

**Mental Health
Australia**



FECCA
Federation of Ethnic Communities' Councils of Australia



N E D A

National Ethnic Disability Alliance

Productivity Commission Inquiry into Mental Health Draft Report

Submission from Mental Health Australia, FECCA and NEDA

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

Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. Mental Health Australia aims to achieve better mental health for all Australians by building awareness of mental health issues; influencing social policy; conducting relevant research; and carrying out regular consultation to represent the best interests of its members, partners and the community.

FECCA is the peak, national body representing Australians from culturally and linguistically diverse backgrounds. FECCA's role is to advocate and promote issues on behalf of its constituency to government, business, and the broader community.

NEDA is a national Disabled People's Organisation that advocates nationally for the human rights of people with disability, and their families, from culturally and linguistically diverse (CALD) and non-English speaking backgrounds.

Mental Health Australia is currently delivering the Embrace Multicultural Mental Health Project in alliance with FECCA and NEDA, with the advice of a CALD Mental Health Consumer and Carer Group and a Stakeholder Group. The Embrace Project provides a national focus on mental health and suicide prevention for people from CALD backgrounds.

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Introduction

Mental Health Australia, FECCA and NEDA welcome the opportunity to provide a joint submission in response to the Productivity Commission Inquiry into Mental Health Draft Report ('the Draft Report').

This submission provides recommendations in support of and in addition to the recommendations made in our original submission to the Productivity Commission ([submission number 524](#)). It outlines examples of initiatives and activities to improve mental health outcomes for people from culturally and linguistically diverse (CALD) backgrounds, addresses information requests in the Draft Report related to CALD communities,¹ and provides brief comments on the fact sheets released with the Draft Report.

The content of our original submission remains relevant and we encourage the Productivity Commission to consider the key issues and initiatives it raises when developing the Final Report.

As stated in our original submission, nearly half of all Australians are either born overseas or have one or both parents born overseas, and Australians from CALD backgrounds generally demonstrate reduced and variable rates of access to mental health services.

Within CALD communities, there are groups of people whose mental health support needs may be higher or more complex than others. For example, refugee or humanitarian entrants who are survivors of torture and trauma may require specialist trauma counselling services.² In 2017-18, Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) agencies provided psychological support to over 18,000 people.³ It should be noted refugee or humanitarian entrants may be reluctant to access or engage with mainstream services due to barriers such as previous negative experiences of institutions and services.

In addition, there are gaps in 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.⁴

Despite these statistics, there is very little exploration of issues related to CALD mental health in the Draft Report.

Addressing the issues and recommendations from this submission and our original submission will strengthen mental health services to meet the needs of CALD communities and reduce barriers such as stigma, access to services and low mental health literacy.

¹ The Embrace Multicultural Mental Health Project's CALD Mental Health Consumer and Carer Group and Stakeholder Group have informed these responses.

² UNHCR (2002) Refugee resettlement: an international handbook to guide reception and integration. Retrieved from <https://www.unhcr.org/en-au/protection/resettlement/4a2cfe336/refugee-resettlement-international-handbook-guide-reception-integration.html>

³ FASSTT (2019) Submission to the Productivity Commission Inquiry into the Social and Economic Benefits to Improving Mental Health. Retrieved from: https://www.pc.gov.au/data/assets/pdf_file/0004/240817/sub293-mental-health.pdf

⁴ 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

Initiatives and activities that support CALD mental health

The initiatives and activities outlined below can be expanded and implemented at national, state/territory and local levels to improve mental health outcomes for people from CALD backgrounds.

The Embrace Project and Framework for Mental Health in Multicultural Australia

In recognition of the need for tailored approaches to mental health for people from CALD backgrounds, various iterations of a national multicultural mental health project have existed in Australia for approximately 20 years. The Australian Government Department of Health has funded the current iteration, the Embrace National Multicultural Mental Health Project (the Embrace Project) until mid 2021.

The Embrace Project website provides a national hub of resources, tools, policies and best practice in multicultural mental health and hosts information in multiple languages. The website can be viewed at www.embracementalhealth.org.au.

A key focus of the Embrace Project is improving the cultural responsiveness of mainstream mental health services to meet the needs of the diverse Australian population.

Achievement of this is occurring nationally through promotion and implementation of the Framework for Mental Health in Multicultural Australia (the Framework).⁵

Our original submission recommended continued support of national implementation of the Framework across state and territory funded mental health services, Primary Health Network (PHN) commissioned mental health services, community mental health services, and others.

The Mental Health in Multicultural Australia Project (the previous iteration of the Embrace Project) developed the Framework in 2014 to help services and individual workers to evaluate and enhance their cultural responsiveness. The original version of the Framework was piloted across Australia and independently evaluated in 2016.⁶

Consistent with evaluation recommendations, the Embrace Project has redeveloped the Framework into a free online resource. This new version of the Framework includes a series of core service modules, two self-reflection tools and an entry-level cultural awareness module.⁷

The Framework includes self-assessment against cultural competency standards along with implementation guidance and supporting resources. The Framework is mapped to national standards, particularly the National Mental Health Standards and the National Quality and Safety Standards, and can assist services to fulfil their existing accreditation requirements.

The Embrace Project is supporting national implementation of the Framework, engaging with PHNs, state and territory funded public mental health services, and non-government services. The Embrace Project is running workshops in every state and territory, and providing support to services and individuals through webinars, online, and in person.

⁵ The Framework can be accessed at <https://www.embracementalhealth.org.au/service-providers/framework-landing>

⁶ The Australian Health Services Research Institute *Review of the Framework for Mental Health in Multicultural Australia* is available at: https://mhaustralia.org/sites/default/files/docs/attachment_2_-_review_of_the_framework_for_mental_health_in_multicultural_australia.pdf

⁷ Further background about the Framework and how it was developed is available at: https://embracementalhealth.org.au/sites/default/files/framework/overview_fact_sheet.pdf

Feedback from PHNs implementing the Framework has been positive. They have reported that having a tool to use within the PHN and to recommend to services has highlighted previously overlooked areas of service delivery. These areas include: the importance of using a translator; understanding there may be cultural reasons a person is not seeking support or taking medications; and understanding that a person is the expert in their culture and that services should not make assumptions or force western culture to fit.⁸

The Embrace Project can advocate and support services to comprehensively review and improve cultural capacity through promotion and implementation of the Framework. 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.

Recommendations:

- Ensure ongoing funding for the Embrace Project to ensure a coordinated national response to multicultural mental health.
- Endorse national implementation of the Framework for Mental Health in Multicultural Australia, across state and territory funded mental health services, PHN commissioned mental health services,⁹ community mental health services, and others, as a key national model for providing culturally responsive care.

Workforce

The mental health workforce needs to be culturally responsive, diverse and inclusive of people from CALD backgrounds to effectively support Australia's multicultural population.

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 implementation of the Framework will be an important driver of these changes. Module four of the Framework, 'Building a Culturally Responsive Mental Health Workforce', is particularly relevant.

Recommendation:

- Ensure a national mental health workforce strategy includes requirements for services to attract, recruit and retain staff from CALD backgrounds, reflective of local community demographic profiles.

⁸ Anecdotal feedback received from PHNs at Embrace Project Framework workshops held in Sydney and Brisbane in late 2019.

⁹ Or mental health services commissioned by any future alternative commissioning entities (e.g. the Regional Commissioning Authorities [RCAs] proposed in the Draft Report).

Interpreter services

There are a range of public and private translation and interpreting services delivered at national and state levels that play a critical role in ensuring service accessibility and equity for Australians from CALD backgrounds.

Professional interpreters (preferably with mental health training) should be used whenever necessary.

Consumers and carers report that mental health service providers do not often offer interpreters and often services ask family members and friends to interpret, compromising confidentiality and quality of information translated. Additionally, there is a shortage of interpreters in some languages, meaning services are provided in a language that is not well understood (English), and there are not enough interpreters to provide for new and emerging communities.

Recommendations:

- Increase funding for the national Translating and Interpreting Service to ensure an adequate number of interpreters are trained and employed to meet service needs and address current gaps.
- Review funding agreements between state and territory services and the Australian Government Department of Health to provide sufficient interpreter services for all health professionals, including allied health.

National organisations/services

National organisations providing mental health promotion, prevention and support services have a responsibility to ensure they reach and are accessible to marginalised groups, including people from CALD backgrounds.

Some work has occurred in relation to services, for example in 2017 Lifeline partnered with The Bridging Hope Charity Foundation to do a Chinese Lifeline Feasibility Study.¹⁰ This study concluded there was a firm basis for establishing a Chinese language Lifeline service. The study findings support recommendations in this submission, including the importance of mental health services, and practitioners having cultural understanding and appropriate language skills, as well as flexibility so services are easily accessible when needed.

In relation to mental health campaigns and approaches, organisations should:

- Develop resources and campaigns with communities as a co-designed process rather than simply translating existing English resources. For example, the Five Ways to Wellbeing program¹¹ has been developed in nine languages in collaboration with CALD communities.¹²

¹⁰ Lifeline (2017) *Chinese Lifeline Feasibility Study*. Retrieved from <https://www.lifeline.org.au/static/uploads/files/chinese-lifeline-feasibility-study-edition-2-for-public-release-wfjvqhqjrd.pdf>

¹¹ 5 Ways to wellbeing – *Translated materials for individuals*. Retrieved from <https://5waystowellbeing.org.au/tools-resources/for-individuals/#translated-materials>

¹² 5 Ways to wellbeing - *Promoting Mental Wellbeing in CALD Communities Project* (Hume and Moreland). Retrieved from <https://5waystowellbeing.org.au/wp-content/uploads/2018/04/Executive-Summary-of-Wellbeing-in-CALD-Project-report.pdf>

- Ensure multilingual resources are relevant to community need and new and emerging languages are not overlooked. For example, the NSW Refugee Health Service has developed resources in languages for migrants and refugees containing essential information about the NSW public health system.¹³
- Ensure value for money, for example translating resources into Hindi may not be cost effective if the majority of Hindi speakers in Australia are also fluent in English.
- Ensure resources match need, for example if there is a higher suicide rate in one particular community, resources may need to be prioritised for this group.

In addition, accessing Australia Government-funded mental health services, including mental health treatment plans and specialists through Better Access, can be complex for anyone who is unfamiliar with the Australian healthcare system.

Developing and promoting multilingual information about these services and how to access them (including referral processes) will increase awareness and access for people from CALD communities.¹⁴ The Australian Government could develop this information, in collaboration with CALD communities, and distribute it through health pathways (e.g. PHNs,¹⁵ community organisations).

Recommendation:

- National organisations develop services, campaigns and resources with consideration of CALD communities' needs, including co-design and collaboration with CALD communities.

State and territory funding agreements

State and territory health departments fund mainstream public mental health services, and funding agreements can be a lever to ensure services deliver quality services and support for CALD communities.

Mental health services 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.

In addition, current mental health data collections fail to report CALD data in a comprehensive manner. Mental health data collections should include consistent and openly accessible CALD-specific data.

¹³ NSW Health South Western Sydney Local health District, NSW Health Care System Information Booklet. Retrieved from <https://www.swslhd.health.nsw.gov.au/refugee/booklet.html>

¹⁴ Healthdirect.gov.au provides information about paying for healthcare, including brief information about mental health services, in five languages (<https://www.healthdirect.gov.au/how-do-i-pay-for-healthcare>). Some state and territory health departments and consumer health organisations also provide translated resources about navigating the health and mental health systems. However, few provide detailed information about accessing Medicare funded mental health services.

¹⁵ Or any future alternative commissioning entities (e.g. the RCAs proposed in the Draft Report).

Recommendation:

- State and territory funding agreements with services include detailed strategies for improving access and support for people from CALD backgrounds, including reporting mechanisms and requirements for CALD-specific targets in data collection (specifically rates of access, outcome measures and analysis against local demographic data of people from CALD backgrounds).

Local considerations

Local responses to community need are the most effective. One size does not fit all and tailoring services to the unique needs and capabilities of a community ensure a correct match between need and service. It is this principle that underpins the Government's current approach to PHNs working collaboratively with Local Health Districts in providing effective mental health care.

The Framework for Mental Health in Multicultural Australia recommends services develop local responses aligned with the cultural and linguistic demographics of the community it serves. This includes:

- Referring to the local needs assessment developed by each PHN
- Analysing service utilisation data to review which cultural groups are accessing services against local demographics
- Developing outreach strategies to communities that are not accessing services
- Ensuring service staff profiles are aligned with the cultural and linguistic backgrounds of the community
- Recruiting peer workers, bilingual and bicultural workers from CALD backgrounds to reflect the community being served
- Service planning and allocation of resources aligned with the demographic profiles of a community
- Cultivating partnerships between services and local cultural organisations, religious groups and leaders and community organisations.

The South Eastern Sydney Recovery & Wellbeing College¹⁶ is an example of a local service responding to community needs. Recovery colleges provide practical skills, early intervention and promotion in mental health recovery, with a focus on co-produced and co-delivered courses. Considering and addressing local community needs, the South Eastern Sydney Recovery & Wellbeing College delivers courses in nine languages with a number of CALD specific courses included in their program. Bilingual peer educators and bilingual counsellors co-facilitate these courses. A national rollout of similar programs would support early intervention and prevention for people from CALD backgrounds.

Within the disability sector, NEDA has prepared a data cube that maps the different CALD communities settled (humanitarian intake) within each local government area (LGA), alongside the rate of people with disability. The data cube provides insight into the cultural and linguistic make-up of each LGA. It can be used to identify National Disability Insurance

¹⁶ Information about the South Eastern Sydney Recovery & Wellbeing College is available at: <https://www.seslhd.health.nsw.gov.au/recovery-wellbeing-college>

Agency/disability service target groups, co-design programs in identified languages, and appropriately engage with community members to bridge the accessibility gap for people with disability from CALD backgrounds.¹⁷

Recommendation:

- PHNs/Local Health Districts/any future commissioning entities (e.g. the proposed RCAs) plan, deliver and evaluate services in response to local community needs, ensuring services align with the cultural and linguistic demographics of the community.

Responses to information requests

The Embrace Multicultural Mental Health Project's CALD Mental Health Consumer and Carer Group, and Stakeholder Group have informed these responses.

Information request 18.3 – International students access to mental health services

The Productivity Commission is seeking more information on:

- *the difficulties international students face accessing mental health services, including any problems with the Overseas Student Health Cover and the merits of requiring tertiary institutions to take responsibility for ensuring their international students have sufficient healthcare cover*
- *what reforms are required to improve the treatment of and support provided to international students.*

The difficulties faced by international students

Lack of information – International students often lack knowledge and understanding of Australian mental health services and how to access them. This includes understanding the process for accessing services, which organisations to contact, which organisations offer particular services, and the cost of accessing these services.

Overseas Student Health Cover can also be difficult to understand (e.g. what is covered, what can be reimbursed how to get reimbursement, etc.). These factors (and others listed below), can result in students delaying accessing help until their mental ill health is at crisis or acute stage, only to find they are ineligible for public health services.

Language and structural barriers – Students from non-English speaking backgrounds often find it hard to express how they feel in English, especially when it comes to discussing mental health. Subsequently, this deters international students from talking about these issues. If terminology and concepts of mental health do not exist or are different in the person's first language, it can make it even more difficult for them to communicate with English-speaking clinicians in Australia. Navigating an unfamiliar academic system, having to acquire new skills, and pressure to perform well all contribute further burdens.

¹⁷ For further information about the NEDA data cube please contact the National Ethnic Disability Alliance head office <http://www.neda.org.au/neda-data>

Cultural norms – International students are often financially dependent on their parents for living expenses. When international students try to access services that are not free they are required to inform their parents. This is a deterrent to accessing services, as mental health issues are still often seen as taboo and help seeking considered “weak” in some cultures. Stigma and a lack of understanding related to mental health issues in countries of origin, as well as differing cultural understandings of the causes and treatment for mental ill health, compound to reduce access to support.

What reforms are required?

Tertiary institutions need to develop a national system for delivering a baseline mental health support package to international students.

This would comprise a review of mandatory requirements for Overseas Student Health Cover, development of standards for mental health support packages across tertiary institutions, expansion of on-campus support programs, counselling and information as part of orientation processes, and support throughout the duration of stay in university study. Services would be provided online and in person, and ensure sufficient support and information is available. A clear pathway to access support would need to be developed and implemented, including a blend of on-campus support and public mental health services that can be accessed by international students as required. This would enable a national, consistent and comprehensive pathway for international students to access support. The Framework for Mental Health in Multicultural Australia can be used as a resource to assist in this process.

Mental health services that support international students should have a diverse workforce. This supports recommendation 5b in the original Mental Health Australia, FECCA and NEDA submission: *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.*

Services should also provide interpreters and referral and collaboration with specialist services, such as torture and trauma services and transcultural mental health services.

Recommendations:

- Tertiary institutions develop a national system for delivering a baseline mental health support package to international students.
- Increase the diversity of the mental health workforce within services international students can access.

Information request 6.1 – Supported online treatment for culturally and linguistically diverse people

The Productivity Commission is considering recommending the expansion of supported online treatment to cater for people from culturally and linguistically diverse backgrounds. We seek views on:

- *the merits of such a proposal*

- *in what circumstances would the delivery of supported online treatment be cost-effective*
- *what constraints would need to be considered*
- *which language or cultural group should be the focus of any trial expansion.*

Merits of the proposal

Online mental health services can be just as effective as in-person services.¹⁸

The benefits of online services include:

- Cost savings, particularly travel costs
- Ability to target isolated or special need groups, including but not limited to:
 - People from CALD and non-English speaking backgrounds
 - Young people
 - People living in rural/regional areas.

For CALD communities, online services could support individuals in their first language and/or understand their cultural norms and values around mental health and wellbeing. This includes established migrant and refugee communities here in Australia, international students, and second-generation Australians who may not need someone who speaks a language other than English but do need someone who understands the nuances of their cultural background.

Circumstances in which delivery of supported online treatment would be cost-effective

Delivery of supported online treatment would be cost effective where access to a professional clinician is limited, for example in rural or regional areas. GPs could support and monitor online treatment as part of assessment and reviewing progress.

It would also be cost-effective when delivered in collaboration with other support provided through PHNs. For example, to support individual or group therapy.

Key constraints/issues to consider:

- Develop language/culturally specific services in collaboration with communities to ensure appropriate co-design and relevance. This is not a simple translation process and will involve an investment of time.
- The entire online site must be available in different languages rather than having a fact sheet written in different languages. This includes the capacity to easily switch to a preferred language when accessing the website/online platform. In other social policy areas sites have simply translated and pasted information onto one factsheet rather than having the whole, interactive site available in a different language. Consultation and adaptation of information needs to be culturally targeted to ensure relevance.
- Translate treatment supports, such as additional information, prevention activities and promotion messages into relevant languages.

¹⁸ Andersson, G., Cuijpers, P., Carlbring, P., Riper, H., & Hedman, E. (2014). Guided Internet-based vs. face-to-face cognitive behaviour therapy for psychiatric and somatic disorders: a systematic review and meta-analysis. *World Psychiatry*. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25273302>

- Ensure the service is clearly advertised as suitable and welcoming for people from CALD backgrounds.
- To establish trust and encourage people to access online support, there needs to be community education, support and capacity building amongst community organisations.
- Individuals may perceive online services as impersonal or simply not desirable. Provide information to CALD communities about the benefits of online services (e.g. through advertising and education), especially if no suitable in-person or telephone services are available and online services are the only option.
- Some individuals and communities may not have access to adequate technology or may not have skills or confidence to access services online. This may be particularly true for people living in rural areas or older generations who do not have strong computer literacy or familiarity with using online services. This should be taken into consideration if rolling out online services.
- Individuals may be reluctant to use online services out of fears around privacy protection and sharing personal information online.

Which language or cultural group should be the focus of any trial expansion?

Established CALD communities in Australia are generally more stable and not contending with pressing issues of finding housing, employment and schooling. They have been in Australia for longer periods of time and may be more familiar with systems and services in Australia.

It is recommended a large established language group such as Mandarin-speaking or Arabic-speaking groups be the focus for any trial, as they would be well placed to take up a trial, with appropriate guidance and support.

Smaller and emerging migrant groups would also be in a position to take part in a trial with support. It is recommended one or two smaller emerging groups such as Nepali or Indonesian groups be considered.

Newly arrived refugees should not be included in any trial as they have specific humanitarian needs, which are better addressed through specialist services and programs that are provided in person and take into account issues such as trauma and torture.

Draft Report fact sheets

We commend the Productivity Commission for the inclusion of fact sheets with the Draft Report. These were useful overview and communication tools.

If the Final Report includes similar supporting information, we recommend the Productivity Commission develop an additional CALD fact sheet. This fact sheet should highlight issues affecting CALD communities in Australia and resources for quality improvement of mental health services (e.g. the Framework for Mental Health in Multicultural Australia).

Conclusion

People from CALD backgrounds experience unique needs and barriers to accessing mental health support.

The Australian Government has a commitment ‘...to a just, inclusive and socially cohesive society where everyone can participate in the opportunities that Australia offers and where government services are responsive to the needs of Australians from culturally and linguistically diverse backgrounds’.¹⁹ Without inclusive mental health supports and services in place for CALD communities, it will not possible to meet this commitment.

As migrant and refugee communities grow and adapt, so too must our mental health services. It is imperative mental health services are equipped and skilled in working with people from migrant and refugee backgrounds and consider local needs.

We look forward to working with the Productivity Commission and the sector to improve mental health outcomes for people from CALD backgrounds, and are available for further consultation.

¹⁹ Department of Immigration and Border Protection (Australia) (2011). The people of Australia – Australia's multicultural policy. Retrieved from Analysis and Policy Observatory Website: <https://apo.org.au/node/27232>