Mental Health Network Multicultural Subnetwork Steering Committee Newsletter

Cultural Lens

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Western Australian Mental Wellbeing Framework

primary role of the Multicultural Mental Health Sub-Network Steering Committee is to engage, inform and learn so that policies and initiatives are aligned with current mental health needs of ethnoculturally and linguistically diverse (ELD) communities. The Committee the recently engaged in consultation process for the development of the Western Australian Mental Wellbeing Framework ('the Framework').

We recommended that there be sensitivity towards the potential negative connotation evoked among ELD groups and within languages by the word 'mental' in reference to a Framework that focuses on wellbeing. Stigma

surrounding mental illness is significantly more prevalent among ELD communities. perpetuation is underpinned by poor mental health literacy and is supported by belief systems which may be incongruent with mainstream norms. A Framework about 'wellbeing' cannot allude to a discrete separation between mind and body. For many it is one concept and spiritual wellbeing is recognised as a critical element in maintaining overall wellness in traditional ELD communities.

An important corollary to what 'wellbeing' signifies for ELD communities is the ability to make a culturally safe connection with with the broader culture of origin (particularly for those who may

have been persecuted for their ethnic identity within their broader culture before resettlement). However, of equal importance is the culturally safe integration with mainstream society facilitated by a shared understanding of different ethnocultural values.

Prevention or wellbeing strategies are not one-size-fits-all for ELD groups. There are consideration: the acculturation differentials, ethnic identity and/or previous experiences marginalization and persecution. These variables will determine what could be instrumental or detrimental to promoting and maintaining wellbeing among ELD The communities. Framework may be found at https://www.mhc.wa.gov.au/mentalwellbeing-framework/.

Subnetwork Steering Committee Members 2021

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Christina Foo Snr Social Worker, CAMHS

Dr Samir Heble Psychiatrist, Medical Co-Director Steering Committee sponsor representative

Iren Hunyadi Consumer Advocate

Manjit Kaur Subnetwork Steering Committee Co-Chai Consumer Advocate

Ruth Lopez
Snr Policy Officer, Cultural Diversity Unit, WA Health

Leanne Mirabella Social Worker, Disability and AOD Consultant **Dr Mark Porter**MST Program Manager, Specialised CAMHS

Angela Rao Carer Advocate

Wendy Rose
Chief Executive Officer, Kin

Dr Bernadette Wright
Subnetwork Steering Committee Co-Chair
Clinical Psychologist, Primary Health Sarvices

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Ex-Officios:

Rod Astbury - Mental Health Network Co-Lead **Cath Colvin -** Mental Health Commission Liaison

^{*} We have chosen to use the term 'ethnoculturally and linguistically diverse' (ELD) to refer to the target population for which our subnetwork has been established. We believe this term recognises that ethnicity, as much as culture, can significantly influence values and belief systems surrounding timely mental health service access, utilisation and perceived anticipated outcomes.

Identified mental health research priorities: ... and what of the ELD cohort?

The Steering Committee continued to engage with the Co-designed Roadmap for a Mental Health Research Strategy in WA (Co-ROAMERS WA Project). One of the Project's aims is to develop research questions that may be relevant for ELD groups. The results from this and a wide range of other domains may guide mental health funding allocation in WA. The Project adopted the Delphi process to distil an array of ELD-targeted questions to ultimately reach a consensus endorsement between two expert panels (15 lived experience and 15 professionals) over what are 'priority' and 'nonpriority' issues. Questions were rated on 9-point scale ranging from

"not important", "important but not critical" to "critical"; or, "unable to rate". Items with less than 70% consensus across panels were discarded. Clustered around the themes of suicide, services and understanding, 17 research priorities for the ELD cohort were identified. These endorsed priorities appear to reflect the recognition that mental health needs of ELD communities are indeed changing over time and that family and carer perspectives influence the use of mental health services by people with an ELD background. Examples of highly rated priorities under each theme are displayed in the box below.

Theme	Item	Mean ratings (% of endorsement) across panels		
Suicide	How can cultural responsiveness of ED teams be improved for people from migrant and refugee backgrounds at risk of suicide?	Overall 7.58	Lived Experience 7.85 (100)	Professionals 7.31 <i>(92.3)</i>
Services	What types of cultural responsiveness training are most effective?	7.21	7.67 (100)	6.71 (85.7)
Understanding	How are the mental health needs of ELD communities changing over time?	6.69	7.14 (92.9)	6.79 <i>(85.7)</i>

A more comprehensive summary of these findings may be obtained from Professor Peter McEvoy at Co-roamers@curtin.edu.au who is leading the Project. We particularly wish to acknowledge Marcus Yong who wrote the full summary; and, Vivien Chiu and Ben Horgan for their significant contribution to the research

Public mental health services for ELD infants, children and adolescents

Health Services for Infants, Children and Adolescents (ICA) in Western Australia ('Taskforce') has been "established to develop a vision for WA public specialist mental services for infants, children and adolescents (0 to 18 years) across the entire state, and to deliver a fully costed plan to deliver that vision". We mobilized our network of those with lived experience and a group of specialist clinicians who have many

years' experience working with this target population. Together, we prepared a Submission which led to an in-person meeting with the Taskforce and stakeholders to focus specifically on ELD ICA needs in public

mental health service delivery.

The Ministerial Taskforce into Public Mental people, and families from ELD backgrounds presenting with complex needs. The removal of barriers when transitioning from one service to another (eg. RHS to CAMHS) is imperative for ensuring care continuity and sustaining emergent trusting relationships concerning mental health service access and utilisation by this group. Flexibility, to be reflected by a reduced threshold in meeting eligibility for service access across CAHS and CAMHS, will lower incidences of acute

presentations.

Above all. the Steering validates Committee Taskforce Expert Group's recognition provision of training to all staff to further develop their

skills, knowledge and cultural responsiveness. The widespread implementation of the Framework for Mental Health in Multicultural Australia across all CAHS and CAMHS services would be a positive

Thank you to all who contributed and supported our work in bringing to attention the longstanding and unmet mental health service delivery needs of ELD infants, children and adolescents.

(Please refer to the MHC website for the full Taskforce

"Flexibility, to be reflected by a reduced threshold in meeting eligibility for service access across CAHS and CAMHS, will serve to lower incidences of acute presentations."

Happy Holidays!



Some of the recommendations conveyed to the Taskforce include a more effective model of care across the Children and Adolescent Mental Health Services (CAMHS), Children and Adolescent Health Services (CAHS) and Refugee Health Service (RHS) based at Perth Children's Hospital (PCH). It was highlighted to the Taskforce that enhancements must consider appropriate levels of staffing resources, skills sets and innovative multidisciplinary approaches that are culturally responsive and meaningful for children, young

The Multicultural Mental Health Subnetwork Steering Committee wishes you and your loved ones a happy and safe holiday season!



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