MULTICULTURAL QUEENSLAND ADVISORY COUNCIL

CONSULTATION REPORT

COMMUNITY CONSULTATION ON IMPROVING MENTAL HEALTH OUTCOMES AND REDUCING THE RISK OF SUICIDE IN CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

BACKGROUND

Suicide is a critical issue impacting Queensland communities. According to data published by the Australian Bureau of Statistics, on average, over 650 people die by suicide in Queensland each year. In addition, the World Health Organisation estimates that for every person who dies by suicide, 20 people attempt suicide.

Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse (CALD) backgrounds are estimated to experience some form of mental disorder in a 12-month period, based on the findings of the National Survey of Mental Health and Wellbeing in 2007.[1]

While the data is limited, there is some evidence to suggest that some communities from CALD backgrounds are at greater risk of mental health disorders and/or suicide than the Australian born population. Due to experiences of forced migration the risk of suicide may be higher among refugees and people seeking asylum.[2]

PURPOSE OF THE CONSULTATION

The purpose of the consultation was to explore and identify actions to promote and maintain positive mental health and suicide prevention amongst people from migrant and refugee backgrounds.

STRUCTURE

The consultation was opened with a presentation by Dr Simone Cayne, Queensland Mental Health Commission, who outlined the policy framework for the Queensland Government's commitment to support mental health and reducing the rate of suicide in Queensland. Consultation participants were divided across seven tables in small groups. Within these groups, participants had approximately forty-five minutes for discussion around several consultation questions (Appendix 1).

Members of the Multicultural Queensland Advisory Council facilitated each table discussion, while staff from the Department of Local Government, Racing and Multicultural Affairs, recorded participants' responses.

[1] Department of Health (Cwlth), Fact Sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds, https://www.health.gov.au/internet/main/publishing.nsf/Content/03B02D60AA5F0376CA257BF0001C9624/$File/Webpage%20update%20MHiMA%20factsheet%20-2.pdf

[2] Queensland Mental Health Commission (February 2016), Mental Health in Multicultural Australia Project – Future Directions, Response to Mental Health Australia's Consultation, https://www.qmhc.qld.gov.au/sites/default/files/wp-content/uploads/2016/02/MHiMA-Future-Directions-Submission_WEB.pdf

KEY RESPONSES

The key themes arising from the community consultation were:

- Reducing stigma and raising awareness amongst culturally and linguistically diverse communities
- The need for more early intervention approaches
- Challenges with access to the mental health service system and cultural capability within the system

THE DETAIL

REDUCING STIGMA AND RAISING AWARENESS AMONGST CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES ABOUT MENTAL HEALTH

Many participants noted there is more openness to speaking about mental health including amongst CALD communities as a result of mental health advocates and champions across Australia and overseas. However, more needs to be done to address stigma and taboos, which create a barrier to accessing mental health services in some communities, particularly the Pasifika community.

For migrants and refugees, poor mental health may be compounded by:

- Not feeling connected to or secure in their new country / society and longing for 'home'.
- Feeling ashamed of not being able to support their families and being a burden.
- Lack of understanding amongst new arrivals, particularly refugees, regarding what is mental health.
- Lack of knowledge about where to go for help.
- Fear from parents that medicating children may mean the child is taken away.
- Fear of immigration (revoking visas and deportation), government more generally and loss of employment.

There is a lack of understanding amongst some communities that poor mental health can be treated like any other illness. Mental illness may instead be considered a curse or just not accepted (e.g. because the symptoms are not physical and cannot be seen, the illness doesn't exist). One participant mentioned they spoke seven languages and none of them have a word for mental health. Another participant suggested that if there were words to describe mental health, they were very stigmatizing (e.g. crazy).

WHAT'S WORKING WELL?

One participant spoke of the value of women's sharing groups, which include childcare and other support workers and help bring out mental health issues for which referrals can be made. Similarly, several participants spoke of Men's Shed's as a great way to engage men and support better mental health.

Specific programs identified as working well include:

Community Pathways Connector is a Gold Coast Primary Health Network initiative aimed at connecting people with appropriate mental health and well-being services. The service is run by the Multicultural Communities Council Gold Coast Ltd.

The Queensland Government's Asylum Seeker and Refugee Assistance program, delivered by Communify Queensland, provides individual support including to alleviate financial hardship and mental distress.

Headspace centres act as a one-stop-shop for young people who need help with mental health, physical health, alcohol and other drugs, work and study support.

One way to combat the stigma may be to focus on positive stories of mental health and wellbeing, as well as promoting happy and healthy children.

There were also concerns raised regarding the influence of social media trends on young people, such as sharing photos of 'cutting' and 'suicide', and television programs, such as the Netflix series 13 Reasons Why. Discussion focused on the need to educate parents on the use of parental alerts and social media.

Discussion also focused on ways to raise awareness of mental health and suicide prevention, by:

- Providing education to religious, spiritual and community leaders so they can provide advice and information to their communities.
- Providing education to General Practitioners (GPs) on how to deal with people experiencing mental health in culturally appropriate ways.
- Providing training and support to teachers and staff (e.g. School Chaplains and counsellors).
- Educating students around personal and social wellbeing.
- Mental health workers attending multicultural and community events to build relationships within communities and distribute information.
- Providing training for coaches and other sporting officials to recognize the signs of poor mental health.
- Working with community advocate groups, such as the Queensland Advocacy Aged Care and Disability and AMPARO, that can include mental health awareness within their existing programs.
- Creating a network for community advocates and leaders to work together within the community.
- Engaging parents about the signs (e.g. change in behaviour), as well as providing support such as a help line.
- Providing multicultural peak bodies, food pantries (e.g. Foodbank), and legal services supporting people seeking asylum with information to be able to refer people to services.
- Providing information on services available at hotels and providing hotel staff with appropriate training.
- Employing bi-cultural workers.

Several participants spoke of the need for messaging that is clear, in simple language and tailored for CALD communities and different language groups. The National Disability Insurance Scheme (NDIS) booklet was provided as a good example of using 'easy' English (https://www.ndis.gov.au/about-us/strategies/cultural-and-linguistic-diversity-strategy). Consultation should occur with communities when developing any resources and on how to promote these throughout communities. Workshops in different languages and specific for different cultures, including supporting communities to run their own workshops, should also be considered.

MORE EARLY INTERVENTION APPROACHES

There is a wealth of evidence that suggests early intervention can support people before the problem escalates. Participants discussed that not enough effort was put into prevention, including early intervention, resulting in people becoming critically unwell before they receive help. Participants spoke of the critical need to fund preventative programs within CALD communities.

One CALD specific program, Community Pathways Connection program, is a low to medium early intervention program. The program is receiving more complex referrals due to need, which require a higher interaction than they are funded for. The program is seeing good outcomes, building trust and relationships with CALD communities and is holistic and family centred.

Migrant and refugee children can often feel a lot of pressure from family expectations and responsibilities, as well as the pressure to achieve at school. This can lead to shame of not coping and in some cases eventually suicide. Early intervention starts with teaching and encouraging good mental health and wellbeing amongst children through, for example sports and physical activity, and socialising.

Other programs could incorporate mental health and wellbeing components, such as those providing social support for Seniors and those teaching healthy relationships. Staff could be taught mental health first aid so they could assist clients and other staff.

Participants also discussed how to mainstream mental health by introducing mental health checks as part of the pre-school health check and including the whole family. Mental health checks could also be done at other important 'life' points, such as when parents' divorce. Supporting positive mental health and wellbeing by teaching problem-solving skills, social skills, learning from failure, dealing with conflict, and transitioning from high school with applying for a Tax File Number, Medicare Card, loans and insurance.

Other areas where early intervention would be beneficial include workplaces. It was suggested to provide employers with strategies to support the mental health of employees, including support and assistance if critical incidents occur. It was noted that having a job can support good mental health and reduce alcohol and drug problems; and that flexibility in the workplace is also important as working 9am-5pm may not be conducive to work/life balance and mental wellbeing.

Early intervention services should consider strategies to assist people cope with other stresses, such as the current bush fires and other natural disasters, and racism.

One participant talked about monitoring what children are searching online, either at home or at school, as this can be an early indication that they are thinking of suicide or self-harm.

ACCESSING THE MENTAL HEALTH SERVICE SYSTEM AND CULTURAL CAPABILITY WITHIN THE SYSTEM

There was much discussion on the barriers experienced by people from CALD backgrounds accessing mental health services and programs. Some of the key issues include:

- Lack of transport to attend services. Not everyone will be able to or will want to use a 'drop-in centre' or hub. Outreach services should also be considered.
- Difficulty navigating funding changes (e.g. NDIS and aged care) leading to gaps in service delivery.
- Few GPs have training in working with people from CALD backgrounds (e.g. trauma, cultural shock and family situations, such as family members left behind in 'home' country). Some people seeking asylum in community detention have very poor mental health, are unable to work and are struggling.
- Some people from CALD backgrounds may be concerned about privacy if going to a doctor from the same cultural background within the same community. However, if they go to an English-speaking doctor there are language barriers. Many GPs and other allied health professionals are not using interpreters or using family members to interpret. A lack of training in mental health for interpreters can mean when they are used, the quality of interpreting is questionable.
- Little support and assistance provided to non-citizens/permanent residents (e.g. NZ citizens, people seeking asylum). These groups are unable to access the NDIS or social housing, which creates a gap for these groups.
- Isolation due to limited English language proficiency, can lead to higher stress.

- A GP may refer someone to a service however as there is no follow-up there is no guarantee people are accessing the service.
- Limited services in regional areas – refugees are being settled in regional areas without appropriate services and in areas that may not be welcoming of new arrivals (e.g. racism). This can compound mental health problems. Other support services may also be lacking in regions, such as NAATI accredited interpreters in refugee languages and telephone interpreting is not always appropriate.
- Lack of timely and specific data for regions that reflects population changes (language/ethnicity) limits services' ability to identify support needed for CALD communities and target interventions.

Cultural capability within the service system was also discussed, including:

- Lack of translated information that people can take away and read when they have time to digest the information means people are less likely to understand what has been said to them about their illness.
- Lack of bi-cultural caseworkers that have the cultural and clinical knowledge and can connect people with the services required.
- People living in many regional areas, such as the Gold Coast, need to travel to Brisbane to access cultural support. Maintaining a connection to culture is important to good mental health maintenance.
- Lack of information available to GPs on appropriate services for cultural support.
- Lack of cultural capability and understanding of refugee issues by psychologists.

There is a need for a more holistic focus that is broader than just the individual's mental health needs, for example a coordinated response to housing needs, employment, and English language training.

CONSULTATION QUESTIONS

Key questions	Conversation prompts
1. What is working/does not work to improve mental health outcomes amongst CALD communities?	a. What does mental health mean to you? b. Are there any examples of initiatives or approaches that have worked well in CALD communities? c. Are there any examples of initiatives or approaches that have not worked well in CALD communities? d. What are the drivers of mental health in CALD communities that you have been made aware of?
2. What is working/does not work to reduce suicide amongst CALD communities?	a. Are there any examples of initiatives or approaches that have worked well in CALD communities? b. Are there any examples of initiatives or approaches that have not worked well in CALD communities? c. How else can CALD communities work together to prevent suicide? d. How can CALD communities better access suicide prevention services?
3. How can mental health awareness and understanding be increased amongst CALD communities?	a. What other steps can be taken to raise awareness and promote services? b. How can attitudes towards mental health be improved within CALD communities and across the sector?