Understanding experiences and impacts of COVID-19 on individuals with mental health and AOD issues from CaLD communities

FINAL REPORT

Mental Health Commission (WA)

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nous

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Acknowledgement

This report was developed, in part, with the assistance of a small number of individuals with lived experience of mental health issues and alcohol and other drug use issues. These individuals gave voice to their own experience and that of their communities in valuable ways. The courage, expertise and passion of these individuals, in addition to their public service, is acknowledged.

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1 Executive summary

In March 2020, the Australian Government and the Western Australian (WA) Government introduced a series of restrictions as part of a coordinated public health response to the COVID-19 pandemic. This included limits on essential and non-essential gatherings, requirements to practice physical distancing, and enforced quarantine or self-isolation for confirmed or suspected cases of COVID-19. Although critical in preventing the spread of the coronavirus, these measures, referred to some as the 'lockdown', are reported to have contributed to an increase in anxiety, loneliness and depression; increased alcohol and other drug (AOD) use; employment uncertainty and financial stress; family and domestic violence and other hardship within the Australian community. This has in turn created new or enhanced challenges for individuals experiencing ongoing mental health and AOD issues.

In May 2020, Nous Group (Nous) was engaged to support the Mental Health Commission (MHC) to support it in understanding the lived experiences of individuals from Culturally and Linguistically Diverse (CaLD) communities with experiences of mental health and AOD issues who are accessing services and supports during the COVID-19 pandemic. Nous' objective was to act as a conduit for the voice of these individuals, and those who serve them, to the MHC as it reflects on the response of the mental health and AOD service system to-date and considers opportunities for improved service provision for the future. This piece of work forms part of a broader project conducted by Nous (for the MHC, in partnership with the Office of Multicultural Interests) which seeks to identify recommendations regarding how the mental health and AOD service system in WA can be enhanced to better meet the needs of CaLD communities.

The primary inputs into this report were the insights gathered through two focus groups which Nous facilitated in July 2020, as follows:

- A 1.5-hour focus group with **seven individuals with lived experience** of AOD or mental health issues, to understand impacts of COVID-19 on quality of life, mental health and AOD use and experiences accessing AOD and mental health services and supports.
- A 1.5-hour focus group with **12 representatives from eight service providers**[1] to understand impacts of COVID-19 on clients' quality of life, mental health and AOD use and experiences delivering AOD and mental health services and supports.

Understanding the lived experiences of individuals with AOD and mental health issues from CaLD communities can be a valuable input into ongoing efforts to improve access to services for individuals within these communities for the duration of the COVID-19 pandemic and beyond. These individuals may experience additional barriers to accessing services as a result of cultural stigmas relating to AOD and mental health issues or help-seeking behaviours, limited support networks, racism and discrimination, low English proficiency, poor digital literacy and others. Key consultation findings explored the impacts of COVID-19 on the quality of life, mental health and AOD use of individuals from CaLD communities, and their experiences accessing AOD and mental health services and supports during COVID-19. These findings include:

- Public health and other measures implemented by government to respond to COVID-19 have contributed to increased anxiety, depression, loneliness and AOD use.
- International students and some asylum seekers face similar financial hardships as Australian residents but cannot access similar economic support.

[1] The 8 service providers represented at the focus group were as follows: Association for Services of Torture and Trauma Survivors (ASeTTS), Australian Red Cross, Health Consumers' Council WA, Hope Community Services, Ishar Multicultural Women's Health Centre, Multicultural Futures, Peer Based Harm Reduction WA and Women's Health & Family Services.

- For some people, fewer social, administrative and other obligations resulted in decreased stressors and provided greater opportunities to engage with mental health services.
- 'Lockdown' restrictions and household economic pressures are associated with an increase in family and domestic violence, including those from CaLD backgrounds.
- Increased experiences of racism and discrimination based on culture, religion and language have contributed to additional social isolation and anxiety.
- Inconsistent public health messaging, low English proficiency and poor digital literacy are barriers to accessing appropriate services and supports.
- Experiences accessing telehealth, video-health and digital services have been mixed.
- Interruptions in continuity of engagement with support services has led to some individuals with lived experience feeling neglected and abandoned.
- Perceived inadequate system preparedness for the possibility of a 'second wave' of COVID-19 in WA is a concern for some service providers.

Through Nous' consultation process, several opportunities for consideration by the MHC were identified and are outlined in this report. These should be viewed as ideas developed during consultation only, rather than robust, evidence-based recommendations.

2 Impacts of COVID-19 on quality of life, mental health and AOD use

Consultations with people with lived experience and service providers highlighted several impacts of COVID-19 on the quality of life, mental health and AOD use people with CaLD backgrounds. This section discusses each of the following five impacts in turn:

- Public health and other measures implemented by government to respond to COVID-19 have contributed to increased anxiety, depression, loneliness and AOD use.
- International students and some asylum seekers face similar financial hardships as Australian residents but cannot access similar economic support.
- For some people, fewer social, administrative and other obligations resulted in decreased stressors and provided greater opportunities to engage with mental health services.
- 'Lockdown' restrictions and household economic pressures are associated with an increase in family and domestic violence, including those from CaLD backgrounds.
- Increased experiences of racism and discrimination based on culture, religion and language have contributed to additional social isolation and anxiety.

Public health and other measures implemented by government to respond to COVID-19 have contributed to increased anxiety, depression, loneliness and AOD use

For individuals living with mental health or AOD issues, the perceived or actual threat of COVID-19, in addition to the public health and other measures (sometimes referred to as 'lockdown') implemented by the Australian and WA Governments have contributed to the exacerbation of existing and development of new mental health, AOD, psychosocial and other challenges. People with lived experience consulted during this project reported experiencing fear, stress, anxiety and depression associated with the perceived or actual threat of COVID-19, including health risks to themselves, their family, community and wider population. Further, restricted travel, 'social distancing', and reduced access to some businesses and amenities have contributed to anxiety, depression and stress. In some cases, these concerns exacerbated existing mental health symptoms and issues. Stakeholders, including service providers, reported that this was particularly experienced by individuals who had past experiences of war, torture, trauma and/or other crises, for whom the 'lockdown' served as a trigger of past experiences of trauma.

"The system disappeared. These were all regular mental health activities that were functioning well before COVID and now they were just gone."

- Individual with lived experience

Individuals with lived experience consulted during this project reported that at various stages of the COVID-19 'lockdown' period, particularly during the initial months of March to June 2020, they experienced significant disruptions to their access to mental health and AOD services, including government and non-government services. In some cases, this included postponement of medical appointments, delayed reviews of medications, limited access to their treatment and/or case management team, change to service mode (i.e. virtual sessions rather than face-to-face) and other disruptions to routine service access. Some stakeholders have reported that delays in treatment and services access has directly contributed to a deterioration of their mental health and wellbeing. Cultural stigmas relating to help-seeking behaviour, particularly relevant to mental ill health and AOD use, present an additional barrier to seeking assistance in circumstances where service access has been impeded.

"I didn't know that I was getting sicker and sicker and sicker. I just assumed that everyone was getting sicker. It's a tough time for everyone. I didn't think it would be any worse for me…In my culture and within my mental illness, I've got an attitude of 'don't be a burden.'"

- Individual with lived experience

For some individuals, attendance at treatment and other mental health and AOD support activities, such as face-to-face support groups or individual counselling, may be one of very few healthy social interactions that they typically have. Service providers reported that this is especially true for some migrants, such as humanitarian entrants, international students and others, who are less likely to have family or social resources in WA, as well as those for whom social contact is particularly challenging, such as those that experience social anxiety or phobia. Individuals engaged during this project reported that the disruptions caused by the 'lockdown' and other restrictions to their existing treatment (such as AOD group sessions and psychiatric appointments) and to other social, leisure and cultural activities, contributed to increased feelings of sadness and fear. While some have viewed reduced social activity as a positive, others recognise that it has been detrimental to their mental health and wellbeing.

"It's hard not to have the physical contact of my normal group sessions. No hugs, no holding hands, and fewer people. It may sound silly, but sometimes I really need that."

- Individual with lived experience

People with lived experience and service providers also reported that the public health responses to COVID-19 (i.e. restricted travel and social isolation), coupled with the economic effects of COVID-19 have contributed to changes in the scale and nature of AOD use. Anecdotal evidence from service providers suggests that alcohol and cannabis use has increased since March 2020, while use of amphetamines and opioids by some have declined. Factors contributing to these trends identified by service providers include ease of access, sustained availability, affordability relative to decline in income and increase in price of other substances, and substance quality. Some individuals with lived experience have reported that those managing AOD use have found it more difficult to seek support during the COVID-19 pandemic. While some services have experienced increase engagement in AOD treatment and support programs, there are concerns that economic pressures could contribute to increased AOD use across the community, adding to service demand.

"Isolation is one of the reasons why people use. People didn't know what was going on. The support systems to get clean weren't available."

- Individual with lived experience

Opportunities for consideration by the MHC and its partners

- Increase the understanding of mental health issues and AOD use, needs and services within CaLD communities and enhance the capacity of the service system to provide culturally-safe services.
- Provide tailored information on suicide prevention to address the perceived increase in suicide risks given increased anxiety, depression, loneliness and AOD use.
- Encourage funded services to develop individualised service continuity plans for all patients or clients, perhaps targeting those most at-risk, based on extended pandemic scenarios.
- Develop the capability of primary, secondary and tertiary health services, including community mental health services, to provide remote treatment.
- Support community socialisation and connection activities that foster cross-cultural relationships and develop social capital of migrants.

International students and some asylum seekers face similar financial hardships as Australian residents but cannot access similar economic support

In addition to the vulnerabilities facing the wider community, including CaLD communities, stakeholders have identified individuals who are not Australian residents[2] or who do not hold certain temporary protection type visas[3] as being at particular risk. These individuals, such as some international students and asylum seekers, have no or restricted access to certain medical and social services, economic support payments or employment opportunities due their residency status. Stakeholders reported that the lack of access of such cohorts to public services, coupled with fewer social and community supports, has contributed to an increase in psychological distress, mental health issues, and AOD use for some. Further, the economic conditions associated with COVID-19, including rising unemployment, increases the vulnerability of some migrants to protection issues, such as trafficking and sex work. For example, service providers shared anecdotal reports of international students engaging in sex work to meet their living expenses.

"I've heard plenty of stories of young people turning to prostitution to support themselves."

- Service provider representative

Opportunities for consideration by the MHC and its partners

- Increase the awareness of non-permanent residents to available emergency relief and other services that can be accessed regardless of migration status.
- Increase the awareness and access to services for sex workers for international students and others, such as the Magenta Sex Worker Project, through schools, universities and other sites.
- Advocate for extending wider community allowances and services to non-permanent residents, including materials relief.

For some people, fewer social, administrative and other obligations resulted in decreased stressors and provided greater opportunities to engage with mental health services

Physical or 'social' distancing requirements and movement restrictions have resulted in some individuals reporting that they have fewer statutory or employment obligations (such as employment service appointments), caring responsibilities, or social and cultural commitments. Individuals with lived experience of mental health and AOD issues have reported that in some cases, they have appreciated having fewer daily activities, allowing them to experience lower levels of stress and increasing their attentions to themselves and/or their family. Service providers have reported that for some clients, reduced obligations resulted in reduced stress, which in turn resulted in clients having greater capacity to attend and meaningfully engage with services and supports. This phenomenon is understood to relate to the experience of some mental health and AOD service consumers who often need to attend multiple appointments, across multiple agencies and systems.

[2] An Australian resident is defined by Services Australia as being an Australian citizen, a permanent residence visa holder or a protected Special Category visa (SCV) holder.
[3] Only individuals who hold certain temporary protection visa types are exempt from being an Australian resident for limited payments and concessions. These visa types include Bridging visa F, Bridging (Removal Pending), Humanitarian Stay, Temporary Protection, Temporary (Humanitarian Concern) and Safe Haven Enterprise.

Opportunities for consideration by the MHC and its partners

- Continue to enhance mental health and AOD services to reduce the difficulties experienced by some clients in navigating multiple services and systems.

'Lockdown' restrictions and household economic pressures are associated with an increase in family and domestic violence, including those from CaLD backgrounds

Service providers consulted during this project consistently reported that there has been an increase in family and domestic violence since the introduction of COVID-19-related movement restrictions and isolation measures, which have created additional risks for women and children. The progressive economic pressure experienced by some households, is also associated with increased family and domestic violence. Women from CaLD communities may experience additional family and domestic violence risks if they have fewer opportunities to leave their home for cultural reasons, have limited connections to extended family, friends or the wider community, or if they rely on misinformation from male partners who are engaged in the workforce, better educated or have greater command of English.

"There has been a massive increase in family and domestic violence across the board and an increase in the number of women for whom family and domestic violence was the main issue impacting their mental health."

- Service provider representative

Service providers engaged during this project reported forms of violence by perpetrators that are specific to the COVID-19 pandemic, include:

- Forbidding victims to leave home in order to "protect them" from COVID-19.
- Exploiting a lack of understanding of the symptoms of COVID-19 and telling victims that they "had the virus" and were therefore not allowed to leave home.
- Exploiting a lack of understanding of the modes of transmission of COVID-19 and threatening victims that they would "give them the virus".
- Spreading rumours that victims had COVID-19 so that they would be socially isolated from family and friends.
- Monitoring, restricting or denying victims access to the internet or mobile phones at a time when such resources are critical to help-seeking, social connection and education.

Anecdotal evidence provided by service providers suggests that women who have actively sought out family and domestic violence services during the 'lockdown' period often do so indirectly, through other services or activities. For example, some services have reported that CaLD women have sought family and domestic violence support while attending medical appointments, such as those pertaining to sexual and reproductive health. Service providers consulted during this project, reported that there has been no marked decline in family and domestic violence issues reported to them since 'lockdown' restrictions have eased and this practice has continued. Such rampant family and domestic violence poses long-term challenges for service providers given the negative impacts of family and domestic violence on the mental health and AOD use of victims. Such impacts may include depression, anxiety, post-traumatic stress and other disorders, AOD use to self-medicate, and suicide.

Opportunities for consideration by the MHC and its partners

- Provide tailored public health and other information regarding COVID-19 and associated measures for CaLD communities, including public radio.
- Encourage MHC-funded services to proactively assess the welfare and safety of some households vulnerable to family and domestic violence.

Increased experiences of racism and discrimination based on culture, religion and language have contributed to additional social isolation and anxiety

It has been widely reported in the Australian and international media that there has been an increase in coronavirus-related racism and discrimination, particularly targeted towards individuals from an Asian background. Reports from individuals consulted during this project as well as a brief review of recent media articles identified that such racism and discrimination has typically included individuals being coughed on, bumped into, insulted or spat at. Racist remarks have typically referenced eating habits, Asians being hoarders or Chinese people being carriers of disease because COVID-19 originated in a city in China. Individuals consulted during this project reported that incidents of anti-Asian racism made them fearful that they might be similarly abused. As a result, some begun isolating at home with their family and community. For example, one individual reported that on the way to the supermarket with an adult child, they learned that an Asian-Australian person had been abused at that location immediately prior, and thus they were too afraid to enter the supermarket. The implementation of a dedicated shopping period of older people and people with disability was experienced as less likely to result in racial abuse.

"We knew that people thought that Chinese and Asian people were responsible for the virus and my family began isolating within our home and family group much earlier…There was just so much bad press, so much talk on the news of anti-Asian racism."

- Individual with lived experience

Opportunities for consideration by the MHC and its partners

- Increase awareness of race discrimination and vilification and provide information and support to public facilities, services and businesses to combat the same.
- Support activities which promote cross-cultural social connection and target racial and other discrimination.

3 Experiences accessing AOD and mental health services and supports during COVID-19

Consultations with individuals with lived experience of mental health issues and AOD from CaLD communities and service providers highlighted several impacts of COVID-19 on their access to and experience of mental health and AOD services and supports. This section discusses each of the following four impacts in turn:

- Inconsistent public health messaging, low English proficiency and poor digital literacy are barriers to accessing appropriate services and supports.
- Experiences accessing telehealth, video-health and digital services have been mixed.
- Interruptions in continuity of engagement with support services has led to some individuals with lived experience feeling neglected and abandoned.
- Perceived inadequate system preparedness for the possibility of a 'second wave' of COVID-19 in WA is a concern for some service providers.

Inconsistent public health messaging, low English proficiency and poor digital literacy are barriers to accessing appropriate services and supports

Difficult to understand, frequently changing and sometimes contradictory public communication regarding COVID-19 from the Australian Government, coupled with divergencies across jurisdictions, have contributed to confusion for individuals in the wider and CaLD communities. Such confusion was compounded for individuals with limited English because they do not have adequate language and/or literacy skills to understand and respond to pandemic-related information. In some cases, individuals from CaLD backgrounds reported that community members also conflated information from their countries of origin with advice for the WA context. Those consulted during this project lamented the lack of timely, accurate, comprehensive and accessible COVID-19 information, updates and advice translated into languages other than English, particularly Asian and African languages.

"There were people from refugee backgrounds who relied on social media reports [about COVID-19] from their country of origin – from where they'd fled – because of the language barrier."

- Service provider representative

Low English proficiency not only represents a barrier to understanding and responding to public health information and advice, but also a barrier to understanding how to access available mental health and AOD services and supports online or via telephone. Individuals with lived experience identified a practical need for factsheets at hospitals, clinics and other service locations in languages other than English which explained how support services could be accessed in the event of, for example, a mental health crisis, an AOD relapse during the 'lockdown' period or how to deal with possible AOD withdrawal symptoms while in self-isolation.

"People may have basic conversational English, but not much beyond that. It is difficult to access services when they can't read the information telling them how to access those services."

- Individual with lived experience

Issues related to digital literacy and participation, particularly for older generations, was cited by stakeholders as another barrier to accessing appropriate mental health and AOD services and supports, as

many service providers adapted to virtual platforms for information sharing, appointment scheduling and service provision. Service providers noted that while they were able to provide phones and laptops to some clients through MHC grants, such devices were typically better suited to younger, more 'tech-savvy' clients. One community services provider mentioned that they were collaborating with another service provider to provide English language and digital literacy training to interested clients from CaLD communities. This represents a practical initiative in removing barriers to access. Such initiatives may become increasingly necessary to ensure that individuals from CaLD communities continue to be supported for the duration of the COVID-19 pandemic and beyond.

"Many clients presented with significant mental health and AOD issues, but it's hard to address these when there is a constant flood of information, significant language barriers and also barriers in terms of digital literacy."

- Service provider representative

Opportunities for consideration by the MHC and its partners

- Create more timely, accurate, comprehensive and accessible factsheets and infographics, in languages other than English, with COVID-19 information, updates and advice.
- Provide grants to service providers to deliver English language and digital literacy training to clients from CaLD communities to help reduce barriers to service access.

Experiences accessing telehealth, video-health and digital services have been mixed

To ensure continuity of mental health and AOD services and supports during the 'lockdown' period and to maintain appropriate physical distancing in the period since, many service providers are delivering services via videoconference or telephone. Stakeholders engaged during this project, including those with lived experience of mental health and AOD issues, reported mixed experiences accessing and delivering mental health and AOD services in this way.

Some stakeholders reported that they or their clients learned to adapt quite quickly to telehealth services. Anecdotal evidence from service providers suggests that established support groups with mature relationships saw stable or increased attendance in online forums, while newer groups with developing relationships struggled to engage or retain participants. Some stakeholders also reported that they or their clients have begun to enjoy the flexibility associated with telehealth and phone services, particularly if they have caring responsibilities, difficulties accessing public transport or commuting to face-to-face sessions.

"When I'm on the phone and someone asks me how I am doing, I say that I'm fine, but my body language and my facial expressions say something else. The reality is that I'm not fine and sometimes I don't even know that I'm not fine. But the mental health support worker will say 'I spoke to them and they said everything is great.' But that's not the full picture."

- Individual with lived experience

While some individuals are enjoying the benefits of telehealth and phone services, others experienced barriers or constraints to access or engagement. Some individuals with lived experience engaged during this project found telehealth consultations to be suboptimal compared to those conducted face-to-face. For example, one individual noted that a person might offer cues via their body language, but a telephone consultation will miss these. Barriers and constraints include:

- Poor digital literacy.
- Lack of access to an appropriate telecommunications device or insufficient bandwidth.

- Technical problems such as poor video or audio quality.
- Difficulties using digital tools while acutely unwell or under the influence of AOD.
- Privacy and confidentiality concerns when engaging services from home, especially while in the presence of intimate partners, family members, carers, friends or housemates.
- Privacy and confidentiality concerns when engaging an interpreting service during a counselling or treatment session.

"I know of a situation in which there were 11 other people in the room while a service was being delivered remotely."

- Service provider representative

The necessity of transitioning to virtual delivery of mental health and AOD services has highlighted opportunities for greater flexibility, choice and engagement for individuals with lived experience. Increased availability and popularity of telehealth services may also create opportunities for greater digital innovation in the provision of AOD and mental health services, particularly through smartphone applications and wearable technologies. Nevertheless, it must also be recognised that virtual service delivery presents challenges in terms of digital literacy and equity, confidentiality and service effectiveness.

Opportunities for consideration by the MHC and its partners

- Support service providers to normalise and expand virtual delivery of mental health and AOD services for CaLD clients, where doing so delivers positive outcomes for consumers.
- Increase awareness of potential barriers and constraints in the delivery of virtual mental health and AOD services, particularly in CaLD communities, and support service providers to mitigate these.

Interruptions in continuity of engagement with support services has led to some individuals with lived experience feeling neglected and abandoned

The unprecedented and accelerated nature of the public health responses to the pandemic meant that many service providers struggled to quickly adapt to new modes of service delivery. This caused challenges in maintaining continuity of engagement with service consumers and connections to other service providers, with some service providers forced to indefinitely postpone certain appointments due to 'lockdown' restrictions. Several individuals with lived experience consulted during this project expressed disappointment with the level of engagement they have had with service providers, including government health services, during the 'lockdown' period and felt that they had been 'neglected' and 'abandoned' by the mental health and AOD system. Those consulted also expressed frustration that service providers appeared to exist in silos, with the perception being that service providers had little awareness of or connection to other available services and supports beyond those which they were providing at the time.

"How did my child get lost in the system? Their other parent is an AOD user and I've been clean for a few years. They are clearly at risk. Why did no one follow up with them? Child and Adolescent Health Service haven't been meeting regularly with her. It was a regular meeting before COVID hit, but no one has reached out since."

- Individual with lived experience

Some service providers reported that they attempted to maintain connections with clients by distributing 'care packs' and providing 'bilingual workers' with a list of people to call each day to check on the welfare of clients. However, service providers also noted that it was often challenging to adapt to remote working and to maintain a balance between safeguarding the health and wellbeing of staff and delivering

satisfactory outcomes for clients. Although service providers have recommenced regular delivery of face-to-face services, individuals with lived experience felt that services have not resumed in the same way. Some individuals noted that they were having to reach out to service providers to book appointments for the first time. Moreover, some individuals noted that service providers seemed to be picking up where they left off prior to the commencement of the 'lockdown' restrictions, and in so doing, seemingly diminishing the anxiety, depression and loneliness these restrictions caused.

The services have suddenly gone from doing nothing to 100%. They weren't available and now they're suddenly available again…It's as if they assumed I was ok; as if we didn't have all the impacts of COVID. Well we can't just go back to being face-to-face and assume everything is normal again and nothing's happened. Because that isn't the case. The lockdown had real consequences.

- Individual with lived experience

Individuals with lived experience engaged during this project suggested that there was a need for strategies to restore faith and trust back in the system which may have broken down. One such strategy would be the identification and remuneration of mental health peer support workers. Both service provider representatives and individuals with lived experience criticised the fact that mental health peer support workers were supposedly not considered 'essential workers' during the 'lockdown' period and were made redundant. Service providers noted that it has been difficult to reengage volunteer peer support workers and identified a need for paid peer support workers within community mental health services. Service providers felt that this was critical to providing more effective support and to prevent hospital services from being overwhelmed.

Opportunities for consideration by the MHC and its partners

- Encourage service providers, including treatment and case management teams, to recognise the experiences of some that they were under-served during the initial months of the pandemic.
- Encourage service providers to proactively increase their engagement of clients in order to re-establish treatment patterns and redevelop 'trust'.
- Support funded services to develop plans to maintain adequate levels of care and engagement in future 'lockdown' scenarios.

Perceived inadequate system preparedness for the possibility of a 'second wave' of COVID-19 in WA is a concern for some service providers

Some service providers noted that while WA residents and businesses are currently enjoying the benefits of 'eased' restrictions of movement and activity, there was a risk of becoming 'complacent' in not preparing for the possibility of a second wave of the coronavirus in WA. Service providers engaged during this project are eager to participate in preparedness and prevention activities.

"Things could go quite wrong if we don't have adequate plans in place. It's not about wishing for the worst. It's about planning for the worst and hoping for the best outcomes."

- Service provider representative

Opportunities for consideration by the MHC and its partners

- Lead the coordinated planning across systems and services to prepare for sustain or intensified conditions, in order to maximise the health and wellbeing of people from CaLD backgrounds.

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ABOUT NOUS

Nous Group is an international management consultancy operating in 10 locations across Australia, the UK and Canada. For over 20 years we have been partnering with leaders to shape world-class businesses, effective governments and empowered communities.

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