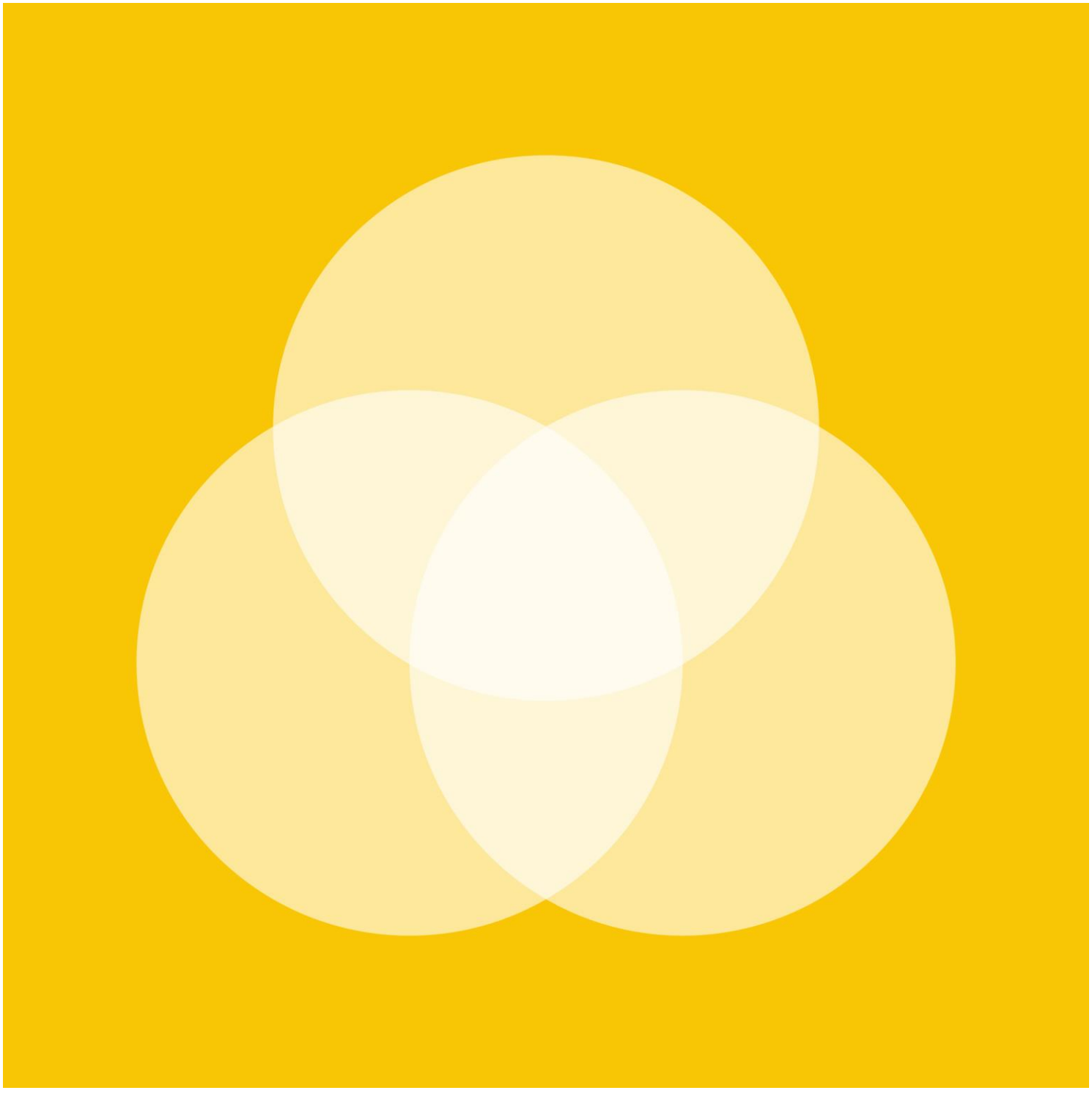
Mental Health Australia

mhaustralia.org



Mental Health in Multicultural Australia (MHiMA) Project – Recommendations for Future Directions Report

MARCH 2016

Contents

1. Introduction and background

Mental Health Australia is managing the Mental Health in Multicultural Australia (MHiMA) Project from 18 September 2015 to 30 June 2016. This report provides the Australian Government Department of Health with recommendations on future directions for a national multicultural mental health program post 30 June 2016.

The recommendations are based on feedback from both the multicultural and mental health sectors and consideration of the activities, arrangements and outputs of the previous project.[1]

National multicultural mental health projects have been running in Australia for almost 20 years.[2] Any future program must ensure existing knowledge, resources and skills are nurtured and central to Australia's response to the mental health needs of culturally and linguistically diverse (CALD) communities.

Mental Health Australia acknowledges the challenges in past governance and accountability arrangements for previous national projects.

The recommendations in this report focus on developing a national multicultural mental health program with robust governance and accountability. This means accountability to Government and, critically, CALD communities.

Multicultural mental health remains one of the key challenges for reform. While the area is characterised by poor data, there is enough evidence to indicate the depth and breadth of issues affecting the mental health of Australia's multicultural communities. These issues are too important to leave unaddressed.

Australia has a responsibility to promote services that are accessible, equitable and culturally responsive to reflect Australia's diverse population.

Australia is well-placed to respond to the challenge of delivering high quality multicultural mental health care, including responding to emerging issues and needs of incoming refugees. There are people with specialised skills and resources to contribute to better mental health care for CALD communities involved in the MHiMA Project, transcultural mental health centres and a range of other organisations (e.g. those specialising in responding to torture and trauma).

This report proposes key functions for a future multicultural mental health program and presents structural options to take the work forward. A preferred approach is recommended, for Government consideration.

[1] The previous iteration of the MHiMA Project was delivered by a consortium and received Australian Government funding from June 2011 to end June 2015.

[2] For example, Multicultural Mental Health Australia (MMHA) and the National Transcultural Mental Health Network.

2. Report methodology

The recommendations in this report have been developed after considering previous project activities and achievements, and targeted engagement activities with multicultural mental health stakeholders.

2.1 Considering previous project activities and achievements

Mental Health Australia consulted with stakeholders involved in the previous iteration of the MHiMA Project to obtain an understanding of past project governance arrangements, activities and achievements. Reviews of previous iterations of the national multicultural mental health project were conducted in 2001, 2006 and 2009.[3]

It is acknowledged previous governance and accountability arrangements were challenging. However, it is also recognised the MHiMA Project achieved some key outcomes, including the development and trial of the Framework for Mental Health in Multicultural Australia, and the establishment and engagement of a group of consumers and carers from CALD communities.

2.2 Public consultation

Through a public consultation process, Mental Health Australia invited people interested in multicultural mental health to provide feedback on future directions for the MHiMA Project and national multicultural mental health activities. The consultation paper and response form were circulated nationally through Mental Health Australia and MHiMA Project networks.

Stakeholder feedback was received via email, through focus groups convened by other organisations in some states and territories, and telephone consultations conducted by members of the National CALD Consumer and Carer Working Group (NCCCWG).

Mental Health Australia received 75 consultation responses, from both individuals and organisations. Further information about the consultation and an analysis of feedback can be found at Attachment 1. An overview of consultation feedback was shared with participants at the NCCCWG and Project Advisory Group meetings (see below).

2.3 Review of the Framework for Mental Health in Multicultural Australia

The review of the Framework for Mental Health in Multicultural Australia was conducted by the Australian Health Services Research Institute, led by Professor Kathy Eagar from the University of Wollongong. The review found the Framework is a valuable product with the potential to further build capacity in multicultural mental health.

[3] The most recent review provides an overview – *Review of the Multicultural Mental Health Australia (MMHA) Project* (2009) Health Outcomes International. Available at http://www.health.gov.au/internet/main/publishing.nsf/content/mental-multi-review.

Central to this is the development of the Framework and MHiMA website into a Knowledge Network to provide tools for a larger audience, as described later in this report and in detail in Attachment 2.

2.4 Meeting with the NCCCWG

A facilitated full day NCCCWG workshop was held on 17 February 2016. Outcomes from this meeting and the Project Advisory Group meeting (see below) are at Attachment 3.

The NCCCWG was initiated as part of the previous iteration of the MHiMA Project and has been in place since January 2013. The group's membership aims to consist of mental health consumers and carers from CALD communities, from all states and territories.

This meeting focused on establishing key functions or tasks for a national multicultural mental health project over the next 1-2 years and potential organisational structures to achieve these functions or tasks.

2.5 Meeting with the Project Advisory Group

A facilitated full day Project Advisory Group workshop was held on 18 February 2016.

The Project Advisory Group was convened by Mental Health Australia to inform the development of the recommendations presented in this report. The group was established in January 2016 and will provide advice to Mental Health Australia about the Project until 30 June 2016.

Group membership includes representation from each transcultural mental health centre, plus representation from those states without such centres, and representation from national multicultural organisations – Federation of Ethnic Communities Council Australia (FECCA), National Ethnic Disability Alliance (NEDA) and the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). A consumer representative and a carer representative from the NCCCWG are also members of the Project Advisory Group.

The Project Advisory Group meeting followed a similar format to the NCCCWG meeting. The notes from both meetings (Attachment 3) were disseminated to the Project Advisory Group and the NCCCWG for comment.

3. Findings and recommendations

Mental Health Australia developed this set of findings and recommendations based on the methodology described above.

3.1 Statement of national multicultural mental health program objective

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 mental illness and suicide prevention in CALD communities.[4]

Members of the Project Advisory Group noted one of the inhibiting factors for MHiMA and its predecessors has been a lack of clarity about the key objective of the program. The Project Advisory Group proposed the following role definition for the national multicultural mental health program:

> To be a strong, coordinated and representative voice for CALD mental health, influencing systemic change and quality improvement.

3.2 Core functions

Any future national multicultural mental health program should build on the array of existing specialised skills and resources. The challenge of meeting multicultural mental health needs in Australia remains largely unaddressed, with community awareness and access to services often poor.

A national multicultural mental health program needs to effectively operate at several levels – with governments, the community and professionals, to improve the competency of each in responding to mental illness among CALD communities.

Providing advice to governments

A national multicultural mental health program must ensure government(s) are accurately appraised of the issues and challenges facing multicultural mental health, across the spectrum of government policy, including health, education, employment, and welfare. Most Australian jurisdictions now have a mental health commission, typically keen to refine local

[4] Current stated aim of the project, MHiMA Project funding agreement

approaches to multicultural mental health. This function would inform and assist these policy-making processes. A national multicultural mental health program should play a key role in informing Government on the needs and emerging issues for CALD communities, including newly arrived populations, acknowledging the complex challenges faced and appropriate service responses required by many of these communities.

Sector and community development

The program must focus on bringing together specialised multicultural mental health expertise. Much of the expertise resides in the transcultural mental health services; it also exists in those jurisdictions without a centre and in other organisations, particularly those working with people recently arrived in Australia. A future multicultural mental health program must be an effective place for this expertise to meet, grow and influence the shape and nature of Australian mental health care. This function is reflected in more effective and representative governance structures proposed later in this paper.

This function would contribute to the development of the multicultural mental health workforce, including the peer workforce. This includes mentoring and supporting the next set of skilled multicultural mental health champions and leaders, transcultural organisations, other bodies and the CALD mental health consumer and carer movement.

Implementation of the Framework and refinement of the MHiMA website

The review of the Framework indicated it is a valuable resource that should be further developed. The review recommends:

- Maintaining the Framework as an online resource, restructured into a series of modules, each of which can be accessed and completed on a standalone basis
- Developing a mix of (a) generic and (b) specialist modules for specific stakeholder groups and sectors
- Designing modules so they can be used more broadly than self-assessment and accreditation (e.g. setting standards for mental health service commissioning and contracting)
- Developing online flexible training modules, moving away from resource intensive face-to-face support.

These actions would broaden the scope and reach of the Framework, increasing its relevance to different audiences, including Primary Health Networks (PHNs), the National Disability Insurance Scheme (NDIS), youth organisations and the aged care sector.

The Framework review also recommends developing the MHiMA website into a clearinghouse and knowledge exchange – a Knowledge Network. The website would become the definitive online resource for people seeking information and resources about multicultural mental health. It would become the central point for building capacity in multicultural mental health services, permitting sharing and distribution of evidence-based approaches to multicultural mental health, across a range of service settings.

The Knowledge Network website would contain sections targeting different audiences, for example, health professionals, consumers and carers. All content would be evaluated before being published on the website. The material would be evidence-based and quality assured by Australian mental health professionals. Information for consumers and carers will be assessed by mental health consumers and carers from CALD communities. The website will not necessarily develop all of its resources, it would also share existing resources.

The Framework and Knowledge Network would provide interested parties with the tools, skills and competencies to work effectively with CALD populations. With regards to PHNs specifically, work should be aimed at influencing the PHN commissioning framework to better address the needs of CALD communities. This could be seen in outreach services, with some possibility of attracting fee for service funding from a range of sources interested in acquiring multicultural mental health expertise embodied in the Knowledge Network.

A further detailed explanation of the Framework and MHiMA website development can be found in Attachment 2.

Mental health promotion and suicide prevention

A multicultural mental health program could continue to develop capacity to support local communities to promote mental health, understand mental illness and prevent suicide. The program could also respond to new and emerging issues, specifically the unmet mental health needs of incoming refugees.

Responsibility for delivering funded suicide prevention programs has recently shifted to PHNs. Tailored approaches are possible though several existing community-specific mental health promotion tools and could readily be shared with PHNs. While there is an emerging framework around suicide prevention based on deployment of evidence-based approaches, there is little up to date evidence relevant to CALD communities.

The program should develop tailored approaches to mental health promotion, awareness and stigma reduction in CALD communities within the Australian context. An audit and adaptation of existing tools would be the essential initial step. For example, while the Australian Government has invested in the National Recovery Framework, the translation of key concepts into CALD contexts has yet to occur, compromising its utility among these communities. Australia would become a world leader in translating these concepts.

Monitoring and evaluation – data collection and reporting

A multicultural mental health program should contribute to national approaches to improve CALD data collection. It is generally acknowledged this area of mental health information remains poor. Making improvements to information on multicultural mental health will be a critical area for activity in the future, driving understanding, research, monitoring and reporting. Links to key government agencies and processes will be essential and are reflected in the suggested organisational structure discussed below.

The program should also consider how to link to other national and jurisdictional reporting processes related to the health and welfare of CALD communities. This would highlight inequities in practice, a situation which sees medication used far more often in CALD communities than in the general population. This has significant costs and risks to individuals and their families, and additional costs to the community.

The program would assist in implementing recommendations made by the previous MHiMA Project regarding the future of CALD mental health research, described in the recent paper *Mental health research and evaluation in multicultural Australia: developing a culture of inclusion.*[5]

A further role would be evaluation of e-mental health services and resources for CALD communities. Recent Australian Government reforms in mental health indicate a strong push

[5] The Mental health research and evaluation in multicultural Australia: developing a culture of inclusion is available at (http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852843/).

for online mental health services to be the first step for most people with a mental illness in Australia, only moving to face-to-face professional care if needed. Data evaluating the effectiveness of e-mental health services is growing but its utility in CALD settings is less clear. There is an urgent need to ensure CALD communities continue to receive necessary mental health care whilst ensuring e-mental health care pathways are appropriate for CALD communities.

Based on the refinement and implementation of the Knowledge Network, the program has the capacity to move beyond a focus on mental health promotion in CALD communities to a more profound role in designing actions to embed culturally responsive mental health promotion within a range of health and social service agencies. These functions would be carried out by a range of organisations working to a consistent national framework and a set of priorities clearly framed and owned by the multicultural mental health sector, including consumers and carers.

3.3 Structure

Options for structure(s) that would offer the best chance of fulfilling these functions are discussed below.

Option 1 – An independent organisation

Many in the CALD mental health sector would welcome the establishment of a new, independent national body to lead work in this area. This would require a 1-2 year period where support is provided by another organisation. However, given current financial and other constraints, funding to enable the establishment of a new and fully independent national entity may not be available.

The workshop meetings also identified benefits which come from ensuring a multicultural mental health program is closely associated with, and therefore influential over, other organisations. While there is no desire to 'mainstream' multicultural expertise under any new arrangements, the mainstream needs to be better equipped to respond to multicultural mental health needs. Links with public mental health services, PHNs, the NDIS, aged care and other agencies will be critical to success. These links may be more difficult to establish, or more costly to establish, for a stand-alone body.

Option 2 – A consortium of transcultural mental health centres and/or national organisations

Effectively building links between transcultural mental health services and the program lies at the heart of building multicultural mental health capacity in Australia. A consortium could deliver this relationship.

Similarly, a consortium of relevant national peak bodies could be established. Natural choices would include FECCA, NEDA, Mental Health Australia and Suicide Prevention Australia.

However, as evaluations suggest, this type of consortium has not worked in previous iterations of MHiMA, delivering unclear governance and insufficient direction for the program.

Option 3 – Auspicing by another organisation

There was considerable discussion in the course of the consultation process about the possibility of auspicing the program, and several options are canvassed below.

It was suggested one option could be for the program to be hosted by the National Mental Health Commission. The Commission has indicated an interest in multicultural mental health and could take on the program as a discrete function. This would embed multicultural

mental health within the Commission's structure and forward work program. It might be possible to further integrate this work by appointment of a national CALD mental health commissioner. However, considerable concern was also expressed about embedding the program within the bureaucracy, rather than as part of the community.

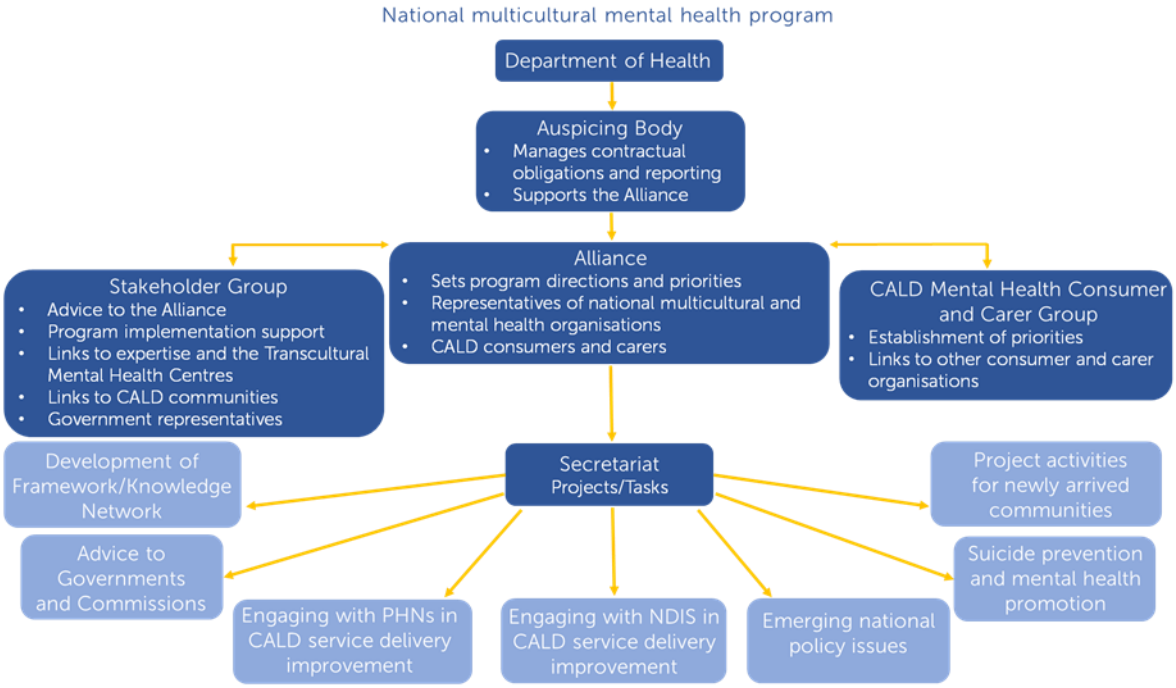
It was broadly agreed that this kind of auspicing arrangement could best be managed by a national mental health and/or multicultural organisation, including Mental Health Australia, FECCA or NEDA (each of whom expressed a willingness to work together for an agreed solution). A key advantage of this approach would be the strength of the links to the constituencies of these various organisations – in many cases the very organisations that need to be influenced regarding CALD mental health issues. The pros and cons of various options were considered. Broadly, mental health organisations lack in-depth understanding of CALD issues, while multicultural organisations lack sufficient expertise in mental health. However it was also noted that the project is funded by the Department of Health, making sense for it to be placed with a health focused organisation.

Preferred Option

Arguments could be made for all three options presented here. However, it is unlikely that Option 1 is financially or politically viable in the current federal environment and there are drawbacks associated with setting up a new organisation completely separate from those it wishes to influence. Pursuit of Option 1 is something that could be considered in the future. This was strongly supported by the NCCCWG.

Option 2 lacks the necessary clarity around issues of accountability and risks, replicating problems of the past, and risks confusing state and territory issues with national issues.

The meetings of the Project Advisory Group and the NCCCWG generally agreed that Option 3 presents the most strategic and practical option. Such a model could be structured as:



Future governance arrangements for the national multicultural mental health program must balance two somewhat contradictory objectives:

- They must ensure unambiguous accountability and governance and complete clarity regarding contract compliance for the funder.
- They must also ensure that key national organisations from the multicultural and mental health sectors have an equal stake in setting the directions of the project and an equal sense of "ownership" over a project in which they are all essential stakeholders. Multicultural mental health consumers and carers must be central to this ownership.

Regardless of who might auspice the ongoing MHiMA program, these objectives are served in two ways in this preferred model: Auspicing and Alliance.

Auspicing

This model provides clarity for the Australian Government who would be entering into an agreement with one national organisation to auspice the project. This is a critical factor in ensuring unambiguous accountability and governance. Auspicing arrangements must leave no doubt which organisation has ultimate responsibility to ensure contract compliance and accountability requirements are met.

Alliance

The auspicing body would establish an Alliance between key national groups to actually guide the program. The Alliance would oversee the multicultural mental health program, including the development of its workplan, and strategic direction and priorities. A well-functioning Alliance lies at the heart of the future program's success.

Further elaboration on the roles and responsibilities of the auspice and Alliance are outlined in Attachment 4.

Regardless of who might auspice the ongoing MHiMA program, the structure of an auspice and an Alliance will ensure both accountability and equal influence in project decision making.

The Alliance would be informed by a strengthened Consumer and Carer Group, to ensure the voices of consumers and carers from CALD communities are strongly embedded in the program. Over recent years there has been some investment in the development of a National CALD Consumer and Carer Working Group, and ongoing work would ensure the voices of consumers and carers are clear and effective by developing the capacity of members, and by strengthening their links to relevant constituencies.

A stakeholder group would also provide advice to the program via the Alliance, particularly drawing on the expertise of transcultural mental health centres and other key multicultural organisations. This group would assist in the identification of effective strategies, priorities and program implementation.

Recommendation

On the basis of the consultations undertaken by Mental Health Australia, we recommend the Australian Government adopt Option 3 as the future for a national multicultural mental health program.

Mental Health Australia's consultations indicated a preference by the multicultural mental health sector for the program to operate from the context of a community organisation, rather than a government body.

It was considered that a national mental health or multicultural peak, for example Mental Health Australia, FECCA or NEDA, could be a suitable option for auspicing the program. However, the general view at the NCCCWG and Project Advisory Group meetings was that Mental Health Australia offered the best fit as an auspicing organisation.

Subsequent discussions between Mental Health Australia, FECCA and NEDA suggest this is a viable auspicing option, and is well supported.

The proposed structure would ensure the views of consumers and carers from CALD backgrounds remain central to the program, and are linked into the broader mental health consumer and carer movement, particularly the National Mental Health Consumer and Carer Forum (NMHCCF), already operating under auspicing arrangements within Mental Health Australia.

Under such an arrangement, final responsibility for the program would rest with the Mental Health Australia Board which has over many years demonstrated its capacity to manage and deliver complex projects and professionally acquit Australian Government funds.

A further recommendation is that the Australian Government should consider funding the multicultural mental health program for a minimum of five years. The program has not enjoyed a period of stability in which to flourish. From previous experience, particularly in relation to the development of effective structures of community engagement, this stability is critical. A longer contract period would enable the program to be established on a more solid footing, leading to increased effectiveness of the national multicultural mental health program.

4. Conclusion

Mental Health Australia has developed this report with consideration of previous MHiMA Project activities and arrangements, the public consultation, the Framework review and the NCCCWG and the Project Advisory Group workshops. The functions recommended in this report would continue to provide a national focus for advice and support to providers and Government on mental health and suicide prevention for people from CALD backgrounds. This would involve representation and support for CALD communities' interests in the mental health sector and raising awareness of mental illness and suicide prevention in CALD communities.

The scale of the challenge to properly meet the mental health needs of CALD communities is enormous. Over a number of years, the MHiMA Project and its predecessors have built valuable and precious resources. The functions and structure recommended here would nurture and build these assets from a new foundation of solid governance and oversight. The recommended option opens up exciting new possibilities for the multicultural mental health sector to influence the broader mental health agenda, and ensure this key issue gets the attention it deserves.

5. Attachments

5.1 Public consultation feedback

5.2 Review of the Framework for Mental Health in Multicultural Australia Review

5.3 Notes from National CALD Consumer and Carer Working Group and Project Advisory Group Meetings 17-18 February 2016

5.4 National multicultural mental health program – Draft Operating Specifications

Mental Health Australia

**Mentally healthy people,
mentally healthy communities**

Mental Health Australia is the peak independent, national representative body of the mental health sector in Australia.

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