

NSW Health
Centre for Mental Health
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Attention: Emanuela D'Urso
Senior Policy Officer
edurs@doh.health.nsw.gov.au
Multicultural Access to Older People's Mental Health

27th May 2005.

Dear Ms. D'Urso,

We would like to thank NSW Health for giving the Mental Health Coordinating Council (MHCC) the opportunity to provide feedback on the Consultation Paper for the Development of the NSW Multicultural Mental Health Plan, 2005 – 2010.

MHCC is the state peak body for non-government organisations working for mental health throughout NSW. MHCC represents the views and interests of over 150 NGOs in the formation of policy, and acts as a liaison between the government and non-government sectors. Our member organisations specialise in the provision of services and support for people with a disability due to mental illness. MHCC is a Board member of the Mental Health Council of Australia.

MHCC would like to compliment NSW Health on the comprehensive nature of the draft NSW Multicultural Mental Health Plan 2005 - 2010, and commend the promotion of a 'holistic' plan that integrates effective and appropriate approaches to mental health care and services for people from CALD backgrounds, with a focus on promotion, prevention, early intervention, curative and maintenance strategies.

Throughout the document, references are made to the progress and advances made since the release of the Framework for Implementation of the National Mental Health Plan 2003 – 2008 in Multicultural Australia, and the need to build on existing service capacity. We would like to suggest that it would have been useful to include evidence as to concrete improvements to service, equity and access that has occurred since 2003, and how the mental health needs of the CALD population had been met / not met, measured and evaluated, in addition to stating the rationale for revising the framework outlined in 2003.

It would also have been useful to include information as to whether any environmental, economic, political, federal or state policy changes had

*Consultation Paper for the Development of the NSW Multicultural Health Plan 2005 – 2010
MHCC Submission May 2005*



*Working For
Mental Health*

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*MHCC is the peak
Body for mental health
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occurred during the intervening 2 years that may have impacted negatively on the strategic directions originally outlined. For example, how had political imperatives with regards to refugee detention altered or exacerbated the degree to which mental health issues feature in the CALD community, and how those experiences are reflected in the disadvantages the CALD population experience with regard to access and equity of service delivery, delays or reluctance in seeking help, early detection and diagnosis. Likewise, what matters such as policy amendments had led to positive outcomes.

In addition to the above, inclusion of statistics with regard to clinical interventions, breakdown of referrals from NGOs in addition to GPs, primary mental health issues, gender, age, migration status, and residential area, would have been relevant to add to the general CALD population data included in the plan.

It is our opinion that the Consultation Draft covered the essential priorities that need to be addressed, in order to improve the mental health status of people from CALD backgrounds. The goals, principles and target groups outlined in the document seem satisfactorily covered.

The minimum service level that we would expect to see from this plan in 5 years, would embody a number of factors:

- That primary carers would be skilled in providing mental health services and timely referral;
- That interpreters would be available where necessary to assist GP's in communicating with CALD patients;
- That appropriate services would be available in all regions, including regional and rural NSW;
- That service providers across the State would have received cross cultural and sensitivity training and have access to regular ongoing education;
- That psycho-education specific to the CALD community be broadly available to clients and their carers;
- That issues of mental health are highlighted in the community focusing on stigma and isolation, and the particular problems experienced by CALD consumers and their carers, and the benefits to the community at large in providing responsive, inclusive services;
- That service delivery would be a coordinated and collaborative model of service delivery to include housing, employment, justice, welfare and education together with mental health and general health services.

Whilst there was a heading for the forensic population in the draft plan, there was no content. We therefore assume that this issue will be dealt with in a future consultation, and will comment at that time.

Given the importance of primary health care, since people from CALD backgrounds use GPs as their major source of treatment, advice and management, MHCC believe it is important to stress that support be given to migrant clinicians and health workers in recognising their prior

qualifications and assisting them in receiving whatever further education they require in order to practice in Australia, so that they might be able to serve their communities and train local born practitioners in cultural competences, knowledge and skills. These differences need to be recognised and accommodated into service provision.

MHCC note the draft plan's comments regarding the absence of adequate grant funding available to specific CALD research, and support that this area receive urgent attention, particularly with regard to best practice service delivery models, community orientated initiatives and development of performance indicators, consumer and carer perceptions and experience of bilingual GPs.

Supporting the issues raised in the draft plan with regard to refugees and trauma survivors, it should also be mentioned that issues of child sexual assault, sexual assault and domestic violence impact extensively on mental health wellbeing in the CALD population and is an area that requires particular cultural sensitivity education for service providers who need to be able to work with persons who may have traditions and beliefs in complete opposition to their own, posing much tension between practice and principle. The importance of transcultural skills is core to effective service provision, as is the necessity for adequate measures to bridge the language barriers to this group and the need to enhance cross-jurisdictional and cross agency planning.

MHCC commend the strategic directions as outlined, but suggest that attention be paid to how effective clinical and community interpreter services could be established that would enable clients to receive treatment in confidence, supporting a model of service delivery facilitating client and carer participation in decisions regarding treatment and ongoing management and that would offer support, education and information regarding their roles and rights.

It was felt that the document needed to provide more detail as to the funding that would be required to meet with the aims of this draft plan both in the government and NGO sectors, how those funds would be allocated, and what methods would be used to evaluate outcomes in 2010.

MHCC thank you for enabling us to participate in this consultative process and look forward to involvement in the future development of the Multicultural Mental Health Plan 2005 – 2010. Please direct any questions with regard to this submission to Corinne Henderson at corinne@mhcc.org.au or Ann MacLochlainn at ann@mhcc.org.au - Telephone MHCC : (02) 9555 8388.

Yours sincerely,



Jenna Bateman
Executive Officer.

Feedback on the Consultation Paper for the development of the Draft NSW Multicultural Mental Health Plan 2005-2010

Name

Corinne Henderson

Position

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Organisation/Health Branch

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Role or interest in multicultural mental health

Mental Health Peak Body representing Mental Health NGOs in NSW.

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