



Mental Health in Multicultural Australia's feedback on the:

Accessible Mental Health Services for People with Intellectual Disability:

A Guide for Providers

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 Guide for Accessible Mental Health Services for People with Intellectual Disability: A Guide for Providers. We note that the purpose of the guide is to improve the accessibility and quality of mental health care for people with intellectual disability.

MHiMA supports the development of this guide and is providing feedback to ensure that the document is a culturally inclusive document that multicultural services will be able to engage with. At present this guide does not read as a culturally inclusive document. This is likely to be the same issue for Aboriginal and Torres Strait Islander services. MHiMA have suggested areas in the document where more inclusive language can be used that is inclusive of these population groups:

Please see below MHiMA's **SUMMARY OF FEEDBACK** on the Guide for Providers: Accessible Mental Health Services for People with Intellectual Disability.

Summary of Feedback from MHiMA	
Page Number	Comment
7	<p>Under services list an additional dot point:</p> <ul style="list-style-type: none"> Specialist mental health services such as Aboriginal and Torres Strait Islander mental health services and Transcultural Mental Health Services
9	<p>Under the heading of barriers to access:</p> <p>Include "stigma as a key access barrier as this is a major access barrier for people from CALD backgrounds"</p>
11	<p>Under person centred approach:</p> <p>Include a sentence about a culturally inclusive approach ie;</p> <p>"A person-centred approach seeks an understanding from the person's own perspective, to discover what is important to them for their mental health and wellbeing and how they can best be supported. This may include the person's cultural perspective and explanation of how they describe they can best be supported."</p>
12	<p>Under the heading Preparation, expand 3rd dot point on communication:</p> <p>Include "book an interpreter for those who speak a language other than English or who are hearing impaired."</p> <p>Last sentence of 1st paragraph under "effective communication"</p> <p>Add "aided communication through the use of specific devices or an interpreter"</p>

14	<p>Last dot point under “Access to mainstream mental health services”</p> <p>Add “This may include practitioners and staff in primary care, private mental health services, disability services, public mental health services, non-government organisations and specialist support services for particular groups such as Aboriginal and Islander and Multicultural Support Services.”</p>
15	<p>Last dot point under “Training and Education for Practitioners”</p> <p>Add “Interdisciplinary and culturally inclusive in nature to improve the ability of professional groups and service providers from different backgrounds to provide coordinated mental health care.”</p>
18	<p>We note that there is a section called “Tools for Inclusive Practice”</p> <p>In this section we suggest that the lack of cross culturally validated assessment tools for ID is a key issues to be highlighted.</p>

<p>Include CALD Case Study</p>	<p>Case study (<i>this scenario is based on a client of a transcultural mental health centre</i>)</p> <p>Saba is a 23 year old woman from a Horn of Africa country who arrived in Australia at age 16 years under the refugee and humanitarian program. She not been able to learn English and requires an interpreter for all communications. She is lives with an older sister and stays at home and is given responsibility of family household duties – limited success with this as she needs constant supervision on ADLs. She is very socially isolated.</p> <p>Saba was brought into to Emergency Department following ingestion of poison and the initial assessment and diagnosis was personality disorder and query intellectual impairment. She was referred to the Transcultural Mental Health Centre for a comprehensive mental health and socio-cultural assessment. She was assessed with a cultural consultant and mental health practitioner who identified intellectual impairment, depression and a number of cultural issues that were impacting on her and her family. The assessment required a significant amount of preparation as the mental health practitioner and cultural consultant had to work through the tools in advance to ensure that the questions were adapted to be suitable not only linguistically but conceptually to Saba’s cultural backgrounds.</p> <p>She was referred to a specialist multicultural support agency for practical assistance and support in overcoming her social isolation. A copy of the assessment was also sent to her GP. The assessment included an ABAS and comprehensive mental health assessment to assist in an application to Disability Services for additional support. This was unsuccessful and the reason given that the assessment was not accepted as it did not include a formal IQ test.</p>
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MHiMA Contact Details

A/Executive Officer: Sharon Orapeleng

Tel: 1300 136 289

Email: exec@mhima.org.au

Postal Address: P O Box 6623, Upper Mt Gravatt, Qld 4122

Website: www.mhima.org.au