



## **Mental Health in Multicultural Australia's feedback on the:**

### **National Mental Health Commission: National Contributing Life Project Consultation**

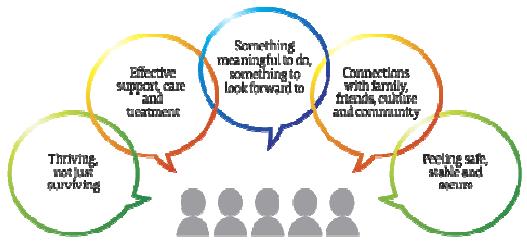
Mental Health in Multicultural Australia (MHIMA) is a national project currently funded by the Commonwealth Department of Health and Ageing until June 2014. MHIMA's mission is to build capacity and to support inclusion. Underpinning this mission is MHIMA's vision of an open and inclusive society committed 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 consultation on the National Contributing Life project, which builds on the National Mental Health Commission's first *National Report Card on Mental Health and Suicide Prevention* (2012).

Please see below MHIMA's feedback on the National Contributing Life project survey monkey questions.



## Questions for consultation

National Contributing Life Project

### 1. The concept of a contributing life

#### What experiences of daily living do you think are relevant to the concept of a contributing life? Please discuss

- Relationships with friends and family, community, supportive and nurturing relationships,
- Secure, safe, affordable accommodation,
- meaningful work (in all its forms – paid, at home, voluntary),
- opportunities to maintain emotional & physical health & stay fit, access to quality medical care that is culturally responsive when health problems arise,
- access to adequate material resources (money to live on),
- opportunities to engage in life-long learning (in all its forms),
- opportunities for creative expression,
- engaging in cultural practices that are meaningful to the person and maintain connection with family and community, engaging in faith-based practices, speaking language(s) of choice,
- having all aspects of human rights accorded (freedom, respect, equality, dignity),
- to be a part of the mainstream, to be welcome to join any group, use any service
- to have additional needs arising from experiencing mental illness met – as a health issue, material need/ financial issue, family support issue and so on.

### 2. Contributing Life Questions

#### What questions should the Contributing Life Methodology invite people to discuss?

- What would a world look like where people with mental illness are fully contributing in the community?

### **3. Initial suggestions for a Contributing Life Methodology**

The Project Team suggests a *Life Story Method*, a narrative method, using:

- Survey/interview – online, telephone, individual face to face interviews and other means
- Focus groups
- Yarning times
- Digital story telling
- Online narrative repository

**What methods do you think could be used to invite people to talk about their experiences?**

- Use all of the above.
- The effectiveness of facilitator in creating environment in which person/ family feel safe and understood will be very important.
- Consider options for working with individuals/ and or family groups. Some individuals will prefer to involve family members. Others will self-censor if family members are present.
- Important to consider the role of bilingual facilitators/ practitioners in addition to involving interpreters, noting that some individuals and families will only disclose personal & private information if they have a prior relationship with the person seeking information. On the other hand, some will also be wary of disclosing information in front of individuals who belong to the same community (this may include perception of interpreters) fearing breaches of confidence.
- Further, we'd advise enlisting the services of individuals and organisations with direct experience of engaging communities in conversations about mental health issues in the process.

### **4. Who should be invited to respond**

**What are your views about who the National Contributing Life Method is seeking to engage in conversation?**

**Should the National Contributing Life Method only target people who self identify as having experience of mental health difficulties and/or suicide risk either personally or in their family or supportive relationships? Or should anyone in the community be able to respond?**

**Should any particular groups be targeted? Do you think, in relation to the overall methodology proposed there are methods you think will ensure maximum representation of people with lived experience and families/support people?**

**What do you see as the major advantages and disadvantages of each option? How might the disadvantages of either approach be addressed?**

- To reach people from immigrant and refugee backgrounds, the project will need to include a population approach. We know that these groups are less likely to access services than Australian-born, so service-based surveys are not likely to reach these group. Relying on self-identification may also be problematic due to the following:
  - language may be a barrier - understanding of emotional problems & mental illness varies with cultural orientation and English words/ diagnostic terms may not be readily understood by individuals with low levels of English proficiency,
  - cultural beliefs and values related to mental illness may cause some individuals & families to be reluctant to discuss mental illness due to perceptions of stigma
- Our suggestion, therefore, is that you work with established multicultural and ethno-specific organisations, to consult their communities using surveys, focus group and other methods.
- In the first instance we suggest that you approach FECCA and their associations in each state and territory. They support and coordinate ethnic community organisations, and could assist in consulting their members.
- Other relevant organisations that could provide access to members include migrant and settlement resource centres; the peak organisation is Settlement Council of Australia [www.scoa.org.au](http://www.scoa.org.au).
- Similar arrangements could also be made with key refugee support organisations e.g. AMES
- Local council multicultural workers are also active and experienced in connecting with communities; many are keen to engage communities around mental health issues. There are peak bodies in each state, e.g. the Municipal Association of Victoria (MVA) in Victoria <http://www.mav.asn.au/Pages/default.aspx>
- You could also consider the role faith and interfaith networks could play in reaching communities. The attached new report is an example of a local council/ interfaith network/ mental health initiative that engaged faith leaders as a prelude to opening up conversation about mental health issues within their faith communities.
- You could consider targeting some particular community groups in some depth to provide a more comprehensive picture –
  - e.g. a community that migrated post-second war, mix of aging individuals and experiences of subsequent generations
  - e.g. members of a newly arrived community, who speak a language which in which there are minimal translated resources and qualified interpreters
  - e.g. a community largely composed of individuals who arrived on humanitarian grounds.and so on.
- MHiMA could provide further advice regarding identifying and engaging these groups and liaison with relevant agencies.

## **5. Relevant research, questionnaires or surveys**

**Are you aware of literature, research, reports, questionnaires or surveys that might assist the Project Team in developing the Contributing Life Survey Methodology?  
Please provide details or point us in the right direction.**

- This is a report from the Queensland Transcultural Mental Health Centre that successfully engaged CALD consumers in the development of a CALD consumer participation model. I [http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/model\\_cald\\_cons.pdf](http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/model_cald_cons.pdf)
- The experience of the ABS eg in Western Melbourne, of trying to ensure newly arrived individuals also completed the census may be relevant. They worked with community leaders, went to where people already were gathered, helped people to understand that participation in government data collection have benefits for them and their community (if the government knows about their needs/ perspective, then it can address them). This additional effort is required for a number of reasons, including the tendency amongst some newly arrived individuals to believe that governments are not benevolent, and a fear and reluctance to engage in official processes.

## **5. Comments**

**Would you like to make any further comments?**

## **6. Contact**

**Would you like to leave your contact details?  
e.g. Your name, Your organisation (if any), Your email or postal address**

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