

## REVIEW CONTEXT

This chapter provides a brief discussion of a number of factors which serve to set the broader context of the review. It is important that the findings of this review are interpreted in light of these factors.

Key contextual factors include:

- The MMHA journey
- Transcultural mental health and national mental health policy and planning
- Baseline data on transcultural mental health
- The modern multicultural mental health landscape

Each of these factors is discussed below.

### 3.1 THE MMHA JOURNEY

The history of the MMHA project can be traced back some 14 years. Since that time, the Commonwealth government has funded a transcultural mental health program as part of the National Mental Health Strategy. In 1995, the Australian Transcultural Mental Health Network (ATMHN) was established as an initiative funded under the National Mental Health Strategy. Auspiced by the Victorian Transcultural Psychiatry Unit (VTU), the ATMHN operated through an Advisory Group and associated sub-committees and through two organisational units – the Management Unit (MU) and the National Information Service (NIS). In 1999, the Management Unit was transferred to the auspice of the NSW Transcultural Mental Health Centre, while the NIS remained with the VTU.

In response to a recommendation in the 2001 Evaluation of the ATMHN to ‘restructure the ATMHN management and delivery arrangements’, DoHA called for tenders in June 2002 to administer the program. In 2003, an alliance of organisations (CALD mental health service providers, peak bodies, academics, and consumers and carers), auspiced by the Diversity Health Institute in Western Sydney Area Health Service, was awarded the tender. MMHA was subsequently established in March 2003.

MMHA (including in its former existence as ATMHN) has been subject to considerable external scrutiny. The current review is the third in eight years. It is noted that many of the findings and recommendations in the 2001 evaluation (of MMHA’s predecessor, the ATMHN) and the 2006 evaluation (of MMHA) are reminiscent of current problems and issues. These include, among other things, the impact of the auspice arrangement on the independence of project operations, the lack of a strategic approach/plan and ineffective governance arrangements. It will be important that the Department is mindful of this history when considering the findings of the current review and what action it takes in response to the recommendations.

### 3.2 TRANSCULTURAL MENTAL HEALTH & NATIONAL MENTAL HEALTH POLICY

While mainstream mental health issues are firmly on the national agenda, transcultural mental health does not receive the attention it should in the context of national mental health policy and planning. This task is made all the more challenging due to the increasing diversity of CALD communities and the stigma that still surrounds mental illness.

*The CALD agenda has fallen off in the last 10 years. There is a need for good strategic ways of getting diversity issues back on the agenda. The political environment and attitudes have changed, but we are still working in the old way...we are out of step with political reality and the increasing diversity of Australia. Used to be one or two CALD communities. Now there are multiple communities and multiple social issues...we are still stuck in the 80's'*

*In many instances Government mental health policies and plans do not capture or consider, as a priority, the unique and special needs of people from CALD backgrounds with a mental illness and their families. In other instances the mental health policies and priorities are way ahead of the base needs of CALD communities. The CALD mental health sector is at its infancy stage, while the mainstream is far more advanced'*

Addressing this issue is recognised not to be an easy task. It requires considerable work to close the gap both at a system level and at a service provider level.

*Multicultural issues – they're not the sexiest topic in bureaucracy...we need to spend a lot of time to get it embedded across things, needs to be integrated'*

*The whole CALD area needs to get out of its cocoon and get more involved in mainstream because the issues are so diverse in the population'*

*'A lot of CALD organisations tend to be isolationist, they think 'we are expert specialists'*

Given this context, the need to ensure that mental health issues of CALD communities in Australia are identified and appropriately addressed remains strong.

### **3.3 BASELINE DATA ON TRANSCULTURAL MENTAL HEALTH**

There is poor baseline data on transcultural mental health and the needs of different CALD communities. The lack of funded research on mental illness in CALD communities, means that little is known even about the basic profile of different CALD communities, such as whether particular mental illnesses are more prevalent in certain ethnic groups. Major data collection opportunities, such as the National Survey of Mental Health and Wellbeing of Adults, do not cater for respondents who are non English speaking due to logistics and cost. The demand for this data continues to grow with the arrival of newer immigrants with markedly different backgrounds and experiences likely to impact on their mental health and wellbeing.

*'...the evidence base is not there for a lot of what we do...we don't have the ability to collect data'*

The minimal data that is available does however indicate that the migration experience can impact negatively on an individual's mental health and wellbeing. Individuals from CALD backgrounds with a mental illness are also known not to access mental health services at the same rates as their English speaking counterparts.

The absence of national ethnicity data has a number of flow-on effects. First, it impacts on the ability to design appropriate workforce training in cultural competency. Second, it limits the ability to develop appropriate preventative initiatives and supportive interventions. Third, there is limited ability to evaluate the effectiveness and impact of these initiatives and interventions on the mental health and wellbeing of individuals from CALD backgrounds. The ability to access baseline data and benchmark is an important aspect of effective service delivery. It is important that the impact of this current gap/problem on progressing the transcultural mental health agenda is acknowledged in the context of this review.

### **3.4 THE MODERN MULTICULTURAL MENTAL HEALTH LANDSCAPE**

Over the last decade the multicultural mental health landscape in Australia has changed and expanded considerably. In the main, this reflects changes in the profile of:

- Individuals from CALD backgrounds – not only is the number of different CALD communities increasing, but newer arrivals to Australia have very different backgrounds to earlier and now

more established CALD communities. Many of the newer arrivals have experienced displacement, detention, torture and trauma and as a consequence, have complex additional needs. Little is known however about even the basic mental health profile of these groups. This impacts on the ability of the service system and service providers to develop appropriate and targeted services for these individuals

- service providers – both the number of mainstream and CALD specific providers is increasing, with an greater involvement of non-government organisations. This in turn increases the need to ensure that these providers are adequately supported and educated about multicultural mental health issues. It is critical that both the design and delivery of preventative and intervention services and support are underpinned by a sound understanding of the specific needs of different CALD communities. The ability to do this however is currently hampered by a lack of baseline data on transcultural mental health.

The ability of the mental health service system to remain in step with these changes presents an ongoing challenge. It heightens the need for a dedicated entity to progress the transcultural mental health agenda. Moreover, and of critical importance to this review is that it reinforces the need for the operation of this entity to be underpinned by appropriate, sound and effective planning, governance and reporting processes.