

## EXECUTIVE SUMMARY

This report documents the outcomes of a review of transcultural mental health services in Queensland undertaken by the Queensland Transcultural Mental Health Centre (QTMHC) between July and October 2005. The review was guided by a terms of reference which focused predominantly on operational, capacity and sustainability issues for the Queensland Transcultural Mental Health Centre in relation to the implementation of the Queensland Multicultural Mental Health Plan 2003-2008:

1. Conduct a stakeholder analysis of the Transcultural Clinical Consultation Service (TCCS).
2. Review QTMHC core business and funding.
3. Further develop the transcultural district partnership model focusing on key districts with high culturally and linguistically diverse (CALD) demographics.
4. Review operational and reporting arrangements for the QTMHC.

The review was undertaken within the QTMHC and used the following processes and methods:

- Input from two reference groups established for the purpose of the review to consider the issues examined during the review and to provide a stakeholder analysis of the issues relating to the Transcultural Clinical Consultation Service.
- Consultations with key stakeholders in district mental health services and multicultural communities.
- Consultations with stakeholders on particular issues relating to the review (eg. state wide service comparison, finance issues, clinical issues).
- Focus groups (clinicians and multicultural groups).
- Consumer consultations.
- Surveys (clinicians and multicultural groups, *Translinks* reader survey).
- Analysis of relevant data sets (health information systems, census).
- Analysis of available program evaluation data and internal databases (service activity data, referrer feedback questionnaires, training participants' evaluation).

Consultations and surveys involved representatives from over one hundred different organisations and stakeholder and generally provided consistent information. Information and data from these sources was reviewed and analysed in the context of the terms of reference of the review but with a particular focus on the following:

- Evidence of the impact of the various programs and strategies implemented by the QTMHC to address the mental health needs and issues of people from culturally and linguistically diverse backgrounds.
- Evidence of unmet need and gaps in services.
- Evidence of what is working/and not working, and what can be strengthened to achieve greater impact state-wide.
- Information to assist QTMHC management and stakeholders to form recommendations for future directions in the delivery of transcultural mental health services in Queensland.

## **The QTMHC in perspective**

The QTMHC is clear in its operations that it is a complementary service to support the mental health needs of people from culturally and linguistically diverse backgrounds within an integrated system of care. In doing so, it:

- Strikes a balance between clinical consultation and other activities aimed at increasing cultural competency and capacity building through workforce training and education, increasing mental health literacy in multicultural communities and preventing mental illness in CALD groups at risk.
- Shares specific features with secondary and tertiary consultation services in other settings in health and mental health such as flexible and collaborative approaches, short term interventions, routine liaison and temporary shared care approaches, while professional responsibility for the client remains with the referring service.
- Bridges the cultural gap and minimises misunderstanding between the Australian health care system and the many diverse cultural beliefs and explanatory models about health, mental health and mental illness along the continuum of promotion, prevention, early intervention, treatment, rehabilitation and recovery.
- Seeks to engage and work in partnership with agencies and multicultural groups outside the mental health sector to minimise risk factors and enhance protective factors in multicultural communities.
- Works in an area where there is limited evidence to guide its work.

## **Key issues emerging from the information and data reviewed**

The following issues are some of the key findings from the information reviewed which are discussed in more detail in the report:

- People of CALD are underrepresented in health service utilisation data in every district mental health service in Queensland.
- CESA data in July 2005 revealed an underutilisation of interpreters in Queensland public mental health services with interpreter requirement indicated for 5% of patients born in non English speaking countries.
- A conservative estimate is that well over a quarter of a million Queenslanders from immigrant backgrounds are affected by mental illness.
- Immigration continues to be the main source of population growth in Australia and individual health service district demographics will change over time in response to immigration policies, settlement and resettlement trends and global events.
- CALD demographics across health service districts vary greatly across the state with the greatest number of people born in non English speaking countries residing in the catchment areas of the following district mental

health services: PAH, Mater CYMHS, RBWH, RCH, TPCH, Gold Coast, Logan-Beaudesert, Cairns, Innisfail and Tablelands.

- After 10 years in operation, representatives from the fields of Indigenous and transcultural mental health in Queensland are advocating an integration of both models building on the strengths and minimising the weaknesses that each model has demonstrated in relation to a central coordination structure supporting and coordinating district multicultural mental health positions at a local level.
- District consultations revealed a strong willingness and readiness to participate in a transcultural district partnership approach ranging from dedicated positions to portfolio approaches within services with a coordination and support structure provided by the QTMHC.
- Suicide rates for CALD people aged 65 and over are 65% higher for males and 177% higher for females than the Australian born population aged 65 and over.
- The recent Queensland Review of Fatal Mental Health Sentinel Events investigated 45 deaths involving people with serious mental illness that occurred in a two year period (1 January 2002 to 31 December 2003). The review found that Indigenous Australians together with people born overseas in non-English speaking countries comprised 20% of all cases reviewed. Furthermore, of the homicides examined during this period 42% of offenders were either Indigenous Australians or born overseas in non English speaking countries.
- In comparison to similar tertiary clinical consultation services in mental health in Queensland, the Transcultural Clinical Consultation Service responded to 40% more referrals during the 2004-05 financial year, with less than a quarter of the resources available to similar tertiary consultation services.
- Cultural consultation services utilising bilingual mental health consultants is increasingly being advocated in the international literature as the preferred model to supplement existing mental health services. Not only is it a cost effective model with the average bilingual mental health consultant costing 50-75% less than an interpreter, but also provides a more appropriate response by focusing on the cultural issues in mental health. TCCS evaluation shows that on average it responds to requests for assistance for people from over 55 different language and cultural backgrounds per year, and that 94% of those who have used the service indicated that the service has met their needs and expectations.
- Consultations with other tertiary consultation services in mental health show that the TCCS shares a number of features and issues in common with these services in terms of how it operates, clinical record keeping and data management.

- Those who have used QTMHC programs and services rated their satisfaction as either very satisfied or satisfied.
- Recurrent funding and QTMHC core positions have by and large remained unchanged for the past 10 years even though the nature of the work undertaken and level of responsibilities has changed significantly.
- Consultations with other state-wide services located within district services reveal that there are many issues in common in terms of operational and reporting issues around maintaining a separate identity and funding, and clinical records and data management.
- In its 10 years of operation QTMHC, has evolved from a policy implementation unit to a resource and support unit within mental health. It has developed expertise and credibility in both the mental health and multicultural sectors and set up an infrastructure to support a large number of sessional bilingual workers across a range of program areas covering over 65 cultural and language groups.
- The key impact of the QTMHC is that it has been able to provide a central focus for the development of transcultural mental health services, issues and initiatives but has not had the resources to maximise its capacity in other areas of need around the state.

### **Implications of the review of Queensland Health's multicultural policies and the Queensland Health Systems Review**

Two significant reports were released during the QTMHC review, which have implications for this review:

1. The outcome of the review conducted by Queensland Health of the Queensland Health Multicultural Health and Language Services Policies 2000, the *Healthy Multicultural Communities Initiative* was launched in September 2005. This initiative commenced with an allocation of \$638,000 in 2005-06 to develop innovative strategies, with \$1.027 million commencing in 2006-07, increasing to an ongoing allocation of \$2.005 from 2008-09 onwards to support ongoing implementation. Specifically the initiative will:
  - i. Establish the organisational structure to progress the initiative.
  - ii. Establish a state-wide interpreter service that is sustainable.
  - iii. Coordinate resource development and information provision.
  - iv. Develop cross cultural training programs and guidelines for using interpreters.
  - v. Build upon and establish local networks with CALD communities.
  - vi. Improve data collection and analysis to better inform service planning and evaluation.
  - vii. Implement a monitoring and evaluation strategy.

Given this development it is imperative that the developments in multicultural health and transcultural mental health are closely aligned and integrated to

ensure consistent approaches as well as maximising available resources within Queensland Health in multicultural health. Considerations need to be given to location and operational structures that will facilitate coordination and integration.

2. The Queensland Health Systems Review has recommended far reaching reforms to Queensland Health's systems and structures which has a number of significant implications for the QTMHC in relation to operational issues as a state-wide service.

It found that mental health patients and patients from non English speaking backgrounds have lower levels of satisfaction with Queensland hospitals. It also recommended that the provision of culturally safe and accessible health services for indigenous and CALD people must be a high priority for Queensland Health (p17).

The Forster Review has recommended significant changes in relation to how health service planning and budget allocations are undertaken within Queensland Health as well as a review of the current funding arrangements for mental health. A number of recommendations are particularly relevant to the QTMHC review and for these reasons it will be important for QTMHC to be included in the reform processes to ensure it is strategically positioned to maximise its input as a state-wide service.

## **Recommendations**

A number of recommendations are proposed in response to the issues highlighted by the review. They are a mixture of operational arrangements strengthening quality and capacity and resource enhancements to the existing structure and programs of the Queensland Transcultural Mental Health Centre. It also puts forward a model of transcultural district partnerships between QTMHC and thirteen district mental health services with significant numbers of people from culturally and linguistically diverse backgrounds within its catchment areas.

The implementation of these recommendations will ensure that the structures and mechanisms are in place for the delivery of culturally responsive mental health care in Queensland. It will place resources in areas across the state providing 89% coverage of the total number of Queenslanders born in non English speaking countries promoting inclusion and prevent exclusion of people from CALD in the provision of mental health care, the prevention of mental illness and the promotion of their mental health and wellbeing.

### **Recommendation 1.0**

That the current model of secondary and tertiary consultation remains a core business program of the QTMHC.

### **Recommendation 1.1**

That funding is provided to enhance resources in the TCCS. At a minimum, funds need to be provided to employ a part time consultant psychiatrist to provide

supervision and oversight of the clinical work undertaken; a PO4 to manage the service; an AO2 for reception and administrative duties associated with the TCCS; and additional funds for bilingual mental health consultants.

#### Recommendation 1.2

TCCS to commence the development and implementation of group supervision programs based on the National Practice Standards for the Mental Health Workforce for its sessional bilingual consultants conducted by senior bilingual/bicultural allied health workers.

#### Recommendation 1.4

That TCCS commence the implementation of a records system integrated with the PAH mental health medical records system in consultation with the PAH HIMS service.

#### Recommendation 1.5

That non-recurrent resources are provided for a temporary project officer to establish the new records and data management system and facilitate the archiving of the closed records.

#### Recommendation 2

That the QTMHC continues its current core business programs of clinical consultation, education and training, mental health promotion and prevention, information and resource clearinghouse and input into policy development.

#### Recommendation 3.0

That resources are provided to the QTMHC to adopt the organisational structure outlined in diagram 3.2.3 B (p56)

#### Recommendation 3.1

That the QTMHC core positions of manager, education and development coordinator, mental health promotion coordinator and information and resource officer (AO) undergo job evaluation.

#### Recommendation 4

That the transcultural district partnership model be funded and implemented in the thirteen district mental health services identified.

#### Recommendation 5

That QTMHC is included in the reform processes undertaken within Mental Health Unit to ensure it is strategically positioned within the new structures to be established in Queensland Health to ensure it continues to operate in both the operational and policy environments. A memorandum of understanding is required to provide clarity in relation to issues of funding, services to be delivered and reporting and accountability requirements.