



**Mental Health in Multicultural Australia's feedback on the:**  
**National Mental Health and Suicide Prevention**  
**Communication Charter**  
**Development Document**

Mental Health in Multicultural Australia (MHiMA) is a national project currently funded by the Commonwealth Department of Health and Ageing until June 2014. MHiMA's mission is to build capacity and to support inclusion. Underpinning this mission is MHiMA's vision of an open and inclusive society committed to human rights and diversity in which everyone requiring mental health services is able to access culturally responsive services equitably regardless of culturally and linguistically diverse (CALD) background.

MHiMA's mission expresses our intent for communities and health service providers to address the mental health needs of Australia's immigrant and refugee population in a culturally inclusive and responsive manner. MHiMA is committed to achieve this mission by:

- Providing a national focus on issues relevant to mental health and suicide prevention for people from CALD backgrounds by offering advice and support to government, non-government providers and service users.
- Supporting primary health care professionals, including general practitioners and allied health practitioners, to address the mental health needs of consumers from CALD backgrounds and their carers.
- Supporting the development of mental health services that are culturally responsive, evidence-based and recovery-oriented.
- Working to promote effective and culturally responsive services that are capable of meeting the diverse needs of the Australian population across the lifespan.
- Developing effective and respectful collaborations with relevant stakeholders in every state and territory that are of mutual benefit and advance our common objectives by adopting a flexible approach that is responsive to issues arising in a rapidly changing environment.

MHiMA welcomes the opportunity to provide feedback to The National Mental Health and Suicide Prevention Communication Charter: Development Document. We note that the purpose of this national communications charter is to promote collaborations amongst signatories, reduce duplicity of efforts and promote clear and consistent communications about mental health and wellbeing, mental illness and suicide prevention.

MHiMA supports the development of this national communication charter and is providing feedback focusing initially on proof reading and then content to ensure that the document is a culturally inclusive document. MHiMA have suggested areas in the document where more inclusive language can be used:

Please see below MHiMA's **SUMMARY OF FEEDBACK** on the National Communication Charter.

<b>Summary of Feedback from MHiMA</b>	
<b>Proof Reading</b>	
<b>Page Number</b>	<b>Comment</b>
7	<p style="text-align: center;"><b>Under National Coalition for Suicide Prevention:</b></p> <ul style="list-style-type: none"> <li>• <b>Suggest: list the organisations in alphabetical order</b></li> </ul>
15	<p style="text-align: center;"><b>Under key messages:</b></p> <p style="text-align: center;"><b>Remove: 'is' in the second dot point.</b></p>
<b>Content</b>	
13	<p style="text-align: center;"><b>Under We know that:</b></p> <p>Amend second dot point, which refers to structural factors that increase one's risk of developing a mental illness – usually referred to as social determinants of health ill health:</p> <ul style="list-style-type: none"> <li>• <b>Include:</b> 'inequality' is among the factors that impacts on to recovery. We know that societies which are more unequal produce more ill-health across the population, and that those with less socio-economic resources and less social capital (power) have worse health (including mental health) outcomes. Further, these factors not only impact on recovery but on the production of mental ill-health in the first instance.</li> </ul> <p><b>References:</b>            Wilkinson, R. &amp; Pickett, K. (2009) <i>The Spirit Level: Why Greater Equality Makes Societies Stronger</i>. London: .            Wilkinson, R. (2011). <i>How economic inequality harms societies</i>. (audio-visual) <a href="http://www.ted.com/talks/richard_wilkinson.html">www.ted.com/talks/richard_wilkinson.html</a> .            Baum, F. (2009). <i>The social determinants of mental health: more than the tip of the iceberg</i>. Conference Paper Royal Australian New Zealand College of Psychiatry Congress 2009. <a href="http://www.ranzcp.cmsaustralasia.com/documents/2009/Fran%20Baum.pdf">www.ranzcp.cmsaustralasia.com/documents/2009/Fran%20Baum.pdf</a></p> <ul style="list-style-type: none"> <li>• <b>Add:</b> another dot point that speaks to what we know about help-seeking &amp; lower access rates among some groups. Something like - Some members of our community, including people caring for someone with mental ill health, people of immigrant or refugee background, are less likely to seek help for emotional and mental health problems from health services and do not receive the help that they need.</li> </ul>

<p style="text-align: center;"><b>13</b></p>	<p style="text-align: center;"><b>Under the Under bold second list of dot points</b></p> <p>3<sup>rd</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Amend:</b> to include 'faith-based' in list of sectors</li> </ul> <p>5<sup>th</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Amend:</b> to read 'respond to the particular needs and preferences of individuals'</li> </ul> <p>7<sup>th</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Remove:</b> 'heritage' and revise to read – their cultural and personal circumstances and.....</li> </ul>
<p style="text-align: center;"><b>15</b></p>	<p style="text-align: center;"><b>Under key messages</b></p> <p>7<sup>th</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Remove or modify:</b> It may be a commonly used phrase, but it suggests that we know what everyone thinks. Making the assumption that all readers share the same perspective and experience, it (inadvertently) alienates sections of our community, who may have had considerable personal and family experience of emotional distress, mental health, AOD and other issues. This point may really be trying to say that there is a widespread tendency to not talk openly about emotional and mental health issues.</li> </ul>

<p>16</p>	<p style="text-align: center;"><b>Under language</b></p> <p><b>General Comment:</b>  This should be framed in terms of suggested terminology, but with encouragement to always check with individuals involved as to how they represent themselves or would like to be represented.  Perceptions of whether terms and discourses are empowering or disempowering change over time, depending on context and among different groups.</p> <p>1<sup>st</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Comment:</b> 'consumer' is also term that individuals, including those involved in advocacy or employed in mental health services, may prefer and find empowering.</li> </ul> <p>2<sup>nd</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Add:</b> 'may' have towards..... (otherwise this suggests that people from ATSI all have one view).</li> </ul> <p>3<sup>rd</sup> Dot Point</p> <ul style="list-style-type: none"> <li>• <b>Comment:</b> see 1<sup>st</sup> dot point above re "consumer" as it may also apply to 'carer'</li> <li>• <b>Add:</b> a point in relation to cultural diversity &amp; acknowledging a growing trend towards accepting broader conceptualisations of mental ill health that include non-medical perspectives for example <i>Given the increasing cultural and linguistic diversity of Australia's population and a growing preference among the general community to conceive issues associated with mental ill-health in a more holistic way, 'social and emotional wellbeing' rather than 'mental health' may be more acceptable way to discuss mental health in the community.</i></li> </ul> <p><b>Additional Point in Relation to Language</b></p> <ul style="list-style-type: none"> <li>• <b>Add:</b> <i>Work with interpreters, translators and other professionals with multicultural expertise when attempting to craft mental health messages or communicate with individuals who have minimal or low levels of proficiency in English'</i></li> </ul>
<p>17</p>	<p style="text-align: center;"><b>Under roles and responsibilities</b></p> <p><b>Additional Point Relating to the Communications Framework (opening paragraph)</b></p> <p><b>Add:</b> ....'Respecting each person's right to seek, receive and impart information and ideas about mental, emotional and social wellbeing entails providing opportunities to do so in the person's preferred language and with assistance of an interpreter or in translation.' This relates to advocacy and awareness raising efforts (see 3<sup>rd</sup> dot point) and crafting messages for specific audiences (see 5<sup>th</sup> dot point). Note these rights are consistent with international human rights obligations related to Freedom of expression (Article 19, International Convention of Civil and Political Rights).</p> <p><b>Reference:</b>  Victorian Equal Opportunity and Human Rights Commission. (2008). <i>The Victorian Charter of Human Rights and Responsibilities: Civil and political rights explained</i>. Melbourne: VEOHRC. p.15</p>

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