



**Mental Health in Multicultural Australia's submission to the:
Australian Commission on Safety and Quality in Health Care
Consultation Paper on:**

**Consumers, the health system and health literacy: Taking action to
improve safety and quality.**

September 2013

About MHiMA

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 Australian Commission on Safety and Quality in Health Care on the *Consultation Paper on Consumers, the health system and health literacy : Taking action to improve safety and quality*. MHiMA values the importance of improving safety and quality for all consumers and carers including migrants and refugees from CALD backgrounds.

Please see below MHiMA's **FEEDBACK** on the consultation paper questions.

1. Did you find the consultation paper useful? Why or why not?

MHiMA suggests that the health literacy discussion paper should make explicit reference to the circumstances of migrants and refugees from non-English speaking backgrounds. For example, immigrants and refugees from non-English speaking backgrounds can find themselves having to overcome additional barriers to achieve comparable levels of health literacy, service access and safety and quality health outcomes compared to the general population.

It is noted that the paper considers health literacy issues with regard to CALD. However, it gives limited insight into the barriers to health literacy for CALD clients. Some of these barriers may include: language and cultural differences between health care providers and consumers, which could result in miscommunication and misunderstandings; and interpersonal or systemic racism and discrimination (unintended or otherwise). This has a potential to result in consumer mistrust and disengagement from services.

In particular MHiMA would like to see a whole section dedicated to talking about interpreting and translating and how to do this effectively. Other barriers that would benefit further consideration are:

- Cultural differences in engaging and negotiating health systems
- Concepts of consumer engagement and consumer health rights being contextualised in terms of different cultural perspectives.

2. Were the concepts regarding health literacy clear and understandable?

The concepts regarding health literacy were explained well in this paper. MHiMA is pleased to see the concept of cultural competence explained in detail. The section relating to low health literacy is a particular issue for disadvantaged and vulnerable Australians, and may include people born overseas.

Unfortunately the number of studies that have specifically included migrants and refugees or have investigated multicultural (mental) health issues is very small. In particular non-English speaking migrants and refugees have been excluded from national surveys. Therefore there is a lot that is unknown about these groups.

We do however know that health and mental health service access and quality and safety of service delivery are of particular importance to achieve equitable health outcomes for CALD populations.

3. Is there any terminology that needs further exploration or explanation? Are there any concepts that need further exploration or explanation?

MHiMA seeks inclusion and clearly developed explanations in relation to the terms culturally and linguistically diverse (CALD) and immigrants and refugees. It would also be advisable to set clear context around specific issues and additional barriers faced by people from CALD backgrounds.

In addition, the paper does not consider how culture influences people's explanatory models about their health conditions. For some people they may be highly literate about their health within their cultural framework and very good at seeking help appropriately eg in the Chinese community there is a strong emphasis on the use of traditional practices (eg herbal medicines, acupuncture etc) in maintaining health and well-being and in addressing ill-health. These explanatory models should not be negated.

It is important for such explanatory models to be incorporated into health literacy messages. In mental health this is particularly important as there are many ways of understanding and explaining the concept of mental illness. As such, engaging people in conversations about differing explanations helps to build alliances with health practitioners and produce better health outcomes. Reference to this type of information will help reduce the 'one size fits all approach' to the concept of health literacy that is currently present in many instances.

For further reading please see: Kleinman A, Benson P (2006) *Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It*. PLoS Med 3(10): e294.
doi:10.1371/journal.pmed.0030294

4. Would any of the approaches or strategies outlined in the consultation paper be particularly suitable or unsuitable for you or your organisation?

The concepts of a patient-centred approach, cultural competence and a human rights approach are all important to achieve effective and equitable culturally inclusive mental health care for people from CALD backgrounds.

The effective communication of health information is essential for improved health literacy. The use of plain English in public information as explained in the paper would also be important when working with CALD groups. It is equally important for CALD consumers, carers and their families to have translated information available and to make use of accredited interpreters if needed. Available evidence also suggests that health information be produced in a variety of formats, including audio-visual materials. Information should have minimal jargon and include diagrams, pictures and symbols wherever possible.

Promotion, prevention and early intervention programs that work best with CALD communities need to be targeted and tailored to their communities; general population approaches have limited impact.

It is also important to mention that concepts and explanations of health and mental health in particular can be explained very differently across cultures. An important part of improving

health literacy could therefore come from increased cross-cultural understanding and increased cultural responsiveness.

In addition MHiMA agrees with the view that a patient-centred approach to care and improving health literacy is important in addressing the different needs patients have. For CALD a client to be included in shared-decision-making is empowering. To achieve this, a patient-centred approach should be used, and ensuring CALD clients have understood the information and options available to them is critically important.

5. Are there additional significant Australian or international initiatives or strategies that need to be highlighted?

Australian Initiatives

The Australian Primary Health Care Research Institute in collaboration with the University of Queensland and Australian National University conducted a systematic review on health literacy and to consider its policy relevance to the Australian primary care system. The report highlighted that development of health literacy initiatives “would need to be sensitive to cultures and the needs of specific Australian populations both in content and in delivery approach. Partnering with Aboriginal and Torres Strait Islander groups and those from non-English speaking backgrounds should enhance the relevance of health literacy content and this approach has been beneficial among similar groups in Canada”

Reference:

Australian Primary Health Care Research Institute (2011). *Advancing Health Literacy through Primary Health Care Systems*. Canberra: APHCRI. Available from: <http://www.uq.edu.au/health/healthycomm/docs/APHCRIreport.pdf>

International Initiatives

USA

The United States have introduced a National Action Plan to improve health literacy. The Action Plan highlights the importance of collaborating with target populations to create culturally relevant materials.

Reference:

U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, (2010), *National Action Plan to Improve Health Literacy*. Washington DC

6. Are there barriers to addressing health literacy in the Australian context that need to be explored further?

It is also important that individuals and organisations in the health area also recognise and address the inherent assumptions and generalisations that prevent health information being understood by people from CALD backgrounds. This includes being aware of whether a person is literate in their first language, whether they speak a dialect, any significant differences in their cultural perceptions of health and their English proficiency. These factors should be considered regardless of the length of time a person has spent in Australia

Future directions

7. How could you or your organisation work better to address health literacy? Who needs to be involved in this work?

MHiMA is currently finalising work on a web-based “*Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*”, offering strategies for mental health services’ managers, workers and clinicians to become more culturally responsive. It is envisaged that mental health literacy will be included in the key outcome area related to Promotion, prevention and early intervention.

In addition, MHiMA is able to facilitate links with multicultural mental health services via our MHiMA State & Territory Reference Group; and MHiMA Consumer & Carer Working Groups as requested and agreed.

8. What type of tools or support would you need to help you address health literacy in your organisation?

If there are any tools that can be linked from the MHiMA website this would be useful for consumers and carers, workers/clinicians or policymakers and researchers.

MHiMA is also interested in good practice examples in relation to cultural responsiveness in mental health care to be included in the soon to be released web-based Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery.

9. Are there activities, frameworks, strategies or protocols that could be provided that would help your organisation to address health literacy?

As advised in our response to Question 7, MHiMA is currently finalising work on a web-based “*Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery*”, offering strategies for mental health services’ managers, workers and clinicians to become more culturally responsive.

10. Is there infrastructure or support that could be provided that would help your organisation to address health literacy?

Addressing health literacy needs for consumers from CALD backgrounds requires organisations to ensure that appropriate resources are allocated for the development of accessible quality information provided in a culturally relevant and appropriate way.

Governments and organisations are required to also ensure that they include effective communication and engagement with Australia’s CALD population (*Access & Equity Report, 2013*)

Reference:

Department of Immigration and Citizenship (2013). *Access and Equity in Government Services Report- 2010-2012. Multicultural Policy*. Retrieved from Department of Immigration and Citizenship: <http://www.immi.gov.au/living-in-australia/a-multicultural-australia/government-approach/government-services/>

11. Do you have any suggestions for how a national approach to health literacy could be developed?

Low levels of health literacy is an issue that persists in all communities, however there are compounding factors that may result of low levels of health literacy in people from immigrant and refugee backgrounds.

A national approach should ensure service providers and organisations work collaboratively with CALD communities to identify the health literacy barriers and to support consumers to become increasingly health literate, through the provision of accessible information, the utilisation of language services and a commitment to patient-centred care.

12. What do you think should be included in a national approach to health literacy?

That the health sector (including mental health) and the multicultural sector be resourced in a manner that enables enhancement of cultural responsiveness of their organisations and services through collaboration and partnership with each other and the CALD communities, cross-sectorial communication and knowledge exchange.

13. What could the Commission do, at a national level, to help support organisations to address health literacy?

The Commission could assist by:

- Developing and providing ongoing cultural responsiveness in education, training and professional development in collaboration with MHiMA.
- Having a coordinated, integrated and sustainable national strategy which is funded appropriately
- Encouraging collaboration of services and initiatives across sectors and health and allied health workforce disciplines.
- Funding more CALD specific health and mental health research to expand on the evidence base, in the Australian context, regarding health literacy and CALD communities.

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