Cultural diversity plan for Victoria's specialist mental health services

2006–2010




A Victorian Government initiative

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Cultural diversity plan for Victoria's specialist mental health services

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Minister's foreword

Ours is a society characterised by a rich variety of languages, customs and cultures. More than 40 percent of Victorians were either born overseas or have at least one parent born overseas.

The Government's social action plan, *A Fairer Victoria,* outlines our commitment to developing culturally inclusive public policies, ensuring equitable access to mainstream services, and delivering culturally competent services.

Mental health is an area of particular concern to many cultural and linguistically diverse communities. Language and cultural barriers can present obstacles to accessing appropriate mental health treatment and care. Some of the reasons for this include lack of access to information about mental health issues and services, and stigma surrounding mental illness.

The *Cultural diversity plan for Victoria's specialist mental health services, 2006–2010* has been developed to help meet the challenge of providing mental health services that are accessible and appropriate to all members of Victoria's diverse population.

Under the Plan, key transcultural mental health programs will have greater capacity to support mental health services. The Plan outlines a range of strategies and specific actions, and clearly articulates respective roles and responsibilities of mental health services, transcultural mental health programs and the Department of Human Services. There are many examples given of innovative service delivery approaches that build on available resources, the strengths of ethnic communities, and the commitment of people working in the mental health sector.

The development of this Plan provides each mental health service with an opportunity to review its cultural competence, and to work towards changes that will enhance service access and responsiveness for consumers and carers from diverse cultures.

Hon Bronwyn Pike MP
Minister for Health

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Message from the Mental Health Director

Mental health services are expected to be equally accessible to all sections of the community and to provide treatment and care in a way that respects the individual needs of consumers and carers. However, feedback from consumers and carers–and service providers themselves–tells us this ideal does not always reflect the reality for people from minority cultural groups. Research in Victoria has shown that people born in non-English speaking countries have lower levels of access to mental health services, higher rates of involuntary inpatient admissions, and longer lengths of stay in psychiatric inpatient units.

The priorities outlined in this document are direct and practical responses to current issues, as reported by the service providers, consumer and carer representatives, and other key stakeholders consulted in developing the plan.

Reflecting a key theme of the consultations, the *Cultural diversity plan* encourages mental health services to move away from a 'special project' approach to culturally and linguistic diversity to an approach that considers consumers' cultural and language needs in everything they do, from the day-to-day practices of mental health workers to service planning, design and evaluation. The themes of the plan mirror those of the Government's general mental health policies, including workforce skill development, promotion of service information and referral pathways, collaboration with other service providers and community groups, and accountability for service outcomes. Within these broad directions, the plan highlights the need for special strategies to meet the needs of particular cultural groups and for attention to specific issues, such as the appropriate use of language services.

Equality is an existing core standard to be delivered from existing resources, not a new requirement of mental health services. However, the Victorian Government recognises that mental health services require assistance in developing 'culturally competent' workforces and service delivery approaches. The plan foreshadows significant refocusing of current transcultural mental health programs, which will give them greater capacity to support mainstream mental health services.

Some people who participated in the consultation process for this plan commented that transcultural mental health has fallen off the service reform agenda in recent years. The publication of this document puts these issues firmly back on the agenda. Cultural and linguistic diversity issues will be considered and incorporated in to the Mental Health Branch's policy development, monitoring and evaluation processes. I am confident mental health service managers will match this commitment, and I look forward to working with them to realise the aspirations, strategies and actions described in this plan.

Dr Ruth Vine
Director, Mental Health

Introduction

According to the 2001 Census

The total population of Victoria in 2001 was 4,612,097.

Birthplace

- *Of all Victorians, 71.1 per cent were born in Australia, and 23.4 per cent were born overseas (representing 233 different countries).*

Of those born overseas:

- *771,911 were born in mainly non-English speaking countries (71.8 per cent)*
- *304,433 were born in mainly English speaking countries (28.2 per cent).*

Over 40 per cent (43.5 per cent) of Victorians were born overseas or have at least one parent born overseas:

- *1,083,048 Victorians were born overseas (23.4 per cent)*
- *927,272 Victorians born in Australia have at least one parent born overseas (20.1 per cent).*

Religion

- *At 2001, 72.1 per cent of Victorians followed a combined total of 116 religions.*

Languages spoken

- *At 2001, 21 per cent of all Victorians spoke a language other than English at home, with over 180 different languages and dialects spoken.*

Source: Australian Bureau of Statistics 2001 Census. For more information visit the Victorian Office of Multicultural Affairs at www.voma.vic.gov.au.

This document, *Cultural diversity plan for Victoria's specialist mental health services, 2006–2010*, provides a framework for improving mental health services' accessibility and responsiveness to Victoria's culturally and linguistically diverse communities. The plan includes:

- background information about Victoria's culturally and linguistically diverse communities and their rights and mental health needs
- examples of good practice in the delivery of mental health services to people from non-mainstream cultural groups
- strategies and actions for further developing mental health services' capacity to meet the needs of people from diverse cultural backgrounds.

A series of consultations, conducted in the second half of 2005, informed the development of the plan (see page 2).

Why do we need a new cultural diversity plan?

Mental health services have a responsibility to ensure all cultural and linguistic groups have the same level of access to services and receive the same quality of services. (Appendix 1 provides details of relevant government policies and legislation.) The government recognises, however, that mental health services face particular challenges in providing services to people with low levels of English proficiency or from cultures unfamiliar to service providers.

These challenges are reflected in mental health service utilisation data. As discussed on page 8, people from non-English speaking communities access mental health services at lower rates than others in the population, and there is evidence to suggest that they present at later stages in the development of mental illness. Despite government investment in programs to assist mental health services become more culturally responsive, these patterns have generally not changed over the past ten years.

The government's mental health policy statement, *New directions for mental health services* (Department of Human Services 2002), foreshadowed a new mental health cultural diversity strategy. The current plan represents the first comprehensive policy direction in this area since 1996 (Department of Human Services 1996). The intervening decade has seen many changes, including increased demands on the mental health system and new patterns of migration and need among Victoria's culturally and linguistically diverse communities.

Development of the plan

In May 2005, the Mental Health Branch of the Department of Human Services released a discussion paper to inform the development of a new cultural diversity plan for the specialist mental health sector (Department of Human Services 2005a). Mental health service providers were asked to provide written comment on the draft strategies proposed in the paper.

Between June and December 2005, the Mental Health Branch conducted a series of consultation meetings with mental health services and other key stakeholders. Service providers were asked to describe issues and challenges in responding to the needs of culturally and linguistically diverse communities. The Mental Health Branch sought specific input on how existing resources could be used more effectively to support cultural competence in the mental health sector.

'In the past, Victoria has been a national leader in the development of transcultural mental health programs and service approaches...This process represents an opportunity to re-focus and re-energise this area of service development.'

Harry Minas, Director, Victorian Transcultural Psychiatry Unit (during the adult mental health services consultation)

Separate meetings were held for the following mental health service types:

- adult mental health services
- aged persons' mental health services
- child and adolescent mental health services
- psychiatric disability rehabilitation and support services.

The meetings were convened jointly with the Victorian Transcultural Psychiatry Unit, and in the case of the psychiatric disability rehabilitation and support services meeting, with Action on Disability within Ethnic Communities.

A special meeting of rural service providers was held in Shepparton; this included clinical services, psychiatric disability rehabilitation and support services and a number of local ethnic community organisations.

Other groups consulted were:

- transcultural mental health services
- the Ministerial Advisory Council on Cultural and Linguistic Diversity
- ethnic mental health consultants employed by area mental health services
- facilitators of language-specific self-help groups
- consumer and carer representatives.

The Mental Health Branch was also represented at a meeting of ethnic community organisations, which Action on Disability within Ethnic Communities and the Ethnic Communities Council of Victoria convened to discuss mental health service provision to culturally and linguistically diverse communities. A number of ethnic community agencies provided written input to the development of this plan.

Issues for mental health service development

This section outlines some of the issues that affect the mental health of people from different cultural and linguistic groups and their ability to access appropriate treatment and support. It provides the context for the service development strategies and actions outlined in the following sections of the document.

Mental health and ethnicity

International studies suggest that rates of schizophrenia (assessed against Western diagnostic criteria) are similar across all cultures (Jablensky et al 1992). Depressive and anxiety disorders are also found in all countries and cultures, but may vary in prevalence and manifestation (Ballenger et al 2001, Lecrubier 2001). International research indicates that rates of mood and anxiety disorders may be higher in immigrant than host communities as a result of the stresses of migration, settlement in a new country and low proficiency in the predominant language. The effects of these problems may persist for several generations.

Useful population-based data on the incidence of mental health problems in various cultural groups in Australia are limited because most studies, including the national mental health survey (Andrews et al 2001), have excluded people with low English proficiency. It is clear, however, that some environmental risk factors known to increase the risk of mental illness, including higher levels of social disadvantage, unemployment, traumatic experience prior to immigration, and separation from families and communities, are more common in many ethnic communities in Australia. Participants in the consultations for this plan pointed out that risk factors and protective factors for mental illness vary between cultural groups, as well as between individuals within cultural groups and at different times across the lifespan. The following groups were noted to be at particularly high risk:

- **refugees and asylum seekers.** People who come to Australia as refugees or asylum seekers have typically experienced extreme hardship in their country of origin or while fleeing their country (see page 33). They may have faced restrictions on their freedom of movement, detention, and loss of family members. The effects of their displacement and trauma are often profound and ongoing, and they are at high risk of developing post-traumatic stress disorder and associated disorders, such as depression and substance abuse (Commonwealth of Australia 2004)
- **older people.** Most older Australians from non-English speaking countries are those who arrived in Australia from Europe in the post-World War Two period, although there are also older people who have arrived more recently as refugees or as part of the Family Reunion Program. The scale of post-war immigration means that the population of older people from culturally and linguistically diverse backgrounds is growing faster than that of other older Australians. Older people born in non-English speaking countries have significantly higher rates of suicide than their Australian-born peers (New South Wales Health Department 1998). Factors thought to contribute to this include the re-emergence of old traumas as elderly migrants face sickness or cognitive decline, isolation and loss of social supports, and cultural conflicts with younger generations

'There needs to be a shift in management thinking away from (seeing) cultural diversity as a problem. Changing things so you can work better with ethnic groups will have benefits for the whole organisation and for all clients.'

Participant in the psychiatric disability rehabilitation and support services consultation

- **children and young people**. Participants in the child and adolescent mental health services meeting reported that child and adolescent mental health services are seeing increasing numbers of young people from refugee backgrounds who have either been victims of torture or trauma or witnessed their parents as victims. In these situations, parents may face reduced capacity to care for their children because of their own trauma and mental health problems. More generally, children and young people from immigrant backgrounds may be at particular risk of emotional and behavioural problems as a result of difficulty in establishing peer relationships, discrimination, and family conflicts resulting from discord between parental expectations and Australian cultural norms
- **people in rural areas**. People who attended the rural consultation noted that rural mental health services face particular challenges in providing services to culturally and linguistically diverse communities. These include the low density of rural populations and services, the lack of 'critical mass' for particular service models, lack of staff skills in cross-cultural mental health work, and difficulties in accessing interpreters for some language groups. People from non-English speaking countries with mental health problems may be more vulnerable to social isolation in rural areas as a result of a lack of culturally appropriate services and networks. Rural services providers at the Shepparton meeting, however, noted that some rural communities have developed innovative and successful models of care and support for ethnic communities.

Participants in the consultations generally believed that people from ethnic communities have lower levels of access to mainstream public mental health services, a view supported by the relevant data (see page 6). They identified several factors that might make members of some cultural groups less likely to seek or receive mental health services:

- stigma and shame surrounding mental illness, and reluctance to seek help outside the family
- greater levels of family support and willingness of families and carers to tolerate higher levels of dysfunction without seeking professional help
- different understandings of the meaning of mental illness symptoms and appropriate responses
- lack of knowledge about of the role of Australian mental health services, and where and how to seek help
- language difficulties, including low levels of literacy in English and possibly in their own language as well.

Several people consulted in the development of this plan commented that the problems in access to mental health services are too often attributed to issues within ethnic communities, with insufficient attention given to the characteristics of mental health services that make it difficult for people from non-mainstream cultural groups to receive appropriate treatment and care. As discussed elsewhere in this plan, these issues include poor staff understanding of the needs and circumstances of ethnic communities, lack of proficiency in cross-cultural assessment, inadequate use of language services, and lack of translated information on mental illness and mental health services.

There was also considerable discussion in the consultation meetings of factors considered to affect all users of mental health services, but which impact especially on people outside the mainstream culture. These include:

- a focus in clinical services on treating acute episodes of mental illness (consistent with a 'medical model' of mental illness) rather than on community-based care and support for people with mental health problems
- insufficient communication and linkages between mental health services and other community-based health and support services, including organisations that can help people function effectively in their own communities
- lack of prominent and publicly available information about mental illness and mental health services
- lack of effective structures for meaningful participation of consumers and carers in mental health service planning, service delivery and evaluation.

Finally, consultation participants noted the changing patterns of migration to Victoria. Compared with historical migration trends:

- The source countries of Victoria's migrants have changed from the United Kingdom and Southern European countries to African, Asian and Middle Eastern countries.
- There are many small but fast-growing birthplace groups with cultures and languages that are very different from the dominant Australian culture and from traditional migrants. Some area mental health services now have dozens of different language groups represented in their catchments.
- Whereas in the past new migrants have tended to settle in particular metropolitan areas, recent settlement has been far more dispersed and has included many rural and regional areas.

These trends have implications for the planning and delivery of mental heath services, especially in the areas of language services and workers' cultural awareness or knowledge of newer migrant groups.

Service access and responsiveness

Victorian population and mental health service data pertaining to people born in non-English speaking countries are discussed below. The data suggest that, despite a range of policies and interventions designed to increase mental health workers' cross-cultural competence, the disparities between mental health service provision to people born in non-English speaking countries and that to those born in non-English speaking countries have generally remained unchanged over the past ten years.

Clinical services

Past research in Victoria has shown that ethnic communities have lower rates of access to mental health services, a higher proportion of involuntary admissions, and higher proportions who are diagnosed with a psychosis, relative to the Australian-born population (Klimidis et al 1999, Stolk 1996, Trauer, 1995). Recent research by the Victorian Transcultural Psychiatry Unit (Stolk et al 2006) aimed to investigate whether disparities in access and treatment for ethnic communities in Victoria have changed over the past decade. The results of this analysis, based on 2001 Census data and Victorian community mental health and acute inpatient case registers for 2004–05, are described below. The full paper describing the research is available at www.vtpu.org.au.

Compared [with] the Australian-born [population], people from most non-English speaking countries had lower rates of access to public mental health services. However, when they do become consumers of mental health services, they are more likely to be treated as inpatients, to have longer lengths-of-stay in inpatient units, and to be admitted involuntarily.

Victorian Transcultural Psychiatry Unit analysis of 2004–05 clinical case registers and 2001 Census data

Statistically significant findings were as follows:

- Mental health consumers born in non-English-speaking countries were older on average than Australian-born consumers and a higher proportion had no education or a primary education only. They were also more likely to be living with family members and less likely to be living alone.
- Compared with the Australian-born population, there was lower prevalence of treatment of people born in non-English speaking countries in both community-based and acute inpatient services; that is, while access rates varied between ethnic groups, the overall number of consumers born in non-English speaking countries treated by mental health services was proportionately less than their representation in the general community.
- Clients born in non-English speaking countries had a higher mean number of case-managed contacts than Australian-born clients.
- Higher proportions of clients and inpatients born in non-English speaking countries were diagnosed with a psychosis and, conversely, significantly fewer were diagnosed with less severe disorders.
- A higher proportion of clients born in non-English speaking countries were admitted to an acute inpatient unit.

- Inpatients born in non-English speaking countries were more likely to have been admitted involuntarily than Australian-born inpatients. Further investigation showed that while patients born in non-English speaking countries who were diagnosed with schizophrenia or mood disorders were more likely to be admitted involuntarily, this did not apply to other major disorders.
- Patients born in non-English speaking countries had fewer re-admissions, but their duration of admission was significantly longer than that for Australian-born patients.

The results suggest that people born in non-English speaking countries present to mental health services relatively late in the course of a mental illness, when more severely disordered. This would explain the disproportion in diagnoses of psychoses, the higher frequency of contacts, the increased likelihood of inpatient admission, the higher proportion of involuntary admissions, and longer inpatient admissions. The reasons for the apparent delay in treatment by mental health services are not completely clear, although anecdotal reports suggest that contributing factors include lower levels of awareness of mental health issues and services, and cultural and linguistic barriers to service provision.

Disparities in diagnosis, involuntary admission rates and length-of-stay in inpatient units between clients born in non-English speaking countries and Australian-born clients might also be a result of clinician bias, clinician unfamiliarity with cross-cultural presentations of mental illness or clinician failure to engage interpreters when required. This view gains support from Victorian studies showing mental health staff rated their competence in clinical assessments of clients born in non-English speaking countries lower than for Australian-born clients (Stolk 2005). Research in other jurisdictions suggests mental health clients born in non-English speaking countries are more likely to be misdiagnosed and more likely to receive medical treatments alone rather than talking treatments such as psychotherapy and counselling (Macdonald & Steel 1997).

It might be argued that some of these differences are the result of lower rates of mental illness in ethnic communities compared with the Australian-born population, but this is not consistent with research on the prevalence of mental illness across cultures (see page 3).

Psychiatric disability rehabilitation and support services

The psychiatric disability rehabilitation and support services data do not permit the same level of analysis as the clinical services data. While the available data suggest that the proportion of psychiatric disability rehabilitation and support services clients born in non-English speaking countries is reasonably congruent with the general population, the large proportion of psychiatric disability rehabilitation and support services cases in which the country of birth is 'not stated' (17.9 per cent) makes this information difficult to interpret.

The data do suggest that there are fewer psychiatric disability rehabilitation and support services clients with low English proficiency than would be expected given the proportion of people in the community who do not speak English well or at all. Census data indicate that approximately 20 per cent of people who speak a language other than English at home do not speak English well or at all: this equates to about 4 per cent of the total Victorian population (Allen Consulting Group 2002). An additional 3 per cent did not identify their English proficiency. According to data from the first quarter of 2005–06, only 2.1 per cent of psychiatric disability rehabilitation and support services clients were considered to require an interpreter. While this would be consistent with anecdotal reports from psychiatric disability rehabilitation and support services workers who point to the difficulty of including non-English speakers in many psychiatric disability rehabilitation and support services programs, it is difficult to make definitive statements due to the high proportion of 'not stated' responses (18.5 per cent) to the 'interpreter required' data item.

Overview of the plan

The overarching theme of this plan is that 'managing for diversity' should be part of the core business of mental health services.

The challenges associated with mental health and ethnicity are complex and not amenable to either simple solutions or a single approach. This plan outlines a range of strategies to improve outcomes for people from non-mainstream cultural groups who have serious mental health problems. The plan identifies specific actions associated with each strategy, and states whether the main responsibility for implementing the actions lies with mental health services, the Mental Health Branch, specialist transcultural mental health services or–as is often the case–a combination of these parties working together. These actions build on the many examples of existing good practice in the mental health system. The plan highlights some of these, although there are countless others that occur in the everyday practice of mental health services and individual workers.

The overarching theme of this plan is that 'managing for diversity' is part of the core business of mental health services and should be built into mainstream mental health policies and practice guidelines, the development of workplace systems, the delivery of services, and quality monitoring and evaluation at all levels.

Future directions

Over the past decade, the Victorian Government has provided significant funding to programs and projects aimed at improving the cultural competence of mental health services. In 2005–06, recurrent funding provided by the Mental Health Branch totalled $1.74 million across four initiatives: Victorian Transcultural Psychiatry Unit, Action on Disability within Ethnic Communities, Victorian Foundation for Survivors of Torture, and the Ethnic Mental Health Consultant Program. As in previous years, the Government also funded a number of one-off projects in this area.

The consultation paper (Department of Human Services 2005a) prepared to support the development of this plan stated that a key part of the process was to examine currently funded transcultural mental health services to ensure resources in this area are being used to best effect. The consultation and service review processes revealed that significant components of the Government's current investment in transcultural mental health services and programs could be reconfigured to achieve a higher level of support to mental health services.

Mental health staff, service managers, and current and former ethnic mental health consultants themselves agreed that resources currently directed to the Ethnic Mental Health Consultant Program could be used more effectively. Established in 1996, the program provides for five positions in metropolitan area mental health services. The envisaged role of the consultants was to assist mental health services to work more effectively with culturally and linguistically diverse clients, to provide training to mental health service staff, and to enhance linkages between mental health services and ethnic organisations, leaders and communities. (The program also provides the equivalent of a 0.2 staff position in each rural Department of Human Services region to support cultural competence in rural adult mental health services.)

Although there have been positive outcomes from the program, it has been difficult for most mental health services to recruit and retain ethnic mental health consultants.

Following careful deliberation, it was decided the objectives of the metropolitan ethnic mental health consultant positions could be met more effectively by redirecting the funding (approximately $320,000 a year) to organisations better placed to assist mental health services in meeting their obligations to culturally and linguistically diverse communities. (The rural ethnic mental health consultant funding will remain with the Department of Human Services regions because it is being used effectively to help rural adult mental health services meet the additional costs involved in service delivery to ethnic consumers and carers in rural areas, such as the provision of interpreters for small emerging communities.)

As a result of the funding reallocation, the Victorian Transcultural Psychiatry Unit will be strengthened and positioned as the lead agency responsible for assisting both clinical mental health services and psychiatric disability rehabilitation and support services to respond to the needs of their culturally diverse populations. In recent months, the Mental Health Branch has worked closely with the Victorian Transcultural Psychiatry Unit to clarify its roles and responsibilities and to ensure the organisation can play a central role in the implementation of this plan. The agreed functions of the unit are described in the next section, 'Stakeholder roles and functions', with specific actions highlighted throughout the following section ('Strategies and actions').

Additionally, a proportion of the metropolitan ethnic mental health consultant funding will be redirected to Action on Disability within Ethnic Communities. This will enable Action on Disability within Ethnic Communities to expand its mental health activities, as described on page 12.

Stakeholder roles and functions

The roles and functions of the organisations involved in implementing this plan are described here. The next section, 'Strategies and actions', identifies specific responsibilities under the plan.

Mental Health Branch

The Mental Health Branch is responsible for:

- providing leadership and setting policy directions for the development of Victoria's specialist mental health services
- developing guidelines and standards for service delivery
- providing appropriate funding of mental health services and services that support them
- monitoring and evaluating services against agreed standards and performance indicators.

Specialist mental health services

Public mental health services in Victoria are targeted at people who are severely affected by mental illness. They are often called 'specialist mental health services' to distinguish them from the wide range of other services, including general practitioners, community health centres and private mental health professionals, that provide mental health care to people with less complex mental health problems, such as mild to moderate anxiety or depression.

Specialist mental health services include both clinical services and psychiatric disability rehabilitation and support services.

Most **clinical mental health services** are part of a group of services known as an area mental health service, with each area mental health service serving a geographically defined catchment population. There are separate services for adults (21 areas), aged persons (17 areas) and children and adolescents (13 areas). Each area mental health service provides a range of community-based mental health services, as well as inpatient facilities for people who are acutely unwell.

As with all government-funded services, mental health services are responsible for delivering services in accordance with relevant government policy and legislation and for meeting reporting and accountability requirements. In recent years, government policy has strongly emphasised concepts such as consumer-centred care, partnerships with families and carers, linkages with other services and community organisations, and an orientation towards recovery from mental illness.

Psychiatric disability rehabilitation and support services provide non-clinical support services and programs for people with serious mental illness and related psychiatric disability. These services aim to create opportunities for recovery and empowerment. Key service types include carer support, respite, psychosocial rehabilitation day programs, mutual support and self-help, residential rehabilitation, and home-based outreach.

Further information about the mental health system can be found at www.health.vic.gov.au/mentalhealth.

Victorian Transcultural Psychiatry Unit

The role of the Victorian Transcultural Psychiatry Unit is to support mental health services in achieving state and national standards for the delivery of culturally appropriate care for consumers and their families and carers. The unit is a significant resource and will play a central role in the implementation of this plan. The redirection of part of the metropolitan ethnic mental health consultant funding, as described earlier, will strengthen the unit's capacity to provide direct services and resources to mental health services across the state. The additional funding for the unit will be linked to delivery of specific forms of assistance to mental health services, including a business hours telephone support service that provides mental health professionals with advice on cases involving people from non-mainstream cultural groups.

The Victorian Transcultural Psychiatry Unit will also provide mental health services with training relevant to their needs, service planning and research consultancy, and a range of other supports and resources, as described in the 'Strategies and actions' section of this plan.

Action on Disability within Ethnic Communities

Action on Disability within Ethnic Communities is a community-managed, statewide provider of advocacy and direct services to people with a disability and their carers from ethnic backgrounds. The service assists consumers to access services and works with services to develop inclusive service models.

Action on Disability within Ethnic Communities has developed close relationships with many psychiatric disability rehabilitation and support services and is a strong advocate for the development of this sector. The organisation has good links with many multicultural community organisations and is well placed to assist in the development of linkages between these groups and mental health services. Action on Disability within Ethnic Communities also has expertise in the development of consumer and carer support programs and in community education projects.

Currently, most of the organisation's funding from the Mental Health Branch is directed towards a transcultural mental health coordinator within the Self-Help and Mutual Support program and towards a limited number of language-specific mental health self-help groups. The additional resources from the redirection of ethnic mental health consultant funding, however, will allow Action on Disability within Ethnic Communities to expand its activities in the following areas:

- supporting multicultural organisations and ethno-specific community groups to develop their understanding of mental health problems and service options
- in collaboration with the Victorian Transcultural Psychiatry Unit, supporting psychiatric disability rehabilitation and support services to work in culturally responsive ways. VICSERV, the peak body for the psychiatric disability rehabilitation and support services sector, will also be an important partner in this work.

Victorian Foundation for Survivors of Torture

The Victorian Foundation for Survivors of Torture (Foundation House) was established in 1987 to meet the needs of people in Victoria who were subject to torture or trauma in their country of origin or while fleeing those countries. Foundation House provides direct services to survivors of torture and trauma in the form of counselling, advocacy, family support, group work, psycho-education, information sessions and complementary therapies. In March 2005, the Mental Health Branch provided the Victorian Foundation for Survivors of Torture with additional recurrent funding for the operation of a refugee mental health clinic (see page 34).

The Victorian Foundation for Survivors of Torture also:

- offers training and consultancy to other service providers who have contact with survivors of torture and trauma
- develops resources to enhance the understanding of the needs of survivors among health and welfare professionals, government and the wider community
- works with government, community groups and other providers to develop services and programs to meet the needs of survivors
- works with the Commonwealth and state governments to ensure relevant policies are sensitive to the needs of survivors
- works with international organisations towards the elimination of torture and trauma
- conducts and contributes to research through a partnership with LaTrobe University's Refugee Health Research Centre.

Foundation House's primary locations are at Brunswick and Dandenong and a number of services are provided on an outreach basis across Melbourne and in regional areas of Victoria.

Strategies and actions

This section outlines six broad strategies for increasing the accessibility and responsiveness of public mental health services to Victoria's diverse cultural and linguistic groups. The strategies outlined in the following sections of the plan reflect the main themes of the consultations. Participants called for:

- culturally competent practice within mental health services and recognition of this as a core skill required of staff
- action by mental health services to understand the needs of local ethnic communities, consumers and carers and to incorporate these perspectives into service and workforce planning
- action to address the barriers to the appropriate use of language services (interpreting and translating) in mental health settings
- action to address the specific mental health needs of refugees
- mental health involvement and representation in government initiatives to improve the wellbeing of culturally and linguistically diverse communities and address barriers to appropriate use of mental health services
- stronger government mechanisms for monitoring mental health services' accessibility and responsiveness to culturally and linguistically diverse communities.

The description of each strategy includes a discussion of relevant issues, current resources and activities, and key actions. The plan also provides several 'examples of good practice' relevant to particular strategies.

'Clinicians should have an attitude of genuine interest in the client's culture. They should listen and learn about them as individuals, and be willing to overcome the anxieties of working with people from different cultural backgrounds.'

Participant in the adult mental health services consultation

Delivering culturally competent mental health care

The growing diversity and dispersal of ethnic communities in Victoria heightens the need to ensure all mental health staff practice effectively in cross-cultural situations and know how to mobilise any resources (for example, interpreters, bilingual clinicians, cultural information, ethno-specific services) they need to assist clients. Hence, this strategy is about promoting 'cultural competence' as a core set of skills and attributes required of all mental health professionals, and enhancing their skills and capacity to work with culturally and linguistically diverse communities.

'The questions they ask don't make sense (to ethnic consumers). They don't take the time to understand; they just give medicine instead.'

Consumer consultant

Promoting cultural competence as a core skill

The term 'cultural competence' is increasingly used in preference to other similar terms (for example, 'cultural awareness' or 'cultural sensitivity') because it places less emphasis on the unfamiliar culture and more emphasis on the attributes of the service provider and the outcomes of the cross-cultural encounter.

A growing body of research is attempting to define and assess the attitudes, skills and behaviours of people who work well in cross-cultural situations. Key elements of cultural competence include:

- respectful and non-judgemental curiosity about other cultures, and the ability to seek cultural knowledge in an appropriate way
- tolerance of ambiguity and ability to handle the stress of ambiguous situations
- readiness to adapt behaviours and communicative conventions for intercultural communication.

In mental health service settings, it is particularly important for workers to understanding how clients' cultural and individual values and beliefs may affect their understanding and expression of mental illness, the nature of help-seeking behaviour, and relationships with service providers.

A focus on consumers' mental illness without understanding its cultural context can lead to poor quality psychiatric assessment, inaccurate diagnosis, and inappropriate treatment and care. Common diagnostic errors include failure to recognise psychopathology or the significance of symptoms (for example, attributing illness-related experiences or behaviour solely to cultural factors) and incorrectly identifying culturally appropriate behaviour or experiences as psychopathology.

The challenges of cross-cultural mental health practice include:

- difficulty in establishing an effective clinician–patient relationship, including problems arising from the lack of a common language
- problems in correctly interpreting non-verbal communication (for example, use of space, body language, voice quality)
- misunderstanding of the consumer's concepts of illness and illness expression
- difficulty in establishing agreed treatment goals and methods and in achieving treatment adherence.

Mental health workers consulted in the development of this plan identified a number of practical barriers to the development of cultural competence among staff of mental health services. These include:

- perceived lack of leadership on cultural diversity issues, with some participants commenting that service managers do not recognise or value the skills and effort required for good cross-cultural practice
- perceived lack of organisational commitment to providing the training needed to develop cultural competence. It was noted that the undergraduate training of mental health professionals inadequately prepares them for working effectively with people who speak little or no English and whose cultural beliefs and values are different from the dominant culture. Participants felt these issues should be addressed at orientation and as part of services' quality improvement framework
- difficulties in providing access to high quality mental health interpreting (see page 28).

Working in partnership with consumers and carers

A trusting and respectful relationship between clinicians, consumers and family and carers–informed by cultural understandings–is essential to successful mental health care. Like all consumers and carers, people from minority cultural groups want to be understood as individuals rather than be defined by their illness. Consumers consulted for this plan said some service providers respond to them as being part of a particular ethnic group, leading to unhelpful stereotyping rather than an understanding of their unique culture and experiences. They recognised that it could be difficult to bridge the gap between their own values and beliefs and those of mental health workers, but wanted service providers to work collaboratively with them to develop a shared understanding of their mental illness and the best approaches to managing it.

'Mental health workers need to be aware of their own prejudices and their stereotyped views of people from different cultures.'

Participant in the psychiatric disability rehabilitation and support services consultation

Many ethnic consumers have strong family and community ties, and these can be significant resources in the recovery from mental illness; however, cultural factors embedded in both clinical psychiatry and psychiatric disability rehabilitation and support services, such as strong emphases on privacy, independence and the one-to-one relationship between the consumer and the professional, can present problems when working with carers and families from cultures in which these concepts are quite foreign. Mental health workers may also need to give special consideration to issues of stigma and shame surrounding mental illness in some communities.

Carer representatives consulted for this plan would like to see greater capacity for family work (or 'family-sensitive practice') in mental health services. Although sympathetic to the workload pressures on mental health professionals, they argued that in the long term it is more effective and efficient to engage families and carers in consumers' treatment and care.

Current resources and activities

The Victorian Transcultural Psychiatry Unit offers a range of high quality **training programs** aimed at developing the core skills and knowledge required for culturally competent mental health practice. These programs been have refined over the years with input from consumers, carers and service providers.

'Family members and carers are at the forefront in helping their loved ones with a mental illness to live in the community and stay connected …

Our mental health services can directly support carers by strengthening their ability to care for themselves while caring for a person with an illness.'

Victorian Health Minister at the launch of translated mental health information for carers, 19 April 2006

Additional funding to the Victorian Transcultural Psychiatry Unit from 2006–07 will allow the development and operation of a business hours **telephone support service** for mental health professionals. This will include a clinical support program offering advice and information about cases involving people from minority cultural groups and, where further input to the assessment and management of the client is needed, linkages to other professionals or organisations, such as bilingual clinicians or ethno-specific services. The service will be linked to **online resource directories** developed and maintained by the Victorian Transcultural Psychiatry Unit.

Other transcultural services available to provide training and consultation to mental health staff include Action on Disability within Ethnic Communities and the Victorian Foundation for Survivors of Torture (see page 12).

As pointed out in the consultations, many people working in mainstream mental health services have significant expertise in cross-cultural work and knowledge of particular ethnic communities. These include clinicians employed under the Bilingual Case Management Program (see page 25) and other clinicians and psychiatric disability rehabilitation and support services workers who speak more than one language or have ties to specific ethnic groups. Participants felt that much of this expertise is underused and that the service system would benefit from the development of mechanisms for sharing knowledge and skills across services.

'The number of new communities makes it difficult for us to keep our knowledge up to date. It's hard to access information and consultation about groups we're unfamiliar with.'

Participant in the child and adolescent mental health services consultation

Austin Child and Adolescent Mental Health Service and Foundation House case presentations

The Austin Child and Adolescent Mental Health Service and the Victorian Foundation for Survivors of Torture meet monthly to present and discuss cases from their respective services. The case presentations focus on young refugees or those from minority cultural groups who have suffered extreme trauma.

Responsibility for the case presentation alternates each month between the Child and Adolescent Mental Health Service and Foundation House. Participants from both services have found the approach very useful. One of the Child and Adolescent Mental Health Service clinicians commented: 'Case discussions involving transcultural mental health experts can be a very effective form of learning. Once workers feel confident with one case, they can transfer that knowledge to other cases'.

Culturally competent practice: actions

Victorian Transcultural Psychiatry Unit

√ Actively engage with mental health services, and offer annually planned onsite training to each area mental health service based on the needs of the service. All areas and service types (adult, aged, and child and adolescent) will be targeted equitably. Where appropriate, local psychiatric disability rehabilitation and support services and other relevant agencies will be invited to participate in these training activities.

√ Supplement onsite training by offering seminars and workshops on topics of general relevance to mental health services, and use videoconferencing to make these sessions available to staff who cannot attend in person.

√ In cooperation with Action on Disability within Ethnic Communities, develop and deliver specialised training for psychiatric disability rehabilitation and support services.

√ Develop and promote a business hours telephone support service for staff of specialist mental health services. The service will provide information and advice to mental health workers about their clients from minority cultural groups and facilitate linkages to bilingual clinicians, ethno-specific welfare groups and other relevant organisations and resources.

√ Maintain and promote web-based resources, including a directory of translated mental health information, information about specific cultural groups, culturally appropriate assessment tools, and a directory of bilingual clinicians and resources.

√ Provide support for bilingual case managers employed in area mental health services.

Action on Disability within Ethnic Communities

√ Develop and deliver staff development activities for psychiatric disability rehabilitation and support services staff which complement the training provided by the Victorian Transcultural Psychiatry Unit.

√ Deliver language-specific self-help groups for people with mental illness.

Mental health services

√ Provide access to cultural competence training for all staff in direct service delivery and key leadership roles.

√ Incorporate cultural diversity perspectives in general staff training and development activities.

√ Ensure staff have information available to them about the ethnic communities they serve and resources to assist consumers and carers from those communities.

√ Encourage all staff to use the services and resources offered by transcultural mental health services (Victorian Transcultural Psychiatry Unit, Action on Disability with Ethnic Communities and the Victorian Foundation for Survivors of Torture).

√ Identify standards and expectations for cultural competence and incorporate these in to routine quality assurance processes, including staff supervision and performance evaluation.

√ Identify service standards for culturally competent practice and incorporate these into routine work practices.

Mental Health Branch

√ Provide additional recurrent funding to the Victorian Transcultural Psychiatry Unit and Action on Disability within Ethnic Communities to support culturally competent practice in mental health services.

√ Identify and support high priority training initiatives. In 2006–07, the branch will provide project funds for a program of cultural competence and 'working with interpreter' training for psychiatric disability rehabilitation and support services. This will be developed and delivered jointly by the Victorian Transcultural Psychiatry Unit and Action on Disability within Ethnic Communities.

√ Consider the needs of minority cultural groups in the development of mainstream service initiatives, standards, practice guidance, policies, and quality monitoring processes.

Incorporating cultural diversity into service and workforce planning

Cultural competence is not solely the responsibility of individual mental health workers. Organisational culture and leadership have a strong impact on staff practices and the ability of ethnic consumers and carers to access appropriate mental health services. Effective planning and delivery of services to meet the needs of culturally and linguistically diverse communities is a core requirement of mental health services as part of an overall commitment to quality services.

Understanding people and their needs

'We need to recognise the strengths of ethnic communities as well as their problems... Many ethnic consumers have very strong family support: we should work with that.'

Participant, rural service providers' consultation

The profile and needs of ethnic communities vary across Victoria and some areas are changing rapidly as a result of the emergence of new migrant communities. Information about local cultural and language groups is crucial to overall service and workforce planning and to helping ethnic communities access mental health care.

Mental health services should seek to understand the needs of ethnic groups in their area through:

- analysis of relevant demographic data and information on the use of their services by ethnic consumers
- research on service needs, stakeholder perceptions of mental health services, and effective service delivery approaches
- engagement with ethno-specific and multicultural organisations
- involvement of ethnic consumers, carers and community representatives in service governance, planning and evaluation.

The '*Current resources and activities*' section (p. 26) lists a range of supports available to help mental health services understand community needs and plan services that better meet those needs. The 'good practice' examples highlight ways in which mental health services are trying to meet the challenges involved in developing culturally competent organisational structures and service models.

Reaching out to ethnic communities

'At the moment, there seems to be no place or space within mental health services for just talking to ethnic communities.'

Member, Ministerial Advisory Committee on Cultural and Linguistic Diversity

Mental health services are expected to demonstrate service delivery approaches that take into account the cultural profile of their area.

Specially designed mental health programs for particular cultural or language groups are often highly effective; however, it is not always possible for services to sustain separate ethno-specific programs for all groups represented in the community. Service providers who participated in the consultations had a range of ideas for providing mental health services and information in ways that maximise resources available in the community, including within ethnic groups themselves. At the core of these ideas was the need for mental health services to build linkages with ethno-specific and multicultural groups, ethnic community leaders and mainstream services used by ethnic communities.

Specific suggestions about ways of strengthening relationships between mental health services and ethnic communities include:

- formal or informal meetings to access the knowledge and expertise of local ethnic groups, and to provide information about mental health issues and pathways to mental health care
- outplacement of mental health staff, perhaps on a sessional basis, to other services used by ethnic communities
- volunteer programs. For example, volunteer visitors from ethnic communities could relieve the social isolation of non-English speaking consumers in inpatient and residential services
- training of ethnic consumers and carers to support new service users
- 'piggybacking' of mental health initiatives onto existing health promotion programs for ethnic communities
- mechanisms to encourage access to language-specific mental health care and support.

Building links with ethnic communities, providing information that people can access and understand, delivering effective care for community members with serious mental illness, and ensuring meaningful involvement of ethnic consumers and carers in service planning and evaluation may require mental health services to adapt their usual ways of operating. For example, groups with low levels of literacy, even in their own languages, will not benefit from translated written information and will require different approaches (for example, contact with community leaders, informal 'outreach' to community gathering places).

Turkish Mental Health Network

The Turkish Mental Health Network is a network of mental health, community and welfare professionals who meet regularly to improve the level of mental health awareness in the Turkish community, promote access to mental health services and improve mental health service responsiveness to members of the Turkish community. Established in 1999, the network includes the voluntary participation of a Turkish psychiatrist, Turkish speaking general practitioners, the Turkish Bilingual Case Manager from North West Area Mental Health Service, Turkish speaking staff from Action on Disability within Ethnic Communities, and Turkish speaking social workers.

The network has delivered a series of information sessions on Turkish radio about issues such as youth and mental health, mental health and the elderly, depression, schizophrenia, and the interrelationships between family violence and mental health. These sessions were undertaken in collaboration with organisations such as SANE, Women's Health in the North, family violence services, and Action on Disability within Ethnic Communities.

Ethnic consumer and carer participation initiatives

Northern Area Mental Health Service activities

The Northern Area Mental Health Service convenes a meeting of members from the local community known as its **Cultural Advisory Committee**. The committee provides opportunities for representatives of local ethnic communities to share information with mental health service providers and to have input into service development. Membership includes ethnic community organisations, the migrant resource centre, and Northern Area Mental Health Service managers.

As part of the **Thinking Cap** initiative at the Darebin community mental health clinic, there are regular meetings between management and consumers of the service and consumers. One of the members of Thinking Cap is able to bring consideration of 'ethnic' consumer issues. Consumers are paid for their time.

Culturally and Linguistically Diverse Carers' Conference

The Network for Carers of People with a Mental Illness, together with the Victorian Transcultural Psychiatry Unit, held a Culturally and Linguistically Diverse Carers' Day as an adjunct to the **'Talking Together, Working Together – Carers with Consumers and Clinicians'** conference in April 2005. The Carers' Day was designed to give carers from culturally and linguistically diverse backgrounds access to information to help them in their caring role and also to provide an opportunity to discuss issues in their languages of origin. It included a session in which carers had the opportunity to ask questions of psychiatrists through an interpreter. Participants who attended were from the Greek, Italian, Maltese, Turkish and Vietnamese communities.

'Spectrum of Cultures' Statewide Consumer Group

Auspiced by the Victorian Transcultural Psychiatry Unit, the 'Spectrum of Cultures' Consumer Group provides opportunities for culturally and linguistically diverse consumers to have input in to activities of mental health services, government and professionals bodies, and the Victorian Transcultural Psychiatry Unit. Consumers involved in the group can also participate in a regular program of information and education sessions.

Centre for International Mental Health and Northern Area Mental Health Service – research on organisational responses to client diversity

This project is examining key organisational processes with the Northern Area Mental Health Service and exploring how the service adjusts its operations in response to client diversity (culture, comorbidity, sociodemographic status). It will describe the client's journey through the service (what happens, when and why), the organisation's culture and values, the working environment, leadership and teamwork.

Four trained medical students are conducting the research based on analysis of Northern Area Mental Health Service documents and service and workforce data, observational analysis, and indepth interviews with 'key informants' (managers, staff and clients). The interviews focus on four main service components: the acute inpatient unit, the continuing care team, the crisis assessment and treatment team, and the mobile support and treatment team.

The study represents the first of its kind in Victoria; previous research was largely based on survey or case register data. The results of the study will be fed back to key informants and Northern Area Mental Health Service management. It is hoped the research will provide useful information about the processes within organisations that affect patient care and how services can adapt to accommodate complex client needs.

Employment of bilingual workers in psychiatric disability rehabilitation and support services

A number of psychiatric disability rehabilitation and support services have employed bilingual workers to improve their responsiveness to ethnic groups. Two examples are described here.

The **Western Region Outreach Service** within the Western Region Health Centre is a psychiatric disability rehabilitation and support service providing home-based outreach services to assist in the recovery from mental illness.

In response to the large local Vietnamese community, Western Region Outreach Service has implemented the 'Dung Ho'p model' of mental health care. The model attempts to find common ground between psychiatric disability rehabilitation and support services' principles, which focus on concepts such as independence, independent participation in the community, individual self-determination and personal development, and traditional Vietnamese values, which focus on family harmony and togetherness, family reputation, filial piety, the karmic path of individuals and families, and collective participation in the community.

As part of the Dung Ho'p program, two bilingual outreach workers are involved in a range of activities targeted at Vietnamese consumers and their families.

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The program has formed strong partnerships with other psychiatric disability rehabilitation and support services providing respite and carer support, the Action on Disability within Ethnic Communities Vietnamese support group, Vietnamese bilingual case managers at the clinical mental health services in the area, employment agencies, and a range of Vietnamese welfare and support organisations.

St Mary's House of Welcome is a day program focusing on high need clients, many of whom are homeless or living in unstable accommodation. The service employs two culturally and linguistically diverse mental health workers (who work 34.2 hours a week in total). These workers are responsible for the service's Vietnamese clients, linking them with other community services, arranging for them to attend various groups and activities, and providing other forms of support.

Strengthening links with the primary care sector

Participants frequently mentioned that people from culturally and linguistically diverse backgrounds have lower levels of awareness and understanding of mental health issues and mental health care than others in the community. General practitioners and other primary care providers are often the first point of contact for ethnic people who have serious mental health problems (it is not uncommon for these problems to be presented as physical symptoms). Primary care services, including general practitioners, are also a major source of care for people less severely affected by mental illness, such as those with high prevalence depressive and anxiety disorders.

According to participants, primary care practitioners may not have the knowledge or resources to diagnose mental illness and refer patients to appropriate mental health services.

Links with primary care providers, especially bilingual general practitioners, were seen as paramount in improving early identification and treatment of mental illness. While participants recognised that mental health services have limited resources for activities beyond direct service delivery, they thought the resources that do exist for mental health promotion (for example, child and adolescent mental health services' mental health promotion officers) and liaison with primary care providers (such as primary mental health and early intervention teams) should have a greater focus on high risk ethnic groups.

The development of stronger linkages between mental health services and primary care providers is consistent with broader Mental Health Branch policies, including those on triage, case management and discharge planning.

Promoting a culturally diverse workforce

As discussed under the previous strategy ('delivering culturally competent mental health care'), it is important that all mental health staff have the skills and knowledge to work effectively in cross-cultural situations, but there should also be an emphasis on recruiting staff (professionals and those in other capacities) from diverse cultural backgrounds so the mental health workforce reflects the population it serves.

It is expected that mental health services' staff recruitment and human resource practices will incorporate principles of managing for diversity. This should include consideration of special effort needed to support people from culturally diverse backgrounds in the workforce; for example, recognition of cultural practices and occasions.

Bilingual staff

Previous consultations have found that people from non-English speaking countries have a strong preference for receiving mental health care from staff who speak their own language. While this is not possible in all cases, mental health services with a high proportion of a particular cultural group in their area should attempt to recruit mental health workers from that group. A number of psychiatric disability rehabilitation and support services have employed bilingual workers to improve their responsiveness to ethnic groups. In clinical services, the bilingual case management program (see page 25) has provided the framework for the employment of bilingual clinicians in a number of services.

The consultations for this plan also identified a need for more effective use of bilingual staff skills within mental health services and other services in the community. Participants' views were consistent with Australian research showing that mental health staff who have clinical experience and competency in a language other than English are frequently not asked to assist in providing mental health services to people who speak that language (see New South Wales Health 1998, page 14).

Participants made the following suggestions about ways of increasing consumers' access to mental health care from people who speak their own language:

- mechanisms to encourage cross-referrals and shared care arrangements with bilingual primary care and mental health professionals in the community
- reciprocal relationships with other mental health or general services to encourage sharing of bilingual workers
- employment of some bilingual staff on a sessional basis to assist with assessment and secondary consultation
- use of bilingual workers to lead or support language-specific self-help groups.

Portfolio holders

Many mental health services have reported that giving a senior staff member responsibility for the culturally and linguistically diverse portfolio has a significant impact on the development of more culturally relevant services. The standards articulated in the 1996 Mental Health Branch publication, *Improving services for people from a non-English speaking background*, require all area mental health services to identify a culturally and linguistically diverse portfolio holder. The current plan maintains this requirement.

Bilingual Case Management Program

The Bilingual Case Management Program was established to overcome gaps in mental health service delivery to people from non-English speaking backgrounds. Eleven bilingual staff from psychiatric nursing, occupational therapy, social work and psychology backgrounds were employed in four area mental health services during 1997. Currently, clinicians are employed under the Bilingual Case Management Program at Inner West Area Mental Health Service, Mid West Area Mental Health Service, North West Area Mental Health Service and South West Area Mental Health Service.

The roles of bilingual case management staff include case management with clients from the same ethnic background as well as other backgrounds, joint case management and consultation with other staff, family support and education, and community education. Because of their additional responsibilities in providing consultation to other area mental health service staff and support to clients, service managers agreed that the bilingual case management staff should have about two-thirds of the direct clinical caseload of other staff.

The Victorian Transcultural Psychiatry Unit undertook a rigorous evaluation of the project in 1999–2000 (Ziguras et al 2000). The evaluation indicated a number of important outcomes for consumers, including better compliance with medication, greater satisfaction with the service and better long term improvement in social functioning.

The need for the Victorian Transcultural Psychiatry Unit to provide continued support and training for bilingual case mangers, and for services to maintain the agreed lower caseloads for bilingual case managers, was noted in the evaluation.

The evaluation also recommended an examination of funding models that would allow bilingual case managers to accept clients from mental health services outside their own areas.

Current resources and activities

As well as providing training, information and support services for staff of public mental health services, the Victorian Transcultural Psychiatry Unit has a key role in assisting mental health managers to develop plans and strategies aimed at improving service delivery to local ethnic communities. Its services include:

- **research consultancy** to assist mental health services to undertake applied research and evaluation
- **data and information** about ethnic communities in each area mental health service catchment, access to mental health services for people from non-English speaking countries, the needs of various ethnic groups, and evidence-based models of care
- **service development assistance**, including advice about organisational policies, structures, and models that enhance culturally competence, and the development of projects or resources to support cultural competence practice.

The Victorian Transcultural Psychiatry Unit web site (www.vtpu.org.au/links) has links to other web sites containing data and information about multicultural communities, and to various **cultural planning tools**. Some resources are also listed in Appendix 2 of this plan.

Action on Disability within Ethnic Communities and the Victorian Foundation for Survivors of Torture also provide service development consultancy to service managers within the areas of expertise described on page 12.

A later section of this plan (see page 39) describes a range of **community grants schemes** that are potential sources of funds for special projects aimed at improving the mental health of ethnic clients and communities.

Incorporating cultural diversity into service and workforce planning: actions

Victorian Transcultural Psychiatry Unit

√ Provide each area with individualised population data and, when available, service usage data relevant to the catchment.

√ Provide flexible service development assistance and research consultancy relevant to the needs of area mental health services and psychiatric disability rehabilitation and support services.

√ Facilitate the effective use of bilingual clinical staff by maintaining a database of bilingual clinicians and ethno-specific welfare and other relevant groups.

√ Continue to provide regular support to bilingual clinicians employed in mental health services.

Action on Disability within Ethnic Communities

√ Provide advice to mental health service managers, particularly in the psychiatric disability rehabilitation and support services sector, about the development of culturally inclusive service models, consumer and carer support programs, and engagement with ethnic communities.

Victorian Foundation for Survivors of Torture

√ Provide specialised advice to mental health service managers about the needs of refugees.

Mental health services

√ Identify the cultural groups within the catchment area and collect information about their use of mental health services and factors that may affect their mental health needs.

√ Use the information about the catchment area's cultural groups to develop specific strategies to increase service responsiveness to underrepresented or high risk ethnic groups.

√ Implement recruitment strategies to encourage people from culturally and linguistically diverse backgrounds to join the mental health workforce.

√ Support staff in the use or development of relevant cross-cultural competencies or bilingual skills. This could include the provision of financial incentives and other forms of recognition for staff who use language other than English skills in their work.

√ Review mission statements, service plans, work practices and key service policies to ensure they promote diversity and cultural competency.

√ Create physical environments that reflect the diversity of the service's client group and promote accessibility (for example, signs advertising the availability of interpreters, posters portraying a range of cultural groups).

√ Engage with ethnic consumers, carers and community leaders to promote understanding of mental health issues and services.

√ Target key ethnic groups for involvement in consultations, evaluation processes and consumer and carer participation strategies.

√ Identify a cultural diversity portfolio holder with responsibility for coordinating culturally and linguistically diverse activities within the service.

Mental Health Branch

√ In the context of the Mental Health Branch research and evaluation framework, consider the need for specific research or service evaluations relevant to the mental health workforce. In 2006–07, the Mental Health Branch will ask the Victorian Transcultural Psychiatry Unit to examine the feasibility of allowing bilingual staff employed in area mental health services to provide consultation to other area mental health services on a fee-for-service basis.

Providing access to high quality language services

Mental health services' obligation to provide access to language services (interpreting and translating) is explicit in Standard 1 (Rights) of the National Standards for Mental Health Services (Commonwealth of Australia 1997) and in the Department of Human Services' Language Services Policy. The latter identifies minimum requirements for Department of Human Services-funded services. It emphasises that services are legally responsible for ensuring people who cannot speak English, or who speak limited English, can access professional interpreting and translating services where significant decisions are concerned and where essential information is being communicated. The policy is available at www.dhs.vic.gov.au/multicultural/langservpolicy.htm

In mental health settings, communication is the main instrument for providing assessment, treatment and support to clients. As well as being a major barrier to accessing mental health services, communication difficulties severely compromise the quality of care that clients experience in the mental health system. Inadequate communication between mental health service providers and people who have low English proficiency can lead to:

- poor mental health assessment and, consequently, inappropriate treatment
- clients' failure to understand and comply with treatment and care plans
- over-reliance on psychotropic medications at the expense of services that depend on excellent communication (such as psychotherapy and counselling)
- isolation and lack of social interaction, particularly in the context of inpatient and residential services. Language difficulties may also be difficult to overcome in informal drop-in and group settings, therefore reducing clients' ability to participate in many rehabilitation and support activities.

Communication with carers and families, including access to culturally and linguistically appropriate information, also affects consumers' wellbeing and is vital to supporting people in the caring role.

The consultations with service providers, consumers and carers revealed examples of less-than-optimal practice in mental health services' use of language services. Significant issues include:

- staff being unaware of the service's processes for booking interpreters or organising translations
- reluctance to employ interpreters. Although this was often related to high workloads (and unwillingness to take on 'extra' activities), some staff felt they were discouraged from using interpreters because of the costs involved. Another factor was mental health workers' lack of confidence in working with interpreters, which may prevent them from involving an interpreter when it would be most appropriate to do so
- poor technique in interview situations involving interpreters (for example, addressing all questions to the interpreter and ignoring consumers and carers)

'Where there are limits in the quality of communication, assessment of the nature and severity of the mental health problem, and assessment of risk, will be superficial, frequently incomplete and sometimes dangerously wrong. Where the client has a limited understanding of the explanations given by clinicians and of treatment recommendations, the quality of engagement of the client in the therapeutic process will be constrained.'

Improving the quality of mental health interpreting in Victoria (Victorian Transcultural Psychiatry Unit 2006, p. 11).

- over-reliance on translated material, particularly as some non-English speaking clients are not literate in their own language or may be unaccustomed to accessing information in written form
- reliance on family members to act as interpreters. The Department of Human Services' Language Services Policy discourages the use of families, friends and carers as interpreters. In mental health settings, this practice may lead to information being withheld or distorted and in some situations may place consumers and the service at risk.

Mental health services also experience difficulties in accessing appropriately skilled interpreters, particularly in rural areas and for some language groups. Recent research commissioned by the Mental Health Branch and the Victorian Office of Multicultural Affairs and undertaken by the Victorian Transcultural Psychiatry Unit identified a need to prepare and support interpreters for working in mental health settings. Currently, there are limited opportunities for interpreters in Victoria to access training in mental health interpreting.

Current resources and activities

Area mental health services receive funding for language services as part of their operational budgets. They use interpreters and translators employed by the health service or access freelance interpreters and translators through commercial language services suppliers.

'Cutting corners on language services is false economy because people stay unwell for longer and end up costing much more.'

Participant in the aged persons' mental health services consultation

In 2005–06, the Victorian Government introduced specific funding of $55,000 for language services in the psychiatric disability rehabilitation and support services sector. In 2005–06, this funding was held in a credit line with a major language services supplier. Changes to the Department of Human Services' purchasing arrangements for language services in 2006–07 mean that some psychiatric disability rehabilitation and support services in large agencies will receive a direct annual allocation for language services rather than be part of the credit line system. Special training for the psychiatric disability rehabilitation and support services sector in 2006 will seek to address the current low rate of usage of the credit line (see page 32).

New guidelines and training resources relating to the use of interpreting and translating in mental health services were produced in 2005–06. These include:

- a Mental Health Branch language services program management circular for clinical mental health services
- Mental Health Branch language services guidelines for psychiatric disability rehabilitation and support services
- detailed guidance and best practice advice produced by the Victorian Transcultural Psychiatry Unit (www.vtpu.org.au). This was made possible by funding under the Victorian Government's Language Services Strategy (see the Victorian Office of Multicultural Affairs' web site: www.voma.vic.gov.au).The project also involved the delivery of 'working with interpreter' training to mental health service providers. This project also produced a 'quick guide' to using interpreters, in the form of an A3 poster

- a DVD training resource for mental health services, produced by the Victorian Transcultural Psychiatry Unit with funding from the Mental Health Branch and the Victorian Office of Multicultural Affairs.

For some cultural groups, translated information about mental illness and mental health service options can be an effective form of promoting earlier help-seeking for mental health problems. **Translated mental health materials** are available to assist mental health services in providing information to culturally and linguistically diverse consumers, carers and communities. Key sources of translated material include:

- the Victorian Government's *Health translations directory* (www.healthtranslations.vic.gov.au)
- the Victorian Transcultural Psychiatry Unit's directory of translated mental health information (www.vtpu.org.au)
- Action on Disabilities within Ethnic Communities (telephone 03 9480 1666 to access audiotapes on mental illness in a range of community languages)
- Multicultural Mental Health Australia's web site (www.mmha.org.au)
- the Mental Health Branch web site, which contains translated information about the rights of involuntary mental health patients and telephone numbers for a recorded telephone message summarising this information in a range of languages (see www.health.vic.gov.au/mentalhealth).

The Victorian Government has announced the continuation of its **Language Services Strategy** for a further four years from 2006–07. The strategy aims to improve the supply of interpreters, interpreter training and accreditation, and service providers' skills in working with interpreters. Mental health is one of the strategy's key priorities.

A recent initiative of the Language Services Strategy is the **interpreter symbol** and accompanying **interpreter card**. The symbol and card will help people who have difficulty communicating in English to access language assistance when they are dealing with government and funded agencies. The symbol will be displayed at client contact points, such as reception areas. The card, which clients will carry, will give information about the language or dialect required.

The card and symbol were launched in May 2006, together with a new feature of the *Health translations directory* called '**Find your language**'. This enables services to create or customise a poster or flipchart to assist in identifying the language a client speaks. The phrase 'I speak …' has been translated into more than 90 languages so the client only has to look over the poster and point to the languages he or she speaks.

Translated mental health information for carers

In April 2006, the Victorian Minister for Health launched new translated information resources for carers of people with mental illness. The booklets, available in Arabic, Chinese, Greek, Italian, Turkish and Vietnamese, were prepared by the Network for Carers of People with a Mental Illness and the Victorian Transcultural Psychiatry Unit with funding from the Victorian Multicultural Commission. They provide families and carers with information to help understand the symptoms and impact of mental illness. They describe ways of supporting people with mental illness and provide advice on coping with difficult behaviour.

'Improving the quality of mental health interpreting' project

Funded under the Victorian Government's Language Services Strategy, t
his project comprised two stages.

Stage 1

- Research on training and professional development needed to prepare interpreters for work in mental health settings. This resulted in a report to the Victorian Government, which included recommendations on training strategies for interpreters working in mental health settings, curriculum content and development, and systemic issues affecting the supply of interpreters. The report (Miletic et al 2006a) is available at www.vtpu.org.au.

Stage 2

- Development of written guidelines for working with interpreters in mental health settings. (Miletic et al 2006b). The guidelines are available at www.vtpu.org.au.
- Delivery of training sessions in area mental health services across the state

The Victorian Transcultural Psychiatry Unit conducted this work in 2005. The Victorian Government subsequently provided further funding for a DVD training resource based on the 'working with interpreter' training sessions. The DVD is designed as a resource to assist educators in mental health services to deliver training on working effectively with interpreters in a mental health setting. It is also a tool for self-directed learning.

Access to high quality language services: actions

Victorian Transcultural Psychiatry Unit

√ Continue to provide 'working with interpreter' training to clinical mental health services.

√ Work cooperatively with Action on Disability within Ethnic Communities to design and deliver customised cultural competence training for psychiatric disability rehabilitation and support services, with a focus on 'working with interpreters' in psychiatric disability rehabilitation and support services settings.

√ Promote and distribute the products of the 2005–06 'working with interpreter' project, including the full guidelines, the 'quick guide' and the DVD.

√ Maintain, develop and promote the Victorian Transcultural Psychiatry Unit's directory of translated mental health information and resources.

Mental health services

√ Provide interpreting and translating in accordance with relevant government policies and guidelines.

√ Promote consumer and carer rights in relation to language services to service users and staff. This includes displaying the Victorian Government's new interpreter symbol.

√ Ensure all staff are aware of processes for booking telephone and face-to-face interpreters, and are encouraged to use these processes whenever necessary.

√ Provide access to 'working with interpreter' training for all staff involved in direct service delivery.

√ Develop strategies to ensure service information is accessible to consumers and carers from immigrant backgrounds.

Mental Health Branch

√ In the context of the Victorian Government's Language Services Strategy, work cooperatively with the Victorian Office of Multicultural Affairs to address priority needs in the training of interpreters for work in mental health settings.

√ Publish and promote relevant guidelines for the use of language services in mental health settings.

√ Assist the Victorian Office of Multicultural Affairs in the promotion and distribution of the Government's new interpreter symbol and card to mental health services.

√ Ensure resources developed by the branch for use by consumers and carers are translated into key community languages.

Meeting the needs of refugees

More than 3,000 refugees arrived in Victoria in 2005, joining tens of thousands who have already settled in the state (Department of Human Services 2005b). Most had fled serious human rights violations overseas, often as a result of war or large-scale violence. In addition to being displaced from their homes and communities, many had lost family members and had experienced protracted stays in refugee camps or lived in conditions of extreme deprivation before arriving in Australia.

The trauma and loss experienced by refugees places them at very high risk of developing mental health problems, as discussed on page 3. Recent research suggests that the mental health outcomes of refugees depend not only on their pre-migration experiences, but also on their experiences after coming to Australia (Porter and Haslam 2005). The challenges they face in adapting to life in Australia often include poor English (and difficulties learning English as a result of low levels of literacy in their first language), lack of family and social networks, and problems finding stable housing and employment.

Newly arrived refugees in Victoria have traditionally settled in metropolitan Melbourne, at least initially. While this is still the case for most refugees, there is increasing settlement in rural and regional areas. Rural communities receiving refugee groups have usually offered a great deal of assistance to refugees; however, the distance from (metropolitan-based) specialist health and support services can be problematic.

It is not common for refugees to seek mental health support in the immediate settlement period. They may be unaware of services to assist with mental health problems or the concept of such services may be foreign or unacceptable to them. Other concerns, such as employment, housing, schooling for their children, or serious physical health problems, may seem more pressing in the first 12 months or so after arrival. In some cases, refugees are simply 'not ready' to talk about their experiences and emotions.

Mental health service providers consulted in the development of this plan reported that when refugees do come to their attention–often some time after settlement–their mental health problems are typically severe and complicated by a range of physical and social issues. Child and adolescent mental health services providers in particular noted increasing numbers of refugees requiring mental health services. Children and young people from these backgrounds often face major barriers in accessing appropriate care due to stigma, lack of awareness of services, and lack of culturally appropriate service options. The capacity of services to offer the long term interventions many refugee children and young people require was also raised as an issue.

The needs of refugees cannot be subsumed within the broader framework of multicultural health and wellbeing alone. A more focused approach–building on the existing service system–is required. Mental health service provision for refugees has tended to focus on specialist programs, such as the Victorian Foundation for Survivors of Torture, or be considered as part general 'health and wellbeing' promotion within refugee communities. In the context of increasing demand for refugee mental health care, however, mainstream mental health services and primary health care providers will need to develop service approaches targeting high risk refugees.

Current resources and activities

The Australian Government has primary responsibility for migration and providing initial assistance to refugees on arrival in Australia. Refugees who have entered the country through the Humanitarian Program initially receive intensive support in finding and establishing housing, and links to health and other services. In the medium term, humanitarian entrants have access to settlement support offered by community-based organisations, including ethno-specific agencies, migrant resource centres and local governments funded through the Community Settlement Services Scheme (see www.immi.gov.au/grants/csss.htm). People who enter Australia as unauthorised arrivals or temporary visitors who then claim asylum receive more limited support.

The Victorian Government's role in refugee settlement is to support people of a refugee background to access state-funded mainstream and specialist services that are responsive to their needs in both the short and longer terms. The Victorian Government's $4.7 million Refugee Support Package is aimed at giving refugees the resources and confidence to overcome barriers to accessing essential health and community services. The package has two components:

- the **Refugee Brokerage Program**. This program is being established in areas with significant refugee populations. It aims to develop community partnerships involving local councils, community-based services and refugee community leaders
- the **Refugee Health Nurse Initiative**. This initiative currently funds four and a half equivalent full time nurse positions in eight community health centres designated as 'sentinel sites' for refugee health. The initiative provides assessment of refugees' physical health, mental health and social needs, and referral to other services.

The Victorian Government also provides substantial funding to the V**ictorian Foundation for Survivors of Torture**, a specialist service for refugees and other immigrants who have suffered extreme trauma (see page 12). Since March 2005, the Victorian Foundation for Survivors of Torture has received additional funding of $100,000 a year through the Mental Health Branch for the operation of a **Refugee Mental Health Clinic**. The clinic uses a network of private psychiatrists and other mental health professionals to provide specialist care to refugees with serious mental health problems. The Victorian Foundation for Survivors of Torture provides training and support to the mental health professionals who are either reimbursed by Medicare or (in the case of Medicare-ineligible clients) offer their services pro-bono.

The Victorian Foundation for Survivors of Torture also offers **training and consultation** to other service providers who have contact with refugees, with the aim of improving the responsiveness of the service system to their needs and avoiding the re-traumatisation that can occur during resettlement. The foundation provides consultations to mental health services and works co-jointly with them in assisting refugees.

From 2006–07, the Commonwealth Government will fund the Victorian Foundation for Survivors of Torture as a part of the Integrated Humanitarian Settlement Strategy to establish and coordinate a **Victorian Refugee Primary Care and Mental Health Network**. The network will be responsible for service coordination, service provider training, information sharing, and resource development in the refugee health area.

Goulburn Valley Area Mental Health Service: response to local refugees

In recent years, the Goulburn Valley has welcomed refugees from Iraq, Afghanistan and central Africa who make substantial economic and cultural contributions the area. The Goulburn Valley Area Mental Health Services has undertaken a number of initiatives to address the needs of local refugees. These include:

Staff development. The mental health service has sought training and consultation from the Victorian Foundation for Survivors of Torture to enable clinicians to better respond to refugees with serious mental illness

Coordination with other local service providers and ethno-specific organisations. Following the Mental Health Branch consultation in June 2005, which was attended by local representatives of local multicultural organisations as well as mental health services, Goulburn Valley Mental Health Service established a network of local service providers with an interest in the mental health of refugee communities. The Victorian Transcultural Psychiatry Unit has supported Goulburn Valley Mental Health Service in this work. The network is to merge with the Goulburn Valley Mental Health Service's Culturally and Linguistically Diverse Working Party, which has representation from each of the services teams and has operated for a number of years. This change will enable community input into cultural competence initiatives generated by the service. Efforts to coordinate assistance to refugees will benefit from a grant of $104,500 in the Shepparton region under the Victorian Government's Refugee Brokerage Program. The funding will be used to develop a network of refugee leaders able to resource their communities to engage more confidently with service providers

The Rainbow Program in Cobram Primary School. A clinician from the Goulburn Valley Area Mental Health Service primary mental health team, in conjunction with a worker from the Shepparton community health service, delivered this program to Cobram primary school students and their parents from refugee backgrounds. The school's English-as-a-second-language teacher also participated in the program. The work was supported and supervised by the Victorian Foundation for Survivors of Torture, based on a school-based education and support initiative previously delivered in metropolitan areas. (The Victorian Foundation for Survivors of Torture has also developed the Kaleidoscope program for secondary schools.)

Selected children aged between seven and 12 years participated in a ten-week program of facilitated group discussions and role-play. Topics covered in the sessions include journeys to Australia, traditions, cultural differences between immigrant and Australian students, and difficulties the children face at home or school. There was a focus on problem solving and on understanding and accepting emotions. There were also three sessions with the children's parents.

Meeting the needs of refugees: actions

Victorian Foundation for Survivors of Torture

√ Consolidate the new refugee mental health clinics at Brunswick and Dandenong, and examine opportunities for building the capacity of these services.

√ In the context of increasing demand for refugee mental health care, continue to provide training and consultation to assist mainstream mental health service providers meet the needs of refugees.

√ Continue to provide leadership and advocacy on refugee issues.

Victorian Transcultural Psychiatry Unit *and* Action on Disability within Ethnic Communities

√ In consultation with the Victorian Foundation for Survivors of Torture, strengthen organisational capacity to provide information, training and consultation on refugee mental health.

Mental health services

√ Develop relationships with local community organisations assisting refugees, including specialised services, such as migrant resource centres, refugee health nurses, and ethno-specific organisations, as well as mainstream services, such as general practitioners and maternal and child health.

√ Deliver mental health information or interventions through these settings.

Mental Health Branch

√ Monitor outcomes of the Victorian Foundation for Survivors of Torture refugee mental health clinics, based on agreed performance criteria.

√ Examine opportunities for strengthening the Victorian Foundation for Survivors of Torture's capacity to provide training and consultation to mental health services.

√ Encourage collaboration, information and sharing of resources between the Victorian Foundation for Survivors of Torture, the Victorian Transcultural Psychiatry Unit and Action on Disability within Ethnic Communities.

√ Consult with mental health services about their ability to meet the needs of local refugees and newly emerging communities.

√ Represent mental health services and service users in relevant government processes relating to refugees.

Participating in cross-government and national initiatives to promote mental health in ethnic communities

'(Ethnic) families generally come to the attention of [child and adolescent mental health services] when they are in acute crisis. More needs to be done in the area of mental health promotion, prevention and early intervention.

Many mental health problems have their roots in childhood and adolescence.'

Participant in the child and adolescent mental health services consultation

People consulted in the development of this plan emphasised the need to educate ethnic communities about mental health issues, promote good mental health and wellbeing, and develop their capacity to support community members experiencing mental health problems. This is important work and essential to breaking down some of the main barriers to early identification of mental illness and appropriate help-seeking, such as lack of knowledge, stigma and shame about mental illness.

Many government and non-government organisations have a role in this area. This plan encourages public specialist mental health services to develop linkages with relevant local agencies working with culturally and linguistically diverse communities. However, given the targeting of mental health services at people with serious mental illness, the focus of relationships with culturally and linguistically diverse groups is to ensure members of culturally and linguistically diverse communities know how to access mental health services when this level of intervention is required and to assist mental health services in responding to their clients' broader health and social needs.

Recognising that mental health services have limited resources for health promotion activities in the general community, it is important that the Mental Health Branch and its funded transcultural mental health services work with key groups to advocate for people with mental illness and to promote integration between specialist mental health services, primary care providers, and support services in the community.

Current resources and activities

Improving mental health outcomes for culturally and linguistically diverse communities is a responsibility shared among many stakeholders. Some of the key partners in improving the mental health and wellbeing of Victoria's culturally and linguistically diverse communities are described here.

National program of multicultural mental health

While state and territory governments are responsible for funding and delivering public mental health services, since 1992 the National Mental Health Strategy has set broad policy directions for mental health service reform and whole-of-population mental health initiatives.

The Victorian Government works closely with the Australian Government in the development of national mental health policy and, through a number of processes, has opportunities to help ensure the needs of culturally and linguistically diverse communities are appropriately represented in Commonwealth policy and funding initiatives. With other states and territories, Victoria has recently been involved in the development of a national action plan for mental health under the auspice of the Council of Australian Governments.

The Victorian Government is also a signatory to the National Mental Health Strategy, which has included three national mental health plans. The requirement to deliver services in ways that are respectful of consumers' and carers' needs, including their ethnicity or cultural background, is central to the current plan, the *National mental health plan 2003–2008*. A supporting document, *Framework for implementation of the national mental health plan 2003–2008 in multicultural Australia*, outlines specific strategies to improve the mental health of ethnic communities.

Multicultural Mental Health Australia monitors progress against the *Framework for implementation of the national mental health plan 2003–2008 in multicultural Australia*. The Australian Government has recently funded the Multicultural Mental Health Australia program for a second term from 2006 to 2008. Multicultural Mental Health Australia provides national leadership in mental health and suicide prevention for culturally and linguistically diverse Australians, linking a wide range of state and territory mental health specialists and services, advocacy groups and tertiary institutions. Under the new funding agreement, Multicultural Mental Health Australia will significantly expand its current scope. In line with the priorities of the framework document, Multicultural Mental Health Australia will undertake a **'promotion and community capacity building' project** to:

- develop, with culturally and linguistically diverse communities, a shared understanding of mental health and mental illness and of culturally acceptable ways to promote mental health and prevent mental illness
- develop and disseminate throughout culturally and linguistically diverse communities translated information on a range of mental health problems and mental disorders, where to get help, and how to provide support
- engage multilingual community media in mental health promotion through community education campaigns on a range of issues
- develop programs to enhance the capacity of culturally and linguistically diverse communities to support their members during adverse life events and to reduce risk factors and enhance protective factors for high risk groups.

The Victorian Government supports the development of a national approach to multicultural mental health and will participate in key Multicultural Mental Health Australia processes (see page 39).

Victorian Government partners

A range of Victorian Government departments and funded agencies contribute to multicultural health promotion and community building initiatives. These include:

- the Department of Human Services' Diversity Unit, which coordinates departmental activities relating to cultural and linguistic diversity (see www.dhs.vic.gov.au/multicultural)
- the Victorian Office of Multicultural Affairs within the Department of Victorian Communities (www.voma.vic.gov.au)

- the **Victorian Health Promotion Foundation** (VicHealth) (www.vichealth.vic.gov.au), which is substantially funded by the Victorian Government and distributes more than $23 million annually through funding schemes and research to promote the health and wellbeing of Victorians. The ***Mental health and wellbeing plan for action*** provides a comprehensive framework for VicHealth's approach to mental health promotion. Its Building Bridges scheme provides grants of up to $20,000 to not-for-profit community groups to facilitate cooperation between newly arrived migrants and others in the community
- The **Victorian Multicultural Commission** (www.multicultural.vic.gov.au), which provides grants to assist community organisations meet the needs of Victoria's cultural and linguistically diverse groups. The Victorian Multicultural Commission's web site also provides a full listing of other sources of grants from government and philanthropic organisations
- **beyondblue.** Victoria is a major sponsor of this national, independent organisation, which works to reduce the prevalence and impact of depression, anxiety and associated substance misuse disorders. The organisation provides a range of educational resources and initiates research, prevention programs and training for health care professionals.

Cross-government and national initiatives: actions

Mental Health Branch *and* transcultural mental health services

√ Build linkages with key initiatives and programs (within the Department of Human Services, the Victorian Government and the Australian Government, and in relevant non-government organisations) that can influence the mental health and wellbeing of ethnic communities in Victoria.

√ Provide mental health information for the Victorian Multicultural Commission's *Welcome to Victoria* kit for new migrants and refugees.

√ Participate in the activities of the Multicultural Mental Health Australia program. The Mental Health Branch will be represented in a joint officers group of the National Mental Health Working Party, which will be established in 2006 to review priority issues and projects for Multicultural Mental Health Australia. The Victorian Transcultural Psychiatry Unit will participate as a member of the Multicultural Mental Health Australia Consortium.

Strengthening the accountability framework

Despite a strong government policy emphasis on cultural diversity and culturally competent health care, service providers and service users alike continue to identify problems in the responsiveness of mental health services to people from minority cultural groups.

Many people who participated in the consultations, including mental health workers, transcultural mental health services, ethno-specific organisations and consumer and carer representatives, suggested mental health services should be held more accountable for ensuring access and quality service provision to culturally and linguistically diverse clients. Participants believed that more stringent government performance monitoring in this area would focus mental health service managers' attention on the cultural competence of their organisations and drive improvements 'on the ground'.

'In our area, people from [culturally and linguistically diverse] backgrounds are about 70 per cent of the clients. If we're not accountable for them, we're not accountable full stop.'

Participant in the adult mental health services consultation

At the same time, participants were aware that mental health services are already required to report considerable amounts of data and information to funding bodies, often through numerous different processes. They were reluctant to suggest additional reporting that would add to this burden. The very clear message was that a stronger emphasis on cultural and linguistic diversity should be incorporated into existing quality monitoring and accountability mechanisms.

Current resources and activities

As part of its effort to improve the cultural responsiveness of mental health services, the Mental Health Branch will strengthen specific components of two existing quality improvement strategies:

- the Victorian Strategy for Safety and Quality in Public Mental Health Services 2004–2008 (Department of Human Services 2004).
- health services' cultural diversity plans, which are to be incorporated into health services' annual 'quality of care' reports.

Mental health safety and quality strategy 2004–2008

The Victorian Strategy for Safety and Quality in Public Mental Health Services, 2004–2008 (Department of Human Services 2004a) provides an overarching framework for a range of Commonwealth and Victorian government quality monitoring and improvement processes. These include:

- six-monthly reports on services' compliance the National Standards for Mental Health Services. The Mental Health Branch is also working towards a process for monitoring psychiatric disability rehabilitation and support services' compliance with the Standards for Psychiatric Disability Rehabilitation and Support Services (Department of Human Services 2004b).
- collection, analysis and reporting of minimum dataset information collected through the RAPID and Quarterly Data Collection databases for the clinical and psychiatric disability rehabilitation and support services sectors respectively

- monitoring of key performance and financial indicators
- statutory monitoring and evaluation mechanisms, including the Quality Assurance Committee established under the *Mental Health Act 1986*, the Community Visitors' Program, the Mental Health Review Board, and critical incident reporting
- mechanisms for handling complaints, including those received by mental health services, the Chief Psychiatrist, the Victorian Ombudsman, and the Health Services Commissioner
- a range of mechanisms for providing consumer and carer input to mental health service development, delivery and evaluation, including regular consumer and carer satisfaction surveys.

A key goal of the safety and quality strategy is to 'promote and protect consumer and carer rights in ways that respect individual age, gender, cultural and linguistic needs' (p. 17).

Health services' cultural diversity plans

The Victorian Government has asked all health services to establish a cultural diversity committee comprising senior clinicians and managers of the organisation. The main purpose of the committee is to develop an annual cultural diversity plan, to oversee its implementation, and to lodge it with the Director, Quality and Safety Branch of the Department of Human Services' Metropolitan Health and Aged Care Division.

From 2007, all health services are required to report annually on the accomplishments of the plan as a component of their annual **quality of care reports** (Department of Human Services 2005c). (The Department of Human Services requires all health services to publish a quality of care report describing quality and safety systems, processes and outcomes. The primary audience includes consumers (patients), carers and the health service community. Health services are expected to consult with consumers, carers and community members or their community advisory committee about the specific content of their annual quality of care report.)

The reporting of cultural diversity achievements in the quality of care reports is part of an effort to integrate culturally and linguistically diverse issues into the broader planning processes of the health service. This process will require each health service to specify quality and safety programs and initiatives for people from culturally and linguistically diverse backgrounds, with minimum reporting requirements in the following areas: understanding clients and their needs, partnerships with multicultural and ethno-specific agencies, a culturally diverse workforce, using language services to best effect, encouraging participation in decision making, and promoting the benefits of a multicultural Victoria. More information is available at www.health.vic.gov.au/cald/hlth_service.

The Mental Health Branch will encourage all clinical mental health services to provide input to their health services' cultural diversity plans.

Accountability: actions

Mental Health Branch

The Mental Health Branch will ensure cultural diversity issues are appropriately considered in existing quality monitoring processes. Specific actions are as follows:

√ Strengthen and clarify mental health services' reporting requirements regarding the 'cultural awareness' components of the National Standards for Mental Health Services.

√ Encourage clinical mental health services to contribute to their health services' cultural diversity plans.

√ Make available annually to the Victorian Transcultural Psychiatry Unit de-identified client data enabling analysis of differences in service access and experiences between Australian-born consumers and those born in non-English speaking countries. Mental health services will receive data pertaining to their services and will be encouraged to use this information in their service planning and reporting processes.

√ Use information from the Victorian Transcultural Psychiatry Unit analysis to monitor mental health services' accessibility and responsiveness to people born in non-English speaking countries.

√ Consider ways of supporting the psychiatric disability rehabilitation and support services sector to improve its cultural diversity planning and associated reporting frameworks.

√ Improve access to service information in key languages. In 2006, the branch will make available translated versions of the consumer self-rating components of the outcome measurement tools currently used in clinical services and psychiatric disability rehabilitation and support services.

√ Improve the representation of culturally and linguistically diverse participants in consumer and carer satisfaction surveys, and analyse differences between Australian-born respondents and respondents born in non-English speaking countries.

√ In the context of current work to improve psychiatric disability rehabilitation and support services' client data, review data requirements regarding monitoring of psychiatric disability rehabilitation and support services' service provision to culturally and linguistically diverse communities.

√ Support representation of ethnic organisations or individuals on key mental health advisory groups, including the Ministerial Advisory Committee on Mental Health and its consumer and carer sub-committees.

Definition of key terms

Consumers, carers and clients

Consistent with prevailing views, this plan uses the term 'consumer' to refer to the direct recipients of mental health services. The term 'carer' refers to family members, friends or others involved in the care of consumers. Reflecting the key role carers play in mental health treatment and support, the term 'client' is used in this plan to refer to both consumers and carers.

Culture

Culture consists of shared language, ideas, rules and meanings. These enable individuals within a community to communicate, live, work, anticipate and interpret each other's intent and behaviour.

Culture is not synonymous with ethnicity. Other important influences on the culture of a person or group include gender, class, education, place of birth, and religion.

Culturally and linguistic diversity

The term 'cultural and linguistically diversity' refers to the range of different cultures and language groups represented in the population. In this plan, the term is used interchangeably with 'multicultural'.

In popular usage, culturally and linguistically diverse communities are those whose members identify as having non-mainstream cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home.

Aboriginal organisations prefer that the needs of Australian Aborigines be considered separately, rather than under the framework of cultural and linguistic diversity.

Cultural competence

'Cultural competence' is defined as a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations (Lewin Group 2002).

Ethnic

This term comes from the Greek noun 'ethnos', meaning 'nation' or 'people', and it still retains its basic meaning. In Australia, 'ethnic' is commonly used to refer to people from non-English speaking backgrounds or Australian-born people who have a strong affiliation to a cultural or linguistic heritage that is not Anglo-Celtic (excluding Australian Aborigines). This plan uses the popular meaning of the term 'ethnic'.

Mental health services

For the purposes of this report, mental health services refer to:

- clinical mental health services provided as part of general Victorian health services
- psychiatric disability rehabilitation and support services delivered by non-government organisations.

The two service sectors are often referred to as 'specialist' mental health services. The role and function of these services is described on page 10.

Non-English speaking countries

Australian Bureau of Statistics and mental health services data define cultural and linguistic diversity by two main variables:

- country of birth
- language other than English spoken at home.

In this plan, the term 'non-English speaking country' is used specifically in reference to people born in a country where the main language is not English.

Refugee

For the purpose of this document, the term 'refugee' is used to describe all people of 'refugee-like' background, including humanitarian entrants, asylum seekers, temporary protection visa holders and migrants from refugee source countries.

Transcultural mental health services

The Mental Health Branch funds the following three organisations to support the development of more accessible and culturally responsive mental health services or to deliver direct services to particular sub-groups within ethnic communities:

- Victorian Transcultural Psychiatry Unit
- Action on Disability within Ethnic Communities
- Victorian Foundation for Survivors of Torture.

The role and function of these organisations is described on page 11.

Appendix 1: Legislation and policy

Legal responsibilities of mental health services

The *Multicultural Victoria Act 2004*, which came into effect on 1 January 2005, fosters a common understanding of the importance of cultural diversity and how it enriches Victoria. More particularly, the Act consolidates and builds on the Government's existing policy and legislative frameworks by enshrining principles that reflect community beliefs about Victoria's culturally diverse society in legislation. It incorporates the Victorian *Multicultural Commission Act 1993*. The Multicultural Victoria Act requires Government departments to report annually to the Minister for Multicultural Affairs and parliament on their achievements in the multicultural arena.

The department's programs and funded services must also comply with the *Racial Discrimination Act 1975* (Cwlth), the *Disability Discrimination Act 1992* (Cwlth), the *Equal Opportunity Act 1995* (Vic), the *Health Services Act 1988* (Vic) and the *Racial and Religious Tolerance Act 2001* (Vic). The Acts require that:

- department programs and funded services provide equitable access to services to people from culturally and linguistically diverse backgrounds
- agencies do not directly or indirectly discriminate against people on the basis that they do not speak English well or at all, or that they use a form of sign language.

Public mental health services are specifically bound by the *Mental Health Act 1986*. The Act [s. 6A(g)] notes the principle that 'when receiving treatment and care the religious, cultural, language and the special needs of people with a mental disorder should be taken into consideration'. Sections 18 (2,3) and 53 (3,4) of the Act also require the rights of patients admitted to mental health services, and the treatment plan for any person with a mental disorder, to be explained 'in the language, mode of communication or terms which the [client] is most likely to understand'.

Negligence and privacy laws are also relevant. Relevant privacy legislation is discussed on the Department of Human Services' privacy site, www.dhs.vic.gov.au/privacy. Privacy laws and the Mental Health Act require mental health practitioners to obtain the consumer's *informed* consent to the disclosure of his or her personal information to other services. (There are exemptions to these requirements, designed to protect the best interests of the consumer and other relevant parties.)

Victorian Government policy frameworks

The following Victorian Government documents have informed the *Cultural diversity plan for Victoria's specialist mental health services, 2006–2010.*

A fairer Victoria

Released in 2005, *A fairer Victoria* is the Victorian Government's social policy action plan to address disadvantage. It includes commitments to providing fairer access to services and improving access to justice, which are particularly relevant to culturally and linguistically diverse communities.

Growing Victoria together

Growing Victoria together (www.growingvictoria.vic.gov.au) outlines priorities for the decade 2001–10. This document identifies ten shared goals that will be a focus for setting Government priorities. These emphasise high quality, accessible health and community services and a fairer society that reduces disadvantage and respects diversity.

Valuing cultural diversity 2002

Valuing cultural diversity 2002 articulates a framework that sets out four principles. These are:

- valuing diversity
- reducing inequality
- encouraging participation
- promoting the social, cultural and economic benefits of cultural diversity for all Victorians.

Department of Human Services' multicultural strategy

Department of Human Services' *Cultural diversity guide*

Without seeking to duplicate the detailed quality and accountability approaches pursued by individual programs and services, the Cultural diversity guide offers advice on how to improve services for culturally and linguistically diverse communities and illustrates how the human services sector is meeting its obligations in this area. The guide can be found at www.dhs.vic.gov.au/multicultural/cultdivguide.

Department of Human Services' Language Services Policy

In 2005, the Department of Human Services released an overarching policy for the provision of language services in department-funded services (see www.dhs.vic.gov.au/multicultural/langservpolicy). The policy emphasises that services are responsible for ensuring people who cannot speak English, or who speak limited English, can access professional interpreting and translating services where significant decisions are concerned and where essential information is being communicated.

National Mental Health Strategy

While state and territory governments are responsible for funding and delivering public mental health services, since 1992 the National Mental Health Strategy has set broad policy directions for mental health service reform. Collaboration between the Commonwealth and state and territory governments occurs in the context of the National Mental Health Working Group, which reports to health ministers through the Australian Health Ministers' Advisory Council.

The Victorian Government is a signatory to the National Mental Health Strategy, which has included three national mental health plans. The most recent of these, the *National mental health plan 2003–2008*, was ratified in 2003. The requirement to deliver services in ways that are respectful of consumers' and carers' needs, including their ethnicity or cultural background, is central to the current plan.

Key national initiatives supported by and being implemented in Victoria include the development of the National Standards for Mental Health Services and the National Practice Standards for the Mental Health Workforce. These documents emphasise that cultural sensitivity is central to quality mental health care.

The Victorian Government has also endorsed the Framework for implementation of the national mental health plan 2003–2008 in multicultural Australia, which was prepared to support the current national mental health plan. The four main 'action areas' of the *Framework for implementation of the national mental health plan 2003–2008* in multicultural Australia are:

- **a population health approach** to mental health for people from culturally and linguistically diverse backgrounds. This acknowledges the influence of culture and migration experiences on the development of mental health risk and protective factors. Echoing a key theme of the third plan, the policy statement notes that different health and welfare services need to work together to reduce the prevalence and impact of mental health problems in culturally and linguistically diverse communities
- **improving service responsiveness to cultural diversity**. The policy statement calls for 'recovery focused' mental health care that respects consumers' personal, cultural and spiritual beliefs
- **strengthening quality**. The policy statement says that initiatives to improve quality in mental health services must be appropriate for culturally and linguistically diverse consumers, their families and carers. It is also recognised that good mental health outcomes for culturally and linguistically diverse consumers depend on an appropriately skilled and knowledgeable workforce, and that funding and resource allocation models should take into account the needs of culturally and linguistically diverse populations
- **fostering culturally inclusive research and innovation**. Although the policy statement supports the development of new ways of providing services to culturally and linguistically diverse communities, it notes that these must be sustainable in the long term and become part of mainstream mental health care.

Victorian Government mental health policy and legislation

New directions for Victoria's mental health services

New directions for Victoria's mental health services (2002) describes the Government's overall directions and priorities for the development of mental health services in the years 2002–03 to 2007–08. This new stage of mental health reform is based on six key directions:

- expanding service capacity: achieving the right 'balance' between inpatient and community services and better managing the growing demand for services
- creating new service options: providing new mental health services types to meet the range of mental health needs in the community
- extending prevention and early intervention: reducing the incidence and impact of mental health problems by assisting consumers to get the right service response at the right time
- building a strong and skilled workforce
- strengthening consumer participation: reaffirming and strengthening the Government's commitment to consumer participation and the protection of consumer rights
- improving carer participation and support: strengthening support to carers and improving carer involvement in service and care planning.

Each of these directions is linked to specific actions, some of which are identified as 'immediate priorities' and others as 'future priorities' (to be undertaken as further growth funding for the mental health system becomes available).

The 'immediate priorities' outlined in *New directions* include:

- continued participation in the national program of multicultural mental health and suicide prevention
- evaluation of specialist transcultural mental health services.

The first 'immediate priority' has been achieved through the Mental Health Branch's active involvement in the development of the *National mental health plan 2003–2008* and through its contribution to the development of the *Framework for implementation of the national mental health plan 2003–2008 in multicultural Australia.*

The evaluation of transcultural mental health services occurred in 2004–05 through the process described on page 2.

The present document, *Cultural diversity plan for Victoria's specialist mental health services, 2006–2010* responds to or refines *New directions*' 'future priorities' relating to culturally and linguistically diverse issues. These include:

- improved linkages between the Victorian Transcultural Psychiatry Unit and the Ethnic Mental Health Consultant program and enhanced ability of these programs to provide integrated support and advice to clinical and psychiatric disability rehabilitation and support services
- a strategy for the provision of language services to psychiatric disability rehabilitation and support services

- expansion of the bilingual case manager program within specialist mental health services
- strengthening of transcultural secondary consultation services, which assist clinicians in specialist mental health services
- education and training on transcultural issues to general practitioners, other primary care providers, and mental health staff.

Standards for Psychiatric Disability Rehabilitation and Support Services

The *Standards for Psychiatric Disability Rehabilitation and Support Service* (Department of Human Services 2004b) were adapted from the National Standards for Mental Health Services in recognition of the specialised nature of, and rehabilitation and support provided by, the psychiatric disability rehabilitation and support services sector. Standard 7 ('cultural and gender awareness') specifically requires psychiatric disability rehabilitation and support services to consider cultural and linguistic diversity in service design and delivery.

Appendix 2: Useful multicultural links

Organisations

Australian Bureau of Statistics (Commonwealth of Australia): www.abs.gov.au

Action on Disability within Ethnic Communities: www.adec.org.au

Adult Multicultural Education Services: www.ames.net.au

Australian Multicultural Foundation: www.amf.net.au

Australian Red Cross (Victoria): www.redcross.org.au

Australian Institute of Interpreters and Translators: www.ausit.org

Better Health Channel (Department of Human Services): www.betterhealth.vic.gov.au/bhcv2/bhcsite.nsf

Centre for Culture, Ethnicity and Health: www.ceh.org.au

Centre for Multicultural Youth Issues: www.cmyi.net.au

Communicating Across Cultures (Department of Human Services intranet site): http://knowledgenet/cultures

Department of Human Services (Victoria): www.dhs.vic.gov.au

- Cultural diversity: www.health.vic.gov.au/cald
- Privacy information: www.dhs.vic.gov.au/privacy

Department of Immigration, Multicultural and Indigenous Affairs (Commonwealth): www.immi.gov.au

- Diversity Australia: www.diversityaustralia.gov.au/
- Settlement Database: www.immi.gov.au/living-in-australia/delivering-assistance/settlement-database/index
- Settlement information kits: www.immi.gov.au/living-in-australia/settle-in-australia/beginning-life/index

Department of Premier and Cabinet (Victoria): www.dpc.vic.gov.au

Department for Victorian Communities: www.dvc.vic.gov.au

Ethnic Communities Council of Victoria: www.eccv.org.au

Ecumenical Migration Centre (Brotherhood of St Laurence): www.bsl.org.au

Funded Agency Channel (Department of Human Services web site): www.dhs.vic.gov.au/fac

Free Kindergarten Association Multicultural Resource Centre: www.fka.com.au

Health Translations Directory (Department of Human Services web site): www.healthtranslations.vic.gov.au

Migrant Resource Centres: Migrant resource centres and related organisations are listed in the 2002–03 Victorian Multicultural Resources Directory, available in the 'Publications and Resources' section of www.voma.vic.gov.au

Refugee and Immigration Legal Centre: www.rilc.org.au

Victorian Foundation for the Survivors of Torture: www.survivorsvic.org.au

Victorian Multicultural Commission: www.multicultural.vic.gov.au

Victorian Office of Multicultural Affairs: www.voma.vic.gov.au

Victorian Transcultural Psychiatry Unit: www.vtpu.org.au

- The Victorian Transcultural Psychiatry Unit site has links to many other relevant programs and services: www.vtpu.org.au/links/

Cultural planning tools and resources

Acute Diversity Care Collaboration Program 2003, *Diversity in hospitals: responding to the needs of patient and client groups from non-English speaking backgrounds: policy and resource guide*, Centre for Culture Ethnicity and Health, Richmond, Victoria (www.ceh.org.au/docs/CEH%20Resources/Diversity%20in%20Victoria%20and%20Selected%20Victorian%20Hospitals.pdf).

Central Eastern Primary Care Partnership 2004, *Cultural planning framework and resource kit*, Migrant Information Centre (Eastern Melbourne), Melbourne (www.miceastmelb.com.au/documents/resourcekitupdates/full_cultural_kit04.pdf).

Eastern Health 2003, *Templates for transcultural policy/procedures resources*, Eastern Health, Box Hill, Victoria (www.easternhealth.org.au/language/transcult-templates.html).

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Queensland Government 2003, *Providing care to patients from culturally and linguistically diverse backgrounds: guidelines to practice*, Queensland Health, viewed 24 May 2005, www.health.qld.gov.au/multicultural/guidelines/discharge.asp.

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–– 2004b, *Standards for Psychiatric Disability Rehabilitation and Support Services*, DHS, Melbourne.

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–– 2005b, *Refugee health and wellbeing action plan: current and future 2005–2008*, DHS, viewed 14 June 2006, www.dhs.vic.gov.au/multicultural.

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