

## *Foreword*

As part of the Government's commitment to improving mental health services, Queensland released a Mental Health Policy Statement in late 1993 and a Plan for its implementation in 1994. As part of this implementation it has been necessary to address the specific needs of people from a non-English speaking background in recognition of the cultural diversity of the Queensland population. The release of this Policy Statement aims to translate this recognition into the better delivery of appropriate and accessible mental health services to people from non-English speaking backgrounds.

This Policy Statement outlines for the first time clear directions for change in the planning, organisation, resource distribution and delivery of specialised mental health services for people from non-English speaking backgrounds in Queensland.

The Non-English Speaking Background Mental Health Policy Statement therefore forms an important component of the Queensland mental health reform. Through staff training, improved language services, community education, consumer participation, data collection and the development of service standards the Policy will ensure that services become more accessible and appropriate to the non-English speaking background members of our community. The Policy will also improve services for particular groups from non-English speaking backgrounds such as, women, those in rural communities and survivors of torture and trauma.

Many people have contributed to the development of this Policy Statement, including non-English speaking background consumers and carers, non-English speaking background community organisations, mainstream non-government organisations, other government departments and mental health professionals. Their valuable input, commitment and enthusiasm during the consultation process has enabled the development of a document which will set new standards in the delivery of mental health services to people from non-English speaking backgrounds in Queensland.

In particular, the efforts and contributions from the Non-English Speaking Background Mental Health Reference Group need to be commended.

Queensland Health looks forward to working with all those members of the community who will be involved in the implementation of the Policy. Together we can achieve better service outcomes for people from non-English speaking backgrounds in Queensland.

Ken Hayward  
MINISTER FOR HEALTH

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## ***Executive Summary***

The aim of the Non-English Speaking Background (NESB) Mental Health Policy Statement is to assist specialised mental health services to promote, improve and maintain the mental health of people from a non-English speaking background in Queensland. This policy sets the directions for change in the planning and operation of mental health services to improve their quality, accessibility and appropriateness for people from a non-English speaking background.

The National and State mental health policies and plans have recognised that people from a non-English speaking background have special needs and that services need to be planned and delivered in a manner which will be more responsive and sensitive to their needs.

To ensure that mental health services in Queensland are appropriate and accessible to people from a non-English speaking background, a number of strategies have been designed to achieve the required change. These are:

### ***Staff Composition and Development***

This requires mental health services to train staff to be more responsive and sensitive to the specific needs of people from non-English speaking backgrounds, to increase utilisation of bilingual primary health care workers, to identify and utilise current bilingual staff in the system and to proactively recruit bilingual staff where needed. This is to be supported by the establishment of two innovative projects. One of the projects will coordinate the implementation of this policy and be the focal point of non-English speaking background mental health issues in Queensland. The other will address direct service provision to consumers.

### ***Language Services***

This requires interpreters to be specifically trained for working in mental health care settings and for current bilingual staff in the system to obtain National Accreditation Authority for Translators and Interpreters (NAATI) accreditation. It is also suggested that a number of innovative pilot projects be established to address the language needs of people from a non-English speaking

background with severe mental health problems.

### ***Translations***

Information about mental health, mental illness, mental health services and the *Mental Health Act* will be available in the major community languages.

### ***Community Education and Support***

Ethnic communities will be encouraged to participate in the education of their people about mainstream mental health services and the management of mental illness. This will be supported by an equitable allocation of funds under the Mental Health Non-Government Community Organisations Program for the provision of ethnic community support services.

### ***Participation and Planning***

People from a non-English speaking background will be represented on mental health advisory and reference groups, and wherever possible, community consultations will be conducted through an interpreter or bilingual consultant.

### ***Data Collection***

Mental health services will collect appropriate ethnicity data during admission and discharge processes.

### ***Service Standards***

Mechanisms to assess the quality of service provided to people from a non-English speaking background, including interpreter utilisation, will be included in the Mental Health Minimum Service Standards, Quality Assurance Reviews and Mental Health Act audits.

### ***Survivors of Torture and Trauma***

Queensland Health will collaborate with the Commonwealth Department of Human Services and Health in the establishment of a community based torture and trauma service in Queensland. The responsiveness of mental health services to survivors of torture and

trauma will be addressed through staff training and the establishment of formal links and referral processes between mental health services and the Torture and Trauma Service.

### ***Women***

Staff training is required to increase knowledge and awareness amongst mental health professionals about the specific needs of migrant and refugee women. Women from a non-English speaking background will be encouraged and supported to participate in policy and service development, implementation and evaluation, and mental health components within Women's Health Services will be developed to enable access to women specific services.

### ***Rural Communities***

In order to address the non-English speaking background mental health needs in rural and remote regions, services will be encouraged to recruit staff from non-English speaking background, train current staff about non-English speaking background mental health issues, improve staff and consumer access to language services and include non-English speaking background mental health issues in programs offered by the Rural Health Training Units.

## ***Aim, Objectives, Principles***

### ***AIM***

The broad aim of the Non-English Speaking Background (NESB) Mental Health Policy Statement is to assist specialised mental health services to promote, improve and maintain the mental health of people from NESB in Queensland. In doing so, the statement sets the directions for change in the planning and operation of mainstream mental health services to improve their quality, accessibility and appropriateness for people from these communities.

### ***OBJECTIVES***

Eight specific objectives have been identified as central to the improvement of services for people from NESB in Queensland. These are:

- a) to improve access for people from NESB to mainstream mental health services;
- b) to increase the knowledge and awareness of mental health professionals about NESB mental health issues;
- c) to increase awareness of people from NESB about mental health, mental illness and mainstream mental health services;
- d) to ensure participation of consumers and carers from NESB in mental health policy and service planning, implementation and evaluation;
- e) to ensure that generic standards and evaluation mechanisms for mental health services address NESB mental health issues;
- f) to contribute to the development of an appropriate torture and trauma service in Queensland;
- g) to ensure that NESB women have equitable access to mainstream mental health services which are gender sensitive and meet their specific needs;

- h) to address the specific mental health needs of people from NESB in rural and remote Queensland.

### ***PRINCIPLES***

The NESB Mental Health Policy Statement is in keeping with the Queensland Government's commitment to social justice and its principles of equity, access, participation and rights. It recognises the key principles set out in the National Mental Health Policy and Plan, the Queensland Mental Health Policy and Plan and the Primary Health Care Policy. This Policy Statement is also consistent with the principles of the recently released Queensland Ethnic Affairs Policy Statement.

### **BACKGROUND**

The National Mental Health Policy 1992 outlined the need and priorities for reform of mental health service delivery in Australia. It recognised that some groups in the community have special needs and that services need to be planned and delivered in a manner which will be more responsive and sensitive to these differing needs.

As part of the development of a comprehensive policy framework for mental health services in Queensland, the Mental Health Branch, Queensland Health appointed a Policy Officer for 12 months to develop a Policy Statement to address the specific needs of NESB people.

This Statement will set specific directions for change in the planning, organisation, resource distribution and delivery of specialised mental health services to people from NESB in Queensland.

The primary focus of this Policy Statement is the specialised mental health services, both secondary and tertiary, which service people with mental disorders and severe mental health problems.

The NESB Mental Health Policy Statement is also consistent with the current reform occurring in mental health service delivery in Queensland including integration of regional mental health services, mainstreaming of specialised mental health services, continuity of care, intersectoral linking and the participation of consumers and carers in service development and evaluation.

### **Context**

The participation of the NESB community in the development of this Policy Statement was ensured through the establishment of a NESB Mental Health Reference Group involving representatives from a wide range of community organisations.

An Issues Paper was developed and widely distributed within mainstream mental health services and the NESB community to raise awareness and generate discussion during the consultation process.

Approximately 100 consultations were conducted throughout the State utilising large community meetings, staff training sessions, group focus interviews and one-to-one interviews.

### **Demographics**

The need for a NESB Mental Health Policy Statement arises primarily from a recognition of Queensland's demographic diversity.

According to 1991 ABS statistics, 17.1 per cent of the Queensland population was born overseas with seven per cent from non-English speaking background countries. The three major source countries for people of NESB in Queensland are Germany, Italy and the Netherlands.

Migrants in Queensland come from over 60 different countries, speak more than 60 different languages and, in most cases, perceive mental illness differently from Australian trained mental health professionals and the wider Australian community.

According to 1991 ABS data, five Regional Health Authority boundaries have substantial numbers of overseas born persons from NESB and Australian born persons from NESB, i.e. second generation. (*As per table on page eight*)

All other Regional Health Authorities have approximately 6-10 per cent of their population either overseas born from a NESB or Australians born with a NESB. The inclusion of second generation data is considered important in relation to the impact of the carer's culture and beliefs on the Australian-born person being cared for.

The NESB community in Queensland is not a homogeneous group even though there are common experiences including those relating to migration and dislocation. There is great diversity in language, culture, religion, socioeconomic class, education and age structure.

Migrants in Queensland have tended to settle in the greater Brisbane metropolitan areas and surrounding shires with some smaller concentrations in northern regional centres.

## ***Background***

### **Regional Health Authorities in Queensland with significant NESB populations (1991 ABS data)**

<b><i>Region</i></b>	<b><i>Total Population</i></b>	<b><i>NESB Overseas Born</i></b>	<b><i>NESB Australian Born</i></b>	<b><i>% of Total Population from NESB</i></b>
Brisbane South	612,624	68,444	44,840	18.49%
Peninsula & Torres Strait	201,922	17,061	15,629	16.19%
Brisbane North	449,689	35,797	26,777	13.90%
South Coast	337,983	28,552	18,114	13.81%
Northern	222,409	12,502	14,232	12.02%

along the coastal strip, sugar cane growing areas and mining towns. Significant populations have also started to develop in resort and retirement areas such as the Gold Coast and Sunshine Coast.

#### ***Migration and the Settlement Experience***

It is generally acknowledged in overseas and interstate literature that moving from one country to another inevitably entails stress. Studies show that the mental health of immigrants and refugees becomes a concern when additional risk factors associated with resettlement combine with the stress of migration.

The most powerful predictors of emotional distress experienced by immigrants include reception by host society, separation from family and community, inability to communicate in English, access to settlement and social supports and the failure to find suitable accommodation and employment.

Illness prevention programs and improved access to mainstream service which are culturally appropriate decrease experiences of marginalisation and reduce vulnerability to the development of mental health problems.

According to overseas and interstate research, additional risk factors are experienced by refugees (survivors of torture and trauma), women, the elderly, adolescents and rural NESB communities during resettlement.

This policy statement specifically highlights the needs of refugees, NESB women and rural and remote NESB communities because of their increased vulnerability to the development of mental health problems. NESB women are affected by social, cultural, economic and political barriers; survivors of torture and trauma by horrific experiences prior and during migration; and people in rural and remote communities by isolation, paucity of services and geographical restrictions.

#### ***Socio-economic Issues***

Differences in occupation, residential location and education have all been repeatedly quoted as contributing to the mental health of our society. High long term migrant unemployment rates in Australia have impacted on the prevalence of mental illness within this group. Unemployment impacts on a person's self-esteem and people who do not work often feel unworthy and unproductive. Although unemployment poses a psychological risk to everyone who is without work, immigrants and refugees are particularly vulnerable.

Overseas evidence suggests that the risk of developing a mental disorder or serious mental health problem is increased if migration is accompanied by a number of variables including a drop in socio-economic status.

### ***Service Utilisation***

Overseas and interstate research suggests that mental health services are generally underutilised by NESB people and that NESB consumers tend to terminate therapies prematurely.

Some reasons for low utilisation rates include poor English language skills, stigma, negative perceptions about the service and its quality, cultural inappropriateness or the utilisation of an alternative primary health care service provided by a bilingual general practitioner.

It is suggested that a culture-compatible approach is most effective in increasing the utilisation of mainstream mental health services by people of NESB. This approach requires a language and ethnic match of the mental health professional to the consumer.

### ***Language***

Mental illness is a disorder that requires effective communication between the mental health professional and the consumer in order to be able to provide diagnosis and treatment. It is widely acknowledged in interstate studies that language is a greater barrier for people from NESB with mental disorders and severe mental health problems than cultural inappropriateness of services.

It has been shown that an increased understanding of when to engage an interpreter and having access to accredited and specifically trained mental health interpreters improves the treatment relationship between the mental health professional and the NESB consumer.

### ***Assessment and Diagnosis***

Available literature indicates that the incidence of serious mental illness differs little across cultures. Differences may occur in the manifestation of some symptoms which can be clarified by understanding the consumer's cultural framework. However, diagnostic problems may arise when beliefs and behaviours arising in different cultural systems are mistaken for symptoms of mental illness.

Overseas and interstate studies have demonstrated that the perception of mental illness, its labelling and meaning to the person and their family, and the decision to seek treatment, are all processes embedded in the family, social and cultural environment.

Education of mental health professionals will increase cultural sensitivity and competence to enable the incorporation of other cultural frameworks and belief systems into the assessment and treatment process.

### ***Treatment***

Flexibility in treatment models is the key to recognising cultural differences in the provision of mental health services to NESB people. Treatment is a complex process which not only involves the medical dimensions of the patient's life, but also his or her social and cultural dimensions.

The recognition of cultural differences in treatment affirms the right of the consumer to be involved in the determination of treatment strategies and enables the mental health professional to work towards outcomes determined in partnership with the consumer.

### ***Stigma***

Anecdotal evidence suggests that stigma is more commonly associated with mental illness and psychiatric treatment in NESB communities which may impact on service utilisation and reduce the likelihood of early intervention. Appropriate education campaigns undertaken jointly by mental health services, NESB community organisations, leaders and workers may reduce stigma in some cultures.

## ***Policy Statements***

*The following strategies have been designed for implementation by mental health services to increase awareness of present issues and to improve treatment outcomes for NESB people in Queensland.*

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### ***POLICY STATEMENT 1***

#### ***STAFF COMPOSITION AND DEVELOPMENT***

**Queensland Health is committed to ensuring that health services respond appropriately to the diverse needs of the Queensland population.**

**Mental health services will ensure that cultural differences are acknowledged and addressed at all stages of diagnosis, assessment and treatment.**

#### ***Strategy***

Cross-cultural awareness and use of interpreter training will be provided to public sector mental health staff during inservice and orientation sessions.

The use of primary bilingual health care providers including bilingual General Practitioners in the treatment of people from NESB with mental disorders will be encouraged and supported through training and liaison.

A person will be nominated in each Region at a senior level within existing mental health staff structures to oversee the development of services for NESB people.

A regional coordinating structure will be established to implement the NESB Mental Health Policy Statement and to be the focal point for NESB mental health issues in Queensland.

All Regional Health Authorities will develop and maintain a database of bilingual staff in the mental health sector. The Mental Health Branch will periodically compile the regional data into a statewide directory.

A pilot project will be established to evaluate the employment of NESB Mental Health Workers in Regions or Sectors with high NESB populations.

Action will be taken to recruit bilingual staff into mainstream mental health positions in Regions and Sectors with high NESB populations.

The Queensland Ethnic Affairs Directory of the major government and non-government organisations and services dealing with people from NESB will be distributed to all mental health services.

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### ***POLICY STATEMENT 2***

#### ***LANGUAGE SERVICES***

**Queensland Health is committed to utilising accredited and trained interpreters in situations of communication difficulty.**

**Mental health services will ensure that, where available, accredited, trained and gender appropriate interpreters are used in mental health care settings.**

#### ***Strategy***

Interpreters will be encouraged and provided with an opportunity to participate in training for work in mental health care settings.

A pilot project will be developed and evaluated for the direct employment of specifically trained interpreters in mental health care settings.

A system of file identification will be introduced to alert staff to people who need an interpreter and the language required.

Bilingual staff currently in the system will be supported to obtain NAATI accreditation for their second language.

A NESB Action Check List will be introduced to ensure the use of accredited and trained interpreters during the explanation of rights, diagnosis, consent, medication, treatment, discharge, etc.

## *Policy Statements*

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### *POLICY STATEMENT 3*

#### **TRANSLATIONS**

**Queensland Health is committed to the development of appropriate information and resource materials to improve consumer knowledge and access to health services.**

**Information and resource materials on mental health issues will be made available in the major community languages.**

#### *Strategies*

Information about the *Mental Health Act* will be translated into the major community languages.

Queensland Health will develop translated mental health information including prevention and promotion materials in the major community languages.

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### *POLICY STATEMENT 4*

#### **COMMUNITY EDUCATION AND SUPPORT**

**Queensland Health is committed to an equitable distribution of health resources and to improving consumer knowledge about health services and programs.**

**Mental health services will involve people from NESB in community education strategies and ensure that they have equitable access to the programs and services available.**

#### *Strategies*

An equitable proportion of the Mental Health Non-Government Community Organisations Funding Program will be targeted at NESB non-government organisations to provide culturally appropriate community support services.

Ethnic communities will be encouraged to participate in the education of their people about the management of mental illness and how to utilise mainstream mental health services.

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### *POLICY STATEMENT 5*

#### **PARTICIPATION AND PLANNING**

**Queensland Health is committed to consumer participation in health policy, program and service development and implementation.**

**Mental health services will involve NESB consumers and carers in the development, monitoring and evaluation of services.**

#### *Strategies*

The strategies outlined in this policy will be reflected in the mental health components of regional strategic plans.

Wherever possible, NESB community consultations will be conducted through an interpreter or bilingual consultant.

NESB representation will be included on mental health reference and advisory groups.

Strategies will be developed to attract and appoint people from NESB to the Patients Review Tribunals.

Strategies will be developed to attract and appoint people from NESB as Official Visitors.

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### *POLICY STATEMENT 6*

#### **DATA COLLECTION**

***Queensland Health is committed to improvements in the quality, relevance and usage of consumer data in health care settings.***

## ***Policy Statements***

***Mental health services will improve the quality of data available on the use of mental health services by NESB people.***

### ***Strategy***

Appropriate ethnicity questions will be included in all areas of mental health data collection.

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## ***POLICY STATEMENT 7***

### ***SERVICE STANDARDS***

**Queensland Health is committed to developing a statewide Health Quality Assurance Program.**

**Quality Assurance Programs in mental health will address the specific issues which affect the quality of services provided to people from NESB.**

### ***Strategies***

Standards relating to appropriateness and accessibility of mental health services to people from NESB will be included in the Mental Health Minimum Services Standards.

Mechanisms to identify interpreter utilisation will be included in Quality Assurance Reviews.

Interpreter utilisation and the provision of bilingual information will be assessed during routine Mental Health Act Audits.

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## ***POLICY STATEMENT 8***

### ***SURVIVORS OF TORTURE AND TRAUMA***

**Queensland Health acknowledges the need for the development of a community based torture and trauma service in Queensland which is based on the principles of empowerment, holistic service provision and community development.**

**The Mental Health Branch acknowledges that the effects of torture and trauma may increase the risk of survivors developing severe mental health problems and subsequently requiring specific services.**

### ***Strategies***

Queensland Health will negotiate with the Commonwealth Department of Human Services and Health in the establishment of a community based torture and trauma service in Queensland.

Queensland Health will increase the capacity of the torture and trauma service to provide counselling, training and support services.

Mental health services will increase their responsiveness and sensitivity to the specific needs of survivors of torture and trauma.

Links and referral processes will be established between the torture and trauma service and mental health services.

Consumer and refugee community participation will be ensured in the development and management of the torture and trauma service.

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## ***POLICY STATEMENT 9***

### ***WOMEN***

**Queensland Health is committed to maintaining and improving the health and well-being of Queensland women and to reorienting the health system to be more responsive to the specific needs of women.**

**The Mental Health Branch acknowledges the need to provide services appropriate to the specific needs of women from NESB in Queensland.**

### ***Strategies***

Mental health professionals will be educated about the specific needs of migrant and refugee women.

Women's health services will be encouraged to develop mental health components to enable access to women-specific services.

Women from NESB will be encouraged to participate in the development, planning, provision, management and evaluation of mental health policies, programs and services.

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*POLICY STATEMENT 10*

*RURAL AND REMOTE COMMUNITIES*

**Queensland Health is committed to ensuring that health services and resources are equitably distributed and available throughout Queensland.**

**The Mental Health Branch acknowledges the need to provide services appropriate to the specific needs of people from NESB in rural and regional Queensland.**

*Strategies*

Specific strategies will be developed to recruit and retain bilingual rural health and mental health professionals.

Rural health and mental health staff will be trained to effectively deal with people from NESB with mental health problems.

Processes and mechanisms will be established to improve access for rural health staff and NESB consumers to language services e.g. by phone, on site or audio visual.

Cross-cultural perspectives and NESB mental health issues will be incorporated in all the programs offered by Rural Health Training Units.

## ***Conclusion***

Major reform is occurring in the delivery of mental health services in Queensland. The emphasis on community based services and participation by consumers and carers sets an ideal context to also address the specific needs of people from non-English speaking background. Strategies to improve outcomes for this particular group are not complex and rest primarily on recognition of the impact of cultural differences and language needs. It is anticipated that the strategies for change identified in this document will ensure that mental health services are responsive and accessible to the needs of people from NESB with mental illness and serious mental health problems. Periodic updates of the Policy Statement in line with implementation evaluations will ensure that it remains relevant and useful to both service providers and consumers, their carers and families.

### ***NESB***

Is an acronym for non-English speaking background. It refers to people born in a non-English speaking country or people born in Australia and having one or both parents born in a non-English speaking country (second generation).

### ***Ethnicity***

Is a term utilised for self identification of one's ancestry, origin or descent, and means the condition of belonging to a particular group.

### ***Immigrant***

Is a person who seeks lawful permission to come to Australia to establish permanent residence. Migrant or Immigrant is a term regularly used to cover persons in all categories including Refugees.

### ***Refugee***

Under the UN Convention 1951, a refugee is a person who, owing to well-founded fear of persecution for reasons of race, religion, nationality or membership of a particular social group or political opinion, is outside the country of his/her nationality and is unable or, owing to such fear, is unwilling to avail him/herself of the protection of that country; or who, not having a nationality or being outside the country of his/her former habitual residence, is unable or, owing to such fear, is unwilling to return to it.

### ***NAATI***

Is the acronym for National Accreditation Authority for Translators and Interpreters.

### ***Culture***

Can have various connotations but in this document it refers to beliefs (knowledge and attitudes), values and socially determined patterns of behaviour.

### ***Interpreter***

Is a person who converts an oral message or statement from one language into another language. A translator is a person who makes

a written transfer of a message or statement from one language into another. One is not interchangeable with the other.

### ***Torture and Trauma***

*Torture:* any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him (sic) or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public or other person acting in an official capacity. (*UN Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*).

*Trauma:* is often used to describe both the "shock" itself (the original torture experience) and the effects (the long-lasting results of the torture). (*Reclaiming the Power Within, Brisbane Refugee Torture and Trauma Research and Support Project 1994*).

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