CONSULTATION OUTCOMES

Mental Health Australia

MHiMA Mental Health in Multicultural Australia

Mental Health in Multicultural Australia (MHiMA) Project: Consultation on Future Directions

Background

The Mental Health in Multicultural Australia (MHiMA) Project commenced in 2011. Mental Health Australia began managing the project in September 2015 and has a funding agreement with the Australian Government Department of Health until 30 June 2016. A key activity for Mental Health Australia is to provide recommendations to the Department of Health on future directions for the MHiMA Project. These recommendations are due by 31 March 2016.

As part of developing these recommendations, Mental Health Australia undertook a public consultation in January and February 2016. The consultation sought feedback on future directions for the MHiMA Project and national multicultural mental health activities.

The consultation focussed on the following key topics:

- MHiMA Project background, aim and focus
- MHiMA Project management
- Engaging and empowering CALD consumers and carers
- The Framework for Mental Health in Multicultural Australia (the Framework)
- Data collection related to CALD populations

This paper provides an overview and analysis of the responses received by Mental Health Australia.

Overview of the public consultation

The public consultation opened on 22 January 2016 and closed on 12 February 2016, and in total 75 responses were received.

Participants had the option to respond in the format that best suited them; 35 respondents completed the Response Form (Appendix 1), and 22 responded via a formal report, letter or email. Mental Health Australia also supported services to run focus group sessions, with four focus group sessions and one public forum held across the country.

Members of the National CALD Consumer and Carer Working Group (NCCCWG) also completed interviews with people in their networks, to ensure CALD consumers and carers were represented in the responses. A total of 13 interviews were completed.

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Over half the respondents identified as coming from a culturally and linguistically diverse (CALD) background and over 30% said English was their second language. Respondents also had a diverse range of work roles, for example psychiatrist, GP, Program Coordinator, Policy Advisor, Bilingual worker.

Additional detail about respondents is available in Appendix 2.

MHiMA Project background, aim and focus

Identifying the mental health needs of people from multicultural backgrounds

Respondents provided insight into the mental health needs of people from multicultural backgrounds. A strong theme emerged that people from multicultural backgrounds have had negative experiences with mental health services in Australia. Respondents identified a range of barriers for people accessing services, including stigma that individuals and families experience from within their families and communities. Many respondents advocated for stigma reduction programs.

A number of other barriers were also identified, such as:

- language barriers, combined with a lack of quality interpreters
- limited knowledge of services and supports available
- different ways of conceptualising mental illness
- transport challenges, impacting on access to services
- confidentiality concerns
- financial barriers.

Some respondents noted carers from CALD backgrounds often miss out on services and supports available to them due to a lack of awareness of service availability, services not providing for language or cultural needs, or individuals not identifying with terms such as "carer" or "respite". Respondents proposed a more targeted and focused approach is required to meet carers' needs, including more information, support services and training materials. In particular, there was an emphasis on providing support to young carers.

It was also noted multicultural mental health service provision varies between states and for different demographics. Some states have dedicated transcultural mental health centres (NSW, VIC, QLD and WA), other states do not. Regional and remote communities also require special consideration.

What the MHiMA Project should be doing

The current aim of the MHiMA Project is to strengthen the capacity of individuals, communities and health service providers to address the mental health needs of Australia's immigrant and refugee populations in a culturally inclusive manner. The focus of the Project is to provide advice and support to providers and governments on mental health and suicide prevention for people from CALD backgrounds. This involves representation and support for CALD interests in the mental health sector and raising awareness of mental illness and suicide prevention in CALD communities.

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The consultation sought views on what activities a national multicultural mental health project should undertake. The list below provides an overview of activities suggested by respondents. A more detailed list of suggested activities can be found in Appendix 3.

- Support and expand local programs – some respondents noted there are a large number of organisations already implementing successful local programs. Respondents suggested sustained funding could be provided for these programs and it could be beneficial to expand or share many of these programs on a larger scale.
- Support integration – some respondents suggested a national multicultural mental health project should support the integration of people from multicultural backgrounds into Australian society rather than isolating or ostracising them.
- Early intervention and prevention programs – a large number of respondents suggested running early intervention and prevention programs that support multicultural people within the community. Suicide prevention programs were seen as particularly vital.
- Advice to governments and services – it was suggested a national multicultural mental health project should work with governments and NGOs to provide strategic advice and influence policy at national, state and local levels. Respondents highlighted the key role a national project could play in advocating for better multicultural mental health across all levels of government and service provision.
- Support for people who have recently arrived in Australia – respondents expressed contradictory views regarding support for people who have recently arrived in Australia. Some respondents noted this group has extreme needs and a national project should provide them with support, whilst others said people recently arrived in Australia receive adequate support through the survivors of torture and trauma services.
- Broader engagement – some respondents proposed a national multicultural mental health project should take a holistic approach, which requires further engagement with a broader audience, for example English language classes. A large number of respondents also identified the need for educational resources that can be used by a broader audience, ensuring it reaches clinicians, especially GPs.
- Develop translation materials – some respondents emphasised the need for better access to translated materials, and identified that translated materials are required by a wide range of services, including schools, sporting clubs, libraries, language centres etc. There was a suggestion to incorporate planning for translated materials before new language groups arrive in Australia. For example, knowing Australia is accepting Syrian refugees, there should be translated materials available when they arrive. It was proposed translated materials be available in one place.
- Clearinghouse – it was suggested a national multicultural mental health project should create a clearinghouse for sharing ideas and resources (e.g. publications, research, evidence-based practice, the Framework and services available for consumers and carers from CALD backgrounds). Respondents suggested the clearinghouse should have two way information sharing.
- Interpreter training – a strong theme emerged around a need for better interpreters, with suggestions including standardising interpreter training and including mental health concepts and language in interpreter training.

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- Targeted programs – another theme identified throughout the responses was developing targeted programs for specific demographics. For example culturally appropriate aged care services, specific support programs for young people, specialised responses for women who become isolated, and family group type interventions.
- Access to services – respondents also identified the importance of ensuring multicultural communities can access the National Disability Insurance Scheme (NDIS), and that Primary Health Networks (PHNs) are able to appropriately manage people from culturally diverse backgrounds.

MHiMA Project management

Potential arrangements and structures

A key focus of the consultation was to gather views on potential arrangements and structures for a national multicultural mental health project or activities into the future. The responses to this question varied among respondents. A number of respondents acknowledged that the best arrangements would depend on the purpose and functions of the future project.

- 33% of respondents did not answer this question. Some respondents acknowledged the depth and complexity of this question and that appropriate context would dictate their response.
- 36% of respondents said an auspicing or partnering arrangement would be the most suitable arrangement for a future national mental health project. Suggested auspicing bodies included Mental Health Australia or multicultural organisations such as the Federation of Ethnic Communities' Councils of Australia (FECCA).
- 31% of respondents proposed there be an independent national multicultural mental health organisation. Some of these respondents suggested this organisation should be supported by the National Mental Health Commission for 18 months, until it is able to be independent.

A theme that emerged through this question was the importance of working closely with states and territories. A number of respondents suggested a model that has a central project manager with funded project officers placed in each state and territory. Other respondents proposed it should be an independent body rather than merging with service delivery organisations, to avoid any conflicts of interest.

Advisory group

Respondents were also asked whether the project would require an advisory body if it was hosted by another organisation; 33% of respondents agreed with this. Others highlighted that an advisory body would be useful if it is not tokenistic. Respondents suggested that the advisory group should only meet or provide advice when required, targeting specific topics and issues.

Respondents proposed the advisory group should have:

- independence and autonomy; it should be external from both the project or organisation and Government
- transparency in electing members and their activities
- representatives who are experts in their service delivery fields.

Suggestions about advisory group membership included consumers and carers from CALD communities, multicultural mental health experts and state and territory and federal government representatives. A theme again emerged that an advisory group or body is necessary in each state and territory, with these groups then providing a representative voice on a national advisory group.

Engaging and empowering CALD consumers and carers

The MHiMA NCCCWG were convened in January 2013 to ensure the views, perspectives and experiences of multicultural consumer and carers are embedded across the MHiMA Project. The NCCCWG positions are held by individuals with lived experience of mental ill health or who care for someone with mental ill health, from a range of cultural and linguistic backgrounds.

There was consensus from respondents that the voices of consumers and carers are paramount in any multicultural mental health project. It was highlighted that any consumer and carer engagement needs to be genuine and meaningful.

Respondents provided a range of suggestions about how the voices of CALD consumers and carers can best inform and support the future of a national multicultural mental health project.

- Use local community leaders, who can support the development of the project and can feed their community needs into the national group. Community leaders would provide information back to their communities from the national project. It was suggested a national group should comprise of local ethno-specific groups and be tailored to make a difference at the local level where the needs are highest.
- There be state based consumer and carer groups, as part of the transcultural mental health centres, or peak services in states without transcultural mental health centres. The national consumer and carer group would then have representatives from the state and territory bodies.
- Instead of having a specific multicultural consumer and carer group, ensure the voice of CALD consumers and carer are represented in the mainstream bodies at all levels; federal, state and local.

Respondents suggested that national CALD consumer and carer group membership should be diverse and representative. There were also suggestions there should be strong representation from newly arrived people, that the project have an early intervention focus and include people from refugee services, English lessons providers, sporting clubs etc., and that the group include workers representing consumers and carers.

A number of respondents highlighted that effective engagement with CALD consumers and carers requires investment in capacity building and leadership development. For example one respondent said that:

> "There is a need for women and men with leadership potential to be trained and upskilled so they are empowered to have their voices heard regarding mental health needs of CALD communities"

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

The Framework for Mental Health in Multicultural Australia (the Framework) is a web-based, action-oriented system. It includes tools and resources to help organisations and individual workers to evaluate their cultural responsiveness and develop action plans to enhance their service delivery for CALD communities.

In late 2015, Mental Health Australia commissioned an independent review of the Framework. This review was undertaken by the Australian Health Services Research Institute at the University of Wollongong, led by Professor Kathy Eagar. The consultation sought further public input on the Framework.

Overall, feedback about the Framework was positive and respondents recognised the need for such a tool.

Noting there are many resources required for Framework implementation, some respondents highlighted that services are already stretched for capacity and high quality cultural awareness training could be a more effective tool for creating behavioural change than the Framework. Others suggested there is a high risk of the Framework becoming too tokenistic, creating more paperwork rather than delivering behavioural change.

Respondents thought the Framework would be useful in a range of different settings, including public, community and private health settings. Respondents also suggested it be used in other services such as housing, aged care, local sporting groups, schools etc. Those who were in health services and previously involved in the Framework suggested implementing it at a regional or district level, rather than within a specific area. It was noted that involving consumers and carers in the process would strengthen the outcome for the services.

Respondents had some specific suggestions for improving the Framework, which were all provided to the independent reviewer. Suggestions included:

- Have separate implementation guides for different service sectors, hospitalised services, community and private practices
- Include videos on culturally sensitive practice
- Include videos on people's experiences with their medication
- Have a FAQ section on the website
- Share information that is good for others to learn from
- Have more on-line training packages
- Provide advice on overcoming barriers when management does not have a commitment to culturally sensitive practice
- Turn it into a database of resources or clearinghouse for everyone to access.

Please note: Only 21% of consultation respondents advised they had had some involvement with the Framework. As such, some feedback may not be based on an in-depth understand of the Framework.

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Data collection related to CALD populations

A previous MHiMA Project activity was to examine existing national, state and territory data collections relating to CALD populations in acute inpatient mental health units to highlight challenges and opportunities to improve CALD data collection. Unfortunately the MHiMA Project data analysis project was not completed within the timeframe of the previous Project, which ended 30 June 2015.

Respondents were asked about the type of data that should be collected and what a potential data collection and analysis project could look like.

Respondents suggested data collection should capture quantitative and qualitatively data. Some respondents suggested it would be practical and economical to collect data through existing data collection portals, by capturing this as part of mainstream data, rather than developing independent processes for CALD data. Challenges were also identified related to different data being collected across states and territories, as well as across the community and private sectors.

Some respondents also noted current data collection has no scope to capture information about children who are born in Australia, but who have newly arrived parents. It was suggested that this group has specific challenges and data could provide insight into the numbers of children in this situation, and their specific challenges.

Specific suggestions about the quantitative data that could be captured are listed below:

- Data on demographics
  - Age
  - Postcode
  - Language spoken at home
  - Place of birth
  - Length of time in Australia
  - Residency status
  - Cultural identity
  - Religion
  - Transport use
- Statistics on service delivery to support service delivery improvement
  - The use of interpreters, how often, how long are the sessions etc.
  - The use of bilingual/multilingual workers
  - Data of ethno-specific suicide
  - Data from hospital statistics, Emergency, General Admissions, Mental Health Admissions

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Respondents suggested qualitative data could improve services and supports. Some specific suggestions are below:

- Specific information about people's culture/s, to better develop care plans
- People's journey to Australia and their experience of settling in Australia
- Supports people have at home and within their communities
- Levels and experience of mental illness
- People's living conditions and information about their family unit
- People's understanding and knowledge of mental health and other services
- Information from CALD communities about their barriers to accessing services
- Success stories, and people's stories of recovery

Key themes

In addition to the feedback outlined above, some key themes emerged from the public consultation responses.

- Don't re-invent the wheel – across Australia a lot of resources have already been developed. The project should make use of these resources instead of starting again.
- Local areas have different needs –a one-size-fits-all approach doesn't work and it is essential to incorporate flexibility so that different communities can develop and respond to their own needs in their own ways.
- Working together – the needs and challenges in the multicultural mental health sector are too large for people or organisations to address on their own. It is essential to work together and develop strong links between services in order to maximise the resources available. This includes engagement with CALD consumers and carers, and partnering with state peak bodies, transcultural mental health centres, universities and professional associations.
- Stay relevant – the project should stay abreast of the changes in society, including adapting to new and relevant knowledge and developments in the mental health sector, ensuring that responses encompass an understanding of immigration policies and the impact this has on people recently arrived in Australia, as well as new issues or significant trends, such as domestic violence.
- Communication – the project should communicate information, resources and project updates to a large and broad audience, including consumers, their families and carers, clinicians, GPs and allied health professionals as well as policy makers. The project should provide or facilitate access to multilingual resources that can be shared across the country.
- Mental health should not be treated in isolation – it is essential for a national multicultural mental health project to look holistically at mental health and to understand that mental health may be linked to a number of contextual and societal issues for people from a culturally diverse backgrounds. For example, mental health may be linked to experiences of domestic violence, alcohol and drug abuse, housing, visa status etc.

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Conclusion

The public consultation provided a wide range of responses, encompassing an impressive breadth and depth of knowledge. Overall, respondents highlighted the need for a national multicultural mental health project or program to recognise and address the challenges people from culturally diverse backgrounds face within the mental health sector. The respondents provided insight into potential programs and solutions within communities, the service delivery sector and at a national level.

As one respondent explained:

> "Multicultural Australia is not a dream but a reality and will continue to be so. National policies for all services across must reflect the diverse needs of the multicultural society that is consistently equitable and inclusive."

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Appendix 1 – Consultation Response Form

Mental Health in Multicultural Australia Project – consultation on future directions

Mental Health Australia is seeking your views on future directions for the Mental Health in Multicultural Australia (MHiMA) Project. Your feedback will assist us to develop recommendations to the Department of Health, for its consideration, due in March 2016.

Please refer to the consultation paper for information on the MHiMA Project, including recent Project activities and questions to assist with your feedback. The questions in this form are taken from the consultation paper and are a guide only. If you have additional feedback you wish to provide please do so either on this form or via email.

Please send your feedback with the subject line *MHiMA Project consultation* to info@mhaustralia.org by **12pm AEDT 12 February 2016**.

About you

Feedback from respondents to the draft consultation document will be de-identified. The information you provide in this section will help us to establish who is responding and whether the draft consultation document is being accessed by those in the various target groups.

Completing this section of the form is voluntary, however we would greatly appreciate you taking the time to answer these questions.

Why are you participating in this consultation? *(check all that apply)*

☐ Professional interest

☐ Personal interest

☐ To improve knowledge on multicultural mental health and wellbeing

☐ Interest in multicultural mental health

☐ Interest in the MHiMA Project

Other (please specify):

What is your understanding of the Australian multicultural mental health sector? Please provide comments.

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Do you identify as being from a multicultural or culturally and linguistically diverse (CALD) background?

☐ Yes

☐ No

Is English your second language?

☐ Yes

☐ No

Do you work in: *(check all that apply)*

☐ The mental health sector

☐ The CALD sector

☐ A clinical setting

☐ A community managed organisation or NGO

Other (please specify):

Do you identify as a: *(check all that apply)*

☐ Mental health consumer

☐ Mental health carer

☐ Clinician

☐ Support worker

☐ Bi-lingual worker

Other (please specify):

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.

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.

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

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

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:

- complex needs associated with, for example, torture and trauma or disability or age (youth, aged care)?
- encouraging or educating people from CALD backgrounds to recognise and be willing to discuss mental illness?
- addressing stigma and barriers to accessing services?
- issues facing specific CALD communities or populations? If so, which one/s? Please provide details.

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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 most suitable management and governance arrangements? Please provide details
- The most suitable project or organisational structure? We have provided some ideas below, for example, should it be:
    - an independent multicultural mental health organisation
    - an auspicing arrangement where a dedicated project is managed by another body, agency or organisation
    - an arrangement where it is a project within an already established organisation

We are also interested in any other suggestions you may have. Please provide comments.

2.2. If a future project sits within another organisation, should there be an overarching advisory group to guide it?

3. Engaging and empowering CALD consumers and carers

3.1. How can the voices of CALD consumers and carers best inform and support any future national multicultural mental health project and activities? Please outline activities CALD consumers and carers could lead and be involved in, for example:

- providing advice and input to the project / activities and broader national mental health initiatives
- sharing information, consulting and building capacity at the local level
- undertaking consumer and carer directed research, to inform the project /activities

We are also interested in any other suggestions you may have. Please provide comments.

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3.2. What do you see as the most appropriate ways to ensure meaningful CALD consumer and carer engagement in:

- any future national multicultural mental health project / activities?
- broader national mental health initiatives?

3.3. What do you see as the most appropriate ways to recruit, support and build the capacity of CALD consumer and carer representatives involved in:

- any future national multicultural mental health project / activities?
- broader national mental health intiatives?

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

4.1. Have you had any involvement with or used the Framework?

- If yes, please outline your experience with the Framework.
- If no, please outline why this may be (e.g. unaware of the Framework, need more information, unable to access etc).

4.2. Framework implementation to date has been in acute mental health settings. Do you think Framework implementation should be expanded to community based services, and what services should this involve?

4.3. Do you have any comments on the Framework's effectiveness in helping organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for CALD communities?

4.4. Do you have any comments or suggestions about the portals, tools, information and resources, and mode of delivery and implementation?

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4.5. What other modes of assistance, training and overall Framework delivery would you see as valuable and/or appropriate for effectively and efficiently delivering the Framework?

4.6. What would you suggest to support and enable the expansion of the Framework beyond acute mental health settings?

4.7. Do you have any other feedback on the Framework?

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?

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?

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

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Appendix 2 – Summary of Respondents

The table below provides an overview of respondents to the public consultation.

Respondents		
Consultation opening dates	22 January – 12 February 2016	
Total number of submissions	75	40 Individuals
		35 Organisations or groups
Mode of response	35 Response form	
	22 Written report, letter or email	
	5 Focus group or forum	
	13 Interviews	
Respondents who identified as being from a multicultural or CALD background	36 Yes	
	18 No	
	5 Yes and no (group response)	
	16 Not specified	
Respondents who identified that English was their second language	22 Yes	
	23 No	
	4 Yes and no (group response)	
	26 Not specified	
Respondents who identified as consumers and/or carers	4 Consumers	
	12 Carers	
	10 Consumer and carer (individuals or group response)	
	32 Neither	
	17 Not specified	
Respondents who indicated awareness of the work of the MHiMA Project	33 Yes	
	13 No	
	3 Yes and no (group response)	
	26 Not specified	

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Summary of respondents' work roles	Respondents identified as holding a wide range of work roles e.g. Commissioner, psychiatrist, manager, paediatrician, nurse, program coordinator, advocate, psychologist, educator, bilingual worker, support worker, policy advisor
Summary of organisations and sectors represented	Submissions came from all states and territories (NSW, QLD, VIC, SA, WA, TAS, NT, ACT), from both government and non-government organisations, and from a wide range of sectors including health, CALD, community, aged and settlement services
Summary of focus groups/communities	Responses represented the interests of a wide range of communities and groups, for example, Chinese, Indian, Italian, African, older CALD Australians, women, asylum seekers and refugees, carers

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Appendix 3 – Detailed list of project activities suggested by consultation respondents

Stigma reduction and suicide prevention

- Develop a national community grants program for local community organisations, focussed on stigma reduction and community integration.
- Incorporate CALD perspectives in national suicide prevention and stigma reduction strategies (e.g. the Stepping out of the Shadows program).
- Partner with Suicide Prevention Australia and Lifeline to promote suicide prevention.
- Use media in different languages to raise awareness and promote mental health e.g. SBS and ethnic radio stations.
- Use multiple platforms to raise awareness of mental health, for example targeting social clubs, factories with a strong ethnic workforce, community events, coffee clubs etc.
- Use methods such as forum theatre to raise awareness of mental health in a culturally appropriate way, for example a play about domestic violence.
- Develop a Mental Health Awareness Curriculum to be used as part of English as a Second Language (ESL) literacy programs, which could be taught across learner-levels (beginner, intermediate and advanced).

Improving services and support

- Ensure care is well coordinated by providing support to people of CALD backgrounds who require assistance from multiple agencies, to help them navigate the health system.
- Develop strategies for responding to the needs of people at risk within their own homes, rather than by involuntary hospitalisation.
- Develop lifestyle type programs to support people to manage their mental health in the community.
- Include a focus on ethno-pharmacology and accessible genetic testing (i.e. blood tests) in relation to medication use for consumers from CALD communities.
- Improve understanding of CALD consumers and carers in forensic settings.

CALD consumer and carer participation and engagement

- Expand the Carer and Consumer Reference group at the State and Territory level to include sub-groups in every state and territory, which could be achieved by utilising already established structures such as FECCA or each State's Multicultural Community Council.
- Develop and host a CALD Consumer and Carer Conference.
- Develop a speakers bureau and encourage public speaking opportunities for consumers and carers from CALD communities.

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- Use the blueVoices model (from Beyondblue) for consumer and carer participation in order to increase opportunities for representation across CALD communities by making consumer and carer participation more accessible.
- Develop creative approaches to include the voice of communities who have recently arrived in Australia.

Carers in the community

- Improve access to respite for carers from CALD communities, recognising that a lack of language-specific facilities decreases their ability to take up respite.
- Focus on the complex needs of young people in multicultural communities who provide unpaid care to a family member with a mental illness.
- Provide mental health education programs for carers from CALD communities at mental health clinics using interpreters.

CALD community leaders

- Develop strategies for CALD community leaders to inform program development, as well as utilising these community leaders to share information within their communities.
- Train and upskill women, men and young people with leadership potential to have their voices heard (e.g. public speaking and advocacy opportunities, and increase their knowledge of mental health through Mental Health First Aid training).

Community development and community capacity building

- Adopt a community development framework aimed at building community capacity, breaking isolation and early intervention, using a bottom-up approach.
- Partner with community organisations to conduct community groups and information sessions, targeting community needs and building community owned responses.
- Maintain a holistic view of local communities and mental health, incorporating aspects such as education, accommodation, legal aspects of Australian life, employment, etc.

People who have recently arrived in Australia

- Develop early intervention approaches for newly arrived humanitarian entrants, in particular for non-permanent visa holders.
- Plan for the arrival of new community groups, for example by developing resources in their languages prior to arrival.
- Build capacity of mainstream mental and general health services to respond to needs of people from refugee backgrounds, including improving referral rates to specialist torture and trauma services.

Young people

- Develop youth integration programs focused on high risk cohorts (e.g. refugee adolescents) with inter-disciplinary and inter-agency input.
- Support the provision of culturally appropriate services addressing post-traumatic stress for young children, targeting vulnerable groups such as humanitarian entrants.

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- Support early intervention approaches to mental health in schools, through school and age-specific resources (pre-school, primary and adolescent cohorts), ideally incorporating the approaches into school curriculums.
- Education of parents on Australian values and life in Australia, with a focus on mental health and wellbeing.

Older people

- Culturally appropriate aged care training for health and aged care workers.
- Advocate for smaller ethnic groups (not large enough to have their own aged care facilities) to have purposely dedicated sections within a mainstream aged care facility, with culturally sensitive staff and food.
- Encourage aged care facilities to have culturally diverse staff looking after dementia patients from CALD communities.

Workforce development

- Support and promote the development of a CALD peer workforce (including multicultural, bicultural and bilingual mental health workers), to assist consumers and carers, including helping them to better navigate the health system.
- Professional development activities to upskill existing workforce and organisations.

Supporting GPs

- Provide clear information to GPs on multicultural mental health service pathways, including lists of practitioners who speak other languages or have multicultural competency (e.g. psychiatrists, psychologists).
- Increase consultation time for GPs to work with people from CALD backgrounds when accommodating interpreters, with associated Medicare incentives/financial reinforcement.
- Improve GP efficacy through cultural competency training and employment of bi-cultural staff.

Training for clinicians

- Provide trauma informed care workshops to develop and disseminate specialist skills for working with multicultural communities affected by trauma and conflict.
- Facilitate cultural awareness training, including language sensitivity and cultural competency, which could be delivered by local community leaders.
- Develop culturally appropriate psychological assessment tools.
- Consider modification of suicide risk assessments for CALD consumers.
- Develop and implement a HoNOS assessment tool to collect data from people of CALD backgrounds.

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Improving services by ensuring complaint procedures are accessed by CALD communities

- Improve and simplify the complaints process for consumers, carers and by-standing clinicians who experience or observe inappropriate treatment and promote the responsiveness of services to feedback.
  - » Volunteers to attend hospitals with iPads with translation software which allow individuals to provide anonymous responses.
  - » Conduct focus groups in local communities to gather feedback on people's experiences with mainstream services.

The Framework and MHiMA website

- Turn the MHiMA website into a national clearinghouse of publications, research, resources, evidence-based best practice guidelines and good practice examples, studies and training. This could be modelled on the Canadian multicultural mental health website/Closing the gap clearinghouse.
- Maintain and develop online multimedia resources including, digital stories, videos and case scenarios for clinicians, including stories from people with lived experiences.
- Promote the adoption of the MHiMA Framework is as a key performance indicator in service accreditation and the National Standards for Mental Health Services.

Improving translation and interpreter services

- Advocate for mandatory mental health modules in interpreter training.
- Develop and facilitate access to multilingual resources, for example translated information on consumer rights and responsibilities. Although translated resources are highly valuable, multimedia (visual, audio or audio-visual) messaging is also essential in order to reach those who are illiterate.

Research and data collection projects

- Work with states and territories to drive the creation of a CALD mental health and wellbeing dataset.
- Review and publicise the current state of mental health service provision across Australia and highlight the disparities across states and other demographic factors.
- Share robust health statistics with other agencies and community organisations for information and to assist them with grant applications.
- Coordinate independent longitudinal data collection, capturing age specific trends across child, adolescent and adult cohorts. The data could be drawn from both acute and community settings.
- Coordinate research through partnerships between universities and health districts, focusing on practical settings, for example exploring group therapies compared to individual therapies.
- Capture data through pilot projects, focused on specific high risk cohorts (e.g. refugee adolescents) with inter-professional input and engagement.

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Advocacy and policy development

- Adopt clear and explicit equity-oriented targets for people from CALD backgrounds to be included in government funding agreements, grants and tenders.
- Integrate CALD needs and priorities into the design and delivery of the Stepped Care Model, including the Integrated Team Care Package tailored to individual needs.
- Extend the National Mental Health Commission's Seclusion and Restraint Project to explore factors which result in seclusion and restraint for vulnerable people (e.g. language and communication challenges).
- Raise awareness around the mental health impacts of immigration detention.
- Ensure that the increasing focus on e-health and using technology in service delivery also accommodates the needs of CALD communities and does not inadvertently ostracise some groups.

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