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Victorian Multicultural Commission

Submission to the Victorian Government on the 10-year Mental Health Plan

Victoria's next 10-year mental health strategy

Research and Policy Unit
9/23/2015

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September 2015

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1. Executive Summary

The Victorian Multicultural Commission (VMC) provides independent advice to the Victorian Government that informs legislative and policy frameworks, and the delivery of services to people from culturally and linguistically diverse (CALD) backgrounds. Operating under the Multicultural Act 2011 (the Act), VMC is the main link between Victoria's CALD communities and the Victorian Government. The work of the VMC includes state-wide consultations via a network of eight Regional Advisory Councils (RAC) and annual targeted community consultations to determine the needs of Victoria's diverse communities.

A key function of the VMC is to provide the Victorian Government with advice on multicultural affairs. In order to do this, the VMC regularly consults CALD communities and provides research and advice to the Minister for Multicultural Affairs on matters relating to the VMC's objectives. This entails special focus on systematic and community-wide settlement and service issues.

The VMC's interest in *Victoria's next 10-year Mental Health Strategy* (the Strategy) has been informed by issues raised with respect to mental health at its RAC meetings and community consultations over the past two years. Mental health is a topic raised regularly in RAC meetings by members advocating on behalf of the diverse communities within their region. The VMC's submission has also been informed by RAC member responses to seven outcomes that are listed in the Strategy's Discussion paper.

1.1 Findings

A review of the Strategy and responses from RAC members has revealed that the Strategy needs to specifically recognise the significant complex and unique needs of the CALD communities with respect to mental health.

Recommendations listed below and in this submission are intended to identify and address the above and existing service delivery gaps, and the effectiveness of mental health services to Victoria's CALD communities.

1.2. Recommendations

The following seven recommendations are provided to inform the Strategy with respect to the complex and unique mental health needs of Victoria's culturally and linguistically diverse (CALD) communities, and to ensure these needs are appropriately considered and addressed when the Strategy is being finalised.

Recommendation - Outcome 1. Enabling genuine choice
To ensure genuine choice for people from non-English speaking backgrounds (NESB) the revised mental health strategy must include as a priority, the mental health needs of people from culturally and linguistically diverse backgrounds by: 1. Building on the CALD section 4.6 *Culturally and linguistically diverse (CALD) and refugee communities* in the previous strategy to acknowledge population growth of CALD groups and new and emerging communities. 2. Providing accessible resources for settlement agencies (e.g. AMES, Spectrum etc.) such as translated materials and story boards that seek to explain mental health matters in culturally appropriate ways. 3. Utilising community health centres and medicare locals to broaden the reach of mental health services to people from CALD backgrounds 4. Continuing to establish meaningful partnerships (as indicated in *Because mental health matters*) between CALD communities with high risk of mental illness and service providers to strengthen trust and raise awareness of mental health issues, available services and support. 5. Investigating the need to increase the specialist mental health workforce and extend its reach to include Diversity Officers that offer outreach services (especially in rural and remote regions) and supports to CALD communities, and liaise with primary and secondary health care professionals. 6. Promoting cultural competency of generic mainstream services to enable provision of accessible and culturally appropriate services and supports. 7. Making it mandatory for government agencies, health professionals and service providers to capture ethnicity or ancestry as administrative core data.

Recommendation - Outcome 2. Supporting children and families

Prioritise the needs of children from CALD backgrounds and their families, to ensure that mental health services meet their needs, and promoting better health outcomes. This includes:

1. Increasing the reach and availability of CALD family-focused interventions to promote better mental health and more resilient children, families and communities, with an initial priority of working with vulnerable children including refugees and asylum seekers.

2. Providing translated information to inform CALD parents so they are equipped to identify early signs of mental illness and can seek treatment. Information to be provided by culturally appropriate media, including story boards at maternal and child health centres, women's health centres and at local community health centres and libraries.

3. Increasing the capacity of service providers to provide culturally appropriate treatment and support to children and families, by ensuring the balance of investment allocated to CALD specific services is representative of the level of need.

Recommendation - Outcome 3. Preventing and reducing suicide

Prioritise the CALD community in the development of a whole-of-government suicide prevention framework and action plan for Victoria. This includes:

1. Providing adequate funding for CALD community education and outreach programs with objectives including the normalisation of stigma attached to mental health, care seeking and support from suicide attempts.

2. Working with CALD specific mental health and mainstream stakeholders to develop a comprehensive system of care focused on prevention and early intervention of potential suicide by CALD and refugee people.

3. Recognising crisis support as a key element to servicing the CALD communities by expanding the use of technologies to provide timely access to culturally appropriate information and support services for all CALD communities throughout Victoria.

Recommendation - Outcome 4. Reducing disadvantage and increasing social and economic participation

Enhance support services to facilitate the social and economic participation of people from diverse backgrounds with mental illness and strengthen socially inclusive mental health services Victoria. This includes:

1. Seeking to partner with local Councils to provide mental health information at local community hubs.
2. Including actions within the Strategy that will aid better coordination of services between the Commonwealth, State, Local Government and non-government organisations to address service gaps and the needs of the CALD and refugee communities at the local community level.
3. Promoting a general community understanding that mental illnesses does not restrict a person's ability to meaningfully participate in employment.

Recommendation - Outcome 5 Responding to needs with effective, coordinated treatment and support

Include strategies that will seek to provide seamless access to appropriate services and supports to better respond to the needs of CALD communities, including preventative treatment and early intervention strategies. This includes:

1. Including cultural competency training as a requirement for all primary and secondary mental health care providers.
2. Strengthening partnerships between mainstream and CALD specific services to provide coordinated treatment and support including increased use of interpreters and bilingual practitioners.
3. Reviewing funding streams for CALD specific mental health service providers to increase resources and quality cultural competency training to all industry professionals.
4. Partnering with existing mainstream and CALD mental health service providers to recruit and provide specialised training programs for bilingual and multilingual volunteer workers.

Recommendation - Outcome 6 Recognising and responding to the experience of trauma

Address the treatment response of trauma related mental illness of CALD and refugee communities. This includes:

1. Using demographic data to identify CALD and refugee needs and to evaluate whether current service responses are adequate.
2. Partnering with settlement services (e.g. AMES, Spectrum etc.) to enhance the capacity of the mainstream and targeted mental health systems to identify and respond to trauma related mental illness of CALD and refugee people.
3. Increasing mental health service providers' awareness of the complex, unique and ongoing nature of trauma related illness within CALD communities.

Recommendation - Outcome 7 Developing a capable and supported workforce

Create awareness of the need for culturally appropriate and culturally sensitive services to CALD communities. This includes:

1. Promoting the inclusion of culturally appropriate and culturally sensitive training for CALD and mainstream service providers.
2. Promoting the advantages of a diverse workforce.
3. Recognising and promoting the work of exemplary service providers and their programs.

2. Introduction

The Victorian Multicultural Commission (VMC) welcomes the opportunity to make a submission to the Victorian Government on its next 10-year Mental Health Strategy (the Strategy), with particular regard to responding to the mental wellbeing of culturally and linguistically (CALD) communities in Victoria.

The VMC is the voice of Victoria's CALD communities and is the main link between them and the government. Operating under its remit, as outlined under the *Multicultural Victoria Act 2011* (the Act), the VMC provides independent advice to the Victorian Government.

The functions of the VMC include conducting regular community consultation, undertaking research, informing the development of legislative and policy frameworks, and seeking to ensure that services are delivered to Victoria's diverse communities in a manner that meets their particular needs.

The VMC convenes up to three meetings for each RAC throughout the year. RAC members provide the VMC with a regular flow of information about matters affecting multicultural communities, including settlement, multicultural affairs, service delivery and citizenship.[1] In addition the VMC also conducts regular community forums. Between December 2014 and June 2015 the VMC conducted ten multicultural forums for young people, eight forums for women and three forums for service providers.

2.1. Victoria's multicultural population

Victoria is home to one of the most culturally diverse societies in the world, and is also among the fastest growing and most diverse populations within Australia. [2]

In recent decades net overseas migration has consistently accounted for more than half of Victoria's population increase, adding to the vibrancy of our multicultural society and economy. The fastest rates of growth in diversity over the past two decades took place between the Censuses of 2006 and 2011, with current rates of migration projected to continue or grow. Patterns of migration indicate that the range of source countries for new migrants has increased and therefore our diversity is growing.

Victoria's migration intake is predominantly skilled migrants followed by those who have settled through family reunion. The state has also received between 30–35 per cent of Australia's total humanitarian intake; 36,399 arrivals through the humanitarian stream within the past decade.

See appendix one for population data

See appendix two for snapshot of migration to Victoria, 2014-15

[1] RAC members reflect the diversity of Victorian communities and include local residents, service providers and local government representatives. There are eight RACs covering metropolitan, regional and rural Victoria. Refer to this webpage for further details: http://www.multicultural.voc.gov.au/regional-advisory-councils/about-rac

[2] As a multicultural state the Victorian population included 26.2% persons who were born overseas, representing over 200 countries, at the time of the 2011 Australian Census of Population and Housing.

2.2. VMC's interest in mental health

The VMC is keen to ensure that the Strategy includes and fully provides for the mental wellbeing of CALD communities in their region, and that all aspects of Mental Health impacting those communities are fully considered within the strategy. Equitable access to safe, responsive treatment will ensure a more positive mental wellbeing for all CALD communities including humanitarian refugees and asylum seekers.

Mental health is a topic raised regularly in RAC meetings by members advocating on behalf of the diverse populations within CALD communities in their region. Key issues known to affect mental health include:

- Lack of available and culturally appropriate services.
- Gaps in existing services are not being addressed accordingly. This includes limited resources, a lack of cultural competency of primary and secondary health professionals and limited use of interpreters.
- A tension between cultural norms and pressure in adapting to mainstream society may lead to mental health illness.
- Stigma, language barriers and feelings of shame may prevent people from CALD backgrounds seeking help.
- Lack of understanding of mental illness in the Australian context and available supports.
- Settlement stresses and feelings of uncertainty regarding visa status lead to extreme anxiety and social isolation.
- Pre-arrival experiences of war, torture, death of family members which often only surface as mental health illnesses many years after arrival in Australia.

This submission is informed by responses provided by the VMC RAC members[3] in relation to the discussion paper's proposed seven outcomes.

As the voice and advocate for Victoria's diverse communities, the VMC seeks to ensure that the Strategy fully considers the mental wellbeing needs of all Victorians, including people from diverse backgrounds and communities who may be second and third generation migrants from CALD backgrounds, recent migrants, humanitarian refugees, and asylum seekers.

2.3. The prevalence of mental health problems in Victoria's CALD communities

The VMC notes that the Strategy's discussion paper (2015) aims to promote the conditions for good mental health in the Victorian community, and to support people, families and carers affected by poor social and emotional wellbeing and mental illness. In addition, the Strategy recognises that certain population groups are at higher risk of poor mental health and mental illness due to greater exposure and vulnerability to unfavourable social, economic and environmental circumstances, some of which originate before birth and accumulate throughout life.

[3] Responses to this submission were provided by three VMC Commissioners and sixteen RAC Members of fourteen cultures. See appendix for further details

The VMC seeks to highlight the needs of Victoria's CALD communities. Australia wide statistics show that over 250,000 first generation migrants from CALD backgrounds are estimated to experience a mental illness in a 12 month period.[4] There are identified gaps in the mental health services available to CALD communities regarding health, welfare and language services.

At the point of accessing services and responding to needs, the VMC has found, through feedback from its RAC members, that Victoria's CALD communities and subsets, including recent migrants, humanitarian refugees, and asylum seekers are disadvantaged due to the following factors:

- language barriers
- stigma
- treatment affordability issues
- changes in family roles and intergenerational conflict
- difficulties in accessing continuous treatment due to lack of transport options for CALD communities, particularly those in remote areas[5]
- lack of family support

RAC member responses highlighted that up to 90 per cent of people from CALD backgrounds have access to limited, and in some cases no access at all, to CALD specific mental health services. Furthermore, RAC member responses identified that barriers to accessing services are not being effectively or appropriately addressed. These barriers include:

- a lack of culturally appropriate information available
- a lack of take-up of interpreter services generally
- awareness of available services and supports
- a lack of knowledge of how to access services and supports

In considering the mental health and wellbeing needs of all Victorian people, the Strategy must pay heed to the particular needs of diverse CALD communities including vulnerable migrant groups.

The VMC suggests the incorporation of long-term coordinated responses and meaningful partnerships across Government, mental health providers and CALD communities to protect and adequately service Victoria's most vulnerable community subsets. This is critical in order to achieve ongoing social cohesion, to ensure that notions of equal access are formally addressed, and to recognise the significant social implications of access to safe and effective treatment. Additionally, this is critical given the important role of effective management of mental illness has in reducing disadvantage and increasing the social and economic participation of CALD communities in Victorian society.

2.4. Structure of this Submission

This submission is structured in accordance with the discussion paper's proposed outcomes except for Improving the social and emotional wellbeing and mental health of Aboriginal people and their communities. The submission addresses issues impacting CALD communities with respect to the remaining seven outcomes in the Strategy Discussion paper.

[4] Commonwealth Department of Health and Aged Care, 2004
[5] as indicated by Grampians RAC members from Nhil

2.5. Policy frameworks

In the previous strategy, *Because mental health matters 2009-2019,* CALD and refugee communities were included in response to mental health related needs in the Victorian population. The VMC is strongly of the opinion that the proposed new Strategy needs to include greater emphasis on the addressing the needs of Victoria's CALD and refugee communities.

Recognising diverse communities in government policy

The proposed strategy is commended in its efforts to encompass a whole-of-community approach as outlined in the discussion paper. However, it is noted that there is little reference to CALD communities notwithstanding that more than a quarter of Victoria's population was born in non-English speaking countries.[6] There appears to be an overall failing of government services to be responsive to the needs of CALD clients.

This was recently outlined in the 2014 VAGO Report (the Report)[7] which noted the lack of explicit reference to the needs of migrants, refugees and asylum seekers in whole-of-government strategies in terms of delivery of government services. The criticism was that people from CALD communities are absorbed into a broader category of vulnerable communities. The Report demonstrated that this approach fails to recognise the range and complexities of issues which are inherent in CALD communities. Thus the significant, complex and unique needs of the CALD and refugee populations need to be fully identified and addressed in government strategies.

The Report recommended strategies to improve:

- timeliness in early intervention
- coordinated services with others as needed
- responsiveness to client needs.

2.6. Determining mental health service needs for CALD communities

Victoria's diverse communities are geographically well distributed, with more than 90 per cent of people from non-English speaking backgrounds (NESB) living in the greater Melbourne metropolitan area. Growth areas tend to attract younger migrant families due to greater accessibility to affordable housing and have the highest numbers of people from NESB.

While there are some concentrations of migrant groups in particular areas, including high numbers of refugee and asylum seeker arrivals in the South and North West metropolitan regions, overall there is relatively wide dispersal of people from diverse communities and subsets throughout the State. In addressing mental health needs of CALD communities it is essential to include the needs of those communities in rural settlement locations in Mildura, Shepparton, Bendigo, Ballarat and Geelong.

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[6] 26.2 per cent of Victoria's population are born overseas - Census Data 2011 http://www.abs.gov.au/census

[7] http://www.audit.vic.gov.au/publications/20140529-Migrants-Services/20140529-Migrants-Services.html

Victoria is second only to New South Wales in its ability to attract both temporary and permanent migrants for most visa categories. In 2014-15 India was the top source country for permanent migrants, with China ranking second.[8] The majority of Indian Family Stream migrants and the majority of Chinese Skilled Stream migrants moved to Victoria in 2014-15.

Victoria also hosts the highest numbers of refugees and asylum seekers, classified by the Commonwealth as Illegal Maritime Arrivals (IMAs) holding Bridging E visa (BVE) with 38 per cent of all BVEs choosing to live in Victoria. BVE holders are predominantly male, under 30 years of age and originate from Iran, Sri Lanka and Afghanistan.

3. Key Outcome Responses

3.1. Enabling genuine choice

Outcome: People with mental illness, families and carers are involved in and have genuine choices about the decisions that affect them.

Genuine choice is about people making informed decisions about their lives, and providing meaningful options, information and support that are consistent with their needs and values. If limited or inappropriate information is available, choices are limited as a result. Choice is also limited by the range of available services and the lack of coordination between different agencies and services providers. Thus, a broad departmental response for dealing with mental illness should deliver a comprehensive flow of information and a range of choices to diverse communities.

RAC member responses resulted in the following findings:

Cultural norms and stigma

- Diverse communities experience various limitations to genuine choice when dealing with mental illness due to various cultural norms, attached stigma to being identified as having a mental illness (in CALD communities), and a lack of understanding about the nature of mental illness and available services and support.

- The term “mental health” cannot always be translated into other languages and in some cultures there is a stigma attached. The conceptualisation of mental illness can vary from culture to culture.[9]

- Genuine choice with regards to decisions that affect people with mental illness from CALD communities may also be constrained due to insufficient culturally appropriate assessment tools.

- Cultural pressures and cultural differences in some CALD family structures pose high risk factors to mental health issues and can potentially lead to family violence and in some cases, suicide. Findings in a Vic Health 2009 survey[10] indicate the unequal power relations between

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[8] All migrant statistics derived from Australian Government Department of Border Protection and Immigration, 2014.

[9] http://himh.clients.squiz.net/mindframe/for-media/reporting-mental-illness/priority-population-groups/culturally-and-linguistically-diverse-populations

[10] VicHealth. (2009). National Survey on Community Attitudes to Violence Against Women 2009. Melbourne, Australia: Victorian Health Promotion Foundation.

women and men in addition to perceived gender roles constructed and defined in communities, are considered key determinants of family violence. These pressures are further compounded by poor access to resources and systems of support.

- The Indian community, especially women and young girls, are at high risk of mental health related issues stemming from family violence due to changed power dynamics between husband and wife post-settlement in a new country and dowry traditions. Research produced by specialists in this field indicate that family violence is prevalent and an accepted part of life in India, and that there has been a gradual increase of violence partially due to 'modern attitudes' being adapted by Indian women.[11]

Understanding the health system

- Some CALD community subsets have difficulties accessing mainstream services and often are not aware of them or how to use them. This can often occur when such services and service providers do not exist in home countries.

- A majority of RAC member responses indicated that the lack of access to mental health services exacerbates social exclusion, isolation, risk of homelessness, low employment levels and poor health. RAC members highlighted that early and appropriate intervention provides opportunity for the best outcomes for people experiencing mental health issues and their families.

- Many parents and families do not have access to the mental health professionals treating their family member and do not have knowledge of how to best communicate their concerns or be supported in the care of the family member.

Understanding mental health

- Information and understanding is integral to informed decision-making and genuine choice for CALD families and carers of people with mental illness. This is necessary so that they can readily recognise the signs, understand mental health plans and build confidence to contact services for assistance.

Language barriers

- Language is a key barrier to accessing information and responding to the needs of the person with mental illness.

- Service providers not using interpreters when there is a need for them.

[11] Colucci, E., O'Connor, M., Field, K., Baroni, A., Pryor, R. et Minas, H. (2013). Nature of domestic/family violence and barriers to using services among Indian immigrant women. *Alterstice, 3*(2), 9-26.

RAC members provided the following qualitative information to the VMC:

There should also be information given to families between religious beliefs and mental health symptoms.

Mental health is a stigma and hidden issue in many CALD communities and this largely affects the way families make decisions about seeking help.

Often there is stigma associated with mental health, including fear and shame which increases risks of social isolation for those living with a mental illness.

Recommendation One

To ensure genuine choice for people from non-English speaking backgrounds (NESB) the revised mental health strategy must include as a priority, the mental health needs of people from culturally and linguistically diverse backgrounds by:

1. Building on the CALD section 4.6 *Culturally and linguistically diverse (CALD) and refugee communities* in the previous strategy to acknowledge population growth of CALD groups and new and emerging communities

2. Providing accessible resources for settlement agencies (e.g. AMES, Spectrum etc.) such as translated materials and story boards that seek to explain mental health matters in culturally appropriate ways.

3. Utilising community health centres and medicare locals to broaden the reach of mental health services to people from CALD backgrounds

4. Continuing to establish meaningful partnerships (as indicated in *Because mental health matters*) between CALD communities with high risk of mental illness and service providers to strengthen trust and raise awareness of mental health issues, available services and support.

5. Investigating the need to increase the specialist mental health workforce and extend its reach to include Diversity Officers that offer outreach services (especially in rural and remote regions) and supports to CALD communities, and liaise with primary and secondary health care professionals.

6. Promoting cultural competency of generic mainstream services to enable provision of accessible and culturally appropriate services and supports.

7. Making it mandatory for government agencies, health professionals and service providers to capture ethnicity or ancestry as administrative core data.

3.2. Supporting children and families

Outcome: Children and their families have access to the support they need to experience their best mental health, in childhood and throughout life.

The Discussion paper outlines that protection from exposure to risk factors is of paramount importance to the wellbeing of children. CALD children and their families are considered to be at high risk of the factors listed in the paper[12] and the risks are increased by the following experiences that are common within CALD communities:

- pre and post settlement factors;
- discrimination;
- experience at school including bullying, poor language skills and limited support networks;
- torture and trauma;
- stigma;
- lack of cultural understanding and cultural norms;
- poor education and lack of information;
- feelings of shame and embarrassment; and
- social exclusion.

Statistics indicate that women and children refugees comprise 80 per cent of the world's refugee and displaced persons.[13] Many women refugees have experienced physical abuse, rape and abduction, when fleeing from their home country.[14] Some refugee women are widowed or separated from their husbands, performing a sole parent role for their dependent children which can create additional stress and may increase risk of mental illness.[15]

Refugee children and young people may incur increased levels of Post-Traumatic Stress Disorder (PTSD) without support from parents or family members, scarce mental health services and ongoing trauma. Maintenance of relationships and equipping adults to support traumatised children with the assistance of mainstream services are recommended as preventative strategies against the development of chronic PTSD.[16]

The VMC queried RAC members on whether family focused interventions reach CALD families to support mental health in their communities. RAC member responses resulted in the following findings:

Family support

- RAC members identified a strong need for CALD family support, increased awareness of family focused interventions and services available to diverse communities. [17] The report

[12] *developmental and environmental factors, prenatal exposure to drugs and alcohol, genetics, temperament, social skills, self-esteem, socioeconomic status, discrimination, child abuse and family violence, experience at school, such as bullying and failure to achieve academically.*
[13] NSW Refugee Health Service. Fact Sheet 5: *Refugee women*
[14] United Nations High Commissioner for Refugees (1991) *Guidelines on the protection of refugee women*
[15] Ibid
[16] Australian Centre for Posttraumatic Mental Health (2012) *Fact sheet: Trauma and Children*
[17] Eastern Metro, Gippsland, Southern Metro, Hume, North West and Grampians RAC members are unaware of family focused interventions targeting CALD communities

Access to mental health service in Victoria found that a higher proportion of CALD people live with their families, thus the burden of mental illness is shared amongst the family unit.[18]

Lack of knowledge of the health system and available service

- Lack of knowledge of the system and services impacts the wellbeing of many people diagnosed with mental illness and their families. RAC members advised that establishing meaningful partnerships between families and community services and mental health services, are beneficial ways of increasing the flow of knowledge about services and opportunities. This improves social inclusion within the community and provides an easier pathway for referral to access professional and social support. [19]

- Promotion of CALD family targeted services through outreach methods enables effective engagement with families. This provides a comfortable environment that assists the families to feel at ease in engaging with the service, and an environment that builds trust and rapport.

[18] Stolk, Minas & Klimidis, 2008
[19] Recommendation provided by Southern Metro and North West members

RAC members provided the following qualitative information to the VMC:

Greater Dandenong Youth and Family Services, Maternal and Child Health and Children's services provide a range of innovative service options for CALD families seeking support for mental health. The Youth and Family Counselling and Support service works alongside multicultural agencies to ensure engagement strategies are both CALD sensitive and flexible to meet the multi-systemic and complex needs of CALD communities. The use of quality, trusted interpreter services, both phone and in person, assists the service in understanding the family's needs and ensuring service responses are both timely and appropriate. Meaningful partnerships with specialist agencies such as Foundation House and Centre for Multicultural Youth also allows for primary and secondary consultation to occur as required, providing dual benefits of seamless transition between services for families and ongoing workforce development.

Promotion of services to families is twofold, with both written material and assertive engagement on an outreach basis has proven effective in engaging CALD families. By meeting the family in an environment they are comfortable with, assists the families to feel both at ease in engaging with the service providers and builds trust and rapport (particularly with CALD families where government authorities are traditionally not viewed favorably). Having the family understand the systems of their new community and the different varieties of available service pathways is important during settlement.

When refugee individuals and families are referred to Primary Care Connect for torture and trauma counselling and when mental health impacts on the family unit, then family focussed interventions are pursued. This is limited to families where mental illness is trauma related (prior to arrival in Australia).

Family Care do offer family focussed support for CALD families in need of support – mental illness can be a factor in their need for support. Kildonan Uniting Care also have family based programs for people from refugee backgrounds (through Communities for Children funding).

InTouch provides culturally responsive support for CALD families around family violence but resources are limited. There is insufficient culturally responsive support for disengaged youth from New and Emerging Communities especially for those from the Africa and Middle Easter on regions.

Eastern Health have CALD communities (individuals and families) as a priority target within their strategic plan and have recently employed a Diversity Officer.

Recommendation Two

Prioritise the needs of children from CALD backgrounds and their families, to ensure that mental health services meet their needs, and promoting better health outcomes. This includes:

1. Increasing the reach and availability of CALD family-focused interventions to promote better mental health and more resilient children, families and communities, with an initial priority of working with vulnerable children including refugees and asylum seekers.

2. Providing translated information to inform CALD parents so they are equipped to identify early signs of mental illness and can seek treatment. Information to be provided by culturally appropriate media, including story boards at maternal and child health centres, women's health centres and at local community health centres and libraries.

3. Increasing the capacity of service providers to provide culturally appropriate treatment and support to children and families, by ensuring the balance of investment allocated to CALD specific services is representative of the level of need.

3.3. Preventing and reducing suicide

Outcome: Suicide is prevented, and the suicide rate is reduced

Risk mitigation strategies and protective factors that impact on mental illness can contribute to reducing the risk of suicide. Social inclusion and cultural identity are two core protective factors that have most impact for people of CALD backgrounds and can serve as important buffers against suicide.

The VMC queried RAC members on the high risk factors within the communities in their region. RAC member responses resulted in the following findings:

Risk factors

- Many people from CALD backgrounds experience particular risk factors that exacerbate mental health problems which may lead to suicide. These factors include experiences of trauma, detention, social isolation, long periods of unemployment, housing insecurity, concerns about distant family members, maintaining an adequate income, and adjustment to a new culture.

- Newly emerging communities experience settlement stresses and social isolation as community peer groups that can assist with social networks, information sharing and support, often do not exist. An example of this is the ethnic minority community from

Burma who report that they experience cultural pressures, substance abuse problems, and receive little support.

Changes to the family structure

- According to feedback from some community members, families from the ethnic communities of Burma experience changes in family dynamics and roles as they settle. Children's values and the role of the man as the head of the family often changes. There are often issues around securing employment resulting in fathers often feeling a loss of respect in the family. Further, there are issues with alcohol abuse, family violence and families breaking up. Families experiencing these issues often do not know where, when or how to seek help.[20]

The VMC requested RAC members to identify the determinates of suicide associated with CALD communities. RAC member responses resulted in the following findings:

Cultural understandings of mental health and suicide

- Culture affects the way people label mental illness, identify symptoms and seek help. Within CALD communities there is often a stigma associated with mental health. Families also experience fear and shame which increases risks of social isolation for those living with a mental illness and could also increase the risk of suicide.[21]

Social determinants

- Pre-settlement social determinants impact on refugees and asylum seekers' journey into a new country. Determinants may include experiences of violence, degradation and sub-human living conditions in detention centres, uncertainty regarding visa application status, poor diet and nutrition, and experiences of torture and trauma.

See appendix three for a list of social determinants

RAC members identified the following high risk CALD groups:

CALD Women

- *Women from CALD backgrounds are also particularly vulnerable to the effects of family violence and face barriers in seeking assistance or disclosing their experiences. Barriers may include a limited understanding of English; lack of extended family and community support, difficulties in accessing services owing to language and cultural differences and a reluctance to disclose their experience*[22]

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[20] North West LGR RAC member response
[21] LSP Hume RAC member
[22] North West LGR RAC member

- Councils within the North West and Eastern Metropolitan RAC regions recognise the importance of specialist family violence services and mental health services in delivering an appropriate response to the complexities, vulnerabilities, isolation and a lack of community supports by women from multicultural backgrounds. These women have suffered from family violence and experiences of discrimination and predominately include women from Indian and Muslim backgrounds.[23]

Refugees and Asylum Seekers

- *Shepparton has approximately 220-250 asylum seekers getting very basic support. They live with significant uncertainty regarding their future and with family separation issues and the knowledge their families are unsafe.*[24]

- Refugees and asylum seekers are vulnerable to mental health problems as a direct result of the refugee experience and displacement.

- Mental health issues affecting African refugees and students are often due to a lack of understanding and family support.

Ageing CALD population

- *Our CALD communities are ageing proportionately at the same rate as the mainstream Australian community. There is an increased risk of depression, isolation, illness and other mental health issues for an ageing CALD population. Consideration needs to be given how to provide services to this growing group of the population.* [25]

CALD youth

- Disengaged youths who drop out of school.[26]

- Improving communication between youth service providers and schools would help coordinate appropriate responses to youth issues.

GLBTI from CALD communities

- Are at particular risk of suicide

- Young LGBTI people from CALD families experience discrimination and a lack of support and understanding from within their own cultural communities.

The Indian community

- Considered to be at a higher risk of suicide due to cultural pressures and family violence[27]

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[23] indicated by RAC members from North West and Eastern Metro regions
[24] Hume RAC member
[25] North West LGR RAC member
[26] VMC Commissioner
[27] Hume RAC member finding

New and emerging communities

- Settlement associated pressures[28]

- Over-crowded dwellings and isolation of single men is adversely impacting their mental health and wellbeing.

Protective factors of suicide within CALD communities

Social inclusion strategies have shown to provide protection against suicide amongst diverse communities. The VMC queried its RAC members to measure feelings of social inclusion within their community. RAC member responses resulted in the following findings:

- A Loddon Mallee RAC Representative provided valuable insight into the rich diversity of Swan Hill advising that local community events including *Harmony Day* are proven opportunities that bring communities together. Another example demonstrated the importance of creating inclusive opportunities for newly arrived migrants. This was achieved through regular events known as *Welcome Nights,* that are held in partnership with the Swan Hill Issues Community Group and Mallee Family Care. Newly arrived migrants are invited to share a meal with representatives from Vic Roads, Victoria Police (Multicultural Liaison Officer) and primary health professionals to present on topics including health and wellbeing, licensing, Australian law, and rights and responsibilities.

- RAC members suggest that factors impacting negatively on social inclusion include discrimination, cultural barriers, language proficiency and socio-economic status. Higher numbers of quality mental health services will enable members of the CALD communities to integrate more seamlessly. Migrants tend to socialise amongst their ethnicity groups and find it difficult to integrate with broader community, especially when factors like mental health inhibit social inclusion.

75 per cent of RAC members advised that people generally feel included within their communities.

[28] North West and Gippsland RAC members findings

RAC members provided the following qualitative information to the VMC:

The group(s) where there is lack of support would be those people left at home without a line of communication to the outside world; and therefore, at risk. Older people, spouses at home while others work or children not competent with English language can go undiagnosed.

Recommendation Three

Prioritise the CALD community in the development of a whole-of-government suicide prevention framework and action plan for Victoria. This includes:

1. Providing adequate funding for CALD community education and outreach programs with objectives including the normalisation of stigma attached to mental health, care seeking and support from suicide attempts.

2. Working with CALD specific mental health and mainstream stakeholders to develop a comprehensive system of care focused on prevention and early intervention of potential suicide by CALD and refugee people.

3. Recognising crisis support as a key element to servicing the CALD communities by expanding the use of technologies to provide timely access to culturally appropriate information and support services for all CALD communities throughout Victoria.

3.4. Reducing disadvantage and increasing social and economic participation

Outcome: Disadvantage is reduced and social and economic participation is increased across the Victorian community, with a particular focus on people with and at risk of mental illness and their families and carers.

Good mental health is linked to better physical health outcomes, improved educational outcomes, increased economic participation, and rich social relationships. Greater opportunities for optimal CALD community mental health can be achieved by actively addressing inequalities, disadvantages and experiences of discrimination. Addressing these factors will result in greater levels of social and economic participation by CALD communities.

The VMC queried RAC members on the extent of the CALD community's engagement with the local economy. RAC member responses resulted in the following findings:

Education

- In Greater Dandenong, young adults who have experienced unfavourable educational outcomes include those from Afghanistan and Burma – with around 50 per cent leaving school before completing year 11.

Employment

- In 2011, unemployment rates ranged 4.9 per cent among those born in Australia. Among 20-24 year-olds across Victoria, the proportion who are neither engaged in paid employment nor enrolled in education ranges from 4.1 per cent among those from Singapore, to about 25 per cent among those from Sudan, Turkey and Afghanistan, and 43 per cent among those from Lebanon.

- North West RAC members identified that often young people from ethnic minority groups are eager to gain employment. However, with low levels of English language skills, they are susceptible to experiences of bullying, discrimination and are exploited. Being unfamiliar with employee rights in the workforce, many incidents go unreported.

- Hume RAC members revealed that Shepparton's large refugee population participates in the local economy predominantly within the agriculture sector. Members highlighted the vulnerabilities of refugees in the workplace as frequent incidents of exploitation of refugees have surfaced. Exploitation was particularly targeted at those people of refugee background who have very low English literacy levels, and as such a poor knowledge of their workplace rights and Operational Health and Safety.

- Local refugee populations in the Hume area are considered to be underrepresented in participating in the local economy, again due to lack of English literacy, and a lack of recognised skills and training opportunities that match local needs. All RAC members expressed a general consensus that vocational English courses would benefit CALD jobseekers in participating in the local economy.

Volunteering

- Levels of volunteering in Greater Dandenong were highest among residents from the Netherlands (17%) and England (13%), and lowest among those from Macedonia and Cambodia (4% each) and Afghanistan (6%). This limited involvement in volunteering may place constraints upon broader social inclusion opportunities for some recent settlers and other overseas-born residents.

- With regards to parental participation in schools, parents can often be intimidated by the education system due to lack of knowledge and their own literacy levels. Volunteering opportunities to engage the local refugee populations can assist in improving English language skills and the knowledge of the Australian work environment would prove beneficial and promote social inclusion.

RAC members provided the following qualitative information to the VMC:

It is difficult for members of CALD communities in my region to fully engage in workforce, education, parental participation in schools and volunteering activities as their primary concern is the provision of basic needs and amenities for their immediate families. I believe better support and access to services will help to alleviate this issue.

While most CALD community members in Greater Dandenong are able to secure the employment and educational activities that they desire some groups, particularly recent humanitarian settlers, face significant obstacles to education, paid employment and volunteering.

There is a willingness and desire on the part of people for CALD backgrounds to secure employment but there are barriers for some, including language skills, information, local work experience, recognition of overseas qualifications and recognition of skills and experience. There are compounding issues in Wyndham with access to transport and lack of local employment opportunities that can limit opportunities for residents.

Recommendation Four

Enhance support services to facilitate the social and economic participation of people from diverse backgrounds with mental illness and strengthen socially inclusive mental health services Victoria. This includes:

1. Seeking to partner with local Councils to provide mental health information at local community hubs.
2. Including actions within the Strategy that will aid better coordination of services between the Commonwealth, State, Local Government and non-government organisations to address service gaps and the needs of the CALD and refugee communities at the local community level.
3. Promoting a general community understanding that mental illnesses does not restrict a person's ability to meaningfully participate in employment.

3.5. Responding to needs with effective, coordinated treatment and support

Outcome: People with mental illness and their families and carers can easily access effective, coordinated treatment and support when needed.

Specialist CALD mental health services provide vital support to CALD people of all ages experiencing mental illness. Research and RAC member responses indicate that the CALD communities encounter limited access and awareness issues as detailed at page 10 of this submission.

The VMC queried RAC members on the CALD specific services available to diverse communities within their region and any related issues. RAC member responses resulted in the following findings:

Mental health service providers

- RAC members identified mental health service providers in the Victorian community that they considered are specialised in CALD mental health and provide culturally appropriate and culturally sensitive services.

See appendix four for a full list of services

Using interpreters

- There tends to be a level of reluctance by service providers to use interpreters from within communities due to issues of confidentiality and vicarious trauma. Interpreters are often not being utilised appropriately in health settings or are simply not used or considered.

- RAC members from the Grampians advised that there are is an absence of mainstream and CALD mental health service available to residents in Nhill which is a high settlement area. [29]

[29] LGR Grampians RAC member

RAC members provided the following qualitative information to the VMC:

As someone who continues to work in a CALD community organisation, I have not noticed any difference and I believe many CALD individuals are falling through the gaps.

I have noticed that there is not always funding attached to cater for needs of non-English speaking communities so if their level of English proficiency is not sufficient, they might potentially miss out.

In my experience, there are very few CALD specific services in my region. I believe a review of these services (Quality and Quantity) in each region needs to be undertaken so we can establish a baseline (quantity and quality) of the actual services being provided, which can then inform funding submissions so that specific CALD community service needs can be addressed.

Although there are many migrant and refugee specific services, each organisation is bound (i.e. restricted) by their funding sources, the specific nature of these funding streams results in a segmented service delivery approach.

Services are often overwhelmed with a lack of resources and difficulty finding suitably qualified staff.

Recommendation Five

Include strategies that will seek to provide seamless access to appropriate services and supports to better respond to the needs of CALD communities, including preventative treatment and early intervention strategies. This includes:

1. Including cultural competency training as a requirement for all primary and secondary mental health care providers.

2. Strengthening partnerships between mainstream and CALD specific services to provide coordinated treatment and support including increased use of interpreters and bilingual practitioners.

3. Reviewing funding streams for CALD specific mental health service providers to increase resources and quality cultural competency training to all industry professionals.

3.6. Recognising and responding to the experience of trauma

Outcome: People who have experienced trauma are identified and provided access to appropriate trauma-informed treatment and support.

Living in the mainstream community, refugees and asylum seekers are vulnerable to experiencing compounded disadvantages that further distinguish them from other cohorts of vulnerable people. These include shared determinants of mental health particularly isolation, unemployment, housing insecurity and financial hardship. These groups are subject to additional stress due to tenuous visa status which may also negatively impact their mental health[30]. Mindframe identifies that refugees and asylum seekers may experience the following mental health related problems:

- depressive behaviour;
- post-traumatic stress disorder;
- depression;
- chronic grief;
- panic attacks;
- self-harm;
- violent;
- disruptive behaviour;
- alcohol or drug abuse;
- sleeping and/or eating disorders; and
- psychosomatic illness.

Further stresses experienced in the post-migration and settlement period for refugees may exacerbate any diagnosis of mental health illness. These stresses typically may include poverty, uncertainty, marginalisation, and discrimination. A major potential stressor is pre-migration experience which can include witnessing murders and torture, separation from family, terrorist attacks, child soldier activity, bombardments, physical injuries, famine and the detention experience in itself.[31]

Successful settlement and economic and social participation by CALD and refugee communities is assisted through affordable and readily accessible employment, housing, education and health services which are reinforced by citizenship and human rights.

The VMC queried RAC members on the available local supports for those experiencing pre and post trauma. RAC member responses resulted in the following findings:

Interpreter services

- There is a lack of interpreter services in the region to serve refugees with limited English language proficiency, particularly to some languages that are in high demand. Telephone interpreter services are unsuitable for migrants as an open, engaging and trusting counselling environment is difficult to establish. In addition, a lack of continuity in using interpreter services makes it difficult for trust to be built.

[30] For further details: http://himh.clients.squiz.net/mindframe/for-media/reporting-mental-illness/priority-population-groups/culturally-and-linguistically-diverse-populations
[31] ibid

Resources

- A lack of resources and stable funding of pre and post settlement programs is a major issue. RAC members identified that Foundation House, Gippsland Multicultural Services, Survivors of Trauma and Torture, Monash Health Community, Bendigo Community Health Services, and Primary Care Connect who provide effective pre and post settlement trauma support to migrants, refugees and asylum seekers, were examples of stable and trusted service providers.

- RAC members highlighted that these service providers experience difficulties in fully servicing CALD communities due to a lack of resources and funding.

Accessibility and availability of services

- The majority of Metropolitan RAC members responded that they are unaware of pre and post settlement trauma services or that only limited services were available. Regional RAC members indicated that their regions are being serviced but highlighted that distance and transport costs were a barrier to access. These findings implicate that pre and post settlement services specialising in dealing with trauma and mental illness need to receive greater funding support to increase resources and service the growing diverse populations.

- Local supports are vastly inadequate or largely non-existent which means that members of CALD communities are often left to fend for themselves.

- RAC members in the Loddon Mallee and Hume regions believe that there are adequate support services.

- A Service Provider Representative RAC member who works with the refugee community raised that mental health issues are a strong feature within the Swan Hill community. The member explained that refugees who seek support often experience acute episodes and are unable to hide their mental health illness. In addition, they advised that the settlement process involves numerous activities including seeking housing, completing paperwork for visas and establishing financial security through employment which can often exacerbate a CALD person's mental wellbeing as feelings of anxiousness and stress may arise.

- Notwithstanding the activities involved in the settlement process, a CALD person's mental wellbeing whether being impacted by a pre or post settlement issue, is often not a priority.

- Mainstream mental health services both at a clinical and community level should be able to assist servicing the CALD community.

- A new wave of migrants experiencing pre and post trauma are not eligible for physiological support through health insurance plans, thus are untreated for mental health problems.

- There is a general lack of knowledge of mental health service system and limited accessibility of services to migrants and refugees suffering from pre and post settlement trauma and related mental health problems.

- A Local Government Representative from the North West RAC raised that previous experiences with authorities can influence the likelihood of migrants accessing services, particularly for refugees and migrants that have experienced trauma in their home countries. There is a need to increase the relationships and level of trust between diverse

communities and service providers, and between support services and the mental health sector. Ensuring good communication and culturally appropriate services are essential to assist CALD communities.

RAC members provided the following qualitative information to the VMC:

Not aware of local level services focusing in this area.

Since 2010 there has been a wave of new arrivals to Victoria due to the Greek crisis, an estimated 6000 residents, who have experienced enormous adjustment and personal trauma. Unfortunately, many are not eligible for psychological support through mental health plans, unless they are returning residents. This has had major implications for individuals, families and children who have limited, if any, access to services due to a lack of knowledge of service system, limited financial capacity to pay for psychological services and who have limited connections to community supports.

I believe more needs to be done in this area as currently the local supports are vastly inadequate or largely non-existent, which means that members of the CALD communities are left to fend for themselves.

People that are seeking asylum and arrive under humanitarian circumstances are often more susceptible to the effects of pre- and post-settlement trauma and require sensitive and appropriate support services. It is important that services are culturally sensitive and highly skilled in trauma and post-traumatic stress related mental health issues. Along with this is the need to ensure that services and supports are well resourced to provide long term support to individuals and families.

Recommendations Six

Address the treatment response of trauma related mental illness of CALD and refugee communities. This includes:

1. Using demographic data to identify CALD and refugee needs and to evaluate whether current service responses are adequate.
2. Partnering with settlement services (e.g. AMES, Spectrum etc.) to enhance the capacity of the mainstream and targeted mental health systems to identify and respond to trauma related mental illness of CALD and refugee people.
3. Increasing mental health service providers' awareness of the complex, unique and ongoing nature of trauma related illness within CALD communities.

3.7. Developing a capable and supported workforce

Outcome: A capable and supported multi-disciplinary workforce enables individuals, families and carers to experience their best mental health.

A culturally competent workforce is a prerequisite for effective, recovery-oriented services for CALD people recovering from mental illness.

The VMC queried RAC members on the CALD representation in the mental health workforce in their region supports for those experiencing pre and post trauma. RAC member responses resulted in the following findings:

- Area Mental Health Services employ a significant number of non-English speaking health clinicians.
- Melbourne Health places emphasis on employing a diversified workforce.
- There is CALD representation however it is inadequate to serve the growing CALD community.
- Mental health is a very big concern all over Australia, and particular in remote communities. Need for more training professionals.
- There are very few mental health workers in refugee communities.
- There is a lack of focus on inclusion/diversity in the curricula for tertiary training of the mental health workforce.
- There is very limited data available and collected with respect to CALD community mental health issues. This needs to be systematically addressed.
- There is limited CALD representation within the mainstream mental health workforce. Specialised independent CALD mental health professionals are available in secondary health care services, however they are limited in number and capacity to service the prevalence of mental health issues in the CALD community
- Employees from CALD backgrounds are underrepresented in the mental health support and service sector. Increasing the diversity of the workforce would make accessing services easier. There is a need to better equip service providers to better respond to the needs of CALD communities and increase the employment opportunities communities.

90 per cent of RAC members responded that within the mental health profession there is inadequate CALD representation in their respective regions.

RAC members provided the following qualitative information to the VMC:

In my experience, there is very little or no CALD representation in the mental health workforce in my region. I believe that more funding and resources should be invested to provide mental health training/education for members of the CALD communities so that this imbalance is addressed.

Workers from culturally diverse backgrounds are underrepresented in the mental health support and service sector. Increasing the diversity of the workforce would make accessing services easier, services better able to respond to the needs of the community and increase the employment opportunities for our diverse communities.

I don't really know, but I think given this is a very big concern all over Australia, and particular in remotes communities, I would say we could do with more training professionals.

No CALD representation in the mental health workforce in our region.

Recommendation Seven

Create awareness of the need for culturally appropriate and culturally sensitive services to CALD communities. This includes:

1. Promoting the inclusion of culturally appropriate and culturally sensitive training for CALD and mainstream service providers.

2. Promoting the advantages of a diverse workforce.

3. Recognising and promoting the work of exemplary service providers and their programs.