

Embrace Multicultural Mental Health Project

Open Tender

Frequently Asked Questions

	Question	Answer
1.	Where can I access the 2013 Mental Health in Multicultural Australia report?	The 2013 <i>Mental health research and evaluation in multicultural Australia: developing a culture of inclusion</i> report can be accessed here .
2.	The selection criteria for Organisational capability states provide detail on the organisation experience and capability in multicultural and mental health fields. Is a single organisation application preferred over a consortium approach?	Consortiums are most welcome to apply, and preference will not be given on the basis of whether an application has been submitted by a single organisation or a consortium. Our aim is to find the best fit for the research project.
3.	In regard to question 1 in item 1.3, are there any parameters that the EMBRACE team wishes to utilise? i.e. specific CALD groups, age range, local government areas/context.	We are seeking to engage with as broad a representation as possible given the national scope of the project and so we want to examine whole-of-population data rather than looking to specific CALD or age groups. As part of the project, the selected organisation or consortium would need to work with the Embrace Lived Experience Group and the Embrace Stakeholder Group.
4.	Would primary data be considered for Q1 as it is in Q2 (listed under 1.3 in the Request for Tender)?	We would welcome primary data collection for both.
5.	Do consultations with the Embrace Lived Experience Group, Embrace Stakeholder Group and Alliance Partners need to be remunerated and, if so, does the remuneration need to be covered by the project budget?	As stated in the Request for Tender (pg.4): Paid participation for people who participate outside of paid-work will need to be considered within the budget for any interviews or face-to-face consultations, and must be in line with current remuneration rates outlined in the Australian Government Remuneration Tribunal Remuneration and Allowances for Holders of Part Time Public Office Determination , as "Offices not specified".
6.	For the remuneration rates set out by the Remuneration Tribunal, is there a different hourly rate or half day rate?	You can refer to the Determination Report for the Remuneration Tribunal here . Section 12, pages 5 & 6 list the daily rate while Part 4, Section 21(3) on page 18 can be used to calculate the hourly rate. In short, the current daily rates (5 hours or more) for a Chair is \$616 and for a Member is \$464 and the hourly rate (1-4 hours) for a Chair is \$123.20 and for a Member is \$92.80
7.	Do survey respondents need to be remunerated if surveys are included as part of the research process?	If you determine that your methodology will include the use of surveys, we will leave it to your discretion to determine how you might seek to incentivize participation.
8.	Is there any flexibility to make minor amendments to the proposed consultancy contract?	We will consider amendments to the consultancy contract should they fit with Mental Health Australia's funding and legal obligations. The final contract will be agreed and signed only after the completion of the tender process and the selection of an organization.

9.	Since the 2013 report, <i>Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion</i> was written, can you provide a list of national, primary, and state/territory mental health service use data sources for the research team to focus on? Additionally, would identifying these sources and assessing what data is collected be sufficient for analysis, including making recommendations on gaps?	Preliminary identification of data sources and the proposed approach to how this question will be answered will form part of the assessment of 2.5 Selection Criteria – Detailed Proposal. Once the organisation/consortium has been selected this can be refined in consultation with the project team (2.2 Project Governance). Applicants are encouraged to include a list of proposed data sources, noting that the list will not be exhaustive.
10.	Are there any particular cohorts that would be seen as a priority for this report?	There are no specific cohorts within multicultural communities that this project is targeting.
11.	Is there scope for sub-reports, for example a report that might exclusively explore the state of mental health for multicultural youth?	Unfortunately, there is no scope for specific sub-reports within this funding opportunity; however, we would welcome data or information in relation to multicultural youth mental health and best practice.
12.	Is there a preferred methodology for the research?	The proposed methodology forms part of the assessment criteria. We leave it to your discretion to select the most appropriate methodology.
13.	Is there scope to embed a co-design approach with lived experience as part of this research?	As stated in Section 1.3 of the RFT, 'Key stakeholders will be identified in consultation with the successful partner and, at a minimum, will include the Embrace Lived Experience Group, Embrace Stakeholder Group, and Alliance Partners'. This will be considered as part of the Selection Criteria outlined in Section 2.5, which includes evaluating how project objectives will be achieved, including methodology and project governance.
14.	What are the numbers and compositions (paid and unpaid) of the following groups: Embrace Lived Experience Group, Embrace Stakeholder Group and Alliance Partners?	The Embrace Lived Experience Group is composed of a total of 16 consumer and carer representatives from each state and territory. To ensure members of the Embrace Lived Experience Group are fairly compensated for their contributions, please include provisions for their remuneration in the project budget. Our Stakeholder Group is comprised of 15 organisational representatives with multicultural mental health expertise and links to CALD communities. Anyone who is required to participate outside of normal working hours or paid work will need to be considered within the budget. Our Alliance Partners consist of representatives from FECCA and NEDA, as well as a CALD mental health lived experience consumer and carer representative from the Embrace Lived Experience Group.

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