Mental Health in Multicultural Australia (MHiMA)
Response to
National Mental Health Commission
'Report of the National Review of Mental Health Programmes & Services'

Tuesday 28th April 2015

Page 1 of 9
Mental Health in Multicultural Australia (MHiMA)
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Executive Summary

MHiMA welcomes the release of the *'Report of the National Review of Mental Health Programmes & Services'* which was tabled by the National Mental Health Commission (NMHC) to the Commonwealth on 30th November 2014 and released in the public domain on Thursday 16th April 2015.

We agree with the analysis of the NMHC that the current mental health system as it stands is not adequate or well placed in meeting the mental health needs of Australians as a whole; and that many of the issues raised are amplified manifold when taking into account the needs of people from Culturally & Linguistically Diverse (CALD) backgrounds.

This fact is acknowledged in the Summary of the review provided by the NMHC where there is explicit recognition that ***'many people with mental health difficulties face compounding disadvantage with specific recognition of marginalisation of those from diverse cultural backgrounds'***.

- MHiMA supports the focus on redesign and redirecting of resources in mental health system and suicide prevention programs; and refocusing of emphasis from providers to the needs of service users.

- MHiMA supports the focus on Commonwealth dollars being directed towards delivery of measurable outcomes rather than simple funding of activity and the rebalancing of expenditure away from services which indicate system failure.

- In particular, MHiMA welcomes Recommendation 17: **"Use evidence, evaluation and incentives to reduce stigma, build capacity and respond to the diversity of needs of different populations"** and the associated details provided by the NMHC around how it could be achieved in Volume 1 of the report entitled 'Strategic Directions – Practical Solutions – 1-2 years'.

- In addition, MHiMA supports key approaches put forward under Recommendation 17 by the NMHC in relation to how it can be practically progressed in the next 1 to 2 years :

    1. *Explore evidence based approaches to reduce stigma and discrimination, and low cost options on how to permeate these approaches throughout the community.*

    2. *Engage employers, schools, community organisations and workplaces to take part in local initiatives which improve both mental health understanding and behaviours and reduce stigma and discrimination.*

    3. *Improve cultural responsiveness by supporting the widespread adoption of the 'Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery' as a tool to help organisations identify what they can do to enhance their cultural responsiveness.*

Page 2 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

4. *Require Primary Mental Health Networks (PMHNs) to partner with state-wide transcultural mental health services in New South Wales, Queensland, Victoria and Western Australia in planning and developing responses to local community needs; and with PMHNs in other states and territories to identify (or help to develop) alternative mechanisms.*

5. *Adopt clear and explicit equity-oriented targets for people from Culturally and Linguistically (CALD) backgrounds from multicultural communities to include in government funding agreements.*

6. *Extend the National Mental Health Commission's Seclusion and Restraint Project to look at the specific factors which result in seclusion and restraint for vulnerable people (for example, communication problems).*

- MHiMA is especially keen to work with the Commonwealth and all relevant stakeholders in advancement of the following three priority areas:

   o *Priority 1: Focus on Meaningful Service Redesign of Mental Health Services That Optimally Impacts on Frontline Organisation & Quality of Culturally Responsive Care*

   o *Priority 2: Focus on Reducing Red Tape Through Nationally Consistent Health/Mental Health Legislation at Commonwealth, State & Territory Levels*

   o *Priority 3: Focus on Data Collection & Measurement*

[MHiMA Executive Summary Response to *'National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'* End]

For more detail of MHiMA's position in relation to how the three priority areas should be practically addressed please review the detail of our response beyond this Executive Summary under each of the priority headings overleaf.

Priority 1: Focus on Meaningful Service Redesign of Mental Health Services That Optimally Impacts on Frontline Organisation & Quality of Culturally Responsive Care:

MHiMA supports the National Mental Health Commission focus on more upstream interventions. MHiMA also welcomes engagement in initiatives to enable this to occur with the proposed Primary Mental Health Networks (PMHNs) that have significant existing and growth areas of CALD populations. Specific areas for immediate consideration under this priority area are as follows:

- Prioritising the complexity associated with access to mental health services for CALD communities.

  o This prioritisation should occur in parallel to the important emphasis on improving mental health service access and outcomes for Aboriginal & Torres Strait Islander communities, as recommended by the NMHC. Experience over the past 20 years has demonstrated that there are many issues in common in developing culturally competent mental health services which can be leveraged for mutual support in areas of common need.

  o In welcoming the focus and rigour being advocated in regard to Aboriginal & Torres Strait Islander communities, we believe that this impetus should be extended to also address the needs of CALD communities.

- Partnering with families who remain excluded from consultations and planning in regard to treatment and recovery plans for their loved ones.

  o To this effect MHiMA would welcome discussions with all levels of government in identifying and allocating the resources needed to further strengthen, grow representation and build capacity of the MHiMA National Consumer & Carer Working Groups in informing improvements to the way frontline services are organised and delivered to meet the needs of CALD populations.

  o Such an approach would be a means to practically embedding culturally responsive care models that are effective, efficient and in keeping with relevant National Standards for Mental Health Services and the National Safety and Quality Health Service Standards. It would also be consistent with the creation of the capacity and formal integration into relevant accreditation mechanisms needed to support frontline improvements in cultural responsiveness through supporting widespread adoption of the *'Framework for Mental Health in Multicultural Australia: Towards culturally inclusive delivery'*. As a tool, the Framework will help organisations identify what they can do to enhance their cultural responsiveness in mental health facilities across Australia.

Page 4 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

- In addition there are growing and significant concerns in relation to the National Disability Insurance Agency (NDIA) not demonstrating any meaningful thinking in relation to service access or delivery of care outcomes for people of CALD backgrounds. This is despite attempts by MHiMA to unsuccessfully enter into discussions regarding these concerns both through submissions and requests for meaningful discussion to date. In the context of the release of the review we would hope that this situation will change so that the NDIS is well placed to meet the needs of Australians from CALD backgrounds. Accordingly, MHiMA would welcome discussions and opportunities to practically partner with the NDIA in addressing these concerns during the progressive roll out and design stages that are currently underway at trial sites.

- As part of the process underway by the Commonwealth government in formulating its response to the NMHC review, we note that the Federal Minister for Health is in the process of establishing a number of expert groups. We trust that consideration will be given to including multicultural mental health expertise which is also inclusive of representation from CALD consumers and carers from MHiMA's National Consumer & Carer Working Groups.

- Up-scaling investment and sustaining the choice and frontline specialist services needed to work with people from CALD backgrounds.

  - Where specialist services such as Transcultural Mental Health Services (TMHS) exist in New South Wales, Queensland, Victoria and Western Australia, challenges persist in relation to these services having the necessary state-wide remit, coverage and mandate to work across the continuum of care, and for them to provide education and training to front line staff in both acute and community care settings. TMHS require adequate resources to deliver consultation liaison services in relation to complex cases and build capacity in the community.

  - In particular MHiMA is seeking to urgently partner with the Commonwealth, States & Territories via the Council of Australian Governments (COAG) to address ambiguities in role, function and remit of TMHS at a state wide level. This is because the role of some TMHS in recent times has become increasingly tenuous and unclear due to the delineation between state-wide system managers and local hospital networks.

  - This has led to continued concerns around potential risk and viability of some TMHS in their current form. This is due to changing funding models and the impact on TMHS in their current varying forms which all need some level of comparable consistency of remit that is congruent to respective state and territory care and funding models.

Page 5 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

- o Resolution of these matters is paramount given the anticipated adverse impacts to funding on TMHS being exacerbated by a perceived lack of explicit inclusion and consideration of their clinical and mental health service capacity building and education activities in newly configured funding arrangements. This concern is amplified as MHiMA has received correspondence from the Independent Health Pricing Authority (IHPA) which is leading the development of the Australian Mental Health Care Classification (AMHCC) that issues relating to culture are regarded as 'out of scope'. Given the phasing in of Activity Based Funding (ABF) in mental health and the $1 billion allocated to this model of funding by the Commonwealth, MHiMA believes that the current direction being taken in developing the AMHCC is unsatisfactory. It needs urgent attention in relation to cost weightings being inclusive of cultural and linguistic considerations.

- We also note the NMHC proposal outlining the role of TMHS in New South Wales, Queensland, Victoria and Western Australia should be expanded to include explicit involvement in planning and developing responses to local community needs, in collaboration with the proposed Primary Mental Health Networks (PMHNs). This can also occur through use/development of alternative mechanisms in the remaining states and territories where TMHS do not exist. As such, MHiMA would welcome the opportunity for appropriate representation to the detail of how such a proposed and improved shift in focus could be achieved in practice.

- Ensuring that the myriad of fragmented information and advice sources that are currently available are made more accessible to people from CALD backgrounds.

  - o The focus on making information accessible in other formats and community languages, especially in respect to those people from Non English Speaking Backgrounds (which account for at least 14% of CALD communities) should be an immediate priority.

  - o Cultural and linguistic diversity is no longer an aspect of mental health at the margins; and as such it warrants mainstream consideration.

  - o In overall terms, the overseas born population accounts for almost a quarter of the Australian population; and over 40% of people born in Australia having at least one parent born overseas.

  - o A focus on using e-health and having a nationally agreed approach to mental health translation and interpretation would be a key practical step to enabling information to be culturally tailored and accessible to people of CALD backgrounds.

  - o It is proposed that such an approach should be developed as part of quality mark process managed by MHiMA for adoption by all Commonwealth and State & Territory funded mental health initiatives.

Page 6 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

- Extension of the National Mental Health Commission's Seclusion and Restraint Project to look at specific factors which result in seclusion and restraint for vulnerable people including those from CALD populations.

- Enabling culturally appropriate approaches to community education and stigma reduction that have already been developed such as 'Stepping Out of the Shadows', to be utilised in a sustainable way via funding support from the proposed Primary Mental Health Networks (PMHNs).

Priority 2: Focus on Reducing Red Tape Through Nationally Consistent Health/Mental Health Legislation at Commonwealth, State & Territory Levels:

- A focus on reducing red tape by having nationally consistent legislation in respect of access and equity for CALD populations is an achievable outcome.

   o Accordingly MHiMA is seeking the opportunity to collaborate with the National Mental Health Commission and Australian Law Reform Commission in regard to the development of harmonised legislation (as outlined in Volume 2 of the report entitled 'Every service is a gateway response to Terms of Reference').

   o MHiMA will require additional resourcing to achieve this (consistent with the proposed community-realignment of existing mental health funding).

   o In seeking to be engaged in such an endeavour, MHiMA would also seek to collaborate with the Commissioners for Disability Discrimination and Race Discrimination of the Australian Human Rights Commission with a view to scoping and enabling the development of a statutory duty to collect relevant CALD related data for routine analysis and benchmarking purposes. This will enable evidence based measurement of the impacts of reform and investment to inform improved mental health care access and service delivery for CALD populations.

- MHiMA supports the proposal put forward by the NMHC for adoption of clear and explicitly equity-orientated targets for people from CALD backgrounds from multicultural communities to be included in all future government funding agreements.

   o As part of such an approach, MHiMA would welcome development of a publically available register outlining all funding investments and equity-related objectives that have been set to progress improvements in mental health and suicide prevention research.

   o That extends to service access information and frontline service delivery initiatives which focus on people from multicultural communities across the continuum of care. Appropriate additional resourcing of MHiMA to provide relevant expertise and quality assurance support as required on a defined needs basis will be needed.

Page 7 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

- In anticipation of progress towards achieving a streamlined and nationally harmonised approach to reducing red tape and a focus on improving equity in funding allocations to improve frontline care for CALD populations, MHiMA would strongly welcome formal representation and championing of mental health reform via culturally appropriate and responsive early intervention, delivery of care and recovery pathways.

  - MHiMA proposes a Commissioner of the National Mental Health Commission is appointed to focus on Multicultural Communities and for equivalent Commissioner positions to be created at State Level Mental Health Commissions and senior leadership roles within state-based system manager agencies, Local Hospital Networks and Primary Mental Health Networks.

  - Such an approach would sustain the focus and momentum needed to bring about the changes to mental health and suicide prevention policy in Australia in a way that ensures CALD populations are not left behind, or face further widening in service gaps, where improvements for others are achieved in the future.

Priority 3: Focus on Data Collection & Measurement:

Without appropriate data on mental health system service access and performance outcomes for CALD populations, it is difficult to understand or set meaningful equity-orientated targets.

MHiMA produced a spotlight report for the National Mental Health Commission entitled *'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion'*.

This report provides practical guidance on how to address the current limitations in data collection noting how difficult it currently is to understand or set meaningful equity orientated targets in relation to mental health system service access and performance outcomes for CALD populations.

- In relation to spectrum of mental ill health in Australia, MHiMA notes that:

  - More than 3.6 million Australians aged 16 to 85 experience mental ill health;

  - 3 million Australians experience mild-moderate anxiety, depression etc;

  - 625,000 Australians experience severe, episodic/severe and persistent mental illness that is complex and persistent in terms of schizophrenia, bipolar, eating disorders, severe depression etc;

  - In 2012, 2,500 people died by suicide;

  - In 2007 it was estimated that 65,000 Australians attempted to end their life.

Page 8 of 9
Mental Health in Multicultural Australia (MHiMA)
Response to National Mental Health Commission 'Report of the National Review of Mental Health Programmes & Services'
Publically Released by MHiMA on Tuesday 28th April 2015 – 12 Noon – AEST

- In reviewing the figures relating to the overview of mental illness in Australia, MHiMA is of the view that in a multicultural country such as ours, that even in 2015 it is unacceptable to not know the extent to which these headline figures are prevalent in our CALD populations.

- In relation to data collection and analysis it continues to be impossible to disaggregate these figures by CALD populations on a nationally consistent basis; and it is a travesty that this problem persists given the cultural and linguistic diversity of the Australian population.

- Persistent failure to address this vital issue sanctions institutional ignorance and perpetuates structural discrimination and inequity in a country that prides itself as being focused on giving all Australians a *"fair go"*.

- This matter must be addressed in a 21st century Australia that is connected to a globalised world that will increasingly rely on inclusive and cross-cultural engagement. As a nation we need to address this matter with urgency if we are to build our future wellbeing, resilience, productivity and prosperity as a nation.

Response developed and released by agreement of:
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