are not accessing services because of lack of awareness, lack of information, language difficulties. Where effective models of peer support exist they are fragmented, understaffed and under resourced. (reference Reality Check In their Own right) [15]

Specific issues face carers from culturally and linguistically diverse backgrounds.

These include:
- lack of understanding of the western construct of a carer
- cultural attitudes towards mental illness and the acceptance of assistance from outside the family
- perceptions of roles within the family and expectations of who should adopt the carer role
- lack of translated information on illness, caring and carer support services and,
- issues of gender, including the traditional roles of women as caregivers.

To progress issues for CALD carers and families of people with a mental illness, it is essential that mental health service providers understand the role of the family in diverse communities, the complex roles of women as care providers and the affect of stigma of extended families as well as primary carers.

Recommendation 15: That funding is provided to review the availability, quality and cultural appropriateness of support and information for carers and families of CALD people with a mental illness, and pilot and evaluate innovative programs and resources to support them.

Recommendation 16: That the development of guidelines for carer plans include the complex needs of CALD carers.

People from diverse backgrounds with mental health problems in criminal and immigration detention

(TOR J)

Refugees and immigration detention

The experience of the MMHA consortium members who are involved in the delivery of clinical services to refugees, asylum seekers (including those who have experienced immigration detention) is that many are suffering adverse mental health consequences as a result of their experiences. This is in line with what is now a growing body of research and literature describing the negative impact of immigration detention on the mental health of detainees.

Trust is a fundamental requirement for mental stability and for the accurate assessment of mental disorder. All people with mental health problems and mental illness need a safe and predictable environment for independent assessment and treatment of their mental health status. Where asylum seekers' past experiences have been highly traumatic the requirement of recounting these experiences can in itself be detrimental to mental health. In an atmosphere of distrust that assumes that what a detainee says or does is not reliable and needs to be 'tested', it is likely that, even where a person has a mental illness, serious symptoms of that illness will be easily viewed as 'behavioural problems'. The issues of prolonged detention, lack of safety and security, uncertainty about the future and past traumas has meant that many of those who have been released into the community have required specialised mental health treatment and services.

While suicide is not a mental illness (rather, it is a behaviour) it is strongly associated with mental illness and the risk factors pertinent to both mental illness and suicide are overlapping and interrelated. Thus the issue of suicidal behaviour among people in immigration detention necessarily requires an integrated prevention response which acknowledges both the separateness of mental illness and suicide and the association between the two.

In relation to the provision of mental health care to refugees and asylum seekers, specifically those in detention, the following issues need to be considered:

- How aware are those who assess the need for and deliver mental health services to immigration detainees of the affect of culture on the assessment and diagnosis of mental illness and the particular cultural constructs around mental health in this population group?

- To what extent are decisions about the assessment and treatment of detainee mental health problems based on a recovery focus?

- Are the power relationships operating in the detention environment such that professional decisions and recommendations are of sufficient weight to challenge existing situations deemed detrimental to detainees?

- To what extent can mental health services actually be delivered in an environment known to be harmful and detrimental to mental health?

Providing mental health services to people in this situation must involve the development of culturally appropriate interventions, from the prevention of mental illness and the promotion of good mental health to treatment, rehabilitation, recovery and relapse prevention. Interventions should be supported by an appropriate evidence base, and informed by ongoing monitoring and evaluation of their capacity to meet the needs of diverse groups within the population.

Only by establishing an independent multidisciplinary mental health panel experienced in the delivery of mental health services to a culturally diverse population group, to assess the mental health of detainees and oversee treatment, can adequate care be assured.

Recommendation 17: That an independent multidisciplinary mental health panel which is experienced in the delivery of mental health services to culturally diverse population group, and includes consumer and carer representation, be established 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.

CALD people in the criminal justice system

It is clear of the high number of people who are in prisons with mental illness that many are from CALD backgrounds. It is the experience of members of the MMHA consortium that many people from Middle Eastern, Pacific Islander and Asian backgrounds are over represented in this group.

An alarming recent trend has also been that increasingly, newly arrived refugees from African countries with mental health problems are in contact with the juvenile and criminal justice systems. Many of these encounters could have been prevented with the availability of early intervention and prevention programs for recently arrived CALD young people at risk. Unfortunately there are very few such programs in Australia, and if they do exist they are usually due to projects rather than ongoing funded programs.

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.

Research, innovation and service development

(TOR N and P)

In a study to identify gaps in Australia's mental health research and to identify mental health research priorities, an analysis of research publications and research grants indicates that research dealing with non-English speaking population groups made up only 2.2 per cent of published articles and attracted only 1.5 per cent of competitive research grant funding. A further examination of the goals of research found that "transcultural comparisons" figured in only 0.6 per cent of articles and 0.04 per cent of funding.[16]

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Increased research into mental illness in CALD populations is required. This means that mainstream research into causes of mental illness, development of new treatments and models of care, and evaluation of the effectiveness of various interventions, must be culturally inclusive and not exclude consideration of people from CALD backgrounds because of the complexities (perceived or real) of their inclusion. Service-based research into service responsiveness, quality, and outcome measures must also focus on the totality of the population.

Research is also required to further understand and develop the cultural competency of the mental health workforce, to understand and prevent suicide in CALD populations and to develop an accurate picture of the use of mental health services by people from culturally and linguistically diverse backgrounds from all jurisdictions.

The standardised use of minimum data sets on ethnicity, and population samples that reflect the cultural diversity of Australia's population, will contribute to the quality of research and to the planning and management of quality health services within a multicultural society.

Research into the delivery of effective mental health services needs to be developed in conjunction with the users of services, to focus on integrating learning into practice and to be applied and interventionist and aimed at making positive changes in practice. Dissemination of research findings must be comprehensive and inclusive.

Recommendation 19: That 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, and to identify gaps and make appropriate improvements.

Recommendation 20: That jurisdictions ensure that initiatives to develop standardised outcome measures and performance monitoring tools are culturally appropriate and reflect the complexity of needs of CALD consumers, their families and carers.

Conclusion

Responsibility for the mental health and wellbeing of all Australians is the responsibility of everyone in the mental health sector.

Multicultural Mental Health Australia believes that the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia has the potential to promote and support the development of sound policy and good practice in multicultural mental health care in Australia over the next decade.

However, to achieve this potential the Framework must be supported by

- resources for national initiatives, including a national dissemination and implementation strategy across Australia to development multicultural mental health services to an agreed level of service delivery, and

- national monitoring of progress through mandatory reporting on service access to CALD communities, and through inclusion of indicators of CALD access in the evaluation and reporting of the National Mental Health Plan 2003-2008.

States and Territories must agree on specific and measurable indicators of achievement in each of the principal Action Areas identified in the Framework and develop their own monitoring systems, relevant to their responsibilities for the mental health of people from culturally and linguistically diverse backgrounds, as part of local implementation plans.

Without concerted action to address the issues raised by the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia, services will continue to fail to meet their obligations to meet the needs of all Australians, and to improve the health and wellbeing of the whole Australian community.

Appendix A: Multicultural Mental Health Australia

Multicultural Mental Health Australia (MMHA) provides national leadership in mental health and suicide prevention for Australians from culturally and linguistically diverse (CALD) backgrounds

MMHA links a wide range of state and territory mental health specialists and services, advocacy groups and tertiary institutions to promote the mental health and well being of Australia's diverse communities.

Multicultural Mental Health Australia is funded under the National Mental Health Strategy and National Suicide Prevention Strategy by the Australian Government Department of Health and Ageing.

Multicultural Mental Health Australia works collaboratively at a national state and territory level to:

- Increase support and information for CALD mental health consumers, their families and carers
- Promote the development of culturally competent mental health services
- Support initiatives that prevent mental illness in CALD communities
- Increase awareness in multicultural communities of mental health issues and reduce the stigma associated with mental illness
- Develop resources, information and training for specialist and mainstream mental health professionals
- Conduct and support conferences, forums and workshops aimed at promoting mental health for diverse communities
- Provide consultancy and advice in the development of multicultural mental health and suicide prevention policy

The Multicultural Mental Health Australia Consortium

Transcultural Mental Health Centres

These services are specialist centres concerned specifically with advancing the mental health of people form culturally and linguistically diverse backgrounds. They provide a range of services across the spectrum of interventions, develop specialist resources, undertake targeted research and foster partnerships with the government and non government health and welfare sectors, the community and academic institutions in their respective states.

NSW Transcultural Mental Health Centre (NSW TMHC) was established in 1993 as a state-wide service to promote access to mental health services for people from culturally and linguistically diverse backgrounds. It is an acknowledged leader in transcultural mental health promotion, publication and resource development, clinical service development and education and training. It operates using a philosophy of collaborative partnership with the health system, consumers, carers and the community. NSW TMHC has extensive project management experience at the Commonwealth and State level and a strong connection to the general multicultural health field. For information about specific NSW

TMHC transcultural mental health and suicide prevention projects see Attachment 2 *Working in Partnership: Key Achievements 1997-2000* and *Cross-cultural suicide prevention: A framework*

Queensland Transcultural Mental Health Centre (QTMHC) was established in 1995, and is a state-wide information, referral, resource and clinical consultation service provided by Queensland Health. It has a strong record of mental health promotion, consumer and carer partnerships, education and training, program evaluation and initiatives with mainstream service providers. As a resource unit, QTMHC has an ongoing and strategic role in assisting Queensland's mental health services in the areas of planning, service delivery and review.

Queensland Government
Queensland Health
Qld Transcultural Mental Health Centre

West Australian Transcultural Mental Health Centre (WA TMHC) is funded to engage in activities aimed at enhancing mental health service access and utilisation by WA's culturally and linguistically diverse population and to promote a better understanding of mental health issues among those communities. The Centre is involved in clinical work with mental health professionals reviewing clients referred to the Centre. In particular the Centre provides a 'tertiary service' (the review of clients referred from other mental health services). WA TMHC uses population-based approaches in undertaking active mental health promotion and prevention work. It is also involved in various collaborative research, service development, and education and training activities with relevant stakeholders, including UWA, Curtin University and Edith Cowan University. The Centre has also played a key role in the development of the West Australian Transcultural Mental Health Policy.

Consumer, carer and community organisations

Australian Mental Health Consumer Network (AMHCN) is a nationwide network of consumers of mental health services. It exists to promote equity and access for mental health consumers, empower consumers to utilise all means to sustain their mental health and promote consumer participation and influence within the community. Founded in 1996 to provide a national voice on consumer issues at Federal Government level it is funded under the National Mental Health Strategy. ACMHN provides a way for consumers to have input on committees that make decisions about the delivery of mental health services and includes members from all states of Australia. It represents a consumer voice to federal politicians and departments and acts as a clearing house for news on mental health issues, service provision and policies.

australian mental health consumer network

Federation of Ethnic Communities' Councils of Australia Inc. (FECCA) is the Australian national peak body that promotes multiculturalism, community harmony and social justice. FECCA is involved in community education, advocacy for equitable access to services and information for Australians from diverse cultural and linguistic backgrounds, human and cultural rights. FECCA rejects racism and discrimination on any grounds and works in strategic partnerships with other organisations to build an inclusive, diverse, accepting and prosperous 21st century Australian society.

FECCA

The National Ethnic Disability Alliance (NEDA) is the national consumer-based peak body for people from a non-English speaking background with disability, their families and carers. NEDA's overarching aim is to advocate at a federal level, for the rights and interests of people from a NESB with disability, their families and carers. All activities undertaken by NEDA include strong consumer involvement and are based on principles of representation, advocacy and equity. NEDA is one of the organisations responsible for overseeing the establishment of the new Australian Federation of Disability Organisations.

Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) NSW is a state wide service committed to extending access to specialised torture and trauma rehabilitation services. Established in late 1988, STARTTS has been at the forefront of providing assistance for, and developing innovative responses to the needs of, refugees. STARTTS provides a holistic range of services which include counselling and psychotherapy, physiotherapy, employment and training assistance, community development, training of mainstream service providers, lobbying and advocacy and research. STARTTS is a founding Member of the National Forum of Services for Survivors of Torture and Trauma, a coordinating body for state and territory organisations whose purpose is to provide treatment and rehabilitation services for refugee torture and trauma survivors. As a consortium member STARTTS will ensure the program has access to this key stakeholder group.

Academic Institutions

Australian Institute for Suicide Research and Prevention, located since 1997 at Griffith University, aims to promote, conduct and support comprehensive intersectoral programs of research activities for the prevention of suicidal behaviours in Australia. Quality research provides essential ground for effective suicide prevention. The AISRP also promotes, coordinates and supports culturally appropriate courses in suicide prevention, postvention and support, develops packages and education courses for health and other professionals and acts as a clearing house for Government and other interested parties providing information about urban and rural suicide and attempted suicide.

Centre for International and Multicultural Health, Faculty of Medicine, University of NSW is associated with the School of Public Health and Community Medicine. UNSW and the Faculty of Medicine have a culturally and linguistically diverse student enrolment second to none in Australia. These institutions have a strong track record in specific areas of multicultural health (eg., transcultural mental health, equity and diversity, language services and bilingual human resources). The Centre has attracted Commonwealth funding for its productive diversity program (DIMIA), for the development of a national curriculum and research agenda in multicultural health (DOHA) and for links with nursing education (DEST). The Centre for International and Multicultural Health is a national leader in multicultural academic and research projects, working closely with the various projects.

Eminent Advisers

Emeritus Professor Beverley Raphael, Director, Centre for Mental Health, NSW Health

Professor Diego De Leo, Director, Australian Institute for Suicide Research and Prevention, Griffith University

Professor Maurice Eisenbruch, Professor of Multicultural Health, Faculty of Medicine, University of NSW

Dr Salvatore Febbo, Royal Perth Hospital, Consultant Psychiatrist & Head of the West Australian Transcultural Mental Health Centre, Consultant Psychiatrist in Private Practice (with particular focus on clinical issues)

Mr Kevin Kellehear, Senior Lecturer, School of Nursing, University of Technology, Sydney (with particular focus on workforce development)

Associate Professor Nicholas Procter, School of Nursing, Division of Health Sciences, University of South Australia.

International Links

Professor Leslie Swartz, Department of Psychology, University of Stellenbosch and Human Services Research Council, South Africa (with particular focus on project planning and evaluation)

Appendix B: Terminology

This submission follows the Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia in its use of terminology.

Key terms are defined as follows:

- "culture" is defined as a "set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, and which tells them how to view the world, how to experience it emotionally, and how to behave in it in relation to other people, to supernatural forces or gods and to the natural environment".[17]

- "cultural and linguistic diversity" refers to the wide range of cultural groups that make up the Australian population and Australian communities. It includes groups and individuals who differ according to religion, race, language or ethnicity. For ease of expression the abbreviation CALD is used interchangeably with "culturally and linguistically diverse".

- "cultural competency" means the ability "to see beyond the boundaries of (one's) own cultural interpretations, to be able to maintain objectivity when faced with individuals from cultures different from (one's) own and be able to interpret and understand behaviours and intentions of people from other cultures non-judgementally and without bias".[18]

Appendix C: References

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[10] Unpublished evaluations of the NSW TMHC's Clinical Consultation and Assessment Service (Mitchell, 1998 and McDonald, Piperides-Lee, Petric & Malak, 2000) indicate significant differences in assessment practices between referring mainstream mental health professionals and TMHC sessional workers, with sessional workers performing a greater proportion of comprehensive psychosocial assessments and developing treatment plans. Just over 35% of referred clients had a modified diagnosis following sessional worker assessment. This mainly consisted of an increase in the diagnosis of PTSD and a reduction in the diagnosis of schizophrenia and affective disorders. Assuming the accuracy of sessional worker assessments and conclusions, this suggests that mainstream mental health services may be more likely to over-diagnose schizophrenia and affective disorders in NESB clients, and under-diagnose PTSD. In terms of identification of psychosocial problems, sessional workers identified relationship/social problems for a further 33% of clients in comparison to mainstream mental health workers. Management practices were also seen to differ significantly between referring mainstream mental health professionals and sessional workers. A greater proportion of sessional workers involved clients and their family and carers in the development of management plans, offered individual counselling and support/social groups more often to clients, and offered a higher frequency of individual counselling.

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