



MENTAL HEALTH IN MULTICULTURAL AUSTRALIA PROJECT — FUTURE DIRECTIONS

Response to Mental Health Australia's Consultation

Executive summary

The Queensland Mental Health Commission (the Commission) welcomes the opportunity to provide comment with respect to the Mental Health in Multicultural Australia (MHIMA) project's future directions.

The Commission was established to drive reform towards a more integrated, evidence-based, recovery oriented mental health and alcohol and other drug services system.

Our vision is "A healthy and inclusive community, where people experiencing mental health difficulties or issues related to substance use have a life with purpose and access to quality care and support focused on wellness and recovery, in an understanding, empathic and compassionate society".

This vision is supported by Queensland Government in the *Queensland Mental Health, Drug and Alcohol Strategic Plan 2014–2019*. The Strategic Plan is implemented through a number of action plans endorsed by the State Government:

- The *Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17* which aims to improve the mental health and wellbeing of all Queenslanders as well as reduce the incidence, severity and duration of mental health problems and mental illness
- The *Queensland Suicide Prevention Action Plan 2015–17* which aims to reduce suicide and its impact on Queenslanders
- The *Queensland Alcohol and other Drugs Action Plan 2015–17* which aims to prevent and reduce the adverse impact of alcohol and other drugs on Queenslanders.

Other actions under the Strategic Plan include a focus on mental health consumer, family and carer

engagement and leadership and on more integrated government services.

People from Culturally and Linguistically Diverse (CALD) backgrounds, particularly those who do not speak English, the most recently arrived, and refugees may be more vulnerable to experiencing mental health difficulties and issues related to substance use. Research clearly indicates that many people from CALD backgrounds are more likely to experience risk factors associated with poor mental health and mental illness and are less likely to access services and support.

Consultations held to inform the development of the Strategic Plan and the Action Plans indicated that a number of barriers to improving the mental health and wellbeing of people from CALD backgrounds were multi-faceted and operated at the State and Commonwealth level. Non-government organisations providing support and services to CALD communities identified a number of structural barriers including:

- Support for people from CALD backgrounds, particularly refugees and asylum seekers, is subject to continually changing government policy. For example access to interpreters when seeking help from primary health care, therefore reducing the opportunity for prevention and early intervention.
- Health and support services are generally not tailored to reflect diverse cultural understandings of mental health including the need to develop the workforce to better support CALD communities.
- A lack of nationally consistent robust data to identify and respond to the individual needs of different CALD communities.

Effective and well-informed national leadership with shared ownership between the Commonwealth, States and Territories and partners in the non-government sector in multicultural mental health is imperative in order to respond to mental health needs of people from immigrant and refugee backgrounds.

Continuing investment is critical to informing mental health reforms in Queensland and nationally and providing an avenue for assistance and advice. There is also a need to inform government policies and programs on the most effective way to improve mental health and reduce the incidence, severity and duration of mental illness among people from CALD backgrounds.

The MHiMA project has played a very important role in advancing the MHiMA Strategic Plan 2012–2014 ‘Building Capacity & Supporting Inclusion’¹ in recent years. This has enabled CALD consumers and carers to engage and contribute their lived experiences, as well as the development and implementation of the Framework for Mental Health in Multicultural Australia: Towards culturally inclusive delivery (the Framework)² as a practical resource to enable mental health services to assess, measure and incrementally improve their cultural responsiveness in a considered and sustainable way.

The Commission believes that a national entity with a collaborative governance model is essential to:

- provide advice to governments on its own initiative, or in response to requests on the impact and effectiveness of government policies and programs
- support programs and services to ensure they are accessible and responsive to people from CALD backgrounds, including identifying and promoting good practice
- increase awareness in the CALD community of the services and supports that are available.

To fulfil these functions, a governance model should consider the following elements:

- Ownership by all jurisdictions
- Clarity of purpose
- Sustainability and capacity to adapt to changing circumstances and respond to requests for support and advice from stakeholders
- Credibility within the CALD community and within the mental health sector
- Demonstrable engagement with consumers, families and the wider multicultural community.

While in time such an entity might move towards a separate company structure, this is likely to be counterproductive in the short term until credibility is established. Accordingly, a secretariat model attached to an entity such as the National Mental Health

Commission, or hosted by a state body with nationally agreed governance is suggested as the immediate next step.

I attach comment on some of the specific questions in the survey.

Do not hesitate to contact me to further discuss this submission.

Dr Lesley van Schoubroeck
Queensland Mental Health Commissioner

The Commission's feedback to the consultation questions

1. MHiMA Project background, aim and focus

1.1. Are you aware of the work the MHiMA Project has conducted in the multicultural mental health sector? Please provide comments.

- The Commission is aware of the MHiMA project and information about the Framework was included in our monthly stakeholder communication, the **e-news bulletin Issue 21** (which can be accessed [here](#)).
- The Queensland Government's Cultural Diversity Action Plan (2014)³ which articulates the Government's commitment to the vision of providing equality of opportunity for all Queenslanders to participate in our strong economy and enjoy our vibrant society, highlighted the support for the implementation of the Framework by Queensland Health.

"QH will support the implementation of the *National Framework for Mental Health in Multicultural Australia— towards culturally inclusive service delivery* in mental health services in Queensland" (Queensland Government, Cultural Diversity Action Plan, 2014, g 28)

1.2. Do you think the work of the MHiMA Project has been adequately promoted in the mental health sector and in multicultural communities? Please provide comments.

- The Commission is aware that MHiMA has utilised a number of communication channels to promote their activities including the website, e-newsletter and social media pages such as Twitter and Facebook which the Commission has accessed.
- In addition there were update meetings with the Queensland Mental Health Commission to update on project progress.
- More collective ownership of their work would have assisted the Secretariat in this.

1.3. In your view, what activities should a national multicultural mental health project undertake? Please provide information and examples of activities, where possible.

Functions:

- Provide advice to governments on its own initiative or in response to requests on the impact and effectiveness of government policies and programs.
- Support programs and services in ensuring they are accessible and responsive to people from CALD backgrounds including identifying and promoting good practice.
- Increase awareness in the CALD community of the services and supports that are available.

This would require some of the following activities:

- Lead the development of culturally responsive care models that are effective, efficient and in keeping with relevant National Standards for Mental Health Services and the National Safety and Quality Health Service Standards
- Build and strengthen the capacity of CALD consumers, families and communities to inform policy development and implementation to improve the way frontline services are organised and delivered to meet the needs of diverse CALD communities
- Provide materials and programs to assist mental health services and organisations reflect on their care delivery to consumers from CALD backgrounds and enhance their cultural responsiveness to effectively meet the needs in keeping with Recommendation 17 of the National Mental Health Commission review into mental health services.
- Respond to requests from jurisdictions to undertake specific projects on a fee for service basis.
- Provide advice to national initiatives such as the National Disability Insurance Agency (NDIA) or Primary Mental Health Networks (PMHNS) to address the gaps in relation to

accessibility and responsiveness to people of CALD backgrounds.

- Promote a nationally consistent approach to mental health translation and interpretation.
- Contribute a CALD perspective to national suicide prevention strategies.
- Enable culturally-appropriate approaches to community education and stigma reduction that have already been developed such as 'Stepping Out of the Shadows', and adaptation of Mental Health First Aid.
- Advise on appropriate data on mental health service access and outcomes for people from CALD background in keeping with the issues highlighted in the MHiMA authored spotlight report for the National Mental Health Commission entitled 'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion'⁴.

1.4. Are there any areas related to multicultural mental health that urgently need to be addressed? Please provide details.

See 1.3.

1.5. Should the MHiMA Project / national multicultural mental health activities have a broader focus, and what should some of these broader focus areas be? For example, should there be more focus on:

See suggested functions above.

2. MHiMA Project management

2.1. When thinking about potential arrangements for the MHiMA Project or a national multicultural mental health project, or other national activities that can effectively respond to the mental health and wellbeing needs of the Australian multicultural community, what do you consider to be:

The Commission believes that a nationally responsive entity with a collaborative governance model is essential to:

- provide advice to governments on its own initiative or in response to requests

- support programs and services to ensure they are accessible and responsive to people from CALD backgrounds, including identifying and promoting good practice
- increase awareness in the CALD community of the services and supports that are available.

To fulfil these functions, a governance model should consider the following elements:

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While in time such an entity might move towards a separate company structure, this is likely to be counterproductive in the short term until credibility is established.

Accordingly, a secretariat model attached to an entity such as the National Mental Health Commission, or hosted by a state body with nationally agreed governance is suggested as the immediate next step.

3. Engaging and empowering CALD consumers and carers

The approach for CALD consumers and carers should be part of, and complementary to other national approaches to consumer and carer engagement, but customised to the needs of CALD communities.

Accordingly, Australia must work towards a system of co-design. The specific components therefore need to be developed in consultation with consumers, carers and the broader CALD community. However, consideration clearly must be given to:

- ensuring their voice is involved in governance

- clear leadership roles, and support to ensure people have the right skills to fulfil them.

The Commission is aware that MHiMA has already established a model for CALD consumer and carer engagement which values their expertise alongside the collective and individual stories of their lived experience through the National CALD Consumer and Carer Working Group which provides a model for moving forward.

Recruitment and support to build the capacity of the CALD consumer and carer representatives first of all requires a commitment to use their expertise. Consultation and recruitment that is token is of no value to anyone.

4. The Framework for Mental Health in Multicultural Australia (the Framework)

Framework implementation to date has been in acute mental health settings. This is outside the remit of the Commission. However, the Commission is aware that the work is well supported in a number of sites in the public health system in Queensland. The Commission has been able to utilise the expert advice of individuals working in the Project.

In order to evaluate the effectiveness of the Framework a longer implementation is likely to be required.

5. Data collection related to CALD populations

5.1. Do you think national, state and territory mental health data collections should include expanded and more in-depth CALD criteria? What type of data should be collected? What could the data be used for?

There is a need to substantially improve the quality of our national data collections on CALD mental health and suicide. This is particularly important for the national mental health outcomes data collections.

While it is understood that some State and Territory mental health data collections include more CALD variables than are reported nationally, this data is not systematically analysed and rarely reported on.

The Commission published its first report on Performance Indicators in December 2015.⁵ The outcome areas and measures have been developed to reflect nationally proposed targets and measures. At this time, it is not possible to analyse the data to understand the mental health and wellbeing of people from CALD backgrounds.

5.2. If a data analysis activity was included in a future national multicultural mental health project, what are your views or suggestions on how this should be conducted, who should be involved, and how long it might take?

This is a mainstream data analysis activity for implementation. It requires national guidance from the multicultural community to develop.

6. Do you have any other feedback or comments on future directions for the MHiMA Project?

No.

References

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- ¹ Mental Health in Multicultural Australia. (2012). Building Capacity and Supporting Inclusion: Mental Health in Multicultural Australia (MHiMA) Strategic Plan 2012-2014. Mental Health in Multicultural Australia.
 - ² Mental Health in Multicultural Australia (MHiMA). (2014). The Framework For Mental Health in Multicultural Australia. Mental Health in Multicultural Australia : Towards Culturally Inclusive Service Delivery.
 - ³ Queensland Government. (2014). Queensland Cultural Diversity Action Plan. Department of Aboriginal and Torres Strait Islander and Multicultural Affairs.
 - ⁴ Minas H, K. R. I. (2013). Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion. Mental Health in Multicultural Australia (MHiMA).
 - ⁵ http://www.qmhc.qld.gov.au/wp-content/uploads/2015/12/FINAL_Strategic-Plan_INDICATORS-REPORT_WEB.pdf

Further information

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