Addressing mental health issues and alcohol and other drug use in culturally and linguistically diverse communities

FINAL REPORT

Mental Health Commission (WA)

17 August 2020

nous

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1 Executive summary

The Mental Health Commission (MHC) is committed to meeting the needs of all Western Australians impacted by mental health issues and alcohol and other drug (AOD) use. Western Australia (WA) is home to a significant number of people from culturally and linguistically diverse (CaLD) backgrounds. 53.5 per cent of Western Australians have one or both parents that were born overseas and 18 per cent of Western Australians speak a language other than English at home.[1] The nature and scale of issues including mental health and AOD use within CaLD communities, and the best practice approaches to meeting their needs are not well-understood. Considering the available evidence base and understanding the perspectives of key service system stakeholders, including people with lived experience of mental health issues and AOD use, is essential to ensuring the service system is responsive to the needs of people from CaLD backgrounds.

In response to the recommendations of the Methamphetamine Action Plan Taskforce's Final Report, the MHC, in partnership with the Office of Multicultural Interests (OMI), engaged Multicultural Futures in June 2019 to undertake consultation and research to better understand the prevalence of mental health issues and use of illicit drugs among CaLD communities in WA and identify opportunities to address the barriers to accessing services in the mental health and AOD service system. Within their scope of works, Multicultural Futures undertook a series of literature reviews to understand and assess the existing empirical evidence base regarding the impact of mental health and AOD issues on CaLD communities, submitting four reports to the MHC. This phase of work, summarised in Section 2.2, represents the first stage of a two-stage project aimed at identifying opportunities to improve the capability of the mental health and AOD service system to meet the needs of people from CaLD backgrounds.

In June 2020, Nous Group (Nous) was engaged to support the MHC to review these 'Stage One' reports, and based on the information contained within these reports, identify opportunities to enhance the mental health and AOD service system to meet the needs of people from CaLD backgrounds. 'Stage Two' of the project, conducted by Nous, seeks to identify recommendations regarding how the mental health and AOD service systems in WA could be enhanced to better meet the needs of CaLD communities by analysing the available evidence and perspectives of key stakeholders. The report does not represent a comprehensive review of mental health and AOD needs of CaLD communities or an assessment of current system capacity.[2] However, it serves as an input into ongoing MHC analysis of needs and future consideration of opportunities for improvement.

The recommendations set out in this report draw on analysis of information from two sources of data. First, a review of the four reports produced by Multicultural Futures during Stage One. A key aim of this project, Stage Two, was to synthesise key insights on mental health issues and AOD use in CaLD communities, based on the available data and literature contained in the Stage One reports. It is important to note that the scope of Stage Two of the project did not include broader research beyond analysis of Stage One reports, and therefore did not include analysis of other peer reviewed literature or grey material, limiting the scope of analysis and recommendations. Second, a series of six consultation activities, including three focus groups with individuals with lived experience of mental health and AOD use from CaLD backgrounds, and three focus groups with key stakeholders, including service providers, system stewards, and representatives from different community groups.

[1] https://www.omi.wa.gov.au/StatsInfoGuides/Pages/WA-Diversity-and-Statistics.aspx

[2] Additional data would be required to achieve the same, and further assessment of system capacity could be condired by the MHC In the future.

Analysis of the Stage One reports indicates that there is currently insufficient publicly available or peer reviewed data to accurately determine prevalence of mental health issues and AOD use in CaLD communities across WA. However, the reports do clearly indicate that CaLD communities face unique stressors of the settlement process which can contribute to mental health issues and AOD use, including cultural, economic and social stressors. Further, analysis of these reports, together with consultation with key stakeholders, indicates that people from CaLD backgrounds appear to be less likely to access mental health and AOD services than those from English-speaking backgrounds. Factors impacting people from CaLD backgrounds' access to and engagement with mental health and AOD services exist at community, service and system levels. The findings in this report are provided in Section 3 and include:

- The access of people from CaLD backgrounds to community and specialist supports can be inhibited by their community's understanding of and attitudes towards mental health issues and AOD use.
- Spiritual, cultural and religious beliefs and practices are an important lens through which mental health issues and AOD use can be understood by people from CaLD backgrounds.
- CaLD communities, including those with lived experience, can be a critical resource in identifying people in their communities who may require mental health and/or AOD services.
- Compared with the broader population, some people from CaLD backgrounds may face additional challenges when trying to access services.[3]
- The limited availability and utilisation of language services within mental health and AOD service provision may restrict the accessibility and efficacy of services for CaLD people.
- Levels of cultural competence across services are inconsistent, with many placing too great an emphasis on biomedical models of care at the expense of cultural considerations.
- The availability of peer or professional workers that share a lived experience of mental health and/or AOD use and a CaLD background, is viewed by consumers as critical.
- Continuity of care is considered a key factor in maximising the participation of mental health and AOD service consumers in their treatment and recovery, and in the outcomes of care.
- Consultation with CaLD groups on policy and service design will support better outcomes and tailored supports across communities.

Based on these findings and the identification of future requirements of an enhanced mental health and AOD service system, recommendations are described in Section 4. These recommendations are not comprehensive or exhaustive and reflect a synthesis of key opportunities identified through the methodology of the project. Recommendations in this report outline requirements to enhance the mental health and AOD service systems to support people from CaLD backgrounds. They include opportunities to improve capacity and capability to contribute to prevention, treatment and ongoing support for community members at three levels: community level, service level and system level. In total 9 recommendations are outlined for the consideration of the MHC:

1. Increase the understanding of mental health issues and AOD use and its effects within CaLD communities, through development of partnerships between government, current services providers and CaLD communities, including spiritual and cultural leaders.
2. Increase the peer workforce of people from CaLD backgrounds with lived experience with mental health issues and/or AOD use to improve availability of peer workers for consumers and carers.

[3] Agranmut & R. Tait, 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, 2020, p.9.

3. Investigate opportunities to increase access and uptake of language services within health, mental health and AOD services, including translating and interpreting services.
4. Support ongoing development of cultural competence within mental health and AOD services through training and workforce diversification strategies.
5. Increase the availability of professionals, including peer workers, counsellors, social workers and other specialists from different cultural backgrounds.
6. Develop the capability of service providers, including clinicians, to understand the role of culture, religion and spirituality in mental health and AOD treatment and support.
7. Build the evidence base regarding: the scope of need of mental health and AOD services; impacts of mental health and AOD issues for CaLD communities in WA; and the efficacy of interventions to inform planning and service delivery.
8. Maximise the 'voice' of people from CaLD backgrounds, including those with lived experience, in the assessment of needs and the design, delivery and oversight of mental health and AOD service provision, policy development, representation, decision making and evaluation.
9. Enhance continuity of care for people from CaLD backgrounds, that engages a range of service providers to meet the holistic needs of the consumer, carers and supporters, including improved coordination of services.

A key theme of all findings and recommendations developed during this project is the value of CaLD people and communities as integral partners to service providers and system stewards in the design, delivery and oversight of the mental health and AOD service system in WA. The participation of community members, most importantly those with lived experience of mental health and AOD use, has been critical to the development of this report. CaLD Western Australians play an important role within the mental health and AOD service system as consumers, carers, advocates, peer workers, volunteers, practitioners, leaders, policymakers and more. It is recommended that the MHC sustain its engagement with CaLD community members and leaders, including those with lived experience, and embed such dialogue as norm of system stewardship.

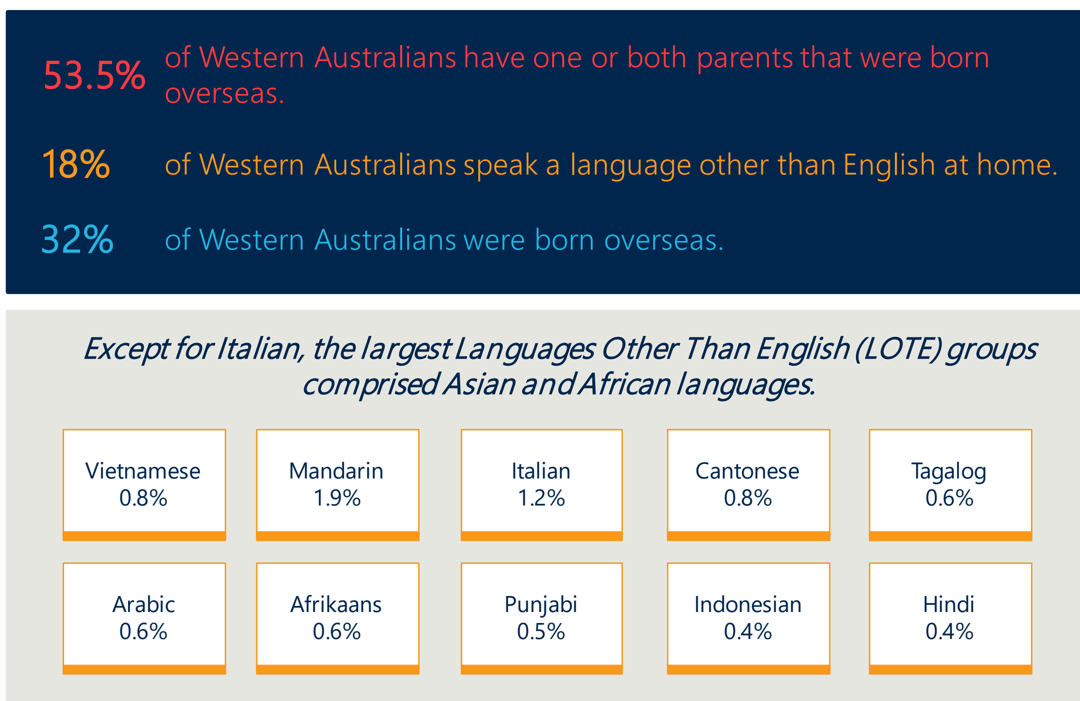
2 Introduction

2.1 Background

Western Australia brings together many cultures and languages

Australia – and more specifically WA – is home to a significant number of people from CaLD backgrounds. Nearly half (49 per cent) of Australian residents are either born overseas or having one parent who was born overseas.[4] In WA, 53.5 per cent of Western Australians have one or both parents that were born overseas.[5] The 2016, the Australian Bureau of Statistics (ABS) Census reported that over one-fifth of households (21 per cent) speak a language other than English, and it is forecast that this figure will continue to rise.[6] In WA, while many migrants were born in English-speaking countries, such as England, New Zealand and South Africa, the 2016 Census showed that 18 per cent of Western Australians speak a language other than English at home. This number has increased by 35 per cent since 2011.[7] Except for Italian, the languages other than English most frequently spoken are comprised of Asian and African languages. 2016 marked the first year that migrants from non-main English-speaking countries outnumbered those from English-speaking countries.[8]

Figure 1 | WA brings together many cultures



[4] Australian Bureau of Statistics, 2071.0 – Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Cultural diversity in Australia: 2016 Census Data Summary, 2017, cited in S. Agranmut & R. Tait, 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, 2020, p. 5.
[5] https://www.omi.wa.gov.au/StatsInfoGuides/Pages/WA-Diversity-and-Statistics.aspx
[6] Ibid.
[7] https://www.omi.wa.gov.au/StatsInfoGuides/Documents/WA%E2%80%99s%20Linguistic%20Diversity.pdf
[8] Ibid.

The WA Methamphetamine Action Plan Taskforce identified a gap in understanding the prevalence and impact of mental health and AOD issues in CaLD communities

The nature and scale of issues including mental health and AOD use within CaLD communities is not well-understood. This gap was noted by the final report of the WA Methamphetamine Action Plan Taskforce, which concluded that the scale of "the use of illicit drugs, including methamphetamine, among CaLD communities in WA is difficult to establish, due to data limitations."[9] Understanding the nature and scale of mental health issues and AOD use among CaLD communities is essential to ensuring the service system addresses the needs of people from CaLD backgrounds. As a result, the final report of the WA Methamphetamine Action Plan Taskforce recommended:

"The Mental Health Commission [MHC] in consultation with the Office of Multicultural Interests [OMI] and CaLD communities […] undertake and report on further research and consultation on drug use, its impact on CaLD communities and approaches to address issues identified." [10]

Given the diversity of the Western Australian population, it is critical that mental health and AOD services in WA are appropriately adapted to meet the needs of people from CaLD backgrounds.[11]

Multicultural Futures were engaged to understand how mental health and AOD services and supports might better meet the needs of CaLD communities

In response to this recommendation, in June 2019 the MHC engaged Multicultural Futures, to undertake consultation and research. The objective of this work was to better understand the use of illicit drugs (including methamphetamine) among CaLD communities in WA and identify opportunities to address the barriers to accessing services in the AOD service system. Given the relationship between mental health, AOD use and the respective service systems, together with the mandate of the MHC, the scope of this project was expanded by the MHC in August 2019 to include analysis of mental health issues in CaLD communities.

Multicultural Futures concluded Stage One of the project in June 2020 and submitted four reports to the MHC (see Table 1). Following this, Nous was engaged to support the MHC to review the Stage One reports, and, based on the information, identify opportunities to improve the mental health and AOD service system's capability to meet the needs of people from CaLD backgrounds. The Nous project was structured around the following questions:

- What is the scale and nature of need for mental health and AOD services and supports for people from CaLD backgrounds?
- How effectively does the current mental health and AOD services system meet the needs of people from CaLD backgrounds?
- What enhancements are required within the mental health and AOD service system to better meet the needs of people from CaLD backgrounds?

[9] Methamphetamine Action Plan Taskforce, Final Report of the Methamphetamine Action Plan, 2018, p. 225.
[10] Ibid.
[11] This report defines people from CaLD backgrounds, defined as "groups or individuals who differ according to religion, race, language or ethnicity, except those whose ancestry is Anglo Saxon, Anglo Celtic, Aboriginal or Torres Strait Islander."

2.2 Methodology

Multicultural Futures conducted Stage One of the project to review the available evidence

Within scope of works of their project, Multicultural Futures undertook:

- A series of literature reviews to understand and assess the existing empirical evidence base on the impact of mental health and AOD issues on CaLD communities.
- Engagements with a range of stakeholders, including consumers, service providers and policy makers as qualitative inputs into the project.

The work was completed with the support of researchers from Curtin University, the University of Western Australia and consulting firm, Aha! Consulting. At the end of Stage One, Multicultural Futures delivered four reports (see Table 1). These reports formed the primary sources for the subsequent stage of work completed by Nous and the elements of these reports that are perceived to be material to future service system design and delivery are reflected in this report. Throughout this report, these reports are referred to as the 'Stage One reports'.

Table 1 | Four reports provided by Multicultural Futures

TITLE	AUTHOR(S)
Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia **(referred to as the AOD Systematic Review)**	Dr Seraina Agramunt Dr Robert Tait
The AOD Systematic Review aimed to review the literature for services or treatments for AOD use by CaLD groups in Australia and identify effective treatments or services for these groups.	
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 **(referred to as the AOD Literature Review)**	Dr Seraina Agramunt Dr Robert Tait
The AOD Literature Review aimed to summarise the literature available about the prevalence of AOD use by CaLD groups in Australia and identify the barriers and drivers to treatment for these groups.	
A review of mental health issues for culturally and linguistically diverse communities in Western Australia **(referred to as the Mental Health Literature Review)**	Associate Professor Farida Fozdar Kara Salter
The Mental Health Literature Review aimed to identify published literature and grey literature exploring mental illness among CaLD communities, demographics and trends, services and supports, and the efficacy of services and supports.	
Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities **(referred to as the Consultation Report)**	Aha! Consulting
The Consultation Report aimed to collate responses from: a Sector Consultation Forum for service providers and policy makers; a workshop with the Multicultural Mental Health Sub Network Steering Committee; a series of 18 Conversation Cafes with community members from different CaLD communities; and five one-on-one interviews with consumers with lived experience of AOD and mental health.	

Nous conducted Stage Two to synthesise the evidence and identify recommendations

Building on Stage One, the MHC engaged Nous to identify recommendations regarding how the mental health and AOD service systems in WA could be enhanced to better meet the needs of CaLD communities.

Stage Two was guided by key lines of enquiry (see Appendix A) which were agreed with the MHC (in consultation with OMI) prior to the commencement of a review of Stage One reports. The recommendations set out in this report use two sources of data:

- **A review of the Stage One reports produced by Multicultural Futures.** The aim of this review was to synthesise key insights on mental health issues and AOD use in CaLD communities, based on the available data and literature. Following the review, a brief paper was developed to test and validate the findings with the MHC and a range of stakeholders.
- **A series of consultation activities, including**[12]:
  - Two focus groups with people with lived experience to provide input into ways in which the existing mental health and AOD systems have been experienced by people from CaLD backgrounds.
  - Four focus groups with system stewards[13], service providers, representatives from different community groups and people with lived experience to test and inform the emerging recommendations included in this report.

This report consolidates the insights from the Stage Two desktop review and focus groups.

2.3 Limitations

This report is based on limited data and documentary sources, constraining the scope of analysis and recommendations

This report has been informed by a desktop review of the Stage One reports prepared by Multicultural Futures and a series of six focus groups with system stewards, service providers, community groups and people with lived experience. Given the restricted data sources, this report does not exhaustively reflect the existing evidence base and is not intended to be a comprehensive assessment of need or the current capacity of the WA mental health and AOD service system. Due to a lack of available data and literature, the documents provided do not comprehensively align with the key lines of enquiry identified, resulting in some critical data gaps. These gaps include:

- **Prevalence of mental health issues and AOD use among CaLD communities:** While all the reports explored prevalence rates, they conclude that the data is limited and, where it is available, may be unreliable.
- **Impacts of mental health issues and AOD use on CaLD communities:** This line of enquiry does not appear to have been explored in the AOD Literature Review, AOD Systematic Review, and Mental Health Literature Review. This gap may be explained by the limited data on prevalence.
- **Capacity of the mental health and AOD service system in meeting the needs of people from CaLD backgrounds:** While the Consultation Report provided anecdotal insights, the AOD Literature Review, AOD Systematic Review, and Mental Health Literature Review identified that there is limited research on the efficacy of the mental health and AOD service system and how it can be improved.

These gaps are addressed in our recommendations in Section 4.

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[12] A more fulsome overview of Nous consultation activities as part of this project, including a list of participating organisations, is provided in Appendix B.

[13] The term 'system stewards' refers to government agencies, such as the MHC who have a role in shaping the strategic direction of policy development and implementation in mental health and AOD services and supports across WA.

3 Findings

This section outlines the key findings surmised from the Stage One reports. This includes an assessment of the available evidence pertaining to:

- **The prevalence of mental health issues and AOD use in CaLD communities.** The reports suggested that there was limited empirical literature to provide a clear response to this area.
- **The factors impacting people from CaLD backgrounds' access to and engagement with mental health and AOD services,** including cultural and community, service level, and system level factors.

3.1 Prevalence of mental health issues and AOD use in CaLD communities

CaLD communities face unique stressors of the settlement process which can contribute to mental health issues and AOD use

The Stage One reports acknowledged that mental health issues and AOD use among Australian CaLD communities are complex issues that can be driven by a range of cultural, economic and social stressors of the settlement process (see Figure 2 below).[14] Understanding these stressors, and how they might vary from stressors that impact the general population, is recognised as essential when developing and delivering services that meet the needs of people from CaLD backgrounds.

Figure 2 | Stressors of the settlement process

[14] S. Agranmut & R. Tait, 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, 2020, pp. 6, 15; S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 4; F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, pp. 4-5.

The data is not clear on how prevalent mental health issues and AOD use are in CaLD communities

The prevalence of mental health issues and AOD use in CaLD communities was a key question explored by the AOD Literature Review, AOD Systematic Review and Mental Health Literature Review. All reports concluded that the data on prevalence is limited and, where it is available, may be unreliable due to factors such as low participation rates in research, the use of English-language surveys, the stigma associated with mental health issues and AOD use, and the heterogeneity of CaLD communities. Although the Consultation Report provides some anecdotal evidence on prevalence rates, without reliable empirical data, only limited conclusions on the prevalence of mental health issues and AOD use among CaLD communities can be drawn in this report.

Some reports suggest that AOD use might be higher than what is reported

The AOD Literature Review and AOD Systematic Review revealed a lack of clarity regarding the prevalence of AOD use among CaLD communities. Several sources referenced in these two reports identified that people from CaLD backgrounds have lower rates of AOD use. For example, the National Drug Household Survey 2016 (cited in both the AOD Literature Review and AOD Systematic Review) found that people from CaLD backgrounds were less likely to use AOD than people who primarily speak English at home. 49 per cent of the CaLD sample did not consume any alcohol in the last 12 months, compared to 19 per cent of people whose main language spoken at home was English.[15] Similarly, people whose main language spoken at home is a language other than English (82 per cent) were more likely to report that they had never used illicit drugs than those whose main language spoken at home was English (54 per cent).[16]

Conversely, other sources referenced in the AOD Literature Review and AOD Systematic Review reported that data on AOD use among people from CaLD backgrounds is unreliable[17], and CaLD communities likely have higher levels of AOD use than reported. The Australian Government's *National Drug Strategy 2017-2026*, for example, stated that "some [CaLD] populations have higher rates of, or are at higher risk of, alcohol, tobacco and other drug problems."[18] This is supported by a cross-sectional study of CaLD communities in Sydney by Donato-Hunt et al. which found that some CaLD groups were more likely to engage in binge drinking than non-CaLD groups.[19] The Consultation Report also suggests that prevalence rates of AOD use among CaLD communities is likely to be higher than reported. Service providers consulted identified that AOD is a significant issue facing CaLD communities that is growing, as represented in Figure 3 overleaf.[20] Given the conflicting findings of various studies and surveys, it is challenging to draw conclusions on the prevalence of AOD use among people from CaLD backgrounds.

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[15] S. Agranmut & R. Tait, 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, 2020, p. 10; S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 7.

[16] Ibid.

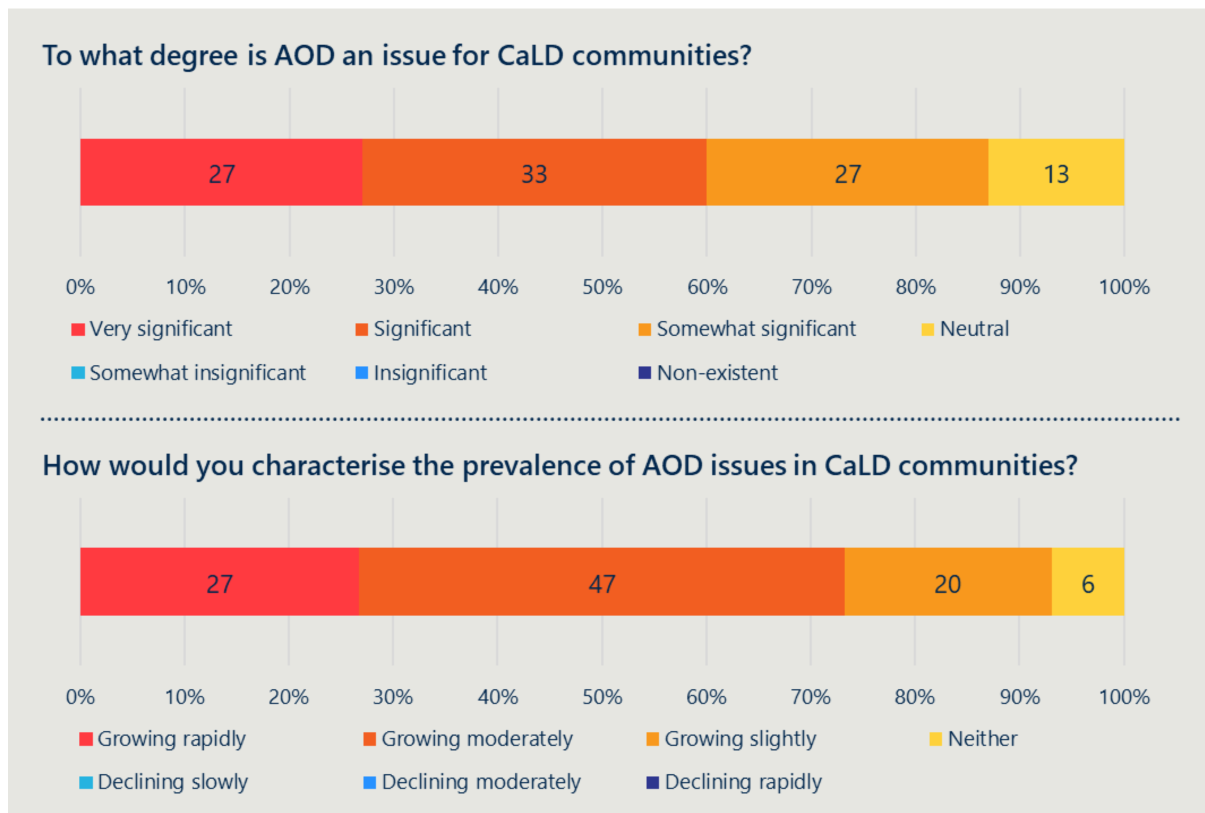
[17] The reports did not expand upon practices to improve data capture and collection. Addressing lack of reliable data is addressed as part of system level recommendations.

[18] Australian Department of Health, National Drug Strategy 2017-2026, 2017, p. 29, cited in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 6.

[19] C. Donato-Hunt, S. Munot & J. Copeland, Alcohol, tobacco and illicit drug use among six culturally diverse communities in Sydney. Drug and Alcohol Review, 2012, cited in S. Agranmut & R. Tait, 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, 2020, p. 15.

[20] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020, pp. 6-7.

Figure 3 | Findings from the Sector Consultation Forum



While some national studies suggest lower prevalence of mental health issues among people from CaLD backgrounds, these rely on outdated data, or limited sample sizes

In relation to national data on the prevalence of mental health issues among CaLD communities, the Mental Health Literature Review identified some data indicating that CaLD communities experience lower rates of mental health issues. However, this data was not contemporaneous and was of limited generalisability.[21] For example, through a study by Minas et al. found that overseas-born people in Australia have lower levels of diagnosed mental illness than Australian-born people, the study was conducted in 2013 and looked specifically at migrants, rather than at CaLD communities, more broadly.[22] Similarly, a 2019 Productivity Commission Report found that "at an aggregate level, the prevalence of mental illness in the CaLD population is lower than that of the general population."[23] However, this finding was based on ABS data from 2007, and the methodology used to arrive at this conclusion is unclear.[24]

Within a WA context, the Mental Health Literature Review identified that "there is no data on prevalence rates of mental health issues among CaLD communities in WA."[25]

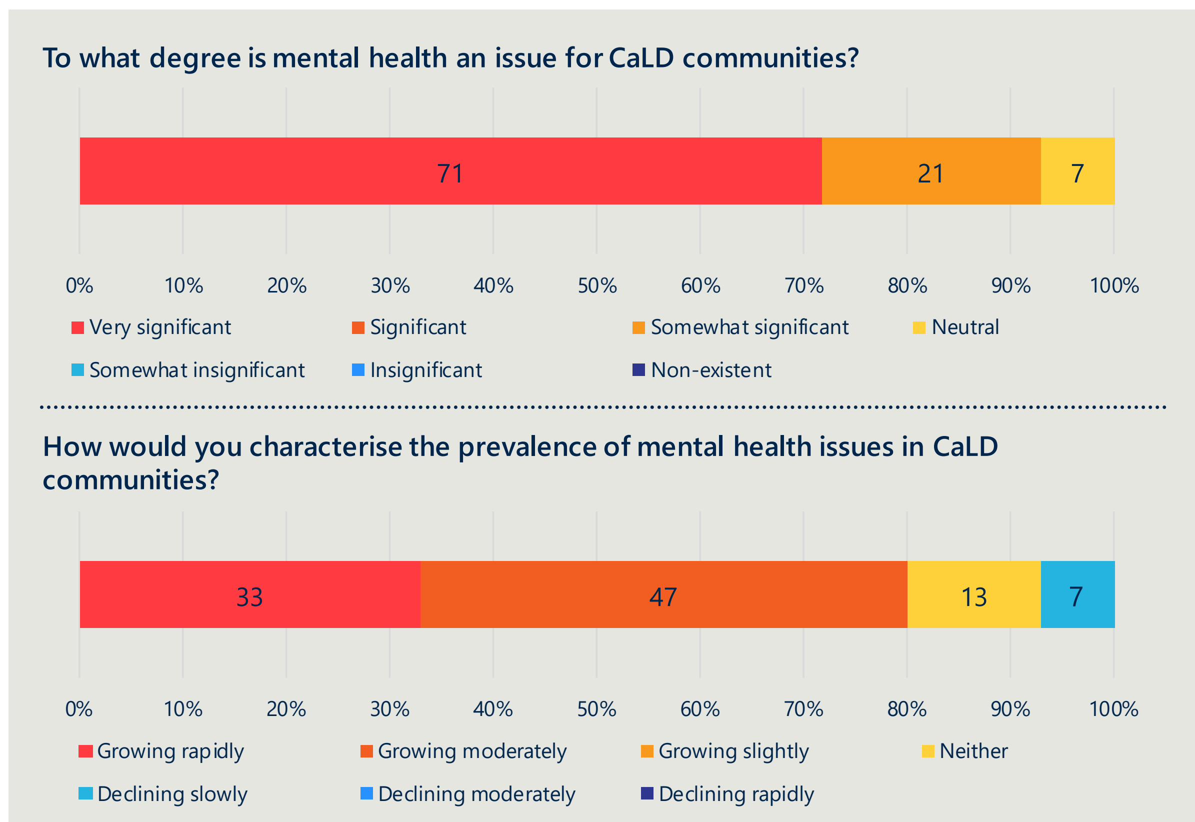
[21] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, pp. 19-21.
[22] H. Minas, R. Kakuma, L. San Too, H. Vayani, S. Orapeleng, R. Prasad-Ildes, G. Turner, N. Procter & D. Oehm, Mental Health Research and Evaluation in Multicultural Australia: Developing a Culture of Inclusion, International Journal of Mental Health Systems, cited in F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 21.
[23] The Productivity Commission, Mental Health, Draft Report, 2019, p. 169, cited in F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 21.
[24] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 21.
[25] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 23.

While the review identified some studies, these were typically based on non-representative samples. The report concluded that methodologies used were not sufficiently rigorous to form insights for wider application in a WA context.[26]

Although there is limited empirical evidence, consultation provides valuable insights

Although empirical data is not sufficient to understand the prevalence of mental health among CaLD communities, the Consultation Report provided some valuable anecdotal insights into the prevalence of mental health issues among CaLD communities. Service providers that were consulted shared that mental health is a significant issue for CaLD communities, and that the prevalence of mental health issues is growing, as shown in Figure 4.[27] They reported that mental health was a more significant concern than AOD within CaLD communities, and the prevalence of mental health issues was increasing more rapidly than AOD issues.[28] Service providers also shared that "anecdotally, there is likely to be higher levels of [mental health] issues than reported, as many people from CaLD communities [do not] present at services."[29] Factors influencing this are explored in Section 3.2. The Consultation Report revealed that mental health is an area of great concern to CaLD communities; however, drawing conclusions on the prevalence of mental health issues among these communities is difficult without reliable empirical data.

Figure 4 | Findings from the Sector Consultation Forum



[26] Ibid.
[27] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020, pp. 6-7.
[28] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020, pp. 6, 37.
[29] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020, p. 7.

The reports identify four reasons for the lack of clarity around the prevalence of mental health issues and AOD use in CaLD communities:

- People from CaLD backgrounds tend to participate in research less than those from English-speaking backgrounds.[30] Consequently, limited data has been collected from CaLD communities in relation to the prevalence of mental health issues and AOD use.
- English-language surveys are a common method of collecting data on mental health issues and AOD use, providing a barrier to the participation of some people from CaLD backgrounds.[31]
- There is significant stigma associated with mental health issues and AOD use in many CaLD communities, which can deter people from CaLD backgrounds disclosing this information.[32]
- The AOD Literature Review and Mental Health Literature Review highlighted that collecting data on prevalence rates among CaLD communities is complex as these communities are not homogenous; there are critical differences both between and within communities.[33]

As a result, findings cannot be generalised across CaLD groups.

[30] S. Agranmut & R. Tait, 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, 2020, p. 28; S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 7.
[31] Ibid.
[32] Ibid.
[33] S. Agranmut & R. Tait, 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, 2020, p. 12; F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 3.

Key findings | Prevalence of mental health and AOD use in CaLD communities

Relevance of evidence to meeting the needs of people from CaLD backgrounds

- Some people from CaLD backgrounds may experience stressors that are different to and/or surplus to the factors affecting the general Australian population, which contribute to mental health issues and AOD use, in part, due to the settlement process. Addressing these stressors, such as discrimination, unemployment and social isolation, through preventative strategies may help to reduce the scale of need.
- The lack of sufficient empirical data regarding the nature and prevalence of mental health and AOD issues in CaLD communities in WA restricts the extent to which the AOD and mental health service system can understand and respond to needs. Limited data may negatively impact policy decisions, by impeding the identification of specific service needs and development of specific service responses or addressing capacity and capability requirements of specific services to meet needs.

Future requirements of an enhanced mental health and AOD service system

- Build the evidence base regarding the nature of need regarding mental health and AOD use and its impacts for CaLD communities in WA, and efficacy of community, service and systemic interventions.
- Establish channels other than empirical evidence to understand and assess needs and efficacy of future service supports and interventions through community participation, including those with lived experience, in policy and service decision making and design.
- Address the contributing factors, such as stressors identified above, that contribute to the prevalence and burden of mental health and AOD use within CaLD communities, such as discrimination, unemployment and social isolation.

3.2 Factors impacting people from CaLD backgrounds' access to and engagement with mental health and AOD services

People from CaLD backgrounds appear to be less likely to access mental health and AOD services than those from English-speaking backgrounds

Some studies identified by the reports suggest that people from CaLD backgrounds are underrepresented in both mental health and AOD services. The AOD Literature Review and AOD Systematic Review reported that people from CaLD backgrounds are less likely to access AOD services.[34] Similarly, the Mental Health Literature Review identified that people from CaLD backgrounds are less likely to access services for mental health issues.[35] The reports indicate that CaLD communities are underrepresented in mental health and AOD services. It is important, but difficult to understand the factors that contribute, with limited empirical evidence.

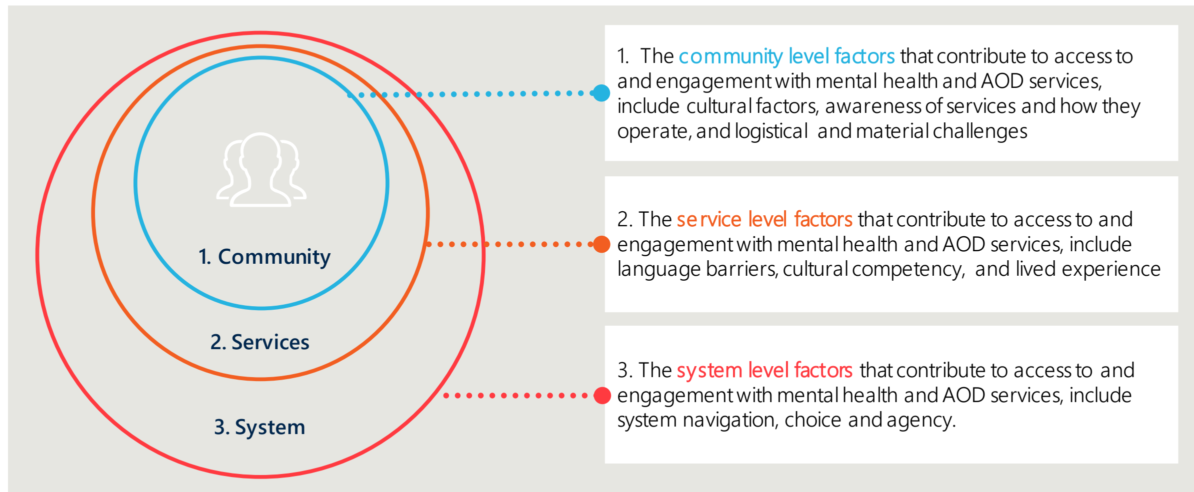
[34] S. Agranmut & R. Tait, A Narrative Literature Review of the Prevalence, Barriers and Facilitators to Treatment for Culturally and Linguistically Diverse Communities Accessing Alcohol and Other Drug Treatment Services in Australia, 2020, p. 14; S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 9.

[35] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 7.

Factors impacting people from CaLD backgrounds' access to and engagement with mental health and AOD services exist at three levels

The reports recognise that the underrepresentation of people from CaLD backgrounds in mental health and AOD services is most likely a consequence of barriers to access that people from CaLD backgrounds face, rather than lower levels of need.[36] The reports and focus groups surfaced a range of factors impacting CaLD communities' access to and engagement with mental health and AOD services.[37] These factors operate at various levels: the community level, the service provider level and the broader system level, as represented in Figure 5 below. Each level is explored in turn below.

Figure 5 | Factors contributing to access to and engagement with mental health and AOD services



The Consultation Report and the focus groups conducted during this project also highlighted that individual factors, based on a person's unique experience and circumstances may impact their access to mental health and AOD supports. For the purposes of this report, these have been integrated into each of the other factors.

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[36] S. Agranmut & R. Tait, 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, 2020, pp. 28-29; S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 9; F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019, p. 7.

[37] *Access* refers to the initial approach by a person to a service. *Engagement* refers to the ongoing participation of a person in a service for the period that they require support.

3.2.1 Community level factors

Cultural differences

> "Addiction is a big area of shame for my community, and people don't want to talk about it."
>
> - Focus group attendee

There can be significant stigma, shame and fear associated with mental health issues and AOD use within some CaLD communities, which can deter people from seeking support

Stigma, shame and fear associated with mental health issues and AOD has been highlighted as a significant issue in seeking further support in the Stage One reports. Stigma associated with mental health issues and AOD in community is multifaceted and can be exacerbated by other problems, such as unemployment, marital difficulties, and social isolation.[38] Findings identified through the Stage One reports suggested some of the ways in which stigma can deter people from CaLD backgrounds from seeking support, including when:

- Traditional culture and beliefs are attributed to the stigma around mental health issues and AOD use which can prevent some individuals from speaking to their family, reaching out for help, or may lead to hiding substance use from family members.[39]
- A community group holds a belief that mental health is a sign of weakness or 'defeat' and individuals are hesitant to seek health support due to feelings of shame, embarrassment and isolation because of the stigma attached to mental health.[40]

Some people from CaLD backgrounds may not recognise symptoms of mental health issues and AOD use, and may view them as physical, spiritual or other issues

> "In my experience, it has been more effective for services to use language that is acceptable for the people they are working with. My family may not understand if I am 'mentally unwell', but they do understand if I have 'trouble sleeping, a poor appetite, or are feeling sad'."
>
> - Focus group attendee

Lack of mental health literacy among some CaLD communities has been cited as one of the factors that might have a negative impact on people seeking treatment.[41] There are a number of ways that this is reported to manifest for individuals, including:

- Interpreting mental health symptoms as spiritual issues or phenomena rather than as psychological, emotional or physical mental health issues.[42]
- Limited or variant cultural understanding (both by individuals, families and communities) of what it means to experience mental health issues and/or AOD use. For example, in some communities, the early signs of AOD use may be frequently dismissed.[43]

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[38] Abdullah, T.,Brown,T.L. 2011, 'Mental illness stigma and ethnocultural beliefs, values, and norms: an integrative review,' Clin.Psychol.Rev.31, pp.934–948.
[39] S. Agranmut & R. Tait, 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, 2020.
[40] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020,
[41] McCann, T. V., Mugavin, J., Renzaho, A., & Lubman, D. I. (2016). Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. BMC Psychiatry, 16(1), 275.
[42] S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 9.
[43] McCann, T. V., Mugavin, J., Renzaho, A., & Lubman, D. I. (2016). Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study. BMC Psychiatry, 16(1), 275.

- Language used to describe mental health by professionals does not resonate with some cultural or language groups.[44]

To address these issues, it has been suggested that concerns relating to mental health and AOD use should be addressed in some community groups through a focus on general physical health and broader social, emotional and cultural wellbeing.[45] The reports also suggested that cultural competency training for service providers could improve the understanding of clinicians regarding how some people from CaLD backgrounds may understand symptoms of mental health and AOD issues. This could result in a treatment approach that works with rather than against diverse cultural and spiritual understandings of mental health and AOD issues.

Awareness of services and how they operate

"Understanding the system and where to go and learning English at the same time was very hard."

- Focus group attendee

Some people from CaLD backgrounds are not aware of the range of mental health and AOD services available and how to access them

The Stage One reports indicate that some people from CaLD backgrounds are often not informed about the range and availability of different services and treatments.[46] Feedback from the Consultation Report and consultation conducted with those with lived experience during Stage Two suggested that there is limited understanding of services by both individuals and broader communities. For some people, this can be a barrier to accessing services as:

- The information and channels provided by service and supports may not be easily accessible for some people from CaLD backgrounds. Many individuals are not clear on where they can go and what they can access to receive support. The ways in which some people from CaLD backgrounds seek information about support services may vary to those that are common to other populations.
- Services may not be easy to understand or access, which might impact the awareness of some CaLD communities' of the range of services available. This can result in a greater responsibility being placed on family members, without adequate support and education.[47]
- Some types of service may be viewed negatively by some CaLD communities, due to misconceptions, poor understanding or negative views that deter individuals from seeking specific types of support, such as counselling.[48]

[44] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.
[45] Victorian Alcohol and Drug Association. (2016). CALD AOD Project: Final report., referenced in S. Agranmut & R. Tait, 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, 2020.
[46] S. Agranmut & R. Tait, 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, 2020, p.16.
[47] S. Agranmut & R. Tait, 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, 2020,p. 16.
[48] S. Agranmut & R. Tait, 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, 2020,p. 18.

Individuals from within both CaLD groups and the broader community can play a role in supporting people from CaLD backgrounds with mental health issues and AOD use by encouraging them to access specific services or facilitating other sources of support

Communities can play an important role in supporting people from CaLD backgrounds with mental health issues and AOD use as a source for support, information and legitimisation. Stage One reports indicate that there are a range of ways in which the community may have a positive impact in supporting individuals of families experiencing mental health issues and/or AOD use. These include:

- People expressing comfort to share their challenges with community or religious leaders through forums such as religious groups, community groups, or local sporting groups.[49]
- Community groups providing linkages to not-for-profit organisations and service providers through awareness raising within their communities.[50]
- Targeted interventions for specific groups through community-led programs, or existing community activity.[51] Social activities, such as community and sporting events have been suggested to offer greater social support from peers and a greater sense of social identity, in addition to more formal or clinical supports and interventions.[52]

Logistical and material challenges

Transport and costs associated with accessing services may impact some people from CaLD backgrounds, particularly those from low socio-economic backgrounds

For some CaLD communities, logistical challenges and the costs of accessing services may act as a deterrent and/or obstacle to accessing mental health and AOD services. These challenges may be particularly experienced by individuals or families from low socio-economic backgrounds. Potential barriers to access that have been highlighted in the Stage One reports and focus groups include:

- Residing and/or working in locations that are not sufficiently served by mental health and AOD service providers or being restricted from accessing services in other locations.[53]
- Being ineligible for Medicare due to migration status and/or unable to afford other health care costs, such as private health insurance.[54]
- Being unable to afford transportation and other costs associated with traveling to access appropriate services.[55]

[49] Focus Group input and [49] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.
[50] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.
[51] Horyniak et al., 2016 in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 19.
[52] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.
[53] Focus Group input
[54] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019.
[55] S. Agranmut & R. Tait, 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, 2020.

Key findings | Community level factors

Relevance of evidence to meeting the needs of people from CaLD backgrounds

- The access of people from CaLD backgrounds that are experiencing mental health issues and/or AOD use to community and specialist supports can be inhibited by their community's understanding of and attitudes towards mental health issues, AOD use and associated services.
- Spiritual, cultural and religious beliefs and practices may be an important lens through which mental health issues and AOD use can be understood by people from CaLD backgrounds, and an opportunity for support, including treatment and ongoing supports.
- CaLD communities, including those with lived experience, can be a critical resource in identifying people in their communities who may require mental health and/or AOD services, assisting people to access specialist services, and/or providing broad education and supports.
- Compared with the broader population, some people from CaLD backgrounds may face additional challenges when trying to access services.[56]

Future requirements of an enhanced mental health and AOD service system

- Increase the understanding of mental health issues and AOD use, needs and services within CaLD communities, including cultural and spiritual leaders.
- Develop the capability of service providers, including clinicians, to understand and respond to the role of culture and spirituality in mental health recovery and AOD treatment and support.
- Develop partnerships with CaLD communities, including formal and informal organisations, to provide referrals and facilitate the access of people to support services.
- Develop partnerships with CaLD communities, including formal and informal organisations, to provide mental health and AOD services and/or supports.

[56] Agranmut & R. Tait, 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, 2020, p.9.

3.2.2 Service level factors

Language barriers

Language barriers can deter people from CaLD backgrounds who have low English proficiency from accessing or completing treatment for mental health issues and AOD use

The Stage One reports indicated that language barriers may prevent people from CaLD backgrounds from accessing services.[57] Language barriers for some people may create:

- Frustration for those seeking support with feeling unable to share experiences appropriately, or for services to engage and understand these experiences.
- Inability to benefit from written resources associated with therapeutic treatments and psych-education.[58]
- Some existing AOD treatments may be unsuitable for some CaLD clients in that they require a high degree of English fluency.[59]

It was noted in the AOD Literature Review that while 21 per cent of Australian households speak a language other than English,[60] English was the preferred language of 96 per cent of clients.[61]

Although a range of interpreter services are available, they are often not used or are not used well

The Mental Health Literature Review identified low availability of interpreters as a barrier to access for mental health and AOD support. Stage One reports identified a number of considerations regarding the use of interpreters:

- Interpreters can be underused or unavailable.[62]
- Some services do not have the training to understand the role of or work effectively with an interpreter.[63]
- Some people from CaLD backgrounds have anxiety about using face to face interpreter services, particularly in smaller communities where there are concerns about confidentiality.[64]

"It's funny that I find... they will trust me, a complete stranger, and white... they get very panicked if I say, "well, you know let's get an interpreter"...[they'll say] "No, no, no, no. What if they know him, who knows her, who knows somebody?" and they're very, very afraid of the confidentiality aspect."

- Consultation Report

[57] S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 9.
[58] Rowe in . Agranmut & R. Tait, 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, 2020.
[59] S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 9
[60] Australian Bureau of Statistics, 2071.0 – Census of Population and Housing: Reflecting Australia – Stories from the Census, 2016, Cultural diversity in Australia: 2016 Census Data Summary, 2017, cited in S. Agranmut & R. Tait, 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, 2020, p. 5.
[61] Australian Institute of Health and Welfare, Alcohol and other drug treatment services in Australia 2017–18: key findings, 2019, cited in S. Agranmut & R. Tait, 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, 2020, p. 14.
[62] Donato-Hunt and Turay, 2009 in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 18.
[63] Focus Group input
[64] Agranmut & R. Tait, 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, 2020, Focus Group input.

- Some service providers may lack funding to access interpreters, which may have a negative impact on the delivery of services offered to clients.[65]
- Some interpreters may paraphrase what has been said, rather than translate which could result in different treatment experiences. Conversely, in some languages, the terminology used to describe mental health may not address the needs of the client. Some reviews have recommended that bi-lingual or bi-cultural AOD Counsellors are more effective facilitators to treatment balancing language requirements, as well as understanding of available treatments and supports.[66]

Cultural competency

The 'Western' biomedical model of mental illness and language used may not resonate with some CaLD communities

Existing hierarchies and approaches to the 'Western' biomedical model of mental health may not resonate with some CaLD communities.[67] Stage One reports and Stage Two consultations highlighted a number of ways in which this has been experienced by some people from a CaLD background:

- In some CaLD communities, the existing power differential between consumers and clinicians means that patients are less likely to ask questions about their treatment or seek a second clinical or service opinion.[68]

"It is important to ask the right questions as a GP – there's often not a push back because there's a culture that 'the doctor knows' best"

- Focus group attendee

- Some service providers may not recognise cultural manifestations of mental health issues and AOD use. As a result, treatments applied are a medical model, that do not always address the underlying cultural issues that exist.[69]
- Services do not always use the types of language that is safe for people and their cultural understanding.[70]

There is a perceived lack of workforce cultural competency and CaLD representation in mental health and AOD services

Evidence suggests that some mainstream Australian services do not have adequate procedures and policies in place for working with people from CaLD backgrounds.[71] The Consultation Report highlighted areas where service providers may require improvements to workforce capability and processes to better support CaLD clients. Suggestions included:

- Mental health and AOD mainstream services to strengthen their cultural competency through training and provide a friendly and non-judgemental environment.[72]

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[65] Agranmut & R. Tait, 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, 2020, p. 18.
[66] Rowe in, Agranmut & R. Tait, 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, 2020.
[67] Agranmut & R. Tait, 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, 2020, p. 9.
[68] Focus Group input
[69] 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, 2020.
[70] Focus Group input
[71] Donato-Hunt and Turay, 2009 in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 18.
[72] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.

- Greater visibility and cultural representation in the workforce. Research conducted in Australia also suggests that bi-cultural workers should be provided when working with people from CaLD backgrounds.[73]
- Accessibility of mainstream service environments – ensuring the location, décor, signage and intake process is culturally secure and accessible.[74]
- Updates to service processes and procedures that do not currently reflect cultural considerations.

Lived experience

People from CaLD backgrounds value the presence of workers with lived experience

Much like the evidence to support the benefit of peer workers for people from non-CaLD backgrounds, the important role of peer workers (or similar supports) was highlighted in consultation conducted during this project as valuable. Consultation participants articulated the strong value for people with CaLD backgrounds to connect with people with lived experience from similar cultural backgrounds. Input from focus groups focussed on experience of peer supports that were provided once contact or access to a service had already been made. Key themes of discussion included:

- Peer workers can support some people to remain engaged in a service or course of treatment through their supports where they might otherwise disengage.
- Peer workers with similar lived experience and cultural connection helps some people feel understood, listened to and that there is a path forward to address their AOD or mental health issues.
- They can provide an 'empathetic ear' that is non-textbook and non-clinical.

Key findings | Service level factors

Relevance of evidence to meeting the needs of people from CaLD backgrounds

- The poor availability and utilisation of language services within mental health and AOD service provision may restrict the accessibility and efficacy of services for CaLD people, including preventative, treatment and other support services.
- Services are not consistently or sufficiently culturally competent, reflected in their design, through an emphasis on biomedical models of care and delivery, and through the perceived limited understanding of some service providers of cultural considerations.
- The availability of peer or professional workers that share a lived experience of mental health and/or AOD use and a CaLD background, is viewed by consumers as a valuable resource to access and participate in treatment and recovery services.

Future requirements of an enhanced mental health and AOD service system

- Increased access to and utilisation of language services (including face-to-face, and telephone).
- Enhanced cultural safety of services and the workforce providing services.
- Increased availability of CaLD peer support and professional workers that share a lived experience with mental health issues and/or AOD use.

[73] Rowe in, Agranmut & R. Tait, 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, 2020.
[74] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.

3.2.3 System level factors

System navigation

Continuity of care[75] can play an important role in supporting people from CaLD backgrounds build trust in the system

Continuity of care was identified in the Stage One reports as a factor that can improve the access for CaLD groups to mental health services.[76] Services encounter different challenges to offer the consistency required to build relationships, particularly in relation to service funding arrangements. The Stage One reports highlighted the importance of continuity of care in supporting some people from CaLD backgrounds navigate and access the supports they need. Continuity of care is understood to impact the way in which people from CaLD backgrounds engage with services, in a number of ways:

- For many people, the experience of having to speak to a different person each time they interact with a service can be a significant barrier. This experience can negatively impact the ongoing participation of the individual and inhibit the impact of the service or intervention.[77]
- Some people have come from an environment where trust in the service is low, so it can be hard to build this trust. As a result, they may not feel comfortable in sharing their experiences.[78]

Coordinated supports between services can support improved engagement and outcomes from services

Some people from CaLD backgrounds present with a range of psychosocial and health issues and may need to engage with a range of different services and representatives of those services to get support. Positive examples of this from the focus groups identified:

- Collaboration within and between services to provide continuity of support. An example of this identified by a focus group participant was communication between their GP and social worker.
- Co-location of services where a range of supports are present within the one place, were identified as enablers for some people from CaLD backgrounds accessing different supports, both for AOD and mental health issues, but also for other stressors experienced due to the settlement process.

Separation of mental health and AOD supports in the system may present challenges for some people from CaLD backgrounds

Stage One reports indicated that there is often a distinct separation between mental health and AOD treatment services in Australia.[79] Stage One reports identified that this structural distinction can be a barrier to access for some people in CaLD communities, including:

- The fragmented nature of the services might increase the risk of treatment disengagement as clients might have to attend multiple services at the same time.[80]

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[75] Continuity of care is concerned with quality of care provided over time. It is the process by which an individual and their care team are cooperatively involved in ongoing care management.
[76] Pierce & Brewer 2012 in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019.
[77] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020 and Focus Group input.
[78] Ibid.
[79] Flatau, P., Conroy, E., Clear, A., & Burns, L. (2010). The integration of homelessness, mental health and drug and alcohol services in Australia.
[80] S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 16.

- For some people from a CaLD background, mental health and AOD use are often co-occurring. People with lived experience consulted during Stage Two reported that it is important to address their need holistically rather than separately.[81]

Choice and agency

Consultation with CaLD groups on policy and service design may support better outcomes and tailored supports across communities

Engaging consumers and diverse groups in mental health and AOD policymaking and funding for policy implementation of service design, delivery and evaluation, is a priority for the MHC.[82] Consultation with people with lived experience of mental health and AOD service provision identified a number of suggestions for how this engagement may be further improved:

- Increasing the participation of representatives of CaLD communities and people with mental illness and their families and support persons in policy making and implementation processes at local, state and national levels.[83]
- Supporting co-design processes with specific cultural or language groups, not with a singular 'CaLD group', including but not limited through engaging leaders (including women, young people and others) of specific CaLD communities, in order to identify community-specific needs and interventions where appropriate.[84]
- Facilitating representation of people from CaLD backgrounds, including those with lived experience of mental health issues and AOD use, on Boards or other governance mechanisms of services, peak bodies and other institutions engaged in the provision of mental health and AOD services.[85] This includes revisiting requirements for people with lived experience participating in service or policy design, to ensure that the role is feasible, as people with lived experience may have ongoing issues that they are managing.[86]

Key findings | System level factors
Relevance of evidence to meeting the needs of people from CaLD backgrounds

- Continuity of care is considered a key factor in maximising the participation of mental health and AOD service consumers in their treatment and recovery and the outcomes of care.
- Consultation with CaLD groups on policy and service design may support better outcomes and tailored supports across communities.

Future requirements of an enhanced mental health and AOD service system

- Enhanced continuity of care for people form CaLD backgrounds, that engages a range of service providers to meet the holistic needs of the consumer.
- Improved coordination of services that provide AOD, mental health and other health and psychosocial support to people form CaLD backgrounds.
- Maximise the 'voice' of people from CaLD backgrounds, including those with lived experience, in the design, delivery and oversight of mental health and AOD service provision.

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[81] Focus Group Input
[82] See: Mental Health Commission, Mental Health and Alcohol and other Drug Engagement Framework
[83] F. Fozdar & K. Salter, A review of mental ill health for culturally and linguistically diverse communities in Western Australia, 2019.
[84] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020 and Focus Group input.
[85] Ibid
[86] Focus Group input

4 Recommendations

The following recommendations are the product of the synthesis of the Stage One reports and input of key stakeholders through consultation. Recommendations address three categories of requirements to enhance the mental health and AOD service systems to support people from CaLD backgrounds. They include recommendations focussed on:

1. Improving capacity and capability of CaLD **communities** to contribute to prevention, treatment of mental health and AOD issues among its members and ongoing support for them.
2. Improving capacity and capability of mental health and AOD **services** to contribute to prevention, treatment and ongoing support for community members.
3. Improving capacity and capability of the mental health and AOD **system** to contribute to prevention, treatment and ongoing support for community members.

Given the limitations highlighted in the Stage One reports, further research and consultation with service users and providers is required to identify the most efficacious approaches, including specific services or delivery modes. The recommendations outlined in this section serve as an input into future MHC and wider WA Government consideration, planning and design.

Recommendations | Community level factors

1. Increase the understanding of mental health issues and AOD use and its effects within CaLD communities, through development of partnerships between government, current services providers and CaLD communities, including spiritual and cultural leaders.

Recommendation 1 | Increase the understanding of mental health issues and AOD use and its effects within CaLD communities, through development of partnerships between government, current services providers and CaLD communities, including spiritual and cultural leaders

Government, non-government and community partners should work together to increase the understanding of mental health issues and AOD use and its effects, and mitigate stigma, shame and fear within some CaLD communities. Developing the understanding of CaLD community members of the nature and impact of mental health and AOD issues, could help to reduce the barriers of help seeking and improve the conditions for individuals and their support networks to seek and/or support, including clinical and non-clinical interventions. Government, non-government and community organisations should develop formal partnerships with specific CaLD communities to leverage their understanding, access and relationships within their local communities and ability to help facilitate the access of people from CaLD backgrounds to services and support. Developing formal and informal partnerships with CaLD community groups – including service providers, ethnic community groups, sports clubs and others - may better support increased mental health and AOD literacy among specific communities through education as well as improve likelihood of accessing support for those who need it. Opportunities identified during consultation conducted during this project include:

- Building partnerships based on consultation within communities (examples discussed include religious groups and leaders, community groups, and recreational groups like sports clubs) to understand the specific needs and barriers to access for mental health and AOD supports, and working together to identify how the partnership may mitigate these barriers.

- Building the understanding of cultural, spiritual and community leaders from WA ethnic communities of mental health, AOD and the related service systems, through evidence-based training programs adapted to the audience and context.
- Developing the capacity of community members, including trusted persons and those with lived experience, to conduct community-wide education, such as mental health first aid and related introductory trainings, and community awareness events that address stigma and shame.
- Disseminating health information regarding the nature, trends, and impacts of mental health and AOD issues through diverse language media, including ethnic or language specific newspapers, radio programs and social media platforms.
- Providing training opportunities to volunteers, including those with lived experience, within groups who are eager to provide support to community members that are at-risk, experiencing or are impacted by mental ill health and AOD use, such as mental health first aid courses and suicide prevention courses.
- Working with community organisations and CaLD-owned businesses to disseminate information regarding which support services are available and how to access them. This could include the development of a publicly available resource that catalogues health, mental health and other services, including general practitioners, that are bilingual.
- Increasing the cultural accessibility of community awareness initiatives, coordinated by government and non-government organisations, including the MHC.

Recommendations | Service level factors

2. Increase the peer workforce of people from CaLD backgrounds with lived experience with mental health issues and/or AOD use to improve availability of peer workers for consumers and carers.
3. Investigate opportunities to increase access and uptake of language services within health, mental health and AOD services, including translating and interpreting services.
4. Support ongoing development of cultural competence within mental health and AOD services through training and workforce diversification strategies.
5. Increase the availability of professionals, including peer workers, counsellors, social workers and other specialists from different cultural backgrounds.
6. Develop the capability of service providers, including clinicians, to understand the role of culture, religion and spirituality in mental health and AOD treatment and support.

Recommendation 2 | Increase the peer workforce of people from CaLD backgrounds with lived experience with mental health issues and/or AOD use to improve availability of peer workers for consumers and carers

Government and service providers should explore further opportunities to expand the peer workforce of people from CaLD backgrounds with lived experience with mental health issues and/or AOD to support people from CaLD communities navigate mental health and/or AOD challenges. Consultations with individuals with lived experience indicated that peer workers are critical to facilitating the entry and retention of at-risk people within the services systems.

Peer workers with relevant lived experience and cultural frames of reference are believed to assist some people from CaLD backgrounds feel better 'understood' and can help sustain engagement in a service or course of treatment, where they might otherwise disengage. Consultation highlighted opportunities such as:

- Expanding the pool of CaLD peer workers who are available to provide support, on a professional and volunteer basis, through government and non-government services.
- Sponsoring the training and development of peer workers from CaLD backgrounds, with an emphasis on those with bilingual skills and active community participation.
- Working with CaLD communities to identify role models or representatives that can help people to build trust and feel safe accessing mental health and/or AOD supports, such as developing a cross-cultural pool of 'help-seeking champions' through existing community organisations and networks.
- Recognising, celebrating and, in cases where work is voluntary, appropriately remunerating existing peer workers, and supporting existing peers in a way that is culturally secure.

Recommendation 3 | Investigate opportunities to increase access and uptake of language services within health, mental health and AOD services, including translating and interpreting services

Stakeholders engaged during this project believe that improved access and utilisation of language services is critical to support some people from CaLD backgrounds access and engage with mental health, AOD and complementary services, including primary health care services. While anecdotal evidence indicates that a number of agencies utilise language services sufficiently, feedback from the consultations and reports suggests that more can be done to improve the uptake and utility of these services, ensuring that they have the information and supports they need to make an informed choice about supports and treatment. The use of interpreting services is particularly required in primary, secondary and tertiary health services. Consultation highlighted opportunities such as:

- Training health workers, AOD workers, and others to support generalist services better utilise available language services, including interpreters (both in person and over the phone), in a way that supports improved understanding and clinical outcomes for the consumer.
- Providing a range of options (not just literal translation) such as use of plain English pictures, videos and other resources in language, to support communication with community members uncomfortable utilising interpreters due to confidentiality considerations.
- Facilitating access to funding for MHC- and Department of Health-funded services specifically for interpreting costs and raising awareness within community of their right to access interpreter services as an option, including through diverse language media.
- Better manage reporting requirements around uptake of interpreter services to understand needs of the system.

Recommendation 4 | Support ongoing development of cultural competence within mental health and AOD services through training and workforce diversification strategies

Cultural competency and safety of services is a process of continuous improvement and requires ongoing action to strengthen this capability across services and the broader workforce. WA's Multicultural Policy Framework[87] endorsed in February 2020, provides foundational guidance and supports to achieving greater cultural competency across WA Government agencies through its self-assessment tool, planning and reporting mechanisms. Mental Health Australia's 'Embrace project'[88] was also highlighted as a helpful tool for translating good intentions regarding cultural safety into good practice, which can be extended to AOD contexts also. Consultation feedback also suggested that there are further actions that can be taken to enhance cultural safety and competency of services:

"There is no such thing as being culturally competent in my book. You need to be sensitive and aware of how your own cultural lens shapes your view and practice."

- Focus Group participant

- Development of principles and accompanying actions to support person-centred, family focussed and culturally secure practices, which government and non-government service providers commit to and report against through existing commissioning systems. Such an approach should conceptualise cultural competence as a 'journey', rather than a destination by encouraging ongoing rather than 'tick box' approaches to cultural competency.
- Enhancing cultural safety through all services, including primary health, secondary and tertiary mental health and AOD supports by establishing measures of cultural safety, including access and engagement of CaLD persons, that are assessed during funding applications and through continuous reporting.
- Develop compulsory modules in relevant under-graduate or specialist education curriculum on delivering culturally secure supports to people from different CaLD backgrounds in mental health and AOD.

"I'd like to see a role like an Aboriginal Liaison Officer created to help the workforce navigate issues around culture and religion."

- Focus Group participant

Recommendation 5 | Increase the availability of professionals, including peer workers, counsellors, social workers and other specialists from different cultural backgrounds

Multicultural professionals (including clinical and non-clinical workers that share similar cultural experiences and understandings of CaLD communities) are understood to be a critical feature of a mental health and AOD service system that is responsive to the needs of people form CaLD backgrounds. Evidence suggests that some mainstream Australian services do not have adequate procedures and policies in place for working with people from CaLD backgrounds.[89] The Consultation Report highlighted areas where service providers may require improvements to workforce capability and processes to better support CaLD clients.

[87] https://www.omi.wa.gov.au/Resources/Pages/WAMulticulturalPolicyFramework.aspx
[88] https://mhaustralia.org/national-multicultural-mental-health-project
[89] Donato-Hunt and Turay, 2009 in S. Agranmut & R. Tait, Systematic Review of Alcohol and Other Drug Services for Culturally and Linguistically Diverse Communities in Australia, 2019, p. 18.

Research conducted in Australia also suggests that multicultural workers should be provided when working with people from CaLD backgrounds.[90] Consultation conducted during this project highlight opportunities such as:

- Mental health and AOD mainstream services should strengthen their cultural competency through training and provide a friendly and non-judgemental environment, including through considerations such as the design of the reception environment, training of reception and administrative staff, and other broader service design considerations.[91]
- The existing representation of CaLD community memes within the health, mental health and AOD workforce should be recognised, celebrated and broadcast.
- Multicultural skills should be recognised in the job descriptions of government and non-government services and considered during recruitment processes.
- The pool of multicultural peer and other workers, including clinical and non-clinical personnel, should be developed through investment and incentives.
- Particularly investment should be directed towards developing, recruiting and training the pool of peer support workers within the mental health and AOD service system, that share lived experience of cultural and/or linguistic diversity.

Recommendation 6 | Develop the capability of service providers, including clinicians, to understand the role of culture, religion and spirituality in mental health and AOD treatment and support.

Government and non-government service providers should emphasise and support the transcultural competency of their clinical and other practitioners to support people from CaLD communities who are seeking support but may have limited mental health literacy and/or have valuable cultural frames of reference for understanding mental health and AOD use that vary from 'bio-medical' models. This includes research and feedback from consultation, that components of the Western bio-medical model of support, does not resonate with some people from CaLD communities. This also includes a perceived discomfort among service providers to understand and address issues through a cultural and/or spiritual 'lens'. Consultation conducted during this project highlight opportunities such as:

- Using language that is 'safe' for specific groups, such as addressing mental health and AOD use as part of focusing on general physical health and social, emotional and cultural wellbeing.
- Integrating consideration of cultural and spirituality into intake, assessment, treatment planning and other tools and processes, including consideration of cultural and spiritual beliefs in diagnosis, treatment (including in the prescription of medication) and ongoing supports recommended to consumers.
- Discussing and understanding the role of family and support networks for the individual seeking support.

[90] Rowe in, Agranmut & R. Tait, 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, 2020.
[91] Aha! Consulting, Consultation Report: Responses to Alcohol and Other Drugs and Mental Health in Multicultural Communities, 2020.

Recommendations | System level factors

7. Build the evidence base regarding: the scope of need of mental health and AOD services; impacts of mental health and AOD issues for CaLD communities in WA; and the efficacy of interventions to inform planning and service delivery.
8. Maximise the 'voice' of people from CaLD backgrounds, including those with lived experience, in the assessment of needs and the design, delivery and oversight of mental health and AOD service provision, policy development, representation, decision making and evaluation.
9. Enhance continuity of care for people from CaLD backgrounds, that engages a range of service providers to meet the holistic needs of the consumer, carers and supporters, including improved coordination of services.

Note: While beyond the scope of this report, it is suggested that at a system level, government and the community can do more to address the factors that contribute to the prevalence and burden of mental health issues and/or AOD use within CaLD communities, such as discrimination and social isolation. A brief note on this is included at the end of Nous' recommendations on page 34.

Recommendation 7 | Build the evidence base regarding: the scope of need of mental health and AOD services; impacts of mental health issues and AOD issues for CaLD communities in WA; and the efficacy of interventions to inform planning and service delivery

Government, non-government and research partners should expand the existing empirical evidence base in order to drive targeted recommendations to enhance the mental health and AOD service systems for people from CaLD backgrounds. Research from the Stage One reports highlighted clear gaps and limitations of existing empirical evidence, used to draw conclusions on the efficacy of community, service and system interventions in mental health and AOD for people from CaLD backgrounds. There is a clear gap in the available evidence to understand: 1) prevalence of mental health and AOD among CaLD communities, 2) impact of mental health issues and AOD use on CaLD communities, and 3) capacity of the mental health and AOD service system in meeting the needs of people from CaLD backgrounds. The consultation process highlighted the following suggestions for action:

- Provide simple, but clear reporting requirements in service contracts and across government services to gather better baseline data around access of services by CaLD communities (e.g. uptake of interpreter services, providing specific options to identify a person's culture, rather than asking them to indicate if they identify as 'culturally and linguistically diverse' etc.).
- Commission targeted mental health and AOD research to understand the trends within CaLD communities, their needs in WA and outcomes of interventions to address their needs. This could include research grants to conduct research concurrent with service delivery.
- Facilitate greater uptake and reporting of cultural competency indicators through the implementation of the Multicultural Policy Framework with support from OMI.
- Work in partnership with CaLD communities to better understand their needs and/or barriers to access in relation to mental health and/or AOD supports.

Recommendation 8 | Maximise the 'voice' of people from CaLD backgrounds, including those with lived experience, in the assessment of needs and the design, delivery and oversight of mental health and AOD service provision, policy development, representation, decision making and evaluation.

> "I'd love to see in advertising of tenders to service providers that a condition of applying for a tender is for the organisation to have a CaLD representative on their Board"
>
> - Focus Group participant

Given the lack of empirical evidence, government and service providers should do more to proactively and meaningfully engage with CaLD groups as part of co-design processes. Co-design is emerging as a leading practice in policy and service development across many services, and refers to the process where a plan, initiative or service, meets the needs, expectations and requirements of all those who participate in and are affected by the plan.[92] This is a key input to better understanding the prevalence and needs of communities across mental health and AOD supports. The voice of CaLD groups should be better reflected across the breadth of co-design processes for policy and service design, as well through representation via governance structures (such as board and committees) as well as through service and system evaluation. Stakeholders consulted during this project suggested that:

- CaLD groups need to be better aware of and included in co-design processes, and a variety of CaLD representatives should be involved from the beginning of the process through involvement with community.
- Adapt co-design models and processes to maximise their suitability of people from CaLD backgrounds, including consideration of cultural practices.
- The pool of CaLD representatives, including peer workers, available for co-design should be expanded and supports provided so that people feel comfortable sharing their perspectives and lived experience within co-design settings.
- Requirements for people with lived experience participating in service or policy design should be revised to ensure that the role is feasible, as people with lived experience may have ongoing issues that they are managing.
- Forums that engage stakeholders in government decision-making and oversight, which might typically include service providers, should be complemented with ethnic community leaders and individuals with lived experience.

Recommendation 9 | Enhance continuity of care for people from CaLD backgrounds, that engages a range of service providers to meet the holistic needs of the consumer, carers and supporters, including improved coordination of services

As with the wider Western Australian public, continuity of care is recognised as an important factor that can improve the access for CaLD groups to mental health and AOD services. Individuals from CaLD backgrounds can experience additional challenges developing a sense of safety and trust with service provides and navigating fragmented service systems. It is recommended that the MHC and its partners continue to advance the connectivity and continuity of the mental health and AOD services system. Specific recommendations developed by stakeholders include:

- Services that are aligned to the needs of people from CaLD backgrounds, including mental health and AOD services, should be funded through multi-year contracts that enables the sustainability of services, including individual practitioners.

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[92] Definition derived from MHC Engagement Framework, 2018 – 2025.

- Developing funding mechanisms that promote multi-systemic service delivery or otherwise fosters direct service connection.
- The capability of primary health care workers, including general practitioners to develop mental health treatment plans for people form CaLD backgrounds, should be invested in through training and, invested in through the Medicare Benefit Schedule to recognise the additional complexity of service.

Note on factors that contribute to the prevalence and burden of mental health issues

Discrimination on the grounds of culture, ethnicity, language and religion is shown to directly affect health and wellbeing, particularly mental health. While beyond the scope of this report, it is suggested that at a system level, government and the community can do more to address the factors that contribute to the prevalence and burden of mental health issues and/or AOD use within CaLD communities. In addition to targeted strategies and initiatives to address the access and outcomes of people from CaLD backgrounds it was suggested that government more broadly can do more to address multisystemic issues that contribute to and exacerbate the impacts of mental health and AOD use, including discrimination, unemployment and social isolation. Stakeholders consulted during this project suggested that:

- Discrimination, racism and marginalisation are challenged through community education, and reinforcing existing anti-discrimination mechanisms.
- There is greater promotion and investment in localised community activities that foster cross-cultural connection and understanding across a range of age groups and socioeconomic strata.

Appendix A Key lines of enquiry

OVERARCHING QUESTION	How can the Western Australian AOD and mental health service systems be enhanced to better meet the needs of CaLD communities?	
KEY LINES OF ENQUIRY	QUESTIONS	SUB-QUESTIONS
What is the scale and nature of need for mental health and AOD services and supports for people from CaLD backgrounds?	What are the prevalence trends of mental health issues and AOD use among people from CaLD backgrounds?	What are the prevalence trends of AOD use within CaLD communities?
		What are the prevalence trends of mental health issues within CaLD communities?
		What are the prevalence trends of AOD and mental health issues co-occurring within CaLD communities?
		How do these trends vary from the overall Australian population?
	What factors contribute to mental health issues and AOD use prevalence among people from CaLD backgrounds?	What are the biological, psychological, social, cultural and other factors that contribute to AOD use within CaLD communities?
		What are the biological, psychological, social, cultural and other factors that contribute to mental health issues within CaLD communities?
		How do these factors vary from the overall Australian population?
	What is the social, economic, cultural and other impacts of mental health issues and AOD use among people from CaLD backgrounds?	What are the social, economic, cultural and other impacts of AOD use for people from CaLD backgrounds?
		What are the social, economic, cultural and other impacts of mental health issues for people from CaLD backgrounds?
		How do these impacts vary from the overall Australian population?

	What are the mental health and AOD service system requirements to meet the needs of people from CaLD backgrounds?	What are the evidence-based and community-preferred best practice approaches to meeting the AOD needs of people from CaLD backgrounds?
		What are the evidence-based and community-preferred best practice approaches to meeting the mental health needs of people from CaLD backgrounds?
		How do these approaches vary from the overall Australian population?
How effectively does the current mental health and AOD services system meet the needs of people from CaLD backgrounds?	What is the capacity of the current mental health and AOD services system to meet the needs of people from CaLD backgrounds?	What specialist and generalist services are available to provide mental health and AOD services to people from CaLD backgrounds, including preventative, treatment and rehabilitative services?
		What are the areas of service coverage, including gaps and duplication, within the mental health and AOD service system relative to the scale and nature of need for people from CaLD backgrounds?
		Are the right models of mental health and AOD services and supports available to address the scale and nature of need of people from CaLD backgrounds?
	What are the trends of mental health and AOD service and support use by people from CaLD bedgrounds?	What are the rates of service access and utilisation of AOD and mental health services by people from CaLD backgrounds?
		What preventive factors or barriers, including systemic, service, community and cultural, contribute negatively to people from CaLD backgrounds accessing mental health and AOD services?
		What enablers including systemic, service, community and cultural, contribute positively to people from CaLD backgrounds accessing mental health and AOD services?
What enhancements are required within the mental health and AOD service system to better meet the needs of people from CaLD backgrounds?	How can the capacity of the mental health and AOD services system be improved (during the short, medium and long-term) to meet the needs of people from CaLD backgrounds?	How can the capacity, including the availability of services, of the AOD and mental health service system be enhanced to better meet the needs of people from CaLD backgrounds?
		How can the capability of the AOD and mental health service system be enhanced to better meet the needs of people from CaLD backgrounds?
		How can coordination within the mental health and AOD service system be improved to better meet the needs of people from CaLD backgrounds?
	What other systemic or enabling changes (during the short, medium and long-term) can be made to meet the needs of people from CaLD backgrounds?	What policy, legislative, infrastructural, technological, workforce and other enhancements could be considered to improve the ability of the mental health and AOD services system to meet the needs of people from CaLD backgrounds?

Appendix B Consultation overview

Nous conducted two stages of consultation across this project to support the development of this report and recommendations. Objectives of each stage and those consulted are included below.

Engagement to understand AoD and MH issues among CaLD communities

Stage 1 consultations

In Stage 1, Nous conducted two focus groups with people from a CaLD background with lived experience of mental health and or AOD. The objectives of these consultations were to:

- Understand the service needs from the perspective of service users.
- Test emerging themes from the desktop review and analysis.

Table 2 | Overview of Stage 1 consultations

Who	Timing	Format	Attendees *
Lived experience – MH and AOD*	Tuesday 23 June 10.00-11.30am	Focus group 1.5 hours	6 attendees
Lived experience – MH and AOD	Tuesday 23 June 1.00 – 2.30pm	Focus group 1.5 hours	6 attendees

** NB: for confidentiality reasons, the names of lived experience participants will not be shared in this report. Lived experience participants were involved in both stage 1 and stage 2 consultations.*

Stage 2 consultations

For Stage 2 consultations, a short pre-read (4 pages) was prepared that included an overview of the project and a set of emerging findings from the assessment of the four reports, and the consultations conducted in Stage 1. This was shared with participants ahead of time and discussed in each focus group. The objectives of the Stage 2 focus groups were to:

- Test emerging findings related to community, service and system level factors.
- Identify potential recommendations or actions to address findings.

There were five focus groups conducted in Stage 2:

- 2 focus groups with participants with lived experience. These were the same participants involved in focus groups in Stage 1.
- One focus group with service providers
- One focus group with system stewards, peak bodies, and other government agencies
- One focus group with community representatives[93]

[93] Note: While there were six people who RSVPed to attend the community representative focus group, there were only two attendees on the day. Nous followed up with a number of potential participants via phone to obtain additional input, but it was hard to contact this group during work hours as most are representatives in a volunteer capacity. There are further opportunities to consider how to better engage with these representatives.

Table 3 | Overview of Stage 2 lived experience consultations

Who	Timing	Format	Attendees *
Lived experience – MH and AOD*	Tuesday 23 June 10.00-11.30am	Focus group 1.5 hours	6 attendees
Lived experience – MH and AOD	Tuesday 23 June 1.00 – 2.30pm	Focus group 1.5 hours	5 attendees

Table 4 | Attendees of service provider focus group

Service provider focus group Wednesday 15 July 2020	
Organisation	**Representative**
Ishar Multicultural Women's Health Service	Rehab Ahmed
Ethic Communities Council WA	Vivienne Pillay
Women's Health and Family Services	Kate Drown Natalie Raymond
Ruah Community Services	Mark Slattery
Multicultural Services Centre of WA	Ramdas Sankaran
Multicultural Futures	Marina Korica
Assoc for Services to Torture and Trauma Survivors	Merissa Van Der Linden
Hope Community Services	Cheryl Mavor
Metropolitan Migrant Resource Centre	Salma Elrakhawy

Table 5 | Attendees of system steward focus group

System steward focus group Wednesday 15 July 2020	
Organisation	**Representative**
Multicultural Sub-Network Steering Committee	Dr Bernadette Wright
Ethnic Disability Advisory Centre	Wendy Rose
Department of Health	Ruth Lopez
West Australian Network of Alcohol and Other Drug Agencies	Jill Rundle
WA Primary Health Alliance (WAPHA)	Melanie Chatfield
Office of Multicultural Interests	Cath Colvin
Consumers of Mental Health WA	Annabelle May
Health Consumers' Council WA	Nadeen Laljee-Curran

Table 6 | Attendees and invitees of community representative focus group

Community representative focus group Wednesday 22 July 2020	
Organisation	**Representative**
Filipino Community Council of WA *	Benito Chan Jr.
Indian Society of Western Australia Inc	Surya Ambati
Chung Wah Association	Elvin Goh
Tamil Association of Western Australia *	Sasi Kumar Prabakaran
Fijian Community *	Mathilda Martin
Malaysian Community *	June (Junaidah) Binte Willer

** RSVPed but did not attend*

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