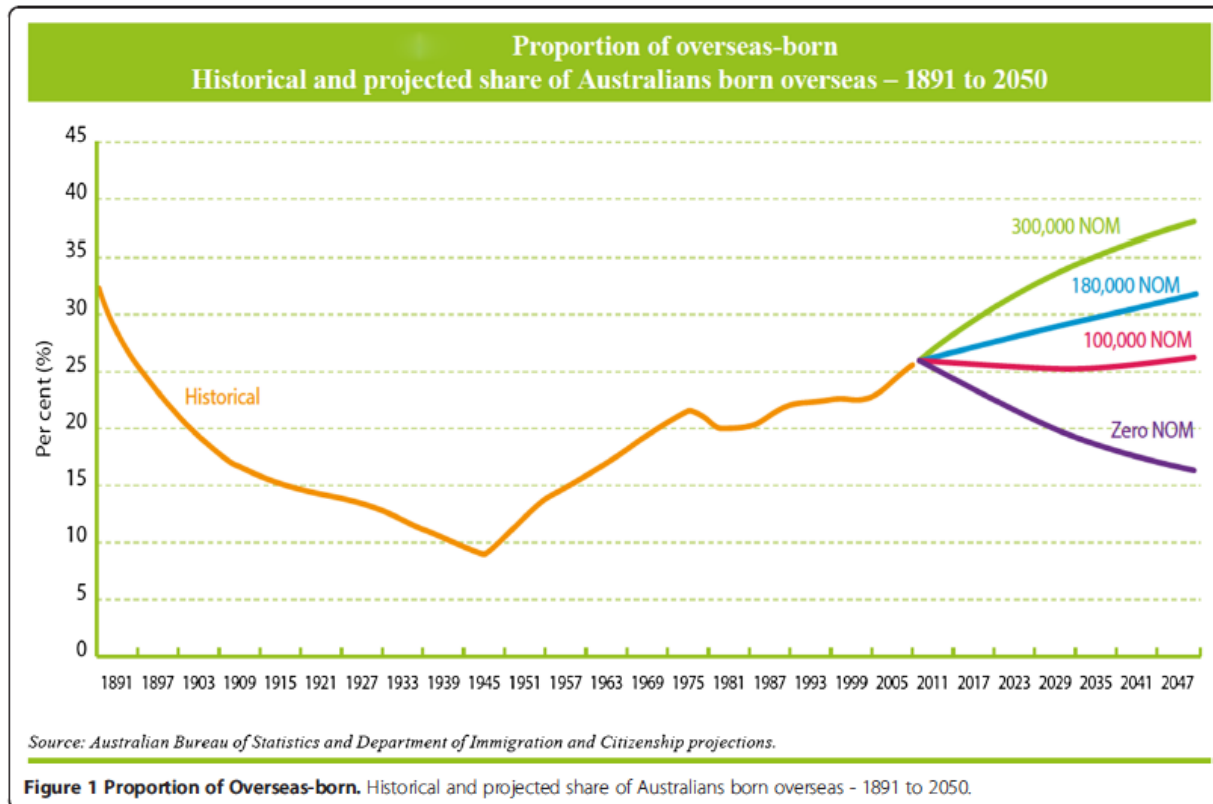


# **What works for CALD people: Do we know the answer?**

Harry Minas

Global and Cultural Mental Health Unit, Centre for Mental Health  
Melbourne School of Population and Global Health,  
The University of Melbourne

# Cultural diversity in Australia

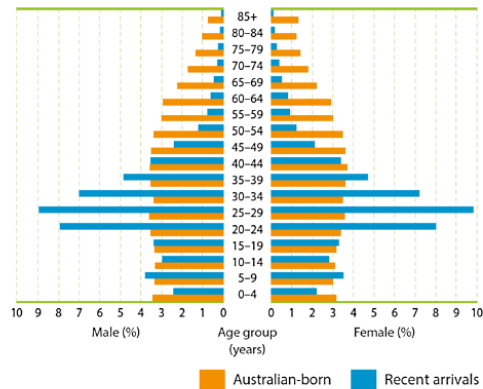


- ▶ “Whatever the future holds for Australia, history suggests it will be inextricably bound up with immigration”

Cully M. *More than additions to population:  
The economic and fiscal impact of migration.*

# Demographics: Age Profiles

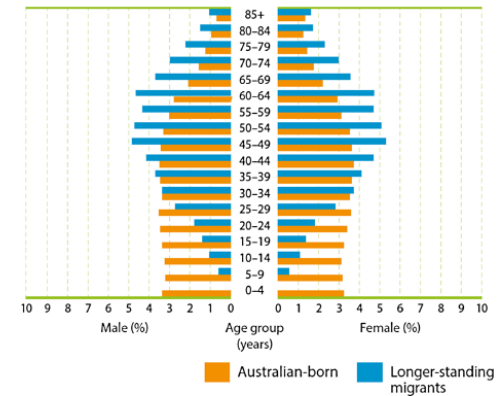
2011 Census age and sex distribution: recent arrivals and Australian-born.



Source: Australia Bureau of Statistics, 2012.<sup>2</sup>

Figure 2 2011 Census age and sex distribution: recent arrivals and Australian-born.

2011 Census age and sex distribution: longer-standing immigrants and Australian-born.



Source: Australia Bureau of Statistics, 2012.<sup>2</sup>

Figure 3 2011 Census age and sex distribution: longer standing immigrants and Australian-born.

# Basic rights of persons, including those with mental disorders

- ▶ “All people have certain fundamental human rights. Membership in our society confers on all Australian residents, including people with mental health problems or mental disorders, certain rights, roles and responsibilities. Australia is a diverse society comprising people from a wide variety of cultural and linguistic backgrounds. Every Australian needs to be encouraged to maintain his or her mental health and to work towards the prevention of mental health problems and mental disorders. Some may require assistance to do this. The Commonwealth, State and Territory Governments are now seeking to redress inequities in Australian society by way of social justice strategies.”

Commonwealth: Mental Health Statement of  
Rights and Responsibilities, 1992

# Mental Health Reform in Australia

- ▶ “Our community is rich in diversity. It embraces cultural and religious differences. This brings many strengths and opportunities, but we also need to recognise the challenges faced at times by some within our community. There should be demonstrated cultural competency in the planning and delivery of responsive mental health services.”

4<sup>th</sup> National Mental Health Action Plan, 2009

# National Health performance Framework

**Table 9.1: National Health Performance Framework (2nd edition)**

| Health status   |  |  |  |
|---|--|--|--|
| <p>How healthy are Australians?</p> <p>Is it the same for everyone?</p> <p>Where are the best opportunities for improvement?</p>                                  |  |  |  |
| Health conditions   | Human function   | Wellbeing  | Deaths   |
| Prevalence of disease, disorder, injury or trauma, or other health-related states.  | Alterations to body structure or function (impairment), activity limitations and restrictions in participation.                          | Measures of physical, mental and social wellbeing of individuals.  | Mortality rates and measures of life expectancy.   |
| Determinants of health  |  |  |  |
| <p>Are the factors determining good health changing for the better?</p> <p>Where and for whom are these factors changing?</p> <p>Is it the same for everyone?</p> |  |  |  |
| Environmental factors   | Community and socioeconomic  | Health behaviours  | Biomedical factors   |
| Physical, chemical and biological factors such as air, water and soil quality.  | Community factors such as social capital, support services, and socioeconomic factors such as housing, education, employment and income. | Attitudes, beliefs, knowledge and behaviours such as patterns of eating, physical activity, smoking and alcohol consumption. | Genetic-related susceptibility to disease; and other factors such as blood pressure, cholesterol levels and body weight. |

# National Health performance Framework

**Table 9.1 (continued): National Health Performance Framework (2nd edition)**

| Health system performance  |   |   |
|--|---|---|
| <p>How does the health system perform?</p> <p>What is the level of quality of care across the range of patient care needs?</p> <p>Is it the same for everyone?</p> <p>Does the system deliver value for money and is it sustainable?</p> |   |   |
| Effectiveness  | Continuity of care  | Safety  |
| Care, intervention, or action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.  | Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.                 | The avoidance or reduction to acceptable limits of actual or potential harm from health-care management or the environment in which health care is delivered.                       |
| Accessibility  | Responsiveness  | Efficiency & sustainability   |
| People can obtain health care at the right place and right time irrespective of income, physical location and cultural background.   | Service is client oriented. Clients are treated with dignity and confidentiality, and encouraged to participate in choices related to their care. | Achieving desired results with the most cost-effective use of resources. Capacity of the system to sustain workforce and infrastructure, to innovate and respond to emerging needs. |

# AIHW: Australia's Health

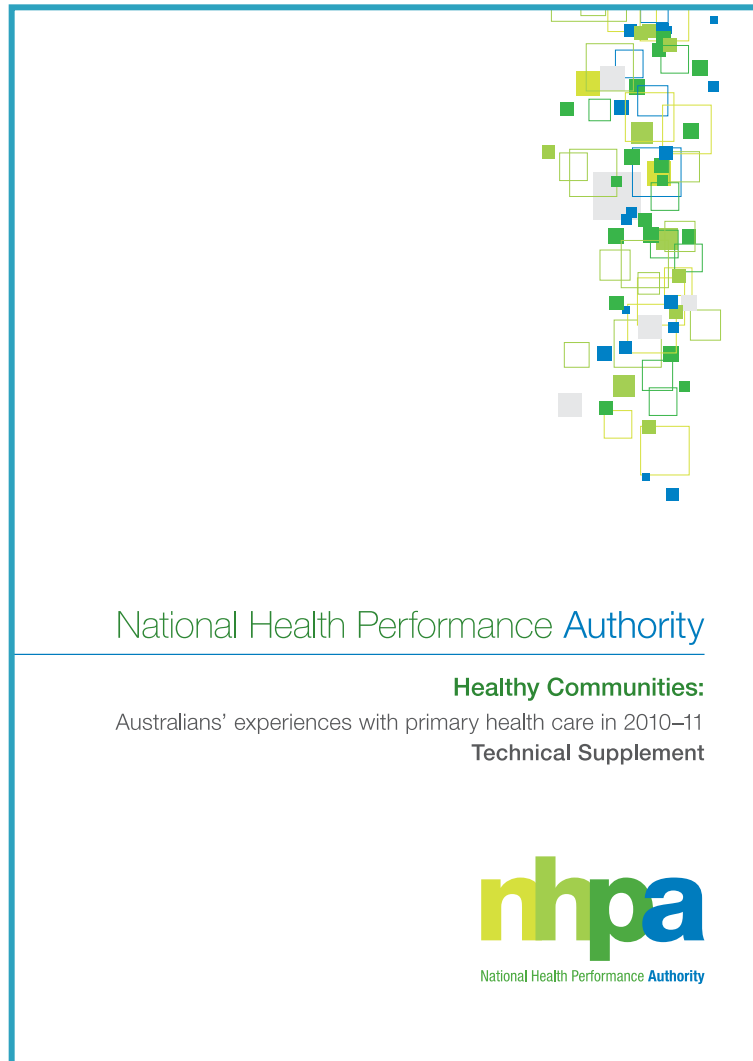


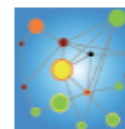
- ▶ This annual national report by AIHW has virtually nothing to say about immigrant or refugee communities and their general or mental health, other than to note that:
- ▶ *“Some health characteristics also vary by cultural diversity.”*
- ▶ and then to give a few very brief examples of this variation.



# National Health Performance Authority

- ▶ There is no report from the National Health Performance Authority that examines any aspect of health system performance across CALD groups.





RESEARCH

Open Access

# Mental health research and evaluation in multicultural Australia: developing a culture of inclusion

Harry Minas<sup>1,2,3\*</sup>, Ritsuko Kakuma<sup>1</sup>, Lay San Too<sup>1,3</sup>, Hamza Vayani<sup>3</sup>, Sharon Orapeleng<sup>3</sup>, Rita Prasad-Ildes<sup>3,4</sup>, Greg Turner<sup>3,4</sup>, Nicholas Procter<sup>3,5</sup> and Daryl Oehm<sup>2,3</sup>

# Mental Health of Immigrant and Refugee Communities in Australia

- ▶ *“As a group, people born overseas have health characteristics that are different from the rest of the population. The mortality and morbidity patterns of migrants can be influenced by both their country of origin and where they currently live, and by the process of migration itself.”*

*AIHW: Australia's Health, 2012*

# Mental Health Service Utilisation

- ▶ *This statement recognises that people with mental health problems or mental disorders should have access to services and opportunities available in Australian society for people of a similar age with equity and justice. Access to, and availability of, appropriate services requires consideration of specific needs and ideally is not limited by cultural and ethnic barriers, or by communication capacities and skills including language.*

Commonwealth: Mental Health Statement of  
Rights and Responsibilities, 1992

# Mental Health Outcomes

- ▶ *The consumer has the right to have services subjected to quality assurance to identify inadequacies and to ensure standards are met. Additional indicators of quality may also need to be developed to reflect specific issues such as the cultural respectfulness of services.*

Commonwealth: Mental Health Statement of  
Rights and Responsibilities, 1992

# Evidence

- ▶ *Gathering evidence... requires that greater priority be given to innovative mental health research in a range of fields, including the biomedical, psychological and social sciences, program evaluation and health economics. At present, there is limited evidence as to how best to tailor assessment and treatment for specific populations, including Aboriginal and Torres Strait Islander peoples and people from culturally diverse backgrounds.*

Commonwealth: Mental Health Statement of  
Rights and Responsibilities, 1992

# CALD Mental Health Data Collections

- ▶ *The Mental Health Service delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care. Standard 4, National Standards for Mental Health Services 2010.*

*Commonwealth: National Standards  
for Mental Health Services, 2010*

# ABS Standards for Statistics on Cultural and Language Diversity

1. Indigenous status
2. Country of birth
3. Country of birth of father
4. Country of birth of mother
5. Ancestry
6. Religious affiliation
7. Year of arrival in Australia
8. Proficiency in spoken English
9. First language spoken
10. Main language spoken at home
11. Main language other than English spoken at home
12. Languages spoken at home

Full set of recommended CALD variables

1. Country of birth
2. Main language other than English spoken at home
3. Proficiency in spoken English
4. Indigenous status

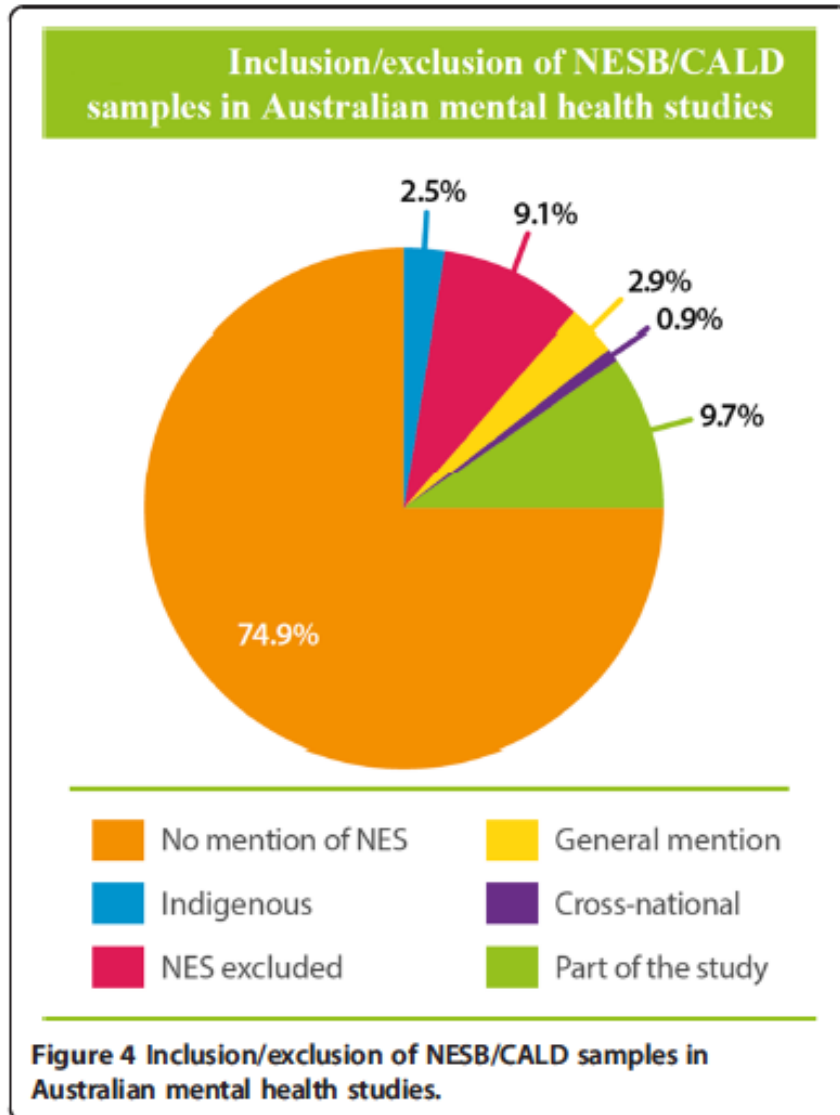
Minimum data set recommends four variables



### Data Elements Relating to Cultural and Linguistic Diversity

|   |                  |
|---|------------------|
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|---|------------------|

# Representation of CALD Participants in Australian Mental Health Research



- ▶ 74% No mention of CALD participation in the research
- ▶ 9.7% CALD participants part of the study
- ▶ 9.1% Non-English-speaking persons excluded from participation

# Health System Performance

- ▶ The consumer has the right to have services subjected to quality assurance to identify inadequacies and to ensure standards are met.

Commonwealth: Mental Health Statement of Rights and Responsibilities, 1992

- ▶ Improvement of national data collections... will be critical to the design and refinement of services and supports, and to the identification of service gaps.

COAG: The Roadmap for National Mental Health Reform 2012-2022.

# Gaps in CALD Data Collections

- ▶ Reliance on Country of Birth as Sole Indicator
- ▶ Aggregation into Country of Birth Categories for Data Analysis
- ▶ Insufficient CALD Sample Size in National Surveys
- ▶ Exclusion of People with Limited or no English Proficiency from National Surveys
- ▶ Lack of Confidence Concerning Quality CALD Data

# Key Issues and Recommendations

## **Population diversity: *Recommendation 1***

- ▶ *Ensure that the increasing cultural and linguistic diversity of the Australian population is a core consideration in all mental health policy-making and funding for policy implementation of mental health service design, delivery and evaluation. This will require the full participation of representatives of immigrant and refugee communities and people with mental illness and their families and support persons in policy making and implementation processes.*

# Key Issues and Recommendations

## Implementation of policies: ***Recommendation 2***

- ▶ *Translate mental health policy statements that are relevant to CALD communities into explicit implementation objectives and identify funds and other resources that are needed to support implementation activities and programs that will achieve CALD mental health policy objectives, and report on progress on policy objectives in relation to immigrants and refugees.*

# Key Issues and Recommendations

## **Availability of prevalence data: *Recommendation 3***

- ▶ *Ensure that national surveys of mental health include representative samples of at least some non-English speaking background populations to improve population relevance of findings.*

# Key Issues and Recommendations

## **Determinants of mental health and illness: *Recommendation 4***

- ▶ *Allocate high priority to research on the determinants of mental health and illness; explanatory models of mental illness; beliefs, knowledge and attitudes towards health services; and help-seeking among immigrant and refugee communities. This requires a particular focus on perspective and beliefs, and full involvement, of people with mental illness and their families and support persons in the investigation of the experience of members of CALD communities who have come into contact with mental health services.*



# Key Issues and Recommendations

## **Mental health service utilisation: *Recommendation 5***

- ▶ *Ensure adequate reporting of patterns of use of mental health services, and the experience of mental health services, of immigrant and refugee communities as part of the national mental health policy reporting framework.*

# Key Issues and Recommendations

## **Strategic research and evaluation: *Recommendation 6***

- ▶ *Develop a multicultural mental health research agenda that will serve as a guide to researchers, research students and research funders concerning high priority, policy- and practice-relevant research. Immigrant and refugee communities and people with mental illness and their families and support persons should be fully involved in the development of such a research agenda.*

# Key Issues and Recommendations

## **Minimum CALD dataset: *Recommendation 7***

- ▶ *Ensure that mental health data collections include CALD-relevant variables and that these are analysed to inform our understanding of mental health in immigrant and refugee communities and the impact of mental health services and suicide prevention programs in meeting the needs of CALD populations. It is particularly important to include a comprehensive list of CALD variables in all outcome data collections, and include reporting of outcomes for immigrant and refugee clients of mental health services as part of national reporting of service outcomes.*

# Key Issues and Recommendations

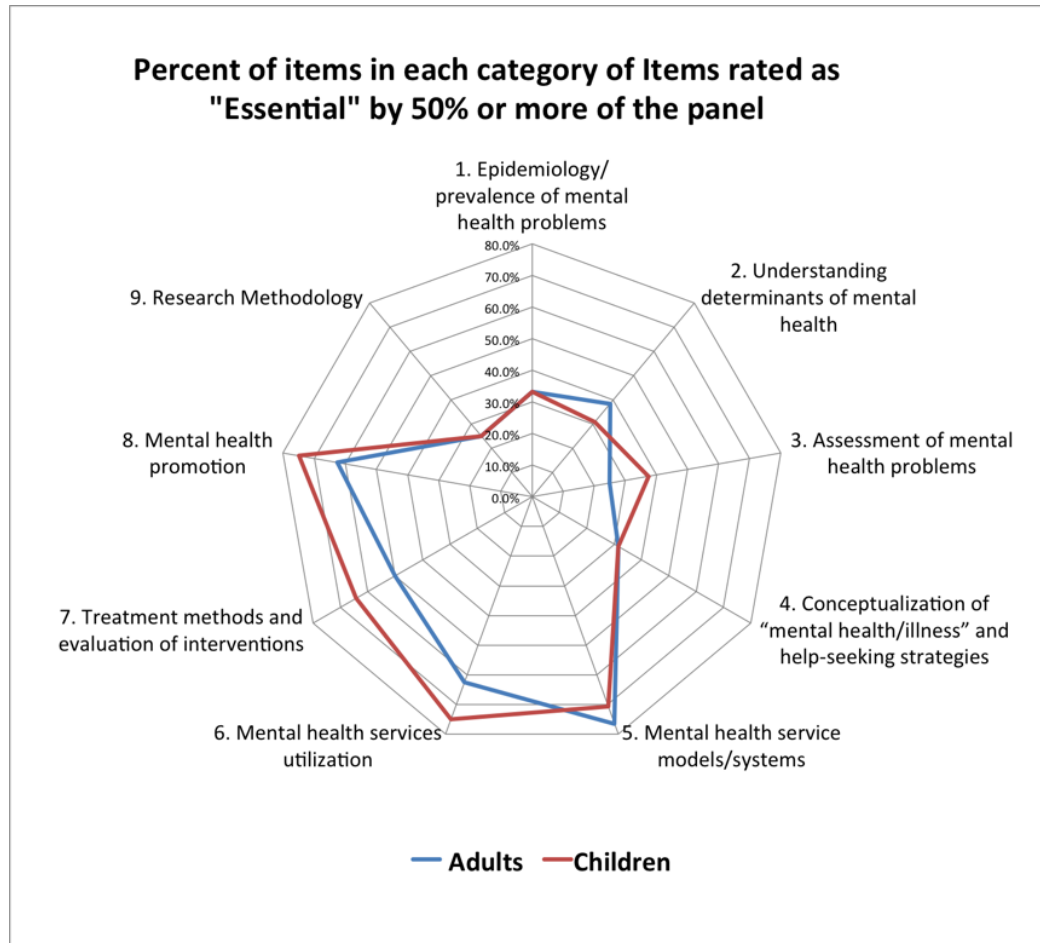
## Research funding: ***Recommendation 8***

- ▶ *Engage major research funding organisations to develop consensus about the minimum CALD-relevant demographic variables that should be included in clinical and population mental health research studies and to develop strategies that will improve the level of inclusion of immigrant and refugee participants in Australian clinical and population mental health research.*

# A CALD Mental Health Research Agenda

- ▶ Mental health research agendas for:
  - Refugee children/youth and adults
  - Immigrants
- ▶ The key research priorities identified in these two separately conducted studies are very similar and can be consolidated as a CALD mental health research agenda.
- ▶ 9 research domains:
  1. *Epidemiology*
  2. *Determinants*
  3. *Clinical assessment methods*
  4. *MH concepts / Help-seeking*
  5. *Service Models and evaluation*
  6. *Service Utilisation*
  7. *Treatment Methods*
  8. *MH promotion*
  9. *Research methodology*

# Research Priorities: Refugee Research Agenda



- ▶ Research priorities similar for children/youth and adults, and similar for refugees and immigrants
- ▶ Key priorities are for practical interventions:
  - MH promotion;
  - Treatment methods and evaluation;
  - MH service utilisation;
  - Developing appropriate MH service models/systems.
- ▶ 'Theoretical' issues of much less interest:
  - Research methodology;
  - Epidemiology;
  - Assessment methods;
  - Conceptualisations of MH and illness and help-seeking strategies.

# Top 5 research questions

1. How can services be adapted and extended to better meet needs?
2. What determines/promotes resilience and successful adaptation?
3. What elements of the design and delivery of mental health services are most important?
4. Where should mental health services be delivered and what form should they take?
5. What is the prevalence of mental health problems, including trauma-related disorders?

# The Research Agenda and the National Health Performance Framework

- ▶ The research questions that form part of the complete research agenda would answer all of the key issues in the National Health Performance Framework.

## **I: Health status and outcomes**

- ▶ How healthy are Australians?
- ▶ Is it the same for everyone?
- ▶ Where is the most opportunity for improvement?

## **II: Determinants of health**

- ▶ Are the factors determining health changing for the better?
- ▶ Is it the same for everyone?
- ▶ Where and for whom are they changing?

## **III: Health system performance**

- ▶ How well is the health system performing in delivering quality health actions to improve the health of all Australians?
- ▶ Is it the same for everyone?



# Evidence for Policy and Practice

- ▶ Several decades of sustained advocacy have produced minimal change in health system structure, operations and performance
- ▶ The very limited CALD population mental health data and the complete lack of systematic health system performance data continues to obscure substantial inequities and weakens any arguments for system reform and development.
- ▶ There is a need for a systematic, concerted and collaborative effort to develop and to have funded a **national CALD mental health research strategy** and to ensure that AIHW and the National Health Performance Authority collect, analyse and report data in a way that **health system performance for CALD communities** can be evaluated and tracked.



Thank you for your attention