MHiMA National CaLD Consumer Carer Working Group (NCCCWG) -

Submission on multicultural mental health considerations for the Fifth National Mental Health Plan (Fifth Plan)

Introduction

Thank you for the opportunity to provide input to the development of the Fifth National Mental Health Plan.

This submission is formulated by the MHiMA NCCCWG and is based on:

- The *Mental Health in Multicultural Australia (MHiMA) Response to the National Mental Health Commission [NMHC] 'Report of the National Review of Mental Health Programmes and Services*[1] developed jointly by the MHiMA National Culturally and Linguistically Diverse (CaLD[2]) Consumer & Carer Working Group (NCCCWG) and the (previous) MHiMA Executive;
- The NCCCWG *Supporting the Call for the Inclusion of Consumer[s] and Carers in National Mental Health Reforms*[3] media release and *Meaningful Engagement Consensus Statement*[4]*;* and,
- A co-design process involving feedback and advice from the MHiMA NCCCWG.

MHiMA Project background

The MHiMA Project provides a national focus for 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 communities' interests in the mental health sector and raising awareness of the issues and impacts around mental illness and suicide prevention in these communities.

The MHiMA NCCCWG was established to ensure that the views, perspectives and experiences of multicultural consumers and carers are embedded across the MHiMA Project and its activities. The NCCCWG work cohesively and effectively across all spheres connected with mental health and well-being, providing a national voice for those in the community who for a multitude of reasons, do not speak about their experiences, their needs, and their wishes. Membership of the NCCCWG consists of one consumer and one carer per state or territory, from a range of cultural, linguistic and diverse professional backgrounds including; human rights lawyers, psychologists, peer workers, nurses, systemic advocates, mental health workers, bureaucrats and volunteers. Across the eleven members of the NCCCWG, more than 16 languages and dialects are spoken. The NCCCWG is

[1] http://www.mhima.org.au/mhima-latest-news/mhima-response-to-national-mental-health-review

[2] www.eccv.org.au/library/file/.../ECCV_Glossary_of_Terms_23_October.doc

[3] http://www.mhima.org.au/mhima-latest-news/mhima-national-CALD-consumer-and-carer-working-group-media-release

[4] MHiMA NCCCWG – See Appendix A.

MHiMA Mental Health in Multicultural Australia

National CALD Consumer and Carer Working Group

also represented on the National Mental Health Consumer and Carer Forum (NMHCCF), "a national combined voice for consumers and carers". [5]

Inclusions in the Fifth Plan

The NMHC's Review states that

> *… People who have an experience of immigration to Australia or who have fled traumatic home circumstances as refugees have specific mental health experiences and needs which must be accounted for if support is to be effective. Not only do experiences of migration often exacerbate or create mental distress, but people can find the response of Australian mental health supports inappropriate to their needs. They also can face problems of seclusion and restraint in the mental health system because of issues such as language barriers and culturally different approaches to mental health and well-being.*[6]

The MHiMA response to the NMHC's Review notes that the current mental health system is not adequate or well-placed in meeting the mental health needs of Australians as a whole, and many of the issues are amplified many fold when taking into account the needs of people from multicultural backgrounds. When considering the needs of multicultural, immigrant and refugee populations in Australia what is therefore required is;

- A mental health and disability sector that is inclusive and respectful of diverse cultural groups; and,
- Designed to deliver consistent, integrated, responsive and personalised care to meet the mental health and well-being needs of all Australians no matter whether they are generational Australians, or are of immigrant and multicultural background, recently arrived to our shores, or our country's first-peoples.

The NCCCWG is keen to provide its skills and knowledge to assist in creating change that improves the mental health and well-being outcomes for people of multicultural background. We are ready to work in partnership alongside government and other key sector stakeholders and consumers and carers in creating national mental health reform. We support the commitment in the Australian Government response to the Review that

> *… Reform must build programmes and integrated pathways around the individual needs of consumers, including particular subgroups with or at risk of mental illness. This must include people living in rural and remote areas, Aboriginal and Torres Strait Islander people; people from culturally and linguistically diverse backgrounds, humanitarian entrants and other vulnerable groups*. [7]

To progress a reform agenda that addresses the mental health and well-being needs of CaLD communities, we recommend the following key strategic areas for inclusion in the Fifth Plan (further detail is also provided below on some of the key strategies).

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[5] http://nmhccf.org.au/

[6] National Review of Mental Health Programmes and Services, 30 November 2014, Volume 1, page 107

[7] Australian Government Response to Contributing Lives, Thriving Communities, Review of Mental Health Programmes and Services, page 7. http://www.health.gov.au/internet/main/publishing.nsf/Content/0DBEF2D78F7CB9E7CA257F07001ACC6D/$File/response.pdf

1. Meaningful Engagement[8]

A commitment to genuine engagement with and of people from multicultural backgrounds in all mental health reform activities to ensure that participation is relevant, meaningful and valued.

A commitment to conducting genuine consultations to seek input from 'grass roots' CaLD communities and specialist multicultural mental health services into mental health reforms.

2. CaLD Mental Health Consumer and Carer Participation

Commit to fostering, progressing and building the capacity of the CaLD consumer and carer movement Australia-wide, addressing the National Standards for Mental Health Services and the National Safety and Quality Health Service Standards and to bring CaLD participation in line with mainstream consumer and carer mental health sector developments.

3. Policy Development

Commit to and develop a national framework and policies for CaLD mental health consumer and carer participation in mental health policy development and planning within the community and disability sectors and at all levels of government.

4. Stigma

Use evidence, evaluation and incentives to reduce stigma, build capacity and respond to the diversity of needs of different populations (as per Recommendation 17 of the NMHC Review).[9]

Develop community strategies and activities which will enhance capacity to more widely connect with 'hidden'[10] consumers and carers and to reach newly-arrived multicultural communities to address personal, societal and cultural perceptions of stigma and shame in relation to mental illness.

5. Evidence-based Path

Commit to using appropriate data variables to guide/develop evidence-based activities/programs as per page 18 of the MHiMA report commissioned by the NMHC: *Mental Health Research and Evaluation in Multicultural Australia: Developing a culture of Inclusion*.[11]

6. Recovery-focused Service Development

Develop and build upon existing programs which assist multicultural, refugee, immigrant and generational[12] populations and support effectiveness of recovery-focused and rehabilitation prevention strategies in ensuring holistic care is provided to these communities.

Commit to identifying and addressing the inequities in psychological and psychiatric treatment and care including seclusion and restraint.

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[8] NCCCWG - Meaningful Engagement Consensus Statement – See Appendix A.

[9] See page 105, Volume 1 of the NMHC Review, http://mentalhealthcommission.gov.au/media/119905/Vol%201%20-%20Main%20Paper%20-%20Final.pdf

[10] http://RecognitionandRespect-MentalHealthCarersReport2012%20(1).pdf

[11] Page 18, http://www.mentalhealthcommission.gov.au/media/80646/2093%20MHiMA%20CALD%20REPORT_06.pdf

[12] See Glossary of Terms for definition.

7. Research Development

Conduct research and support the development of culturally-specific mental health treatments that do not enforce western models of care.

Develop and resource CaLD consumer and carer-directed research initiatives that are innovative and community-focused.

8. Framework for Mental Health in Multicultural Australia

A commitment by each state and territory to the widespread adoption of the *Framework for Mental Health in Multicultural Australia* [13](the Framework) to ensure a culture of inclusion in the provision of services for CaLD consumers and carers.

9. Holistic Approaches and Innovation

Work in collaboration with education, employment, housing and other sectors to develop holistic approaches, strategies and initiatives that address mental health, psychosocial disability and poor physical health outcomes across the lifespan in CaLD, multicultural, refugee and generational Australian populations.

10. CaLD Workforce Development

Develop education pathways and initiatives that support and build a CaLD mental health professional workforce, and especially support the development of a CaLD mental health peer workforce.

11. Prevention and Promotion Strategies

Develop and invest in early intervention and prevention strategies to address stigma and mental health literacy issues in multicultural, immigrant, refugee and CaLD generational Australian populations including national media campaigns in mainstream, ethnic and community media services.

12. Community Integration

Commit to and develop programs that address disaffected multicultural families, disaffected youth in vulnerable communities and at-risk groups to; increase community integration, mental and social well-being, strengthen social cohesion and protective factors in CaLD families and communities, and especially those of Muslim faith.

13. National Disability Insurance Service (NDIS) Pathways for CaLD

Address existing and future barriers to access and understanding of the NDIS for people of CaLD backgrounds through investment in targeted programs for CaLD consumers, carers and their families; recruiting and training specialist CaLD NDIS staff (bi-lingual and multicultural mental health workers); designing, developing and making available information in all community language groups.

Create opportunities for national CaLD consumer and carer representatives to participate in relevant local and national disability and National Disability Insurance Agency (NDIA) forums and committees to bring their many diverse voices to the discussion and inform developments, measure progress and ensure the engagement of people of CaLD backgrounds in the NDIS.

[13] http://framework.mhima.org.au/framework/index.htm

14. CaLD Communities and Aged Care

Commit and address the needs of aging multicultural populations especially those with mental health issues through aged care reforms that address language barriers; gaps in services and supports for those aging and their families; and explore culturally sensitive innovative models of care that are being used in Europe and overseas.

15. Children, Adolescent and Youth

Commit to addressing inequities in treatment and care, and building services that provide care and treatment to children, adolescents and youth of multicultural, immigrant and refugee backgrounds to prevent poor physical and mental health outcomes. Especially those who have mental health or drug and alcohol issues; have been affected by trauma, or are at-risk of developing psychosocial issues, and vulnerable to radicalisation.

16. Targeted Support for Lesbian, Gay Transgender Bi-sexual Intersex (LGTBI)

Identify and commit to addressing the mental health, well-being and treatment and care needs of multicultural, immigrant, refugee and generational Australians who are lesbian, gay, bisexual, transgender and intersex (LGTBI).

Key Priority Area

1. Meaningful engagement

The NCCCWG support the meaningful engagement of people from multicultural backgrounds, particularly people who are either living with or caring for someone with mental illness, in national mental health reform.

The MHiMA NCCCWG have defined Meaningful Engagement as -

> *Meaningful engagement is a purpose-oriented, ongoing, collaborative process which is underpinned by shared values such as respect and unity, and which honour the lived experience and diversity of all people.*[14]

Meaningful engagement of consumers and carers from CaLD backgrounds is guided by the following key themes:

Theme 1 – Continuity

Meaningful engagement is an ongoing process which involves engaging consumers and carers from the beginning of a project or activity and at each stage through to completion.

Theme 2 – Honouring the lived experience

Central to meaningful engagement is that consumer and carer perspectives are heard and embraced to guide the project/activity.

[14] MHiMA NCCCWG Meaningful Engagement Consensus Statement – Appendix A.

Theme 3 - Shared values

Engagement is meaningful when those involved share the same core values and when these are reflected at all levels within a Project/Organisation.

Theme 4 – Collaboration

Meaningful engagement is a collaborative, two-way process, including between those within the Project as well as the wider CaLD community.

Theme 5 - Accessibility

Engagement is meaningful when the Project, its activities and resources are accessible to all involved.

Theme 6- Equity and Equality

Meaningful engagement does not discriminate, impair access to participation or create division.

To ensure that engagement with CaLD consumers and carers is meaningful and valued the NCCCWG recommend the following key strategies be adopted and included in the 5th Plan and by:

- Creating environments and forums which are respectful of culture, diversity, gender, language and religious differences;
- Hearing and embracing CaLD consumer and carer perspectives;
- Facilitating and fostering collaboration between all mental health stakeholders including government, community and disability services sector;
- Ensuring that activities and resources are accessible to all involved;
- Utilising co-production and co-design principles;
- Ensuring equity and equality;
- Valuing and acknowledging individual and group contributions;
- Reimbursing participation in-line with community and government work agreements, and
- Investing and building the capacity and leadership of CaLD consumer and carer representatives so they can play a more effective role in their work and within their communities.

Genuine Engagement:

Genuine engagement with CaLD consumers, carers and CaLD communities consists of utilising strategies that appropriately address the barriers of language and stigma, such as providing adequate time, support and resources (for example: interpreters, translated material, education/training, etcetera) that help people with English as a second language to understand the issues and context, and what is being asked of them.

To progress this strategy we support the following key approaches:

- Adopt culturally appropriate strategies for engagement with CaLD consumers, carers and communities throughout community, disability sectors and at all levels of government as noted above;

- Support meaningful and genuine engagement of people of CaLD backgrounds through the development of multicultural-specific policies to ensure that these principles are enacted across all levels of government and community and disability sectors;

- Develop close working relationships and engagement with CaLD community leaders and multicultural organisations can facilitate engagement with mental health services; and

- Improve and support genuine engagement with CaLD consumers, carer and CaLD communities through enabling the widespread adoption of the *Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery* as a tool to assist organisations and enhance their cultural responsiveness.

2. CaLD Mental Health Consumer and Carer Participation

Many traditional mechanisms for consumer and carer participation (such as consumer advisory groups or representation on committees) fail to address the cultural context of mental health issues in different CaLD communities. Group processes with participants with varying degrees of English proficiency, with different understanding and cultural explanatory models about mental illness can only achieve limited outcomes.[15]

One successful model for CaLD consumer and carer participation uses community engagement as a fundamental underpinning in which the mental health service engages with the community, rather than the other way around.[16] Community engagement can assist mental health services to identify and understand how mental health issues are understood within CaLD communities; help to build trust between CaLD communities and mental health services; increase mental health literacy; and identify culturally appropriate engagement strategies.[17] These preparatory stages can lead to successful tailored partnerships and participation approaches.

In 2011 at COAG, Professor Patrick McGorry, Frank Quinlan and Monsignor David Cappo stated *"*Putting consumer and carer engagement at the heart of the design and implementation of mental health services and programs*"* as one of the measures needed to be achieved by Government for successful mental health reforms. This is achieved by utilising genuine co-production and co-design principles.

Engagement and participation results in services and programs better reflecting the needs of CaLD consumers and carers, and their engagement in traditional participation or their cultural differences may reduce/overcome access and participation barriers in a meaningful way.

[15] Queensland Transcultural Mental Health Centre, Chand M: A model for CALD consumer participation in mental health - a report on the multicultural consumer and community participation in mental health project. In. Brisbane: Queensland Transcultural Mental Health Centre and Multicultural Centre for Mental Health and Wellbeing; 2006: 1-36.

16 Queensland Transcultural Mental Health Centre, Chand M: A model for CALD consumer participation in mental health - a report on the multicultural consumer and community participation in mental health project. In. Brisbane: Queensland Transcultural Mental Health Centre and Multicultural Centre for Mental Health and Wellbeing; 2006: 1-36.

[17] Queensland Transcultural Mental Health Centre, Chand M: A model for CALD consumer participation in mental health - a report on the multicultural consumer and community participation in mental health project. In. Brisbane: Queensland Transcultural Mental Health Centre and Multicultural Centre for Mental Health and Wellbeing; 2006: 1-36.

Whilst Standard 3, Consumer and Carer Participation and Standard 4, Diversity Responsiveness of the National Standards for Mental Health Services 2010[18] addresses the need for CaLD mental health consumer and carer participation; and Standard 2, Partnering with Consumers of the National Safety and Quality Health Services Standards[19] also states that consumers are required to be actively involved in the development, planning, delivery and evaluation of services; it is the enacting of these standards that needs to entrenched within the mental health system.

To progress this strategy we support the following key approaches:

- Implement Standards 2, 3 and 4 as noted above to ensure that mental health services are engaging with CaLD consumers, carers and communities in a meaningful and genuine way;

- Adhere to and adopt recommendations provided under Recommendation 17 in the NMHC National Review of Mental Health Programmes and Services;[20]

- Commit to, identify and utilise culturally appropriate community engagement strategies with CaLD consumers, carers and communities to engender trust and build capacity to respond to the needs of these groups; and

- Commit resources to growing capacity of CaLD consumer and carer networks at the 'grass roots' and state and territory level.

3. Policy Development

In Australia, as elsewhere in the world, we continue to welcome new waves of immigrants who require health, mental health and disability care. Immigrants often find it difficult to settle in and become a part of a new community and it can be hard for them to seek help when confronted with issues that affect their mental health and well-being. It is essential therefore, that in seeking to respond to these and other challenges arising from a global environment in the 21st Century that mental health and disability policy developments keep pace with the challenges of diversity and migration, research and innovation, mental health and disability reforms.

The MHiMA NCCCWG believe that to "advance developments and … [to] implement ... policy by building on the mental health policy architecture in place at Commonwealth, State and Territory government levels and advocate for culturally inclusive policy implementation" (MHiMA, 2012, p.9)[21] requires a coordinated approach and direction from a dedicated national multicultural mental health organisation such as MHiMA that works in partnership with key national multicultural mental health stakeholders to progress the mental health and well-being interests of CaLD Australians.

The MHiMA Project and NCCCWG are well-networked with community and government multicultural stakeholders and are a critical component in reaching and engaging 'grass-roots', multicultural, immigrant,

[18] National Standards for Mental Health Services 2010, http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-n-servst10
[19] National Safety and Quality Health Services Standards 2012, http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf
[20] National Review of Mental Health Programmes and Services – 30 November 2014 – Volume 1, pages 105-108.
[21] MHiMA Strategic Plan 2012-2014.

refugee and generational Australian populations. Through the key activities of MHiMA and the NCCCWG we are able to provide a national focus on issues relevant to mental health suicide prevention, provide support and advice to primary health care professionals and provide advice to government on policy development and the best approaches to tackle a range of issues impacting the mental health, disability and well-being needs of CaLD Australians.

To progress this key strategy we support the following approaches:

- Commit to the continued funding of the MHiMA Project to enable better outcomes for CaLD Australians across the lifespan;
- Provide appropriate resources to expand the capacity and activities of MHiMA and the NCCCWG;
- Support and work with MHiMA and the NCCCWG to build partnerships with government organisations, non-government provider networks and consumer and carer representative groups to build capacity in multicultural Mental Health policy and implementation nationally;
- Identify, utilise, build upon and leverage off existing structures, resources and networks to guide culturally inclusive policy development implementation;
- Support, and engage MHiMA and the NCCCWG to provide input into major policy development and implementation initiatives that address mental health issues for asylum seekers and bridging visa entrants;
- Commit to and develop strategies in partnership with MHiMA and the NCCCWG for monitoring, evaluation and make recommendations in relation to mental health policies most relevant to immigrant and refugee communities; and
- Adopt clear and explicit equity-oriented targets for people from CaLD backgrounds from multicultural communities to include in government funding agreements. [22]

4. Stigma - Reducing stigma, building capacity and responding to the diversity of needs

Advancing Recommendation 17 of the NMHC review will provide opportunities to improve mental health services and outcomes for CaLD communities and reduce stigma whilst building capacity and knowledge around the needs of CaLD communities.

To progress this strategy we support the following key approaches:

- Explore evidence-based approaches to reduce stigma and discrimination, and options on how to spread these approaches throughout the community;

[22] National Review of Mental Health Programmes and Services, 30 November 2014, Volume 1, pages 106.

- Provide resources to raise awareness and improve mental health understanding, to reduce stigma and discrimination, through community approaches including engaging schools, community organisations and workplaces;
- Develop and fund national media campaigns that are CaLD-specific for mainstream, ethnic and community media services that address differences in understandings to increase knowledge around mental health and well-being;
- Expand the implementation of the Framework, including beyond acute mental health services, to enhance the cultural responsiveness of services (see also below);
- Develop partnerships between Primary Health Networks (PHNs) – which have been identified by the Australian Government as the key vehicle for mental health system reform - and state and territory transcultural mental health services (TMHS) to inform planning and develop responses to local community needs. In states and territories where TMHS do not exist, alternative mechanisms should be developed which include working directly with CaLD communities and service providers;
- Include clear and explicit equity-oriented targets for people from CALD backgrounds from multicultural communities in government funding agreements.[23]

5. Evidence-based Path

In 1999 the Australian Bureau of Statistics published the Standards for Statistics on Cultural and Language Diversity to identify, define, classify and particular attributes that relate to those from CaLD backgrounds[24]. Page 18 of the report "*Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion*" states twelve recommended CaLD variables which need to be collected. The minimum data set recommends four variables to capture cultural and linguistic diversity:

1. Country of birth
2. Main language other than English spoken at home
3. Proficiency in spoken English
4. Indigenous status

However, the Standards observe that "to use a single standard variable, such as country of birth, or a non-standards composite concept, such as Non-English Speaking Background, is inadequate."[25] There are also critical challenges in understanding and awareness of the significance of collecting accurate and useful data around CaLD service use. In some jurisdictions the current practice for data collection on CaLD is to ask if a 'translator is required' and 'language required'. Overdue appropriate data collection is critical to the design and refinement of services and supports, and to the identification of service gaps in multicultural mental health.

To progress this key strategy we support the following key approaches:

[23] National Review of Mental Health Programmes and Services, 30 November 2014, Volume 1, page 106.
[24] Australian Bureau of Statistics, Standards for statistics on cultural and language diversity, cat. no. 1289.0. Canberra: Australian Bureau of Statistics, 1999.
[25] MHiMA. (2013) Mental health research in and evaluation in multicultural Australia: Developing a culture of inclusion, page 18.

- Improved and consistent collection, analysis and reporting of CaLD data based with data sets based on 1999 the Australian Bureau of Statistics report *Standards for Statistics on Cultural and Language Diversity*;
- This data set must be consistent and include mental health service user demographics and outcome measures across Australia.

6. Recovery-focused Service Development

Recovery-focused services are critical to improving mental health and disability treatment and care outcomes for people of multicultural, immigrant, refugee backgrounds. Gaps in servicing to these communities, *do* negatively impact on pathways to care for communities who often struggle to access and engage with mental health and disability services due to a range of barriers including language; lack of access to information or interpreters and culturally appropriate models of care; poor mental health literacy; societal pressures; and stigma – personal and community perceptions around mental illness.

A national framework for recovery-oriented mental health services: Guide for practitioners and providers, 2013 Commonwealth of Australia, defines recovery as "being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues".[26]

To address the needs of CaLD populations what is required, are recovery-focused services that engender hope. Services that are coordinated, integrated and respect diversity and difference, and provide holistic and personalised care across the lifespan in the spheres of mental health treatment and care, primary health care, social services sectors and specialist clinical and psychosocial services.

The MHiMA Framework's focus on culturally sensitive and responsive recovery-oriented practice is essential to assisting service providers to deliver appropriate and effective care for people from CALD populations. Integrating components of Multicultural Mental Health Australia's National Cultural Competency Tool 8 into the Recovery Framework (currently a reference document within the Framework), may help to ensure that the important components of culturally sensitive practice is reflected in the Framework's capabilities, and implemented by service providers. It is also important that the Framework acknowledges the time required to build relationships with CaLD populations, and provides information and tools on how to create local relationships and partnerships with communities. (Beyond Blue Submission National Recovery-Oriented Mental Health Practice Framework, June 2012).

Services that address the psychosocial needs of people experiencing mental health issues and who adopt and implement guides detailed in The Framework for individuals and organisations can:

- Evaluate their cultural responsiveness to enhance their delivery of services for CaLD communities;
- Recognise and embrace the possibilities for recovery and well-being, and;
- Recognise the inherent strengths and capacities of those experiencing mental health issues and maximise their self-determination and self-management of their mental health and well-being.

[26] https://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf.

Key Strategic Areas:

To create recovery-focused services for people CaLD backgrounds and their communities we support targeting the following key strategic areas.

1. Widespread implementation of the Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery (The Framework);
2. Services development;
3. Addressing inequities in organisational cultures;
4. Developing and building upon existing programs which assist multicultural, refugee, immigrant and generational[27] populations to support effectiveness of recovery-focused and rehabilitation prevention strategies;
5. Engage in broader mental health service reform discussions undertaken at state, territory and national levels in order to promote culturally responsive approaches to promotion, prevention and early intervention and mental health service delivery;
6. Review available data and reports related to service access and utilisation by CaLD communities;
7. Review of effective national and international approaches to the delivery of culturally responsive mental health services, guidelines and resources;
8. Improving health literacy in CaLD communities;
9. Develop relevant guidelines that will improve culturally appropriate recovery-focused practices;
10. Commit to identifying and addressing the inequities in psychological and psychiatric treatment and care including seclusion and restraint.

7. Research Development

As noted in the framework for the implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia, the development of "a mental health research agenda that is culturally competent and inclusive and considers the specific needs of CaLD consumers, their families and carers" (2004, p.7) is still a key strategy that should be progressed as also noted in the NMCR, Recommendation 7. Research that provides an evidence-base and measures the effectiveness of culturally appropriate service and program development is critical to ensuring quality outcomes for CaLD communities.

In 2013, MHiMA highlighted the lack of research specifically exploring the experiences of people from a CaLD background engaging with the Mental Health Sector in Australia. MHiMA also identified that

[27] See Glossary of Terms for definition.

> *… Available research findings on prevalence of mental disorders in immigrant and refugee populations are incomplete and contradictory. There is no comprehensive study of prevalence of mental disorders in immigrant and refugee populations that is adequate in scale and that enables valid disaggregation of (e.g. by country of birth language or duration of residence groups) in the analysis of results.*[28]

Without adequate qualitative and quantitative research, quality improvement evaluations and consumer and carer-directed research undertaken across the spheres of mental health, community, disability, transcultural and refugee services sectors, it is hard to build a picture of what is needed and what works for people of CaLD backgrounds.

Incorporating CaLD consumer and carer participation into any research undertaken by using community development and co-design principles would strengthen research findings. Investing further by supporting innovative CaLD consumer and carer-directed research initiatives would further enhance knowledge and give a more realistic picture of the needs and experiences of service users from these population groups.

To progress these key strategies the NCCCWG promotes the increase and diversification of mental health research for multicultural communities including:

- A commitment to using CaLD-relevant data variables to guide and develop evidence based activities and programs (NMHC, Recommendation 17);
- Support the development of research that develops a greater understanding of the explanatory models of mental illness with a focus on culturally-specific mental health treatments that do not enforce western models of care (NMHC, Recommendation 17);
- Develop and resource CaLD consumer and carer-directed research initiatives that are innovative and community based;
- Reporting patterns of use and experiences of consumers and carers with a CaLD background (NMHC, Recommendation 5);
- Developing a multicultural mental health research agenda (NMHC, Recommendation 17);
- Strengthen capacity for multicultural mental health research;
- Fund and resource opportunities for multicultural mental health research and development and evaluation of multicultural mental health programs;
- Strengthen national multicultural mental health research capacity and multicultural mental health systems research;
- Improve access to published multicultural mental health research;
- Fund the evaluation of all e-health initiatives, available translated material and other mechanisms especially those designated to educate and assist CaLD populations, to ensure that these materials and resources are valuable, relevant, useful and culturally appropriate;

[28] MHiMA. (2013) Mental health research in and evaluation in multicultural Australia: Developing a culture of inclusion, page 18

- Embed the use of multicultural mental health research in policy development and service design and delivery;
- Develop a 'Multicultural Mental Health Research Strategy' in partnership with MHiMA and the NCCCWG and key multicultural stakeholders;
- Commit to resourcing, designing and developing a central hub and 'clearinghouse' of information to be disseminated to the community with information on best practice treatment and care models, multicultural resources, and research projects.

8. The Framework for Mental Health in Multicultural Australia[29]

The Framework has been developed to help organisations and individual workers to:

- Evaluate their cultural responsiveness;
- Enhance their delivery of services for CALD communities.

The Framework is mapped against current practice, policies and plans. The implementation of the Framework will assist services to fulfil their existing safety, quality and accreditation requirements, and also offers an ongoing process of assessment and development.

There are currently ten sites in mental health in-patient units involved in the Framework implementation and four sites that were in negotiation (currently on hold).

Expansion of the Framework will improve the cultural responsiveness of services and outcomes for people from CALD backgrounds across Australia.

Areas where the Framework could be developed and expanded include:

- Implementation in non-acute services, for example community managed organisations and Primary Health Networks (PHNs);
- Linking it to accredited professional development of mental health workers; and
- Incorporating the Framework into health accreditation processes.

8. (a) Framework review

The MHiMA NCCCWG was involved in the development Framework tool through a co-design process with MHiMA staff during 2013. Under the current management arrangements with Mental Health Australia, an independent review of the Framework has recently been commissioned. The review is being conducted by the Australian Health Services Research Institute (AHSRI), University of Wollongong (UoW). The NCCCWG will participate in the review of the framework as part of the work being undertaken by MHA.

[29] http://framework.mhima.org.au/framework/index.htm

The review will provide recommendations for the future delivery and implementation of the Framework. Feedback on the framework will be incorporated in the MHA recommendation on the MHiMA Project in March 2016.

9. Holistic Approaches and Innovation

Quoting Laura Davidson, barrister and international development consultant, co-founder, Mental Health Research UK, from a recent article in The Guardian[30]

> *… Mental health issues can't be considered in isolation from other areas of development such as education, employment, emergency responses and human rights capacity building. The overwhelming majority of people worldwide with mental and psychosocial disabilities are in poor physical health and live in poverty*.

As such, a "highly responsive mental health sector would be designed to deliver a broad range of psycho-social evidence-based interventions, including comprehensive housing and support initiatives and individual support packages to sustain community integration and self-managed care coordination"[31] for people of CaLD backgrounds with a broad range of needs.

The NCCCWG agrees with the statement by the Contributing Life Framework and the NMHC' Review that:

> *… It also is critical to recognise that mental health and wellbeing is much broader than the mental health system and that to be fully successful we must adopt a whole of government, whole of person, whole of life approach … If we enable people to live contributing lives – to relate to others, stable housing and maximise participation in education, employment and community more broadly – we will help build economically and socially thriving communities, and a more productive Australia*.[32]

Intrinsic to a "holistic system of care would be housing support and employment systems that are responsive to the needs of people of multicultural, immigrant and refugee backgrounds living with mental illness, access to programs targeting the nutritional, dental and physical health needs of individuals and families"[33], and specific programs that promote social inclusion and community participation.

Cultural and religious practices can be a protective factor that may reduce the incidence of suicide in some communities, and aid in building resilience and social connection. Whilst the evidence to support these programs is limited, it is known anecdotally that these spiritual practices can play a signify role in healing and recovery from mental illness and in maintaining wellness for some individuals and their families. The NCCCWG has identified some valuable programs such as *Transform – How God Changes Us,* a consumer-led program in Queensland developed and delivered in partnership with a church fellowship; *The Gift* run by the Sisters of Charity through St Vincent's Hospital in Sydney, NSW and Melbourne, Victoria; and Buddhist

[30] http://www.theguardian.com/global-development-professionals-network/2016/jan/19/improving-mental-health-support-we-need-to-help-people-come-out-of-the-shadows

[31] Mental Health Community Coalition ACT, (2008). Mental Health in our community. MHCCACT: Canberra, (page 4).

[32] http://www.mentalhealthcommission.gov.au/media-centre/news/giant-steps-towards-building-the-mental-wealth-of-the-nation.aspx

[33] Mental Health Community Coalition ACT, (2008). Mental Health in our community. MHCCACT: Canberra, (page 4).

programs delivered in South Australia. These programs provide CaLD consumers and their families with choices that allow for cultural and religious practice and which can be incorporated alongside other mental health care such as medication and counselling.

To progress this strategy we support the following key approaches:

- Ensure that service delivery is holistic through collaboration with education, employment, housing and other services, building on existing successful programs that support recovery-focused and rehabilitation prevention strategies;
- Invest in research activities to explore and identify alternative programs that strengthen resilience, support recovery and accommodate spirituality and other cultural practice;
- Commit to the understanding that mental health issues for CaLD communities needs to be addressed holistically;
- Recognition that service development, implementation and evaluation needs to address the person within the family and community context;
- Develop strong links between Primary Health Networks (PHN's), education, employment, housing and other services to ensure service delivery is holistic;
- Ensure that all cross sector staff are educated about interpreter use, and;
- Enable access to interpreters, bilingual and bicultural workers and peer workers across all service elements.

10. CaLD Mental Health, Community and Disability Workforce

People of CaLD backgrounds may experience barriers to accessing mental health support including language barriers and customs, perceptions and understandings that may differ from mainstream service users. There are also significant barriers at the service level, as services are often not set up to respond to the needs of people whose first language may not be English, and whose cultural beliefs are different. Some new entrants may also have histories of torture and trauma, and the process of migration can itself be traumatising. It is critical that these people receive the mental health treatment they require. This must include, where necessary, access interpreters, bicultural clinical workers, CaLD peer workforce and access to translated mental health educational and promotional material.

Developing the natural human assets within CaLD, multicultural, immigrant and refugee populations would greatly assist in addressing the mental health and well-being needs of these populations.

To progress these strategies we support the following key approaches:

- The harnessing of CaLD, multicultural, immigrant and refugee populations in mental health education, employment and training opportunities to support and develop and resource of mental health, community and disability sector workforces;

- The allocation of financial and education resources to support these employment opportunities and developments.

10. (a) Peer Workforce Development

There is a need to be able to have access to the capacity and investment needed to support, educate and enable people of CaLD backgrounds with lived experience of mental illness to use their skills and experience of mental illness, language and community and to train them as peer workers in the mental health and community sector. Whilst some people will self-identify, others from CaLD backgrounds face great stigma and discrimination in declaring a mental illness. We wish to assist and support people to find an identity beyond a diagnosis of mental illness so they can live a 'contributing and meaningful life'.

The advocacy of peers who are from CaLD backgrounds themselves, who understand the issues, and who practice cultural sensitivity is critical to helping people from diverse population groups to access services. The assistance of cultural peer workers helps improve the quality of service delivery and the experience of service for people of CaLD backgrounds with mental illness and their families.

To progress these strategies we support the following key approaches:

- Develop mental health peer employment and training pathways to support opportunities for CaLD mental health consumers and carers to gain qualifications and employment as CaLD peer workers;
- Develop mechanisms to ensure education and training programs are nationally accredited.

11. Prevention and Promotion Strategies

The National Mental Health Standards (2010), Standard 5 states a "mental health service works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness" (p.13).

The NCCCWG acknowledges the importance of mental health promotion and the key role it plays in "supporting, sustaining the emotional and social well-being of the population"[34] and is committed to participating in the development and dissemination of mental health prevention and promotion strategies to CaLD populations in Australia.

To progress this strategy we recommend the inclusion of the following key approaches in the 5th Plan:

- Develop multilingual resources for the promotion of mental health and suicide prevention messages;
- Incorporate CaLD consumer and carer feedback into the development of promotional resources;
- Produce translated information that is clinically accurate and culturally appropriate that helps improve the mental health literacy of CaLD communities;

[34] Framework for the implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia, page 24.

- Develop high level strategic relationships with key individuals and groups to create a national focus on mental health and suicide prevention related issues for immigrants, refugees and their families;

- Engage and partner with national and state-based mental health stigma reduction and suicide prevention initiatives in order to develop strategies that facilitate the inclusion of immigrants, refugees and their families, particularly those most at risk;

- Resource CaLD community-focused events in rural areas aimed at increasing mental health knowledge and awareness;

- Fund the evaluation of all e-health initiatives, available translated material and other mechanisms especially those designated to educate and assist CaLD populations, to ensure that these materials and resources are valuable, relevant, useful and culturally appropriate;

- Commit to resourcing, designing and developing a central hub and 'clearinghouse' of information to be disseminated to the community with information on best practice treatment and care models, multicultural resources, and research projects.

12. Community Integration

In the current security climate and concern around the radicalisation of disenfranchised youth, efforts to build community integration and social cohesion are critical to encouraging and maintaining healthy and safe communities and ensuring the well-being of at-risk and vulnerable communities.

The Scanlon 2014 Social Cohesion in Australia Survey found that reported experience of discrimination remains close to the highest level recorded since the survey commenced in 2007 at 18% with 25% reporting negative attitudes towards Muslims. All five domains of social cohesions (belonging, worth, social justice, participation, and acceptance and rejection) are below the 2007 benchmark level. The low point, by a large margin, is the domain of acceptance/rejection which is down by almost 30 index points.[35]

Internationally, in light of a more authoritative understanding of radicalisation a key part of community engagement is creating space for open discussions about religious ideology, identity and foreign policy. Exploration of these issues provides meaningful and alternative preventative approach to engaging with alienated and marginalised young people contemplating entry into jihadi groups.[36]

Investing in projects which strengthen social cohesion and increase mental well-being such as the *BRITA Futures* Program (Queensland Transcultural Mental Health Centre) can be community-wide benefits. This project is focused specifically on healthy bicultural identity development and building resiliency to "live in two worlds", and can effectively assist participants in negotiating family conflict and acculturation stressors.

To progress these strategies we support the following key approaches be incorporated into the 5th Plan:

[35] Mapping Social Cohesion 2014: National Report, Monash University, monash edu/mapping-population/

[36] Kundnani, A. A. (2015). Decade Lost – Rethinking Radicalism and Extremism. Claystone, UK, (p.39).

- Invest in, utilise and further develop evidence-based programs such as the *BRITA Futures* Program that encourages community engagement, partnering with schools, mosques, madrasahs, Iman's, civic groups and community leaders that can collaborate with government agencies;
- Investing in other key strategies focused on outreach and community engagement via targeted communication strategies and the availability of clinicians skilled in counselling and mentoring families with young people at risk;
- Identify the gaps between programs that build social cohesion and law enforcement and address through education strategies, policy development, and community development strategies in partnership with specialist transcultural mental health services and mental health professionals.

13. NDIS Pathways for CaLD

Through the development of the NDIS there is a great opportunity to ensure the program is culturally sensitive and appropriate. The NCCCWG is concerned that barriers around access and language are not currently being addressed. The NDIS requires investment into targeted programs for CaLD consumers and carers with a psychosocial disability. The NCCCWG would like to make the following recommendations:

- Recruit and train specialist CaLD NDIS staff that are bi-lingual and multicultural mental health workers;
- Designing, developing and making available information in all community language groups;
- Adequately promote the involvement of carers as part of the NDIS journey;
- Ensure adequate information and support is available for consumers and carers to be prepared for their planning meeting;
- Ensure that the Local Area Coordinators are from CaLD background and or have appropriate training in working with consumers and carers from a CaLD background.

CaLD Communities and Aged Care

The NMHC Review (2014) states that "Older people face particular difficulties with mental health related to age discrimination, bereavement, social isolation, increasing susceptibility to chronic disease and the transition from work to retirement"[37], this is particularly more so for people of multicultural and immigrant background who are aging in the community. ABS statistics showed that of those of 65 years and older over 15-20% European born of total population, and of those 75 years and older over 10% European born of total population.

[37] National Mental Health Review of Programmes and Services, 30 November 2014, Volume 1, page 107.

These groups also face "multiple stigmas including mental health, ageism, disabilities and diversity"[38] and are subject to media and political cycles. Older people of CaLD backgrounds may be living with anxiety, depression, psychosis, movement disorders and dementia, and may also have experienced significant stressors and life events.

A major issue for older people who have mental health issues of CaLD backgrounds and their families is language and communication, which can be a barrier when seeking support and care for a family member and for both residents in nursing homes/residential facilities and family/carers with specific cultural and religious needs and issues.

To progress reform we support the following key approaches:

1. Structural and cultural reform of aged care;
2. Enhancing discourse about ageing and mental health in media and political environment;
3. Investing in research to identify barriers to culturally competent care;
4. Establish pathways to understanding culturally competent practice;
5. Long-term planning – education, support and link communities with ;
6. Training for bi-lingual and mainstream;
7. Creating specific policies relevant to multicultural aged carers so they are aware and advised of their rights;
8. Ensuring access professional interpreting services and the availability of telephone interpreters at any time.

Through addressing access needs to care across the lifespan by:

Creating humane environments -

- "Appointing an independent group of experts to review the safety and efficacy of the use of medications as a means of restraining the behaviour of elderly people in their home, including in residential aged cared facilities" (NMHC, 2014)[39]
- Investing in and creating humane care environments for people of CaLD backgrounds;
- Respecting for autonomy;
- Humane, personalised care across the lifespan;
- Disability, including protection;
- Respect for language and culture;
- Addressing the needs of families and carers.

Addressing issues of service integration and staffing:

- Providing care and treatment integration that links diverse CaLD communities with service providers;

[38] Presentation for ACTMMHN Raising Our Voices Conference November 2014 – Reforming mental health care for older Australians: what, where and when? Associate Professor Jeffrey Looi. Deputy Head & Consultant Neuropsychiatrist, Academic Unit of Psychiatry & Addiction Medicine, ANU Medical School.

[39] National Mental Health Review of Programmes and Services, 30 November 2014, Volume 1, page 106.

- Investing in education and training for other sectors of the community involved with caring for the aged so as to understand the concepts of culture;
- Actively promote the recruitment of bilingual staff;
- Invest in training programs to increase cultural knowledge and understanding;
- Promoting the use of language skills of unaccredited bilingual staff for social communication with care.

14. Children, Adolescent and Youth

The MHiMA NCCCWG advocates a national approach to address the mental health and well-being needs of children, adolescents and youth of multicultural, immigrant and refugee backgrounds. As stated in the NMHC Review

> *… The adoption of a family-focused rather than individually focused model of care and support is especially important for early intervention in mental health and behavioural problems for infants, children and adolescents. Many childhood difficulties are closely related to developmental and attachment problems, and for this reason, best practice models of care include caregivers from the start.*[40]

Children, adolescents and youth from CaLD communities who have immigrated may have experienced significant trauma prior to arrival and may continue to experience challenges during acculturation and adaption to a new environment, new culture and way of living. These experiences may increase their susceptibility to developing mental health and drug and alcohol issues in later life. It is known that children of CaLD background are more vulnerable to intentional self-harm and suicide as noted in the Australian Human Rights Commission's Children's Rights Report 2014.[41]

> *… Children and young people from culturally and linguistically diverse backgrounds are described as being particularly vulnerable. While there is limited data about the prevalence of intentional self-harm and suicidal behaviour within multicultural communities, the stresses of migration, settlement in a new country and low language proficiency can increase mood and anxiety disorders.*[42]

Establishing and resources early intervention and prevention programs to specifically target young people of CaLD background are essential to addressing the needs of these groups. Services that are provide holistic and recovery-based support, such as those provided through specialist transcultural and torture and trauma services are well-placed to assist. These services require ongoing investment to aid in the development of models of care which are responsive to the needs of diverse communities.

[40] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 2 – page 51.

[42] Australian Human Rights Commission, (2014) Children's Rights Report, page 62.

In targeting and addressing problematic drug and alcohol issues of vulnerable young people of multicultural, immigrant and refugee backgrounds and especially those who have mental illness or in at-risk groups, we support the NMHC's Recommendation 17, point 11 which recommends the following:

> 11. Develop clear integrated care pathways for people with mental illness and a substance use disorder to bring together the too-often uncoordinated approach between mental health and substance use services.[43]

To progress this strategy we support the following key approaches:

- Develop a national approach to address the mental health and well-being needs of children, adolescents and youth of multicultural, immigrant and refugee backgrounds;
- Commit to address inequities in treatment and care, and build CaLD-specific services that provide care and treatment to children, adolescents and youth and their families to prevent poor physical and mental health outcomes across the lifespan;
- Invest in and support effective programs that provide holistic care and treatment to children, adolescents and youth of multicultural, immigrant and refugee backgrounds;
- Create forums and roundtables for discussion around the needs of multicultural, immigrant and refugee children to inform policy, program and service development;
- Fund and resource opportunities for research on the needs of children, adolescent and youth of multicultural, immigrant and refugee backgrounds including longitudinal studies, and evaluation of child and youth programs; and
- Develop and fund national media campaigns in mainstream, ethnic and community media services that address drug and alcohol misuse in CaLD youth.

[43] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 1 – page 106.

15. Targeted Support for LGTBI

The MHiMA NCCCWG:

> *… acknowledges diversity in all its forms across culture, gender, education, socio-economic status and sexual preference; difference of age, opinion, values and beliefs.*[44]

As noted in the NMHC Review (2014), "violence and discrimination are the key risk factors for the relatively poorer health of lesbian, gay, bisexual, transgender and intersex (LGTBI) people" and that "research suggests that LGTBI people are at increased risk of a range of mental health problems, including depression, anxiety disorders, self-harm and suicide".[45]

The *Growing Up Queer*, "report released by the Young and Well Cooperative Research Centre identified intentional self-harm and suicide as a significant issue for children and young people who are sexuality diverse, transgender, gender diverse and intersex".[46] Children and youth of CaLD backgrounds have also been identified as being more vulnerable to intentional self-harm and suicide as noted in the Australian Human Rights Commission's Children's Rights Report 2014.[47]

The mental health and well-being needs of LGTBI people of multicultural backgrounds has to date been rarely discussed within the mental health and multicultural sectors. This may be due to significant barriers around fear of being identified, stigma in the community, or other factors not yet identified. The Private Lives 2: The second national survey of the health and well-being of gay, lesbian, bisexual and transgender (GLBT) Australians identified that of the total survey respondents that less than 19% identified as being born overseas but they were drawn from 73 countries[48].

NCCCWG consider that support for people of CaLD background who are LGTBI is overdue and resources should be allocated to identifying and addressing the mental health, well-being and treatment and care needs of multicultural, immigrant, refugee and generational Australians who are lesbian, bisexual, transgender and intersex.

The NCCCWG support the NMHC Recommendation 17, points 7 and 8 as noted below and the following approaches to progress this key strategy:

- Seek agreement from the professional colleges for obstetricians, paediatricians, psychiatrists and general practitioners so that the needs of and options for transgender and intersex people are included in training and continuous professional development, including an emphasis on the personal right to choose;[49]

- Establish guidelines about how to manage the birth of an intersex baby which emphasise that, except in the case of medical emergencies, intersex children should not be operated on to remove

[44] MHiMA NCCCWG Meaningful Engagement Consensus Statement – Appendix A.
[45] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 1 – page 107.
[46] Australian Human Rights Commission, (2014) Children's Rights Report, page 61.
[47] Australian Human Rights Commission, (2014) Children's Rights Report, page 62.
[48] http://www.glhv.org.au/files/PrivateLives2Report.pdf
[49] National Mental Health Review of Programmes and Services, 30 November 2014, Volume 1, page 106.

ambiguous reproductive or sexual organs and that as far as possible any surgical intervention should await the ability of the individual to be involved in decisions about gender identity.[50]

- Develop and fund national media campaigns in mainstream, ethnic and community media services that address differences in understandings around LGTBI;

- Commit to conducting and invest in research into the mental health and well-being needs of CaLD LGTBI;

- Develop services and treatment and care options for CaLD LGTBI;

- Create and resource forums that discuss around the needs and experience of CaLD LGTBI.

[50] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 1 – page 106.

Glossary of Terms

Acculturation - Adaptation to a different culture[51]

Advocacy - Representing the interests of consumers and carers, speaking on their behalf, and providing training and support to enable then to represent themselves[52]

CaLD- CALD people are generally defined as those people born overseas, in countries other than those classified by the Australian Bureau of Statistics (ABS) as "mainly English speaking countries". The term CALD does not include people who identify as Aboriginal or Torres Strait Islander[53]

Carer – A person who provides personal care, support and assistance to another person who has a mental illness without being paid to do so[54]

Clinical Recovery – Primarily defined by mental health professionals and pertains to a reduction or cessation of symptoms and 'restoring social functioning' (Victorian Department of Health 2011)[55]

Consumer – A person utilising, or who has utilised a mental health service[56]

Contributing Life – A fulfilling life where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, well-being and health care.[57] This term is often used in conjunction with a 'Meaningful Life'.

Generational – Used to represent first and second generation Australians of multicultural, immigrant and refugee backgrounds.

Integrated – People can access non-clinical supports ad clinical supports as part of a spectrum of services which collaborate around a person and their family to address mental health and social or economic circumstances at the same time.[58]

Integration – The process whereby inpatient and community components of a mental health service become coordinated as a single, specialist network and include mechanisms which link intake, assessment, crisis intervention, and acute, extended and ongoing treatment using a case management approach to ensure continuity of care.[59]

[51] Framework for the Implementation of the National Mental Health Plan 2003-2008, page 46.
[52] Framework for the Implementation of the National Mental Health Plan 2003-2008, page 46.
[53] Available at: www.eccv.org.au/library/file/.../ECCV_Glossary_of_Terms_23_October.doc
[54] MHCA, (2012) Recognition and Respect Mental Health Carers Report 2012, page IV.
[55] A national framework for recovery-oriented mental health services Policy and Theory, page 33.
[56] Framework for the Implementation of the National Mental Health Plan 2003-2008, page 46.
[57] A Contributing Life the 2013 National Report Card on Mental Health and Suicide Prevention, page187.
[58] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 1 – page 106.
[59] Framework for the Implementation of the National Mental Health Plan 2003-2008, page 47.

Lived Experience – The experience people must have of their own and others' mental health issues, emotional distress or mental illness, and of living with, and recovering from, the impacts and consequences of their own or others' mental health issues, emotional distress or mental illness.[60]

NCCCWG – National CaLD Consumer Carer Working Groups

NMHCCF – National Mental Health Consumer Carer Forum

Peer Support – People with a lived experience of mental illness issues support each other in their recovery journey. Support may be formal or informal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service, which is run either by peers themselves or by professional mental health service providers.[61]

Peer Worker/Peer Support Worker – A person who is living with a mental illness who is employed to share their lived experience of mental illness to assist other people with a mental illness.[62]

Personal Recovery – Defined within Australia's national framework for recovery-oriented mental health services as being able to create and live a meaningful and contributing life in a community if choice with or without the presence of mental health issues.[63]

Personalised Care – people can access support which is tailored to their preferences and their whole-of-life needs.[64]

Psychosocial disability – Disability associated with a person's psychosocial experience.[65]

Recovery – See personal recovery and clinical recovery for definitions.

Recovery-based Care – Coordinated system of care services provided in the community to assist consumers to maintain wellness in an atmosphere of hope and to progress according to self-identified goals.[66]

Recovery-oriented service delivery – Evidence-informed treatment, therapy, rehabilitation and psychosocial support that aim to achieve the best outcomes for people's mental health, physical health and well-being (Victorian Department of Health 2011a).[67]

[60] A national framework for recovery-oriented mental health services Policy and Theory, page 33.
[61] A national framework for recovery-oriented mental health services Policy and Theory, page 34.
[62] MHCA, (2012) Recognition and Respect Mental Health Carers Report 2012, page IV.
[63] A national framework for recovery-oriented mental health services Policy and Theory, page 34.
[64] National Mental Health Review of Programmes and Services – 30 November 2014 – Volume 1 – page 106.
[65] National Mental Health Consumer Carer Forum (2011) Unravelling Psychosocial Disability, page 7.
[66] MHCA, (2012) Recognition and Respect Mental Health Carers Report 2012, page IV.
[67] A national framework for recovery-oriented mental health services Policy and Theory, page 35.

Appendix A

Meaningful Engagement Consensus Statement

The Mental Health in Multicultural Australia (MHiMA) Project's National Consumer and Carer Working Groups (NCCCWG) were established to ensure that consumer and carer perspectives, experiences, and expertise are embedded across the work of the Project. The purpose of this Consensus Statement is to bring together Consumer and Carer Working Group members' perspectives on what 'meaningful engagement' means in the context of the MHiMA Project. This Consensus Statement will be used to inform future initiatives within the MHiMA Project, including the engagement of consumers and carers from culturally and linguistically diverse (CaLD) backgrounds.

Key elements of meaningful engagement

Meaningful engagement is a purpose-oriented, ongoing, collaborative process which is underpinned by shared values such as respect and unity, and which honour the lived experience and diversity of all people. Several themes regarding meaningful engagement were identified (summarised on pages 2-3). Many of the themes are interconnected. Possible suggestions for how these components of meaningful engagement could be enhanced in the MHiMA Project, as well as other projects, are provided.

Within the MHiMA Project the attitudes and values of the Project, people within the project and members of NCCCWG, should reflect and aspire to acceptance of these principles of equity and equality and work towards instilling these qualities at all levels of engagement.

Theme 1 – Continuity

Meaningful engagement is an ongoing process which involves engaging consumers and carers from the beginning of a project or activity and at each stage through to completion.

- Engaging people from the start and being clear about any roles to be undertaken by those involved, increases the likelihood of engagement and ensures that the process will be meaningful and valued. Engagement from the inception of a project also minimises the potential for engagement to be tokenistic, increases the ownership of a project for people with lived experience, and means there is accountability and transparency throughout a project. Consultations with consumers and carers should occur prior to decisions being made, to ensure the perspectives of people with lived experience are meaningfully listened to, taken into account and valued.

- Engaging people throughout a project/activity may include involvement in tasks such as preparation, delivery, data analysis, and evaluation. If consumers and carers have been consulted on the development of a program or materials, representative consumers and carers should also be included in the evaluation of such initiatives.

- Engagement throughout a project can be enhanced by ensuring that the purpose and proposed outcomes of the project are clear from the beginning and that final outcomes are communicated to those who participated and the wider community.

Theme 2 – Honouring the lived experience

Central to meaningful engagement is that consumer and carer perspectives are heard and embraced to guide the project/activity.

- This can be achieved by asking consumers and carers what they want to happen and how they would like to be involved, in line with the purpose of the consultation.
- Ensuring consumer and carer perspectives are heard, and responded to, contributes to engagement that is more purposeful.
- Consumers and carers should be able to feel that their opinions and expertise are being acknowledged and adopted.
- Opportunities for people with lived experience to share their perspectives should be enabled and encouraged (such as via symposia, policy advice).

Theme 3 - Shared values

Engagement is meaningful when those involved share the same core values and when these are reflected at all levels within a Project/Organisation.

- With respect to the MHiMA Project, attitudes and values of the Project and people within it should include being: caring, flexible, respectful, giving, trustworthy, knowledgeable and willing to help others, as well as valuing all team members as equal contributors to Project tasks.
- These values should be communicated through interactions within the MHiMA Project and externally to service providers, both government and non-government, as well as through the activities undertaken.

Theme 4 – Collaboration

Meaningful engagement is a collaborative, two-way process, including between those within the Project as well as the wider CALD community.

- The importance of recognising and facilitating 'togetherness' and unity is essential to encouraging a sense of belonging and trust, as well as the sharing of information and building of relationships.
- Opportunities for collaboration and networking (with those at various levels within and external to the Project) should be facilitated, such as:
    - Symposia or conferences involving internal and external stakeholders;
    - Regular meetings for the MHiMA Consumer and Carer Working Groups;

- Opportunities to share experiences and engage through less traditional, creative mediums, such as through digital storytelling projects;

- Development and dissemination of the MHiMA Framework: Towards culturally inclusive services.

- Meaningful collaboration may also involve facilitating opportunities for consumers and carers to engage with others in their communities to reduce the impact of mental illness.

- The benefits of collaboration are many, including reducing stigma and shame. Collaboration also enables capacity building of CALD consumers and carers.

Theme 5 - Accessibility

Engagement is meaningful when the Project, its activities and resources are accessible to all involved.

- Careful consideration should be given to the language used when engaging consumers and carers from CALD backgrounds. Information needs to be provided in a person's own language, including the use of interpreters where necessary. It is also beneficial to use simple language which is easily understood.

- Consideration should also be given to the format in which activities occur to include people from CALD backgrounds. Examples include:

  - Community radio as a medium;
  - Opportunities for face-to-face interactions (rather than telephone/online forms of communication) are particularly important if language or stigma/shame present a barrier and enables a better understanding of what is required following an interaction / consultation.

- Within the resources available, opportunities for frequent interactions are preferable. There also needs to be ample time for discussions and interactions.

- Barriers to engagement (e.g., transport challenges / language / cultural obligations / stigma / shame or specific venue or dietary requirements) should be considered and addressed to maximise engagement of consumers and carers from CaLD backgrounds.

- Practical examples of projects that embraced the values, principles and practices of 'meaningful engagement' should be made available as a resource to support others who are interested in establishing future projects and initiatives underpinned by meaningful engagement.

Theme 6- Equity and Equality

Meaningful engagement does not discriminate, impair access to participation or create division.

- *It acknowledges diversity in all its forms across culture, gender, education, socio-economic status and sexual preference; difference of age, opinion, values and beliefs.*

- *It seeks to engender equality and to improve access and equity to all involved in:*
  - *decision-making processes;*
  - *participation in activities;*
  - *shared goal-setting for the project; and with a*
  - *focus on achieving recovery for all members and for those they represent and with whom they engage.*