Strengthening the state funded mental health alcohol and other drugs (MHAOD) service response for people from culturally and linguistically diverse (CALD) communities

Background

MHAOD services should be accessible, inclusive, safe, and responsive to the unique and diverse needs of individuals, families and communities.

Evidence suggests that people from CALD backgrounds have lower rates of MHAOD service utilisation when compared with people born in English-speaking countries (including Australia) with resultant deterioration and emergency and involuntary admissions. They encounter multiple barriers in accessing mental health care such as stigma about mental illness, language and cultural barriers, and limited knowledge of the MHAOD services.

Better Care Together: a plan for Queensland's state-funded mental health alcohol and other drug services to 2027 commits to delivering enhanced service responses to people from CALD backgrounds including people who have experienced torture and trauma. This includes new investment to strengthen statewide capability development and for additional specialist multicultural workforce across MHAOD services.

To further understand and inform improvements for people from CALD backgrounds accessing MHAOD services delivered through Hospital and Health Services, in February 2023, Queensland Health through the Mental Health and Other Drugs – Strategy and Planning Branch, Clinical Planning and Services Strategy Division, engaged Nous Group to identify opportunities to strengthen the MHAOD service response for people from CALD backgrounds.

Key Actions and enablers

The Final Report delivered by Nous (August 2023) notes five drivers that play out across all levels of the system and across the continuum of care for people from CALD communities accessing MHAOD services.

These underlying drivers include racism and stigma, limited understanding of how CALD people understand and experience MHAOD care, lack of CALD data, historically siloed systems and broader resource constraints.

A stepped care approach with the right care being delivered at the right time needs to be in place to support a robust culturally responsive MHAOD system.

Ten key actions across three areas: structure, workforce and service delivery as well as four enablers are suggested in the Final Report to address the challenges and issues identified.

Ten Key Actions		
Structure	**Workforce**	**Service delivery**
S1 - Ensure MMHCs are available and embedded at all HHS for support tailored to each HHS.*^	W1 – Increase diversity and representation in the workforce at all levels.*^	D1 – Strengthen MHAOD models of care to be more culturally safe.^
S2 -Strengthen transcultural mental health service's role in delivering a networked approach	W2 – Develop and deliver culturally responsive and trauma-informed	D2 – Strengthen partnerships to reinforce early intervention and

and expand its state-wide presence.*	training for the mainstream MHAOD workforce.^	improve transition points to reduce pressure on HHSs.^
	W3 – Expand representation of people from different CALD backgrounds in the lived and living experience workforce.*^	D3 – Establish state-wide data collection standards and reporting and guide the workforce in implementing them.*
	W4 – Strengthen and implement MHAOD specific capability frameworks to embed culturally responsive care.*^	
	W5 – Develop local and regional pools of bicultural workers to support promotion, prevention and system navigation.*	
Enablers		
E1 – Embed multicultural expertise in frameworks, processes and decision-making for service planning and delivery.* E2 – Partner with local community leaders and groups to raise awareness, educate, upskill and to inform service planning.^ E3 – Collaborate with the Australian Government and other services to increase visibility and better support settlement programs.* E4 – Conduct CALD specific MHAOD research to support service planning and policy including linking data with other sectors.*		

*opportunities to be led statewide

^opportunities to be led at a local level

Next Steps

The Key actions identified in the Final Report are supported noting S1, S2, W3, W4, W5, D1 and D3 align to *Better Care Together* initiatives with the remaining actions aligning to the broader Queensland Health policy including the *Refugee Health and Wellbeing Policy and Action Plan 2022-2027* and the upcoming *Queensland Health Multicultural Action Plan.*

The enablers are also linked to broader system issues nationally and state-wide.

Queensland Health through the MHAOD SPB will work with key internal and external stakeholders to progress the actions specific to MHAOD service responses for CALD communities and continue to partner across Queensland Health and with external stakeholders to support the inclusion of CALD consumers and issues impacting MHAOD service delivery for CALD communities within broader system policy and planning.

Strengthening the state funded mental health, alcohol and other drugs (MHAOD) service response for people from culturally and linguistically diverse (CALD) communities

Final Report for Queensland Health | 31 August 2023

Executive Summary

nous

Disclaimer:

*Nous Group (**Nous**) has prepared this report for the benefit of the Queensland Health (the **Client**).*

The report should not be used or relied upon for any purpose other than as an expression of the conclusions and recommendations of Nous to the Client as to the matters within the scope of the report. Nous and its officers and employees expressly disclaim any liability to any person other than the Client who relies or purports to rely on the report for any other purpose.

Nous has prepared the report with care and diligence. The conclusions and recommendations given by Nous in the report are given in good faith and in the reasonable belief that they are correct and not misleading. The report has been prepared by Nous based on information provided by the Client and by other persons. Nous has relied on that information and has not independently verified or audited that information.

A note on language

Language is powerful. Words and the meanings attached to them profoundly influence our thoughts, feelings and experiences. They have the power to make us feel heard and included – or excluded.

Our choice of language in this report, outlined here, seeks to be inclusive and respectful, while considering the nuances and differences of opinion in relation to common terms used in the mental health, alcohol and other drugs (MHAOD) sector and across communities.

This review focuses on communities from migrant or ethno-culturally non-Anglo-Australian backgrounds. The term **culturally and linguistically diverse, or CALD** is commonly used to refer to them in Australia. It has a few limitations and considerations. It has no universal definition; there are different approaches to identify and report on 'CALD' populations in Australia; and it can have the effect of grouping together and conferring the status of 'other' on what is a very diverse and significant portion of the Australian population representing a vast range of identities and intersectionality of people from different cultures, faiths, countries, and language groups. It also does not include Aboriginal and Torres Strait Islanders, the first peoples of Australia, in its definition. At the same time, language, ethnicity, cultural identity and past experiences can influence how people engage, experience, and benefit from MHAOD services. This work seeks to lay strong foundations for understanding and recognising these unique needs and experiences. We also use the term **multicultural** interchangeably in this report to refer to the diversity of communities.

The term **lived and living experience** recognises the ongoing nature of mental health challenges and suicidal behaviours. Importantly, people with lived and living experience of mental illness, psychological distress or suicide, irrespective of whether they have a formal diagnosis; and families, carers and supporters must be recognised as distinct groups with different sets of experiences, perspectives, and expertise. While at times these groups may have shared interests, they speak from their own perspectives and experiences.

> *I don't align with CALD, what does that even mean? Just the word CALD itself can be othering.*
>
> *- Consumer from CALD community with lived and living experience.*

Consumer: People who have or are currently accessing mental health and/or alcohol and other drug services. We acknowledge that different people may prefer the language of participant, patient, client or service user.

Culture: A set of ideas, customs, traditions, beliefs, and practices shared by a group of people that is always changing, in both subtle and major ways.

Culturally responsive: Consciously understanding how cultural norms, values, beliefs, and practices can impact an individual and their family and actively tailoring a response based on this understanding.

Co-design: Where decision-making is shared between service providers, experts and people with lived and living experience who use the services.

English Speaking Countries (ESC): As defined by the Australian Bureau of Statistics (ABS), these countries include Australia, Canada, England, Ireland, Isle of Man, Northern Ireland, New Zealand, Scotland, South Africa, United States of America and Wales.

Non-English-Speaking Countries (NESC): All other countries excluding ESC.

MHAOD Branches: refers to the Queensland Health Mental Health Alcohol and Other Drugs Branch as well as the Mental Health Alcohol and Other Drugs – Strategy and Planning Branch.

Executive summary

In February 2023, Queensland Heath's Mental Health and Other Drugs – Strategy and Planning Branch engaged Nous Group (Nous) group to identify opportunities to strengthen the MHAOD service response for people from CALD backgrounds following the identification of service disparities[1] experienced by people from NESC countries.

We undertook a three-stage methodology, guided by trauma-informed and human centred design principles. In addition to literature review and data analysis, we conducted **38 engagements** with **over 65 stakeholders** representing government and service delivery, NGOs, CALD and MHAOD community groups, and people from CALD backgrounds with lived and living experience of MHAOD challenges. We heard from them in interviews, focus groups and workshops and a survey completed by **103** government, service delivery and community stakeholders. Recognising the diversity of experiences across CALD communities, we sought to hear from consumers across intersections and backgrounds.

A pattern of late, complex and crisis presentations is placing pressure on HHSs. Our findings show that that the challenges in the multicultural mental health space are well documented, however, progress in addressing them has been slow. This is a complex issue that is likely to grow unless the underlying factors that play out at all levels of the system and across the continuum of care are proactively addressed:

- **stigma and racism**,
- **limited understanding of non-Anglo-Australian experiences of mental health and wellbeing**,
- **insufficient data** to illustrate the complexity of the issues,
- **siloed systems** and approaches to health and wellbeing,
- and the **broader resource constraints** in the system.

A robust culturally responsive MHAOD service delivering equitable outcomes for people from CALD communities needs collaboration across the system through a clearly defined stepped approach. All system stakeholders, from mainstream generalist service providers to specialised transcultural mental health providers, play a role in delivering culturally responsive care that responds to individual needs. Queensland's Health's MHAOD branches can play a pivotal system steward role facilitating partnerships and alignment across the system to better equip HHSs to provide appropriate care. We identified **fourteen opportunities** covering the statewide MHAOD **workforce** and **structure**; **service delivery** at HHSs; and **enablers** of change.

Taking the opportunities forward requires concerted effort across the system. This is long-term work. Implementation needs pragmatic and targeted application of resources to lay the right foundations for the outcomes sought. In our engagements, we were heartened to find great enthusiasm and momentum across the system in addressing the challenges identified. Queensland Health will benefit from harnessing this momentum by forming collaborative partnerships across the system to effect lasting positive change.

A note of thanks

Nous would like to thank all individuals and organisations who gave their time and shared their stories, perspectives and ideas as a crucial input to improve the state funded MHAOD service response for people from CALD communities.

To the 50+ stakeholders from HHSs, QTMHC, NGOs, CALD community organisation and across government: we are grateful for your service delivery and policy perspectives, and your passion and advocacy in this space. We recognise all the hard work that you have done so far, and we thank you for your willingness to participate to improve MHAOD services.

To the 15 people from CALD communities with lived and living experience of accessing MHAOD services: thank you for your courage and willingness to participate in this project. We recognise this work requires you to explore difficult times you have experienced in your life. We hope you can see your voices reflected in this report.

> **If I told my family, they would shut me down and say *why are you attention seeking, you have made it to Australia, you should be happy*.**
>
> *- Consumer from CALD community with lived and living experience*

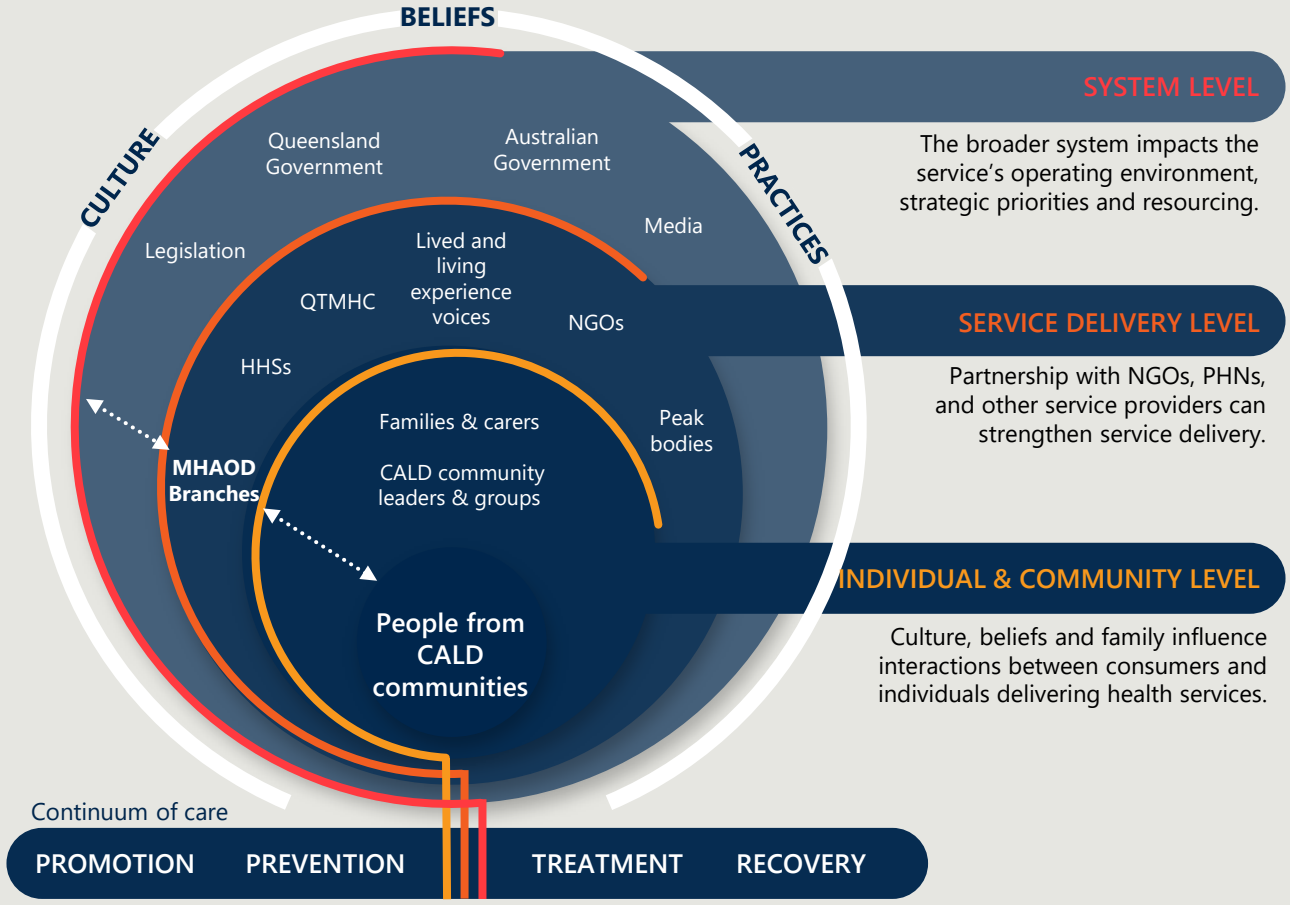
1 People from NESC are more likely to be diagnosed with schizophrenia or mood disorders, more likely to be treated involuntarily, more likely to be on a forensic order, stay in seclusion for longer, and less likely to be followed up after discharge within seven days. Queensland Transcultural Mental Health Centre (2021). Action Plan 2021-2026.

Five drivers play out at all levels of the system and across the continuum of care.

The barriers and challenges for people from CALD communities accessing MHAOD and general health services are well documented.[1, 2, 3, 4, 5, 6, 7, 8, 9] However, there has been limited progress in implementing recommendation due to a range of complex factors.

We identified **five underlying drivers** that play out across the system.

1. **Racism and stigma** continue to impact service planning and delivery, resulting in disparities in outcomes for people from CALD background.
2. **The current mainstream system has limited understanding** of how people from CALD communities understand and experience MHAOD challenges, reducing the effectiveness of current interventions.
3. **Available data does not illustrate the extent of MHAOD issues** in CALD communities across Queensland, making it harder to identify and address at a service planning and system level.
4. **Historically siloed systems and approaches** limit the health system's ability to address social determinants of health.
5. **Operating in a broader resource constrained environment** has flow on impacts on service delivery, especially when specialised services are needed.



[1] Franks, W., Gawn, N. and Bowden, G (2007). Barriers to access to mental health services for migrant workers, refugees and asylum seekers. DOI:10.1108/17465729200700006.
[2] Fozdar F & Salter K (2019). A review of mental ill health diverse communities in Western Australia.
[3] Khatri, R.B. and Assefa, Y (2022). Access to health services among culturally and linguistically diverse populations in the Australian universal health care system: Issues and challenges. DOI:10.1186/s12889-022-13256-z.
[4] Howarth N & Wakefield A (2014), Building the case for reform negotiating the Mental Health System.
[5] Bansal N, Karisen S, Cohen R, Chew-Graham C & Malpass A (2022). Understanding ethnic inequalities in mental healthcare in the UK: A meta-ethnography.
[6] Gopalkrishnan N (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice.
[7] Plowman, M. and Izzo S (2021). Recommendations for a culturally responsive mental health system.
[8] Sawrikar P & Katz I (2008). Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia.
[9] S. Agranmut & R. Tait (2020). A Narrative Literature Review of the Prevalence, Barriers and Facilitators to Treatment for Culturally and Linguistically Diverse Communities Accessing Alcohol and Other Drug Treatment Services in Australia

A robust culturally responsive MHAOD service for people from CALD communities needs a stepped approach that delivers the right level of care at the right time.

This approach builds on similar networked approaches such as the NSW Virtual Allied Health Service and the Victorian Transcultural Mental Health's partnership planning framework.

When to involve QTMHC in care:

- Is this case particularly complex due to the presence of specialised cultural factors; role of community, family; migration history? *If yes*
- Is the right cultural expertise; access to a MMHC, interpreters, bicultural workers, others; available locally to provide appropriate care? *If no*
- Does the MMHC require further advice and guidance in supporting a case? *If yes*

QTMHC handles complex cases across the state

- Consultations and liaison role for more complex cases;
- Support capability development statewide for the MHAOD workforce
- Support a networked model via MMHCs and provide support targeted to regional areas.

When to involve MMHCs in care:

- Do I understand the consumer's cultural background and its potential impact on their mental health? *If no*
- Am I confident I have the resources to communicate effectively? *If no*
- Have I successfully handled similar presentations in the past? *If no*
- Is the consumer from a CALD background and not responding to standard care as expected? *If yes*

MMHCs embedded at HHSs play a critical role in providing specialised care locally

- Handle more complex cases;
- Facilitate access to QTMHC specialist care when required;
- Support HHS to incorporate culturally responsive approaches;
- Coordinate a bicultural workforce;
- Build partnerships with the community and local multicultural health providers and collaborate with multicultural lived experience workforce.

Mainstream workforce is equipped to provide a baseline level of culturally safe care

- Have core cultural safety competencies and confidently deliver care that responds to intersections, cultures and languages;
- Recognise when specialised support is needed via MMHCs or QTMHC and leverage it.

HHS leaders lead culturally responsive service planning and delivery, and support care in the community.

Consumers, families and carers from CALD communities

Queensland's Health's MHAOD branches are system stewards

Support the building of strong partnerships across the system to facilitate holistic input and alignment

Focus on advocacy at a system level

Provide strategic direction in alignment with broader reform and Better Care Together.

In this stepped approach PHNs and NGOs lead primary care. However, contemporary approaches emphasise working with HHSs (e.g. joint MHAOD and suicide prevention regional plans), particularly to support earlier intervention of complex and acute cases in community.

Ten key actions and four enablers are needed to achieve the vision of a coordinated system that addresses the challenges that have been identified.

These opportunities, detailed further on the following pages, should align with broader reform to drive benefits for all consumers, carers and families.

KEY ACTIONS

STRUCTURE

S1 Ensure MMHCs are available and embedded at all HHSs for support tailored to each HHS' needs.*^

S2 Strengthen transcultural mental health service's role in delivering a networked approach and expand its statewide presence.*

WORKFORCE

W1 Increase diversity and representation in the workforce at all levels.*^

W2 Develop and deliver culturally responsive and trauma-informed training for the mainstream MHAOD workforce.*

W3 Expand representation of people from different CALD backgrounds in the lived and living experience workforce.^

W4 Strengthen and implement MHAOD specific capability frameworks to embed culturally responsive care.*^

W5 Develop local and regional pools of bicultural workers to support promotion, prevention and system navigation.*

SERVICE DELIVERY

D1 Strengthen MHAOD models of care to be more culturally safe.^

D2 Strengthen partnerships to reinforce early intervention and improve transition points to reduce pressure on HHSs.^

D3 Establish statewide data collection standards and reporting, and guide the workforce in implementing them.*

ENABLERS

PLANNING & STRATEGIC DECISION-MAKING

E1 Embed multicultural expertise in frameworks, processes and decision-making for service planning and delivery.*

E2 Partner with local community leaders and groups to raise awareness, educate, upskill and to inform service planning.^

E3 Collaborate with the Australian Government and other services to increase visibility and better support settlement programs.*

E4 Conduct CALD specific MHAOD research to support service planning and policy including linking data with other sectors.*

*Opportunities to be led statewide
^Opportunities led at a local level

nous

A bigger idea of success

Nous Group is an international management consultancy operating across Australia, New Zealand, the United Kingdom, Ireland and Canada.

We are inspired and determined to improve people's lives in significant ways. When our strengths complement yours and we think big together, we can transform businesses, governments, and communities. We realise a bigger idea of success.

700 PEOPLE

70 PRINCIPALS

5 COUNTRIES