

Inclusive Mental Health Reform: Highlighting Issues and Opportunities for Australians From Culturally and Linguistically Diverse Backgrounds

Submission to the Productivity Commission Inquiry into Mental Health

This submission has been produced by Mental Health Australia, the Federation of Ethnic Communities' Councils of Australia (FECCA) and the National Ethnic Disability Alliance (NEDA)

We look forward to working with Government, the mental health system, and organisations that partner with us to support people from culturally and linguistically diverse (CALD) backgrounds to live full and productive lives.

Rationale

Australia is a successful multicultural nation, with migration and social inclusion making a significant contribution to both our economic and cultural wealth.¹ The latest national Census (2016) demonstrates that our cultural, linguistic and religious diversity continues to increase, with nearly half of all Australians either born overseas or with one or both parents born overseas. There are over 300 languages spoken in Australian homes and over 27 per cent of Australian homes speak languages other than English.² It is therefore essential that Australian mental health services are reflective of and responsive to the needs of our multicultural population, if they are to be both equitable and effective and service the needs of the Australian population.

Australians from CALD backgrounds generally demonstrate reduced and variable rates of access to mental health services, with complexities related to country of birth, language spoken at home, and other factors such as age and gender.³ When factors including pre and post migration challenges are taken into account, these reduced rates of service access are more likely to reflect issues such as stigma and difficulties navigating the system than lower levels of distress or need. This is consistent with other areas of health and disability service provision, where tailored approaches have been developed in order to meet the actual needs of CALD communities where reduced rates of service access are evident.⁴

¹ Australian Government (2017) *Multicultural Australia: United, Strong, Successful*. Retrieved from: <https://www.homeaffairs.gov.au/mca/Statements/english-multicultural-statement.pdf>

² Australian Bureau of Statistics (2017) *2016 Census: Multicultural*. Retrieved from: <http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3>

³ Australian Bureau of Statistics (2011) *Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications*. Retrieved from: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001~2011~Main%20Features~Introduction~1>

⁴ For example, National Disability Insurance Agency Cultural and Linguistic Diversity Strategy 2018. Retrieved from: <https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy>

Although Australians born in non-English speaking countries may access voluntary mental health services at reduced rates, there are reports that they may access involuntary mental health services at disproportionately high rates.⁵ This carries significant safety and quality risks and can further undermine a lack of trust in health services for both the individual and community. Unfortunately, a lack of national data collection around CALD factors can often render these kinds of health inequities invisible.⁶ In order to develop a modern Australian mental health system that is truly person-centred, recovery-oriented and holistic, the cultural responsiveness and inclusiveness of services and data collection must be substantially improved.

Issues and opportunities facing Australians from CALD backgrounds

Australia welcomes people to settle through a number of migration programs. Great opportunities arise from migration; however, the process can also bring challenges which may impact on mental health as well as social and economic participation. These challenges may be exacerbated for those who have been forced to migrate, particularly refugees and asylum seekers. Children and subsequent generations of migrants may also face ongoing challenges as they continue to navigate multiple cultures.

People from CALD backgrounds are not a homogenous group, and their experiences vary depending on a range of factors. These factors need to be considered in how they affect mental health and include country of origin, life experiences, length of time in Australia, migration pathway, exposure to Australian systems, English language proficiency, gender, religion, disability, sexuality, gender identity, age, and socioeconomic status. Each of these factors impact the wellbeing of people from CALD backgrounds, especially where they intersect, and shape experiences in meaningful ways.

Personal stories

Personal stories by people from CALD backgrounds living with emotional and mental health issues are available at: <http://www.mhima.org.au/finding-our-way>. Some quotes from these stories are listed below, highlighting key themes and issues.

"I started a job and full time study. It didn't go well for me. The darkness started creeping into my life. As a mother and a wife, I have responsibilities. I tried my best to fulfil those responsibilities, in a foreign country with no family, no help, just my husband and I, our children, and faith in God... Challenges are what make life interesting, and overcoming them is what makes life meaningful. I have had many disappointments, but I learn from all of my experiences. Now I love helping others through their own recovery journeys."

My Faith, My Anchor, Chandima

⁵ Victorian Transcultural Psychiatry Unit (2008) *Access to Mental Health Services in Victoria: A Focus on Ethnic Communities*. Retrieved from: http://www.vtmh.org.au/literature_39239/Access_Report

⁶ Mental Health in Multicultural Australia (2013) *Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion*. Retrieved from: http://www.mhima.org.au/pdfs/2093%20MHIMA%20CALD%20REPORT_06-2.pdf

“My experiences here, as well as developing and maturing over the past five years, has helped me change, learn and grow stronger. Relationships with friends, other young people, teachers, workers, employers. Gaining knowledge here has helped me. Knowledge of life, of people, of myself. I have learnt many lessons in this new environment. I have opportunities to image and plan my future now. I just need to take my time and focus, and keep the belief that I can be someone.”

Doe Doh’s Story, Doe Doh

“We were refugees. We had to choose between going back to Yugoslavia, which was terror... or Australia. It was cultural shock when I arrived in Australia. I had to retrain my thinking about everything... I moved from survival mode into safe mode. When you are in survival mode the body is coping, but once the stress stops, there is a calm environment, a still water, oh so much was suppressed. My body was in pain. Everything was out of balance. My body was telling me, sending a warning to me. I see this with other refugee stories. The pain of survival can transform into illness... I was trapped in my emotions and terrified by my memories... It helped me to connect and appreciate the good and bad in life. I still reflect and struggle with these feelings today... However, I am a proud being and grateful of my transformation and the life I have.”

Becoming, Nevena

Cultural issues and barriers to accessing services

People from migrant and refugee backgrounds comprise a significant proportion of the Australian population, and they experience unique needs and barriers to accessing mental health support. Cultural conceptions of mental health, illness and recovery may differ for people from CALD backgrounds, and these should be explored and respected by services. Negative experiences of institutions and services, including prejudice, racism and discrimination can also damage mental health and wellbeing, as well as limit social and economic participation.

Whilst efforts have been made to reduce mental health stigma across mainstream Australia, stigma often remains significant in CALD communities and can prevent help seeking. Tailored public health and preventative approaches are needed in order to promote mental health literacy and reduce stigma in CALD communities, and these approaches must be developed through community engagement and collaboration with social and religious groups and community leaders.

Additionally, there exist gaps in awareness of mental health literacy amongst CALD communities. Only 33 percent of people born overseas have adequate or better than adequate health literacy, compared to 43 percent of the Australian-born population. This figure drops to 27 percent for those who arrived in Australia during the past five years and to 26 percent for people whose first language is not English.⁷

⁷ Migration Council Australia (2015) *The Health Outcomes of Migrants: A Literature Review*. Retrieved from: https://migrationcouncil.org.au/wp-content/uploads/2016/06/2015_Smith.pdf

Understanding what comprises positive mental health and when to seek assistance is paramount to enabling people from CALD backgrounds to access help. There is similarly a need for local outreach, education and health literacy programs need to be tailored and developed by CALD communities.

Recommendation 1: Cultural issues and barriers to accessing services

1a) Include CALD mental health consumer and carer involvement in mental health service planning, delivery and evaluation, including co-design activities.

1b) Investigate opportunities for equity-oriented targets in service access and delivery of mental health services.

1c) Include appropriate engagement with CALD communities in the planning, delivery and evaluation of all public mental health and suicide prevention campaigns, including targeted mental health literacy and stigma reduction campaigns.

National multicultural mental health approaches

In recognition of the need for tailored approaches to mental health for Australians from CALD backgrounds, various iterations of a national multicultural mental health project have existed in Australia for around 20 years.⁸

The current National Multicultural Mental Health Project (the Project) is being delivered by Mental Health Australia in alliance with the Federation of Ethnic Communities' Councils of Australia (FECCA), the National Ethnic Disability Alliance (NEDA) and mental health consumers and carers from CALD backgrounds. Project activities are funded by the Australian Government Department of Health until 31 December 2020, and are informed by two advisory groups: a CALD Mental Health Consumer and Carer Group and a Stakeholder Group.

The Project builds on the achievements of previous national projects and aims towards an equitable mental health system and improved mental health and wellbeing for Australia's multicultural population. The Project provides a coordinated approach to meeting the unique needs and challenges faced by people from CALD backgrounds. This includes providing a platform to increase national networking and collaboration opportunities for mental health practitioners working with people from CALD backgrounds.

Crucially, the Project works to improve the cultural responsiveness of mainstream mental health services to meet the needs of the diverse Australian population. This is being achieved through further development and implementation of the Framework for Mental Health in Multicultural Australia.

More information on the Project is available at: <https://mhaustralia.org/national-multicultural-mental-health-project>.

⁸ For example, Mental Health in Multicultural Australia (MHiMA) and Multicultural Mental Health Australia (MMHA)

Recommendation 2: National multicultural mental health approaches

2a) Support an ongoing national approach to mental health and suicide prevention for Australians from CALD backgrounds, to lead and advocate for systemic change nationally through the National Multicultural Mental Health Project.

2b) Continue to support and develop a well-trained, culturally responsive and diverse mental health workforce through the National Multicultural Mental Health Project, including implementing measures to harness and recognise existing cultural skills as well as to reflect diversity across relevant standards and recruitment practices.

2c) Continue to develop and promote a strong professional network across Australia through the National Multicultural Mental Health Project, which provides a platform for mental health practitioners working with CALD communities to share and enhance knowledge and skills.

The Framework for Mental Health in Multicultural Australia

The Framework for Mental Health in Multicultural Australia (the Framework) was developed to help services and individual workers to evaluate and enhance their cultural responsiveness. It includes self-assessment against cultural competency standards along with implementation guidance and supporting resources. It is a free national resource and available to any service provider.

The Framework has been piloted across Australia and an independent review was undertaken in 2016.⁹ Based on the findings of this review, the Framework is being further developed and tailored by the Project for use by Primary Health Networks and others to implement nationally.

The National Mental Health Commission recommended widespread adoption of the Framework in order to improve cultural responsiveness of Australian mental health services in their Contributing Lives Review (2014).¹⁰ Implementation of the Framework has also been supported at state and local levels, for example by the QLD Mental Health Commission and the PHN Advisory Panel on Mental Health.^{11, 12}

⁹ Australian Health Services Research Institute (2016) *Review of the Framework for Mental Health in Multicultural Australia*. Retrieved from: https://mhaustralia.org/sites/default/files/docs/attachment_2_-_review_of_the_framework_for_mental_health_in_multicultural_australia.pdf

¹⁰ Recommendation 17.3. Retrieved from: <http://www.mentalhealthcommission.gov.au/our-reports/our-national-report-cards/2014-contributing-lives-review.aspx>

¹¹ Queensland Mental Health Commission (2018) *Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018-2023*. Retrieved from: https://www.qmhc.qld.gov.au/sites/default/files/files/qmhc_2018_strategic_plan.pdf

¹² The PHN Advisory Panel on Mental Health (2018) *Reform and System Transformation: A Five Year Horizon for PHNs*. Retrieved from: [http://www.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/\\$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/Reform-and-System-Transformation-A-Five-Year-Horizon-for-PHNs.pdf)

The Framework is designed to build capacity amongst mainstream mental health services to work effectively with people and communities from CALD backgrounds. The Project is taking a strong national approach in ensuring that the Framework is promoted and utilised amongst Primary Health Networks, state and territory funded public mental health services and non-government services delivering mental health care. This systemic approach to promoting best practice, quality improvement and enhanced access to services for people from CALD backgrounds is key to addressing some of the issues and barriers described above.

More information regarding the Framework can be found at:
<http://framework.mhima.org.au/framework/index.htm>

Recommendation 3: The Framework for Mental Health in Multicultural Australia

3a) Continue to support national implementation of the Framework for Mental Health in Multicultural Australia across state and territory funded mental health services, Primary Health Network commissioned mental health services, community mental health services, and others.

State, territory and specialist mental health services

As well as national approaches, a range of state, territory and specialist approaches to mental health for Australians from CALD backgrounds have also been developed.

Public mental health services are provided through funding by state and territory health departments. Mainstream mental health services need to be strengthened and supported to enhance their delivery of services for CALD communities. Ideally, they should provide flexible services including outreach, and create culturally relevant interventions and support. Flexible, culturally responsive mental health support services need to be developed in collaboration with CALD communities, and may not be based on a Western biomedical model but rather complementary approaches which may be appropriate to some cultures.

In addition, specialist services also exist at state and local levels. This includes but is not limited to the state health funded Transcultural Mental Health Centres (currently operating in NSW, VIC and QLD) as well as the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) (currently operating across all states and territories), as well as established refugee health services such as the NSW Refugee Health Service.

These services provide specialist assistance in mental and physical health particularly to newly arrived migrants and refugees, and recognise that pre and post migration experiences, including torture and trauma, can have a significant impact on mental health and recovery. They have a wealth of multicultural mental health expertise and resources and work alongside mainstream services, providing capacity building, referral and consultancy advice.

In order to ensure both equity of access and outcomes for people from CALD backgrounds seeking mental health support, comprehensive service delivery to CALD populations needs to occur through coordination between national, state, territory and local levels.

Moving forward, all mental health services across Australia need to be equipped and skilled to service CALD populations and individuals whenever they access services, as well as provide effective outreach and preventative programs addressing CALD communities. The National Multicultural Mental Health Project, through the Framework and related activities, is a key driver of this work.

Despite the wide range of national and state based programs described above, there remains a gap in access to voluntary mental health services for people from CALD backgrounds. The data on access by CALD individuals is inconsistent, however, does indicate lower and more variable access than demographic profiles suggest would be reflective of the community it serves.¹³ In order to address gaps and barriers in access to mental health services for people from CALD backgrounds, the above programs and initiatives need to be further developed and sustained.

Recommendation 4: State, territory and specialist mental health services

4a) Ensure that each state and territory develops a plan to improve access to preventative, lower intervention and acute mental health services for CALD communities using the Framework for Mental Health in Multicultural Australia. Progress of this to be reported yearly through COAG processes.

4b) Continue to promote the Framework to all state and territory mental health services, Primary Health Networks and mental health non-government organisations as an effective mechanism to plan, implement and evaluate effective mental health services for CALD communities in Australia. Funders should consider adoption of the Framework as a requirement for funding of PHNs and other state based organisations.

4c) Continue to invest in existing state and territory health funded transcultural mental health centres in NSW, Victoria and Queensland to provide services, consultancy and resources within their jurisdictions. Allocate resources to provide similar services in the remaining states.

4d) Continue to invest in torture and trauma support services in each state and territory across Australia. Ensure these services are well evaluated and responsive to emerging community needs.

¹³Australian Bureau of Statistics (2011) *Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications*. Retrieved from:
<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4329.0.00.001~2011~Main%20Features~Introduction~1>

Workforce

As noted above, the mental health workforce needs to be culturally responsive, diverse and inclusive of people from CALD backgrounds in order to service Australia's multicultural population effectively. Strengthening workforce capacity to engage effectively with people from CALD backgrounds includes attraction, retention and appropriate remuneration of bilingual and bicultural peer workers and support workers as key components of culturally responsive care. Capacity building initiatives such as the implementation of the Framework will be an important driver of these much needed changes.

Recommendation 5: Workforce

5a) Develop a program to utilise and recognise cultural skills in mental health services through the Australian Health Practitioner Regulation Agency.

5b) Develop mechanisms to encourage mental health services to ascertain the current number of bilingual and bicultural mental health employees, including peer workers, in the current workforce and to identify gaps and needs.

5c) Develop training programs to address and fill current gaps of the bilingual/bicultural workforce, including developing and expanding support for the CALD mental health peer workforce.

5d) Strengthen and expand bicultural peer support programs and bicultural workers in mainstream health services.

Interpreter services

English proficiency can influence service use and social and economic opportunities in Australia. People from CALD backgrounds have varying levels of English proficiency, and access to translation and interpreting services whenever needed is a necessary part of quality mental health service provision to a multicultural population.

When accessing mental health support in Australia, services are generally offered in English. Being able to communicate level of need, distress and how to access support is critical to receiving appropriate help. Guaranteeing access to trained, professional interpreters improves communication of mental distress, treatment options and treatment take up and reduces associated risks.¹⁴ Importantly, professional interpreters (preferably with mental health training) should be used whenever communication is necessary, not only at the point of assessment.

There are a range of public and private translation and interpreting services delivered at national and state levels which play a critical role in ensuring service accessibility and equity

¹⁴ Flores Glenn (2005). *The Impact of Medical Interpreter Services on the Quality of Health Care: A Systematic Review*. Retrieved from: <http://mighealth.net/eu/images/3/3b/Flores2.pdf>

for Australians from CALD backgrounds. Consumers and carers report that often interpreters are not offered or that family members and friends are asked to provide interpretation, comprising confidentiality and quality of information translated.

Recommendation 6: Interpreter services

6a) Ensure the availability and quality of interpreting and translating services to work with mental health services and practitioners across Australia.

6b) Conduct a review of how interpreter services are provided in a nationally consistent, equitable and quality assured way, including an assessment of current service delivery demands and unmet needs, and the provision of additional resource for interpreter training to address supply gaps.

Data collection and utilisation

There is a significant need for more inclusive research and data collection in order to better understand and address issues related to mental health and suicide prevention for people from CALD backgrounds

Despite significant work in this area, there exists a paucity of data and solid evidence of both mental health service access and programs that work well with CALD communities. The Project is working to progress both of these issues through commissioning mapping activities and attempting to address some of the data collection complexities. Both activities need to continue in a national, systemic, and ongoing way.

Recommendation 7: Data collection and utilisation

7a) Ensure data collection practices within all mental health services are inclusive of CALD measures in order to effectively inform service planning, delivery and evaluation.

7b) Review minimum data collection of CALD indicators in mental health services across Australia to ensure uniform and meaningful data is collated.

7c) Develop effective methods of collating meaningful CALD data collection to inform service delivery including trends, gaps and evaluation of services.

What works well?

A number of effective mental health programs and approaches for CALD communities are currently operating at a local level across Australia, with some indicative examples outlined on the next page. This is followed by a summary of the key features of an ideal culturally responsive mental health service, which has been informed by mental health consumers and carers from CALD backgrounds.

A more intensive analysis of what works well is currently being investigated by the National Multicultural Mental Health Project. The Productivity Commission Inquiry into Mental Health could also further investigate the evidence of what works well internationally and in Australia for CALD mental health.

Bicultural and bilingual mental health professionals throughout mental health prevention and services delivery is an ideal way to reach CALD communities.

The South Eastern Sydney Local Health District run a Recovery College program to build mental health literacy for people recovering from mental illness. Numerous courses are offered through the college and programs are also offered in community languages including Arabic, Greek, Mandarin and Macedonian. These programs provide information, training, and support for CALD communities in partnership with local CALD community organisations. www.seslhd.health.nsw.gov.au/recovery-college

Collaboration and partnerships between public mental health services and CALD community organisations are also central elements of best practice in engaging and working with CALD communities.

Culture in Mind is a community based mental health support service supporting the mental wellbeing of people from CALD backgrounds in Brisbane. They provide wrap around, culture based individual and group based programs and work collaboratively with surrounding services. www.cultureinmind.org.au

Specialised CALD mental health support services are key components of providing culturally responsive mental health services in Australia. These included state and territory based torture and trauma services for humanitarian entrants, and Transcultural Mental Health Centres (currently operating in NSW, QLD and VIC). These services provide direct service, community and service capacity building, consultancy to mental health services and mental health prevention programs.

Foundation House offers a range of specialised services for people from refugee backgrounds who have experienced torture and trauma. <http://www.foundationhouse.org.au/>

An ideal culturally responsive mental health service

Mental health consumers and carers from culturally and linguistically diverse backgrounds have told us an ideal culturally responsive mental health system:

- Provides culturally specific and relevant care including assessment, treatment and follow up support which respect and incorporate an individual's/family's /community's culture and does not stereotype.
- Educates services and consumers and carers about interpreters so that interpreters are offered and provided whenever they are required at no cost to the client.
- Provides access to interpreters who have mental health training.
- Employs mental health professionals with the same language and ethnic background as the consumers and carers who use their services.
- Employs peer workers and bilingual health professionals to match the cultural backgrounds of the consumers and carers who use their services.
- Employs staff who are gender and age matched and appropriate for consumers' and carers' cultural needs.
- Provides holistic mental health care incorporating physical, cultural, spiritual and mental health elements.
- Ensures that consumers understand their rights, and that they can opt out of a service or have the right to choose another type of service/service provider.
- Is consumer centred, and gives consumers the ability to structure their own appointments and choose their level of engagement, and modalities of care.
- Collaborates with culturally diverse consumers and carers to co-design, implement and evaluate services.
- Understands that people belong to a family and community and that these factors need to be incorporated into care.
- Provides flexible mental health support that may not be based on a Western bio-medical model.

Settlement services

In addition to mental health services, a range of other formal and informal supports also make a significant contribution to the mental health and wellbeing of CALD Australians. This includes a national program of settlement services funded through the Commonwealth Government. A network of state based and local providers also deliver significant language support services, access to employment programs, supported housing options, and initial orientation to government supports such as Centrelink and Medicare. These community organisations, religious networks and groups provide significant social support to recently arrived refugees and migrants.

This large investment by the Commonwealth Government in funding these settlement services provides a significant amount of psychosocial support to newly arrived refugees and migrants. These services are widely regarded as some of the best settlement services in the developed world and should be acknowledged for the significant support they provide.

Education, employment and housing opportunities are highly valued and contribute to overall wellbeing as well as recovery, and mental illness and caring responsibilities can impact this significantly.

Recommendation 8: Settlement services

8a) Continue to invest in comprehensive settlement services for newly arrived humanitarian and migrant entrants to Australia.

Vulnerable groups within the Australian CALD community

In addition, a number of vulnerable groups within the Australian CALD community exist. Asylum seekers and people on temporary visas are particularly vulnerable in terms of being able to access Commonwealth funded programs including Medicare, work rights and housing support. All of this, compounded with visa insecurity and anxiety of future settlement options and fear of the future, may negatively impact on their mental health and wellbeing.

Similarly, international students are often exposed to significant cultural challenges as they struggle to adapt to a new country, language and learning environment, without the support of family or friends. This may lead to a rising burden on their mental health, with an inability to access support due to varying insurance coverage, costs, and stigma again compounding the experience.¹⁵ Access to culturally tailored information and support for this subgroup is lacking.

There is currently a lack of pathways for these vulnerable groups. Eligibility to access services is unclear, leading to confusion and inconsistency in the help offered and received. Some consumers have reported being turned away from services and even told to return to their country of origin in order to receive psychological support. In the ACT, the ACT Government

¹⁵ For example, see <https://www.sbs.com.au/news/mental-health-stigma-biggest-barrier-for-international-students-seeking-help>

provides an “Access Card” to asylum seekers, allowing them to access health and other government services. Different states and territories have inconsistent policies and often people are left to rely on charity services where available.

Recommendation 9: Vulnerable groups within the Australian CALD community

9a) Investigate needs and service gaps for mental health support for asylum seekers, people on temporary protection visas and international students and clarify pathways for support.

Summary of Recommendations

Recommendation 1: Cultural issues and barriers to accessing services

1a) Include CALD mental health consumer and carer involvement in mental health service planning, delivery and evaluation, including co-design activities.

1b) Investigate opportunities for equity-oriented targets in service access and delivery of mental health services.

1c) Include appropriate engagement with CALD communities in the planning, delivery and evaluation of all public mental health and suicide prevention campaigns, including targeted mental health literacy and stigma reduction campaigns.

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communities in Australia. Funders should consider adoption of the Framework as a requirement for funding of PHNs and other state based organisations.

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5d) Strengthen and expand bicultural peer support programs and bicultural workers in mainstream health services.

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Recommendation 7: Data collection and utilisation

7a) Ensure data collection practices within all mental health services are inclusive of CALD measures in order to effectively inform service planning, delivery and evaluation.

7b) Review minimum data collection of CALD indicators in mental health services across Australia to ensure uniform and meaningful data is collated.

7c) Develop effective methods of collating meaningful CALD data collection to inform service delivery including trends, gaps and evaluation of services.

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