



Foundation House

The Victorian Foundation
for Survivors of Torture Inc.

Mental Health and Drugs Branch
Department of Health & Human Services
50 Lonsdale Street, Melbourne Victoria 3000
mentalhealthplan@dhhs.vic.gov.au

Victoria's next 10-year mental health strategy

Submission from the Victorian Foundation for Survivors of Torture

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Submitted for by the Victorian Foundation for Survivors of Torture by Dr Ida Kaplan, Direct Services Manager

kaplani@foundationhouse.org.au

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1. Introduction

The Victorian Foundation for Survivors of Torture (Foundation House) appreciates the opportunity to contribute to the development of Victoria's next 10-year mental health strategy.

The focus of the submission relates to particular areas of expertise of Foundation House whose activities encompass the provision of counselling and other services to and for people of refugee backgrounds who have experienced torture and other traumatic events; training of health professionals; and research.

From our perspective, the Discussion Paper and technical papers constitute a strong basis for a strategy to enhance the accessibility and effectiveness of Victoria's mental health services over the next decade.

In particular we welcome recognition of a number of elements that are pertinent to ensuring Victoria's next mental health strategy effectively meets the needs of its diverse population, including those granted protection as refugees and people seeking such protection. The elements include:

- Many Victorians have experienced a wide range of traumatic events, the effects of which are significant for services to understand and respond;
- We need an integrated service system which is both specialist (focusing on mental health) and specialised (focusing on particular population groups or issues);
- Inequity, disadvantage and discrimination are significant risk factors for poorer mental health and must be addressed to as integral aspects of the next mental health strategy.

The submission contains a number of proposals which we trust will be considered for inclusion in the strategy.

2. Summary of proposals for consideration

This section provides an overview of our proposals for consideration for the next mental health strategy, which are detailed in the subsequent text.

An additional principle to improve community mental health literacy

An additional principle should be adopted viz. to improve mental health literacy of the community. The mental health strategy should recognise that improving the mental health literacy of the community requires an understanding that there are significant differences within the population about what information people require and how they access information.

Recognition of the important role of specialised services

The principle of 'equity and responsiveness to diversity' should be elaborated to indicate the types of approach and supports required for its realisation. A key aspect is the provision of specialised services for diverse population where this is demonstrably necessary to ensure effective access and assistance.

Inclusion of data about diversity in the annual mental health plan

The proposed annual mental health report should include data relating to the delivery of services to Victoria's diverse community, including people of refugee backgrounds, to allow accessibility and responsiveness to be assessed.

Support for research and evaluation

The next mental health strategy should include commissioning of evaluation and research to provide the evidence required to ensure the planned outcomes are achieved.

Workforce development to include 'diversity' and 'trauma-informed work'

The proposed outcome of developing a capable and supported workforce should indicate that this includes that the workforce has the capacity to:

- work with a population which is diverse and
- deliver trauma-informed care.

Workforce development must be resourced and monitored

The next mental health strategy should indicate that in order to ensure the development of a capable and supported workforce, services:

- must be resourced to provide the requisite training to staff and
- should report their training and other pertinent actions, for inclusion in the annual mental health report.

3. About Foundation House

As acknowledged in the technical paper "People from refugee backgrounds including asylum seekers", Foundation House provides specialised counselling services to survivors of torture and other traumatic experiences, of refugee backgrounds, who have settled in Victoria.

Foundation House has considerable contact with a range of mental health services that refer clients to us for specialist assistance and to whom we refer clients for assistance that they are best placed to provide.

Foundation House also:

- trains and supports service providers in the health, education and welfare sectors; and
- conducts and commissions research to improve policies, programs and services affecting the health and wellbeing of people of refugee

backgrounds. Of particular pertinence to the mental health strategy is work we have undertaken with respect to (a) the engagement of credentialed interpreters in Victorian health services¹ and (b) barriers to and facilitators of the utilisation of mental health services by children and young people from a refugee background.²

4. Proposals for adoption in the next 10 year mental health strategy

(i) Guiding principles

The eight principles seem to us to provide a good basis to inform the next mental health strategy.

In the following sections, Foundation House proposes that:

- The next mental health strategy should incorporate an additional principle viz strengthening general community awareness of mental health issues and services; and
- The principle of ‘equity and responsiveness to diversity’ should indicate that approaches and supports required for its realisation include the provision of specialised services for diverse population groups.

(a) Proposed additional principle: enhancing community awareness of mental health issues

Foundation House suggest that consideration should be given to an additional principle, to improve community understanding of mental health issues and services i.e. promotion of health literacy relating to mental health.

It is evident that the effective promotion of health literacy must have regard to the diversity of the Victorian population – there will be significant differences between groups about what information they require and the forms in which it must be disseminated in order to reach them (language being an obvious example).

The desirability of strengthening the mental health literacy of the community at large (as well as of consumers, those who may need assistance and carers) is apparent in the Discussion Paper and technical papers. In our view, it is of such significance that it warrants explicit recognition as a principle.

Stigma about mental health issues is a substantial barrier to help-seeking among people of all backgrounds and may be especially strong among certain refugee

¹ Victorian Foundation for Survivors of Torture, *Promoting the engagement of interpreters in Victorian health services*, 2013.

² See for example, E. Colucci, H. Minas, J. Szwarc, G. Paxton and C. Guerra, 2012, *Barriers to and facilitators of utilisation of mental health services by young people of refugee background* <http://refugeehealthnetwork.org.au/wp-content/uploads/Barriers+and+facilitators+pdf+final.pdf>

and asylum seeker communities, as noted in the technical paper on that population (page 2) as well as other ethnic groups.

Further, understandings of what are mental health issues and how they should be managed may vary among groups. This is the case not only for people from non-indigenous cultures: as the discussion paper notes. “Aboriginal views of mental and health and social and emotional wellbeing are different to those of non-Aboriginal people.” (page 14).

Foundation House has been involved with several initiatives relating to refugee background communities, for example with the Royal Children’s Hospital Child and Adolescent Mental Health Services, including a program of work with Assyrian Chaldean community advisors to deliver a psycho-educational program including children’s development, mental health and wellbeing and building an understanding of child and adolescent mental health services.

Foundation House has used this community advisory model in a range of sectors to support services to better respond to the needs of refugee background communities and refugee background communities to be able to access the services they need.

(b) Service implications of the principle of ‘equity and responsiveness to diversity’

The principle of equity and responsiveness to diversity states:

The diversity of the Victorian community requires a range of approaches and supports that take account of rurality, ethnicity, Aboriginality, gender and sexuality.

There are of course other dimensions of diversity which have service implications, such as age, which is recognised in the technical paper on the mental health and wellbeing of children. This could readily be indicated in the principle by referring to the specified characteristics as examples.

To assist the reader to understand the significant implications of the principle, we suggest that the mental health strategy explicitly indicate that the principle encompasses both:

- *Assisting mainstream mental health services to respond effectively to the diversity of the people who access them by – for example - ensuring services have adequate funding for interpreters when required; by ensuring organisations have access to specialist advice about how to respond more effectively to people of refugee backgrounds and other distinct groups; and*
- *Providing specialised services for particular groups where this is demonstrably necessary to ensure effective assistance. The technical papers note for example two instances, child mental health services and*

of Foundation House which provide direct services to particular populations and specialist consultation and support to other services.

The principle itself could readily be expanded to provide this indication. Further, the strategy could have a linked section describing the complementary roles of mainstream and specialised mental health services in Victoria.

(ii) The annual mental health report

Foundation House agrees that an outcomes approach as proposed in the Discussion Paper is appropriate and that the proposed eight outcomes are a good basis for the 10 year strategy.

We welcome that the Discussion Paper:

- states that ‘each year a mental health annual report will be tabled in the Victorian Parliament to monitor the performance of the Victorian public mental health sector and progress against the strategy’ (page 9) and
- indicates that each of the outcomes will have specific measures or indicators to promote accountability for the achievement of the outcomes.

With respect to people of refugee backgrounds, it is important that services collect data which permits monitoring of, for example:

- are people of refugee background (and other CALD groups) accessing services?
- do services as a matter of course identify whether clients are not proficient in English and are interpreters provided when required?

The data should be published in the annual mental health report.

The foundations for this are or should be in place already. In particular we note that the ‘Cultural responsiveness framework – guidelines for Victorian health services’ provides that services should document:

- ‘accredited interpreters are provided to patients who require one.’ (Standard 3) with associated measures and
- ‘Staff at all levels are provided with professional development opportunities to enhance their cultural responsiveness’ (Standard 6) with associated measures.

Similar reporting requirements were recommended by the Victorian Auditor General in 2014 viz

That the Department of Health, the Department of Human Services and the Department of Education and Early Childhood Development:

1. develop and report annually on their cultural diversity plans—or equivalent—in consultation with the Office of Multicultural Affairs and Citizenship and the Victorian Multicultural Commission
2. include in their reporting of progress on cultural diversity plans explicit reference to:

- how culturally appropriate training for staff has been incorporated into the delivery of services for culturally and linguistically diverse communities
- how information/data has been used to increase accessibility of services for culturally and linguistically diverse communities
- the effectiveness of service delivery to culturally and linguistically diverse communities as an integral part of program evaluation.³

The newly established Victorian Settlement Planning Outcomes Committee has identified improvement in data as a priority area for its work. One of the initiatives being examined in the context of health services to the addition of 'Year of Arrival' to existing data sets. Together with existing data Country of Birth, Interpreter Required, Language Spoken this can provide a good proxy measure for understanding who is or isn't accessing mental health services from refugee backgrounds, without needing to ask more intrusive questions regarding visa type etc. Discussions are occurring in relation to inclusion of this data item in areas such as primary care (Commonwealth) and maternity/maternal and child health in Victoria.

(iii) Evaluation and research

A recurring question in relation to a number of the outcomes is “what else could be done to achieve this outcome?”

In response, Foundation House suggests that a critical action relevant to each outcome is *commissioning evaluation and research to provide an evidence base for further action that is required to achieve the outcome*. For example, if the data on service use indicates that people of refugee background are using a service at a rate that is far less than expected, clearly we need establish why that is the case e.g. is prevalence lower? Are there particular barriers to certain groups of people in need accessing the service?

The importance of supporting mental health research more generally is clearly indicated in the guiding principle of evidence-based practice viz “services and policy should be based on identified needs and the best available evidence about effectiveness.”

The available evidence is limited in various respects. For example, consumers with multiple disadvantages (or multiple risk factors) remain relatively under-researched in research for effective interventions; evidence of effectiveness for clients from different cultural backgrounds is relatively under-researched.

³ *Access to Services for Refugees, Migrants and Asylum Seekers.*

(iv) Development of a capable and supported workforce

We support the position of the Discussion Paper that the development of a capable and supported workforce is an outcome that is critical for the achievement of all the objectives of the plan.

Of course, their capacity to deliver the desired outcomes also requires the employment of an adequate number of staff equipped with the necessary tools (e.g. engagement of credentialed interpreters when required).

We believe it would be helpful to indicate specifically that the development of a capable and supported workforce includes ensuring that the workforce has the capacity to:

- work with a population which is diverse in a range of respects - as recognised by the guiding principles; and
- deliver trauma-informed care - as recognised in the proposed outcome priority, “Recognising and responding to the experience of trauma” and the technical paper on trauma and mental health.

Each of these is considered in greater detail below.

(a) Population diversity – people from refugee backgrounds

With respect to working with Victoria’s diverse population, the technical paper “People from refugee backgrounds including asylum seekers” asks: “How do we build system capacity of the specialist mental health service system to respond to the mental health needs of people from refugee backgrounds, including asylum seekers...?” The paper notes a number of programs presently in place that build system capacity such as the professional development and capacity building activities of Foundation House and the Victorian Transcultural Mental Health; the work of the Victorian Refugee Health Network bringing together a variety of stakeholders, developing resources and disseminating information to practitioners, policymakers and researchers; the Refugee Health Program based in community health and the Refugee Health Fellows Program.

Clearly it is important that *mental health services are adequately resourced to undertake the requisite training and that they report* on this area of their operations. As noted above, services are currently required to report on staff being provided with professional development opportunities to enhance their cultural responsiveness. This could be extended to include working with people of refugee backgrounds.

(b) Providing trauma-informed care

We support the proposed actions of the discussion paper, that:

- mental health services be supported to identify trauma and provide trauma-informed interventions and
- the capacity of the public mental health system to identify and respond to trauma should be enhanced.

The technical paper “Trauma and mental health” describes several initiatives to achieve these outcomes, including the commissioning of Phoenix Australia Centre for Posttraumatic Mental Health to provide advice to the department to strengthen the capability of adult mental health services front line staff with respect to people of refugee backgrounds including asylum seekers – Foundation House has participated in the consultations on this project.

As with respect to strengthening the capacity of services to work with people of refugee backgrounds, two actions to contribute to the achievement of the outcome are:

- resourcing services to undertake the requisite training and
- requiring services to report training and other action pertinent to the outcome.

The Mental Health strategy should examine the desirability of strengthening the training of mental health professionals in trauma informed care skills for all groups of people, at both undergraduate and post-graduate programs.

We think it also important for the strategy to note that international and domestic events that can significantly affect the mental health of people of refugee backgrounds occur regularly and acknowledge the challenge of maintaining an up to date awareness of such circumstances. For example, the outbreak of serious violence in a country of origin, affecting family members; major changes in policies towards asylum seekers.