

Queensland Multicultural Mental Health Plan 2003-2008

Introduction

The Queensland Multicultural Mental Health Plan 2003-2008 fits within the framework of the Queensland Mental Health Strategic Plan 2003-2008. The need for a multicultural mental health plan is due to Queensland's increasing cultural diversity and the rise in demand for mental health services by people from culturally and linguistically diverse backgrounds. The 2001 census indicates that 17.1% of the Queensland population is overseas born with 7% speaking a language other than English at home. The most frequently spoken languages in Queensland after English are Italian, Cantonese, Mandarin, Vietnamese and German. In Queensland there is rich cultural diversity with people from approximately 180 countries, speaking over 130 languages and practising over 80 different religions. In addition, Queensland also receives over 1000 refugees annually under the refugee and humanitarian program who have significant mental health issues due to pre-migration experiences including torture and trauma.

This poses particular challenges to ensure that the mental health needs of people from culturally and linguistically diverse backgrounds are met and for Queensland Health it means that its mental health policies must ensure equity and access for a diverse Queensland community. While recognising the role of the Qld Transcultural Mental Health Centre in facilitating access to mainstream mental health programs, the diversity of the Queensland community means that mental health services in Queensland must develop service delivery strategies that address cultural diversity, including a cultural competent workforce that is able to deliver quality clinical practice incorporating the understanding of the role of culture in assessment and treatment of mental illness. In addition, culturally sensitive and appropriate strategies for preventative services must be developed, including appropriate methods for evaluating program efficacy.

Migrants and refugees bring with them a range of risk and protective factors and it is essential that these are understood so that appropriate promotion and prevention strategies can be implemented to enhance the mental health and wellbeing of people from diverse backgrounds. Research aimed at identifying culturally bound risk and protective factors is needed, as well as evidence-based strategies for promoting mental health protective factors relevant to the diverse immigrant groups in Queensland. These strategies must be embedded within a lifespan perspective that recognises the developmental needs of culturally and linguistically diverse people. Such research rests on the establishment of effective networks and partnerships between multiple service providers and organisations including non-government support services, universities, and other government departments.

Purpose

The Queensland Multicultural Mental Health Plan 2003-2008 builds upon the work undertaken in transcultural mental health since the release of the NESB Mental Health Policy Statement 1995. It is consistent with the Queensland Multicultural Policy, the Queensland Health Multicultural Health Policy Statement 2000, and the National Policy Statement on Multicultural Mental Health (to be released early 2004).

Its purpose is to outline specific areas of action required in Queensland, in line with the Queensland Mental Health Strategic Plan 2003-2008, to promote inclusion and prevent exclusion of people from culturally and linguistically diverse backgrounds in the provision of mental health care and the promotion of their mental health and wellbeing.

These areas of action are:

- Promoting and protecting the mental health of people from culturally and linguistically diverse backgrounds in Queensland
- Prevention and early intervention of mental health problems and mental illness in CALD communities in Queensland.
- Consumer and Carer Participation
- Strengthen partnerships with community organisations in improving mental health in CALD communities.
- Service responsiveness
- Service capacity
- Service quality
- Workforce sustainability
- Workforce capability
- Enhancing quality and value of transcultural mental health services within the broader mental health services system

Priorities

In line with the areas of action outlined above, the key priority areas in transcultural mental health in Queensland for 2003-2008 are:

➤ **Improved data collection systems**

The lack of available quality and reliable data regarding the mental health status, service usage and health outcomes for people from culturally and linguistically diverse backgrounds continues to impede planning and development in transcultural mental health. It is

vital that current data systems be reviewed or any developments in relation to new data collection mechanisms address at a minimum the collection of ethnicity and language spoken data.

- **Development of a needs based planning and funding formula accurately reflecting population needs across district mental health services.**

Current planning frameworks and targets for district mental health services do not include indicators such as socio-economic disadvantage and cultural diversity as part of determining resource allocation for district mental health services. In line with the population health approach it is vital that work is undertaken to develop planning and funding models reflecting the demographic make-up of the local population groups within district mental health services to determine resource allocation commensurate with the needs of the local population.

- **Building the evidence on culturally appropriate strategies for mental health promotion and prevention and increasing networks to undertake mental health promotion and prevention in CALD communities.**

Mental health promotion and prevention in CALD communities to date has primarily been undertaken through projects and little has been done to evaluate and/or research culturally appropriate approaches to mental health promotion and prevention. It is important that information about risk and protective factors is utilised to focus on building resilience and de-stigmatise mental illness and that these approaches are built into ongoing sustainable mechanisms and programs to support and protect the mental health of culturally diverse population groups. It is important that these strategies remain community focused and flexible to respond to the diversity in cultures and cultural beliefs surrounding mental health and mental illness as well as family focused and taking into consideration the different levels of acculturation that exists amongst diverse population groups.

As many of the risk and protective factors for mental health problems for migrants and refugees occur in areas outside the influence of the mental health sector (eg lack of settlement programs to support acculturation, employment barriers for migrants, pre-migration experiences of torture and trauma, racism and discrimination) it is vitally important to build and extend networks and partnerships with the broader human services and multicultural sector to increase mental health awareness and reduce stigma.

➤ **Workforce development and cultural competency**

It is essential to ensure that the mental health workforce has the understanding, knowledge, skills and access to relevant resources to enhance the way it provides services to consumers from CALD background. Specific transcultural mental health training needs to be incorporated into statewide training initiatives, mental health workforce training needs to incorporate transcultural perspectives, and relevant resources to assist in the provision of culturally competent practice need to be made available to the workforce. Cultural competency requires a service provider to understand the role of culture and its explanations of mental illness in relation to diagnosis and treatment, rehabilitation and recovery and mental health promotion and illness prevention. It is vital that the QTMHC's capacity to deliver these strategies as well as provide ongoing input into statewide workforce development strategies is enhanced to ensure cultural competency issues are incorporated into the ongoing development of the Queensland mental health workforce.

➤ **CALD consumer and carer participation**

In line with the *Queensland Health Action Plan for Consumer and Carer Participation in Queensland Mental Health Services* (May 2003) the issues around engaging CALD consumers and carers in a meaningful and participatory ways of working will continue to be a priority. Culturally appropriate models of participation will need to be developed at three levels: individual (eg care planning participation), service development (participation at the local service level) and systemic change (participation at the program and policy development level). It is important that the work that is currently being undertaken in relation to these issues with project funding is supported and build into ongoing sustainable mechanisms at both the service level and the policy and planning levels in mental health.

➤ **Culturally appropriate clinical care and coordination and integration of care**

Queensland will continue to support the development of partnerships between district mental health services, the QTMHC, consumers and carers and multicultural sector organisations and groups as accepted standard practice to ensure cultural diversity issues are addressed in clinical care. An enhanced capacity of the transcultural clinical consultation service to respond to the diverse needs of mental health services to support their clinical work with CALD consumers will improve mental health outcomes for CALD consumers. In addition, funding and service delivery models incorporating links with CALD community organisations need to be further explored to strengthen the capacity of mental health services to work in partnership across the spectrum from early intervention to relapse prevention and rehabilitation.

Areas for Action:

1.1 Promoting and protecting the mental health of people from culturally and linguistically diverse backgrounds in Queensland

Outcomes	Strategies	Indicator/Target
<p>A shared understanding of mental health, mental illness and ways of reducing risk is developed in partnership with CALD communities</p>	<ul style="list-style-type: none"> • Document information from the community development project and TCCS about diverse cultural perspectives of mental health and illness, and increase understanding of the different cultural beliefs surrounding mental illness. • Conduct culture specific workshops on cultural perspectives in mental health for mainstream mental health service providers in partnership with the community. 	<ul style="list-style-type: none"> • No. of report(s) highlighting diverse cultural perspectives of mental health and illness in various formats (newsletter articles, training input, reports etc) • Increased number of mainstream mental health service providers participating in workshops on cultural perspectives in mental health.
<p>Stigma and discrimination associated with mental illness is reduced in CALD communities</p>	<ul style="list-style-type: none"> • Continue mental health promotion activities through the ethnic media • Coordinate an annual mental health week event focusing on stigma reduction. • Support mainstream mental health service initiatives targeting stigma and discrimination to incorporate a focus on CALD communities. 	<ul style="list-style-type: none"> • Increased awareness, understanding and acceptance of mental illness in CALD communities in Queensland • Increased number of CALD communities targeted in mental health promotion activities

<p>A mental health literacy program is delivered in selected CALD communities</p>	<ul style="list-style-type: none"> • Mental health literacy programs are developed and delivered within and across selected ethnic communities 	<ul style="list-style-type: none"> • Increased understanding of mental health literacy needs of selected ethnic communities. • Effective mental health literacy programs suitable for selected ethnic communities are developed, piloted and evaluated. • Increased access by members of selected ethnic communities to mental health literacy programs.
<p>Selected CALD communities are increasingly involved in protecting the mental health and wellbeing of their community</p>	<ul style="list-style-type: none"> • Enhance community capacity to support mental health and wellbeing in selected CALD communities • Develop specific mental health promotion strategies relevant to issues of identified CALD groups (elderly, youth, women) 	<ul style="list-style-type: none"> • Increased mental health promotion activities within selected CALD communities
<p>Transcultural mental health promotion objectives are recognised and included in Queensland Health statewide health promotion initiatives</p>	<ul style="list-style-type: none"> • Continue to participate in the statewide mental health promotion strategic directions group • Continue to work collaboratively with public health services in relation to mental health promotion 	<ul style="list-style-type: none"> • Increased focus on transcultural mental health promotion priorities within broader mental health promotion delivery

2.1 Prevention and early intervention of mental health problems and mental illness in CALD communities in Queensland.

Outcomes	Strategies	Indicator/target
<p>Prevention programs focusing on the reduction of risk factors and enhancing protective factors are delivered which target groups within CALD communities at higher risk of mental health problems (refugees, ethnic older people, women, young people)</p>	<ul style="list-style-type: none"> • Identify risk and protective factors relevant to selected high-risk groups within CALD communities. • Develop and implement targeted prevention programs (including both personal skill-building as well as supportive interventions in targeted settings such as schools) which focus on promoting protective factors within and across specific sub population groups identified at higher risk of developing mental health problems. • Family-based mental health promotion programs developed & evaluated for CALD populations (e.g. refugees). 	<ul style="list-style-type: none"> • Increased prevalence of resilience protective factors (including personal skills and environmental determinants) in children & youth from CALD backgrounds. • Decreased incidence and prevalence of identified risk factors for mental health problems (e.g. school drop-out, high-risk lifestyle behaviours) within targeted CALD populations (refugees, young people, & specific high-risk cultural groups). • Increased access to and participation in family-based mental health promotion programs by CALD families (e.g. family resiliency programs).
<p>CALD children and young people, including high-risk groups (e.g. refugees), demonstrate increased resilience (i.e. capacity to cope with adverse circumstances).</p>	<ul style="list-style-type: none"> • Establish systems for collecting and monitoring mental health data with particular focus on resilience protective & risk factors in CALD children and youth. • Extend development, piloting and evaluation of BRiTA Program for use in primary and secondary schools and community service settings. • Develop flexible modes of delivery of information and skill-building programs to promote resiliency protective skills in CALD children and young people. 	<ul style="list-style-type: none"> • Increased availability of data about CALD children & youth mental health/resilience risk and protective factors in QLD. • Increased funding to extend developments to and evaluations of BRiTA Program. • Integration of BRiTA Program for Children (Primary School) and Young People (High School) with other resilience-enhancing programs (e.g. MindMatters, Beyondblue, and Education QLD curricula). • Increased number of schools and community-based organisations with refugee children and young people implementing BRiTA Program (or components relevant to refugees and other high-risk population sub-groups).

<p>Increase the evidence base regarding suicide and its prevention among people from CALD populations.</p>	<ul style="list-style-type: none"> • Maintain and extend participation in state and national suicide prevention strategies (including policy development). • Establish data collection systems to monitor suicide statistics amongst CALD populations. • Contribute to and participate in state and national research programs identifying evidence-based suicide prevention strategies for CALD populations. 	<ul style="list-style-type: none"> • Increased adoption of suicide data collection systems including CALD statistics in relevant settings • Increased opportunities for collaboration with relevant state and national research programs addressing suicide prevention.
<p>Delivery of programs targeting the prevention of high prevalence mental disorders (anxiety, depression) in CALD communities</p>	<ul style="list-style-type: none"> • Develop and implement culturally appropriate mental health prevention/early intervention programs to reduce the prevalence of anxiety and depression in selected CALD communities 	<ul style="list-style-type: none"> • Increased range and number of programs focusing on culturally relevant prevention strategies developed, delivered and evaluated.
<p>Enhanced capacity of mental health prevention services to deliver culturally appropriate services to CALD population groups</p>	<ul style="list-style-type: none"> • Strengthen links with existing mental health prevention and early intervention programs to provide transcultural input. • Explore opportunities for collaboration between QTMHC and existing mental health prevention and early intervention programs 	<ul style="list-style-type: none"> • Increased capacity by prevention and early intervention services to understand, implement and evaluate culturally appropriate mental health prevention and early intervention approaches with CALD population groups.

3.1 Consumer and Carer Participation

Outcomes	Strategies	Indicator/target
<p>A culturally appropriate model of consumer and carer participation is developed in partnership with CALD communities that facilitates participation at the individual care and treatment level, at the service development level and at the program and policy level.</p>	<ul style="list-style-type: none"> • Pilot various mechanisms of participation within the community development project • Provide training for consumers and carers on participation. • Facilitate CALD consumer and carer input into various program and policy development areas 	<p>Participation methods piloted and evaluated</p> <p>Increased number of training initiatives with CALD consumers and carers</p> <p>Increased participation by CALD consumer and carers in program and policy development activities.</p>

3.2 Strengthen partnerships with community organisations in improving mental health in CALD communities.

Outcomes	Strategies	Indicator/target
<p>Proven partnerships with key multicultural sector organisations are consolidated to sustain collaborative modes of service delivery.</p>	<ul style="list-style-type: none"> Continue to undertake joint projects with key multicultural sector partners (QPASTT, Harmony Plc, Islamic Women’s Assoc, Kinnections) focusing on capacity building and creation of sustainable systems of collaboration. 	<ul style="list-style-type: none"> Increased joint submissions of funding for collaborative projects between QTMHC and multicultural sector partners. No. of partnership/service agreements between QTMHC and other agencies Increased role played by QTMHC in program development, project management & evaluation with multicultural sector partners. Documented systems and procedures for partnerships arrangements in service and program delivery.
<p>Current partnerships are strengthened and new partnerships are developed to increase awareness of mental health issues in CALD communities</p>	<ul style="list-style-type: none"> Increase partnerships with non mental health multicultural sector agencies to facilitate mental health input. 	<ul style="list-style-type: none"> Documented partnerships and joint mental health activities in the multicultural sector.

4.1 Service responsiveness

Outcomes	Strategies	Indicator/target
Provision of mental health services and programs that are accessible and culturally appropriate for a culturally and linguistically diverse population.	<ul style="list-style-type: none"> • Strengthen support for MHS to provide culturally appropriate services. • Provide in-service training for mental health workers on cultural diversity issues and utilising available resources to address cultural diversity issues. • Develop resources to assist MHS to respond appropriately to cultural diversity issues 	<ul style="list-style-type: none"> • Increased participation by CALD consumers and carers in treatment plan development • Improved MHS ethnicity data collection systems • No. of in-services provided and evaluation feedback • Relevant resources developed, distributed and utilised.
Access and utilisation of interpreters in mental health services for CALD consumers and carers with language barriers	<ul style="list-style-type: none"> • Continue to promote interpreter services to mental health services • Continue to provide training to mental health workers on working with interpreters • Provide training to interpreters on interpreting in mental health settings • Provide guidance to mental health services in developing interpreting and translating guidelines and protocols 	<ul style="list-style-type: none"> • Evaluation feedback from interpreter training activities. • Increased utilisation of interpreting and translating services by mental health services. • Evaluation feedback from interpreter training activities • Increased satisfaction by mental health services in quality of interpreting provided.
An early intervention approach is established with mental health services with timely intervention from the TCCS	<ul style="list-style-type: none"> • Increase capacity of TCCS to respond to MHS in a timely manner. • Provide ongoing training to MHS across the state on cultural diversity and service utilisation issues and accessing the TCCS for clinical consultation. • Provide early intervention training to sessional workers 	<ul style="list-style-type: none"> • Increased number of referrals from MHS responded to by TCCS • Number of sessions provided to mental health services on TCCS • Training to sessional workers provided and evaluated

4.2 Service capacity

Outcomes	Strategies	Indicator/target
Increased MHS capacity to respond to the needs of is local CALD population through the development of a needs based planning formula reflecting variations across districts.	<ul style="list-style-type: none"> • Develop a needs based funding model for district mental health services based on level of needs of local population, including cultural diversity. • Incorporate findings from district partnership project into ongoing developments between QTMHC and district mental health services 	<ul style="list-style-type: none"> • Needs based funding model developed and actioned. • Findings from district partnership project actioned.
MHS have the capacity to provide culturally appropriate services through increased access to TCCS	<ul style="list-style-type: none"> • Strengthen links between district MHS and the TCCS to facilitate greater access to bilingual/bicultural clinical consultation. • Increase pool of sessional/bilingual mental health consultants at district level to be linked with TCCS in priority districts. 	<ul style="list-style-type: none"> • Increased contact between district mental health services and the TCCS statewide. • Increased number and greater diversity of languages and cultures of available sessional workers statewide

4.3 Service quality

Outcomes	Strategies	Indicator/target
Cultural appropriateness and awareness of diversity is measured through the systems of assessing compliance with the National Standards for MHS and the National Practice Standards for the Mental Health Workforce.	<ul style="list-style-type: none"> • Initiate discussions with mental health services accreditation bodies to explore input from transcultural experts on accreditation and review teams • Review and adapt current data collection systems to incorporate ethnicity and language spoken data. • Utilise available data for regular review and evaluation. 	<ul style="list-style-type: none"> • Transcultural input is provided to accreditation bodies. • Mental health data collection systems incorporate ethnicity data and language spoken data and available data is regularly reviewed.

Culturally appropriate mental health outcome measures are developed for CALD consumers.	<ul style="list-style-type: none"> • Incorporate the findings from the current transcultural mental health outcome measures project into ongoing developments in relation to the implementation of mental health outcome measures statewide. • Ensure access of translated MHI to all clinicians. 	<ul style="list-style-type: none"> • Findings from transcultural mental health outcomes measures are actioned • Translated MHI are accessed by clinicians statewide.
---	---	--

5. Workforce sustainability

Outcomes	Strategies	Indicator/target
Cultural competency is included as a key specification in planning targets about future workforce requirements.	<ul style="list-style-type: none"> • Participate in mental health workforce strategy development including HRM policies and practices re. employment equity 	<ul style="list-style-type: none"> • Cultural competency is included • HRM policies and practices address employment equity issues

5.1 Workforce capability

Outcomes	Strategies	Indicator/target
Transcultural mental health training is incorporated into sustainable statewide mental health education and training structures and processes.	<ul style="list-style-type: none"> • Continue to participate in statewide mental health education and training initiatives and planning committees • Continue membership of the southern zone mental health education curriculum development committee. • Participate in statewide education and training program planning and development activities • Increase awareness of standard 3 of the National Practice Standards for the Mental Health Workforce to assist MHS in their implementation of education and training development activities. 	<ul style="list-style-type: none"> • Increased transcultural input into statewide training initiatives • No. of education and development activities incorporating transcultural perspectives

Partnerships are strengthened with educational institutions to incorporate transcultural mental health training in undergraduate and post graduate training courses	<ul style="list-style-type: none"> Strengthen partnership with the School of Mental Health to ensure cultural competency is incorporated into all educational programs Continue to participate in undergraduate and post graduate allied health program as guest lecturers and/or workshop presenters Continue to provide “managing cultural diversity in mental health” as a post graduate elective subject through the University of Qld 	<ul style="list-style-type: none"> No of joint educational activities and evaluation feedback No. of guest lectures and evaluation feedback of lectures/workshops presented
Increased mental health literacy in workers from key agencies outside the traditional mental health field	<ul style="list-style-type: none"> Continue to provide training to agencies and workers from a range of human service fields relevant to mental health (Centrelink, housing, disability, multicultural sector) 	<ul style="list-style-type: none"> No. of training activities and evaluation feedback
Training materials on mental health issues of particular CALD population subgroups is developed (ethnic aged)	<ul style="list-style-type: none"> Training content material is developed in partnership with key stakeholders 	<ul style="list-style-type: none"> Materials developed, delivered and evaluated

6. Enhance quality and value of transcultural mental health services within the broader mental health services system

Outcomes	Strategies	Indicator/target
An enhanced research capacity is developed within QTMHC in partnership with researchers to inform service planning, identify areas for service improvement, provide evidence base for ongoing development.	<ul style="list-style-type: none"> Strengthen current partnerships and develop new strategic alliances with key research organisations at state and national levels 	<ul style="list-style-type: none"> No. and nature of partnerships and no. of joint submissions for research funds Increased number of invitations from local, state and national consortia for QTMHC to collaborate in research. Increase in successful research funding submission initiated by QTMHC.

<p>Mental health outcome measures are incorporated into the business of the TCCS and outcome data is routinely used for review and evaluation.</p>	<ul style="list-style-type: none">• Following the completion of the transcultural outcomes measures project , develop processes to incorporate the outcome measures into the business practices of the TCCS	<ul style="list-style-type: none">• Outcome measurements is incorporated into TCCS business practices
--	---	---