



ECCWA submission-Sustainable Health Review 2017

The Ethnic Communities Council of Western Australia (ECCWA) is the peak body for CaLD communities in WA and was established in 1980 for this purpose. It is pleased to provide this submission and for further information it can be contacted via email admin@eccwa.org.au

- **Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;**

According to the 2017 OECD Economic Survey of Australia report inequality has unequivocally risen in Australia. ACOSS notes that *“Inequality is a problem in Australia and has been getting worse. There is a widening gap between the highest and lowest income earners in most wealthy countries; and this gap has been widening over the past twenty to thirty years in Australia as well. People in the top 20% of income earners have been pulling away from the majority of us at an increasing rate since the Global Financial Crisis in 2007.”* (<http://www.acoss.org.au/inequality/>).

Whilst the aforementioned worsening situation arguably has a disproportionate impact on indigenous and ethnic communities, the latter is the focus of this submission.

A significant proportion of the state’s population is born overseas and is of culturally and linguistically diverse backgrounds. This proportion has increased between the 2011 and 2016 Census and this upward trend is continuing.

According to initial 2016 ABS data released:

- WA is “home to the largest number of residents born outside of Australia, with almost a third of the state’s population (32 per cent) reporting they were born overseas, an increase from 31 per cent in 2011.” A significant proportion of the increase in the state’s overseas born population is accounted for by those who came from countries in Asia, Africa and the Middle East.
- “Mandarin (1.9 per cent), Italian (1.2 per cent) and Vietnamese (0.8 per cent) were the most commonly reported languages other than English spoken in Western Australian homes.”
- Whilst Christianity was the most commonly reported religion in Western Australia, and 33 per cent of people reported they had ‘No religion’ the fastest growing faiths/religions were Hinduism, Islam, Buddhism and Sikhism.

Unless relevant cultural and language factors pertaining to this section of the population are appropriately considered patient centered service delivery will not be meaningful for them.

WA Labor’s 2015 Policy Platform on Multicultural Interests (hereafter referred to as Platform) commits the Labor government to, inter alia the following:

PRINCIPLES FOR A LABOR GOVERNMENT

70. WA Labor acknowledges that there are ongoing challenges in a multicultural society. Members of racial and ethnic minority groups continue to face discrimination, economically, socially and culturally. WA Labor believes that the specific discrimination suffered by ethnic minority members of our society deserves specific policies to counteract these societal ills.

72. WA Labor recognises that that 15% of the WA community comes from a non-English speaking background (NESB), and that this is not reflected in any of the three arms of government, nor is it reflected in any meaningful manner in government agencies and associated service provision.

73. WA Labor believes our multicultural society should apply the principles of the Western Australian Charter of Multiculturalism, namely Civic Value, Fairness, (i.e. the pursuit of public policies free of prejudice, discrimination and exclusion on the basis of characteristics such as origins, perceived 'race', culture, religion, ethnicity and nationality), Equality (i.e. Equality of opportunity for all members of society to achieve their full potential in a free and democratic society where every individual is equal before, and under, the law. Labor will also ensure this through the creation and enactment of legislation which will create a Substantive Equality Unit within the Equal Opportunity Commission.) and Participation (i.e. the full and equitable participation in society of individuals and communities, irrespective of origins, culture, religion, ethnicity and nationality by providing proper and adequate resources within the Governance Structure.”

76 g of the Platform commits Labor to “Ensure that funding is provided to multicultural organisations in Western Australia who provide services to cultural and linguistically diverse communities.” This is absolutely critical from the service delivery philosophy of consumer directed, care and concepts such as choice and control and reasonable delivery. It is also crucial given the aforementioned changing demographic profile of the state.

Existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition can be leveraged by appropriately funding multicultural and ethno specific agencies. When government health care contracts are being considered it is imperative that the tender documentation and the assessment of tender bids are undertaken in a manner that ensures maximum participation of the aforementioned agencies in the delivery of health care.

From a language perspective it is critical that the state’s Language Services policy is effectively implemented. Whilst the Gallop government’s Language Services Policy was adopted by the Barnett government they made no efforts to monitor the implementation of the policy resulting in grave consequences for both CaLD and indigenous communities.

ECCWA is not recommending any changes to the policy but strongly urges the government to ensure that all government provided and government funded services including Primary, Secondary and Tertiary healthcare strictly adhere to the requirements of the policy and that this be monitored effectively by the Substantive Policy Unit that we recommend be established within the Equal Opportunity Commission.

ECCWA strongly recommends that the “language services infrastructure in our Health facilities be reviewed and replaced by a centralised Health Interpreting Service, which will be much more cost effective than maintaining one for each facility.

- **The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;**

Arguably the most glaring gap in service provision is in the area of mental health services for people of CaLD backgrounds and in particular the lack of culturally and linguistically appropriate suicide prevention and postvention support services. The latter is critical and should be addressed urgently given the number of suspected suicide deaths this year which have been drawn to the attention of the Minister of Health, the Mental Health Commission and the Ministerial Council for Suicide Prevention.

The state government’s Mental Health 2010 plan states “mental health issues have a unique impact upon certain groups of people within the Western Australian population and

require specialised responses. Unfortunately the report has not sought to address their needs, concerns and circumstances in a comprehensive and integrated manner. CaLD groups have been identified under the key principles and have been included in the Action Areas Specific Populations in the report however, The mental health needs and concerns of CaLD groups in general and suicide in particular have been neglected in many ways as outlined in ECCWA's response to Mental Health 2010 and Suicide Prevention 2020 which are attached.

Whilst this neglect is arguably not as bad as the indigenous population, it is serious enough to warrant the development of a CaLD Mental Health Plan which incorporates suicide prevention and to ensure that this plan is adequately funded to achieve the desired outcomes. Without such a plan it is likely that the fragmented and underfunded approach will continue with dire consequences for CaLD communities.

Development of culturally responsive mental health services is woefully inadequate. The state government's Transcultural Mental Health Unit ceased its operations two years ago and funding provided for community based multicultural clinical mental health services from comparative and absolute perspectives is miniscule. No funding is available for interpreting services etc. An increased focus on mental health promotion, prevention activities, and the reduction of stigma in CaLD communities has not eventuated to date. There is no central planning and coordination role for CaLD services in Western Australia, let alone one that needs to be strengthened. Collection of ethnicity data on the prevalence of mental illness and treatment rates remains problematic especially with regard to suicides. Early identification and intervention for at risk groups, particularly those arriving through humanitarian programs is critical. However, Torture and Trauma service provision was taken out of the Humanitarian Services Strategy by the commonwealth some years ago and outreach initiatives are now more critical than ever.

Another significant gap is in the area of prevention and timely management of chronic health conditions within ethnic communities. Many of the initiatives are not culturally or linguistically appropriate and seldom involve ethno specific and multicultural providers. Those that do, clearly demonstrate the cost effectiveness and the capacity to achieve of program objectives and KPIs.

- **Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;**
Members of CaLD communities especially those not proficient in English or comfortable with technology can and should be encouraged to avail of digital innovation and the use of new technology. This is very unlikely to happen without the involvement of ethnic community leaders and organisations that service these communities.

As for research there is a serious dearth of research on the prevalence rates of diseases within ethnic communities, their lack of access to Primary, Secondary and Tertiary healthcare.

- **Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;**
There are many opportunities to drive partnerships across sectors and all levels of government but these are not being realised because of these sectors operating in silos.

Experienced ethno-specific multicultural service providers like Ishare, Metropolitan Migrant Resource Centre, Fremantle Multicultural Centre, Italo-Australian Welfare & Cultural Centre, Umbrella, Association for Services to Torture and Trauma Survivors, Australian Asian Association, Rainbow, Chug Wah, Perth Asian Community Centre, Multicultural Services Centre, are willing and able to work in partnerships with mainstream providers and have already demonstrated their capacity to do so. However, for such partnerships to be effective and sustainable they should ensure equity in the sharing of the funding that is made available.

- **Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;**
Effective use of interpreters and maximising the use of ethno specific and multicultural services providers will achieve improvements in safety and quality for patients, as well as value and financial sustainability. The latter employ a significant number of bilingual staff who have the capacity to provide health care services without using interpreters and hence they can save substantial service delivery costs.

- **The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;**

If cultural and linguistic factors are to be addressed cost effectively there have to be changes to procurement policies and how they are implemented. ECCWA can provide concrete example where millions of dollars of government program funds having been “assigned”, where CaLD was identified as a priority area and yet no CaLD service provider got any funding. Procurement policies and implementation should be therefore tailored such that those claiming to have relevant expertise should provide concrete proof of the same.

CaLD representation in government boards and other decision making bodies including in the area of health is woefully inadequate and needs to be addressed urgently. ECCWA is willing to provide the names and other relevant information of CaLD people who can be considered by the government for this purpose

- **Further opportunities concerning patient centred service delivery and the sustainability of the WA health system**

ECCWA agrees that “one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness and “for many people who experience mental health problems and/or mental illness, finding and maintaining life in a stable home can prove difficult.” In the case of CaLD and indigenous people this issue is further compounded by factors such as language, culture and racial discrimination in the real estate market. The Multicultural Services Centre (without funding from any source) established a community based psycho social recovery program by providing suitable accommodation for long term residents who in the view of Graylands hospital were capable of living in the community as their condition had been stabilised. This program commenced more than three years ago and has demonstrated that it possible to cost effectively provide supported accommodation for such people using the private rental market. Programs such as this can and should be replicated.

ECCWA acknowledges that the Health system is under increasing pressure from an ageing population, chronic disease and health inequity, and that the health budget continues to rise. It also agrees that there is a need to focus on value and innovation to further improve health outcomes; ensure safe and high quality services; improve patient experience; and drive clinical and financial performance.

All of this will not happen if due attention is not paid to all social determinants of health. In the case of CaLD western Australians such an approach should involve the effective implementation of the four pillars of the multiculturalism framework that was established by former Premier Geoff Gallop and subsequently adopted by the Barnett government.

They are the Multiculturalism Charter, the Substantive Equality policy, the Anti-Racism Strategy and the Language services policy.

The effective implementation of the above and the specific issues outlined in the submission will ensure that Western Australians of CaLD backgrounds like their Anglo counterparts can enjoy excellent health outcomes and quality health services.

Ramdas Sankaran
President



2017-18 State Budget Submission

Contextual Background:

The Ethnic Communities Council of Western Australia (ECCWA) is the peak body for CaLD communities in WA and was established in 1980 for this purpose. It is pleased to provide this submission and in doing so is cognisant of the prevailing financial challenges and constraints that face the McGowan government in drafting its first budget for Western Australia.

ECCWA would have preferred to have fully costed the initiatives in this submission but given that it has had absolutely no funding from the state government for the last eight years unlike **all other** Ethnic/Multicultural Communities Councils across Australia, it does not have the resources necessary to accurately cost these budget proposals.

However, it firmly believes that if these proposals are implemented entirely or at least substantially, they not only would be revenue neutral but would result in much sought after budget savings. It is also pertinent to note some of the proposals do not have revenue/expenditure implications.

Principles/Rationale

The Hon. Bill Shorten, the Leader of the Opposition has, in recent months, emphasised the growing inequalities in Australia as a major priority issue for the ALP to tackle in a systemic way, if it wins government at the next election. . In a recent speech, at an economic conference in Melbourne, he stressed that “the system as it stands is accelerating inequality, rather than addressing it, entrenching unfairness, rather than alleviating it”.

According to Mr. Shorten, “inequality has consequences beyond the economic and the social – it is also creating a fault line in politics by fostering a “sense of powerlessness that drives people away from the political mainstream, and down the low road of blaming minorities, and promising to turn back the clock”. In that speech he also committed the ALP “to reach into the ‘too-hard basket’ and look at tax policy, subsidies and expenditures for the next election, including reforms that in the past we might have dismissed as too politically difficult”.

WA Labor’s 2015 Policy Platform on Multicultural Interests (hereafter referred to as Platform) commits the Labor government to, inter alia,:

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70. WA Labor acknowledges that there are ongoing challenges in a multicultural society.

Members of racial and ethnic minority groups continue to face discrimination, economically, socially and culturally. WA Labor believes that the specific discrimination suffered by ethnic minority members of our society deserves specific policies to counteract these societal ills.

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Unit within the Equal Opportunity Commission.) and Participation (i.e. the full and equitable participation in society of individuals and communities, irrespective of origins, culture, religion, ethnicity and nationality **by providing proper and adequate resources** within the Governance Structure.”

Section 74. a) and d) of the Platform commits a WA Labor Government to support these principles through inter alia:

a) Economic, Political and Social Equality

d) Citizenship: All Australians recognise and accept the following declaration of commitment, which includes:

- To maintain the rule of law and the ideal of equality under the law for all Australians;
- To recognise and celebrate Australia as an inclusive multicultural society devoted to the wellbeing of all its people

Proposal 1 Substantive Equality

Re-establish the Substantive Equality Unit within the Equal Opportunity Commission to ensure the fulfilment of section 76 b of the Platform. i.e. “Commit itself to develop a set of public sector benchmarks for all service delivery to promote substantive equality.”

Proposal 2 Multicultural Commission

Re-establish a Multicultural Commission to ensure the fulfilment of section 82 of the Platform. This can be done by the closure of the Office of Multicultural Interests (OMI) and part of the resulting substantial savings could be used for this purpose.

Proposal 3 Core funding of ECCWA

Restore the core funding of ECCWA that coalition and ALP governments provided it until the election of the Barnett government. As mentioned previously, all states and territories excepting WA provide core funding for its Ethnic/Multicultural Communities Council. Section “76 a, b, c and f” of the Platform are relevant in this regard. Subsection f seeks to “Ensure and facilitate effective access by community groups and organisations to government decision making and policy development **primarily**, but not exclusively, **through peak organisations**”. ECCWA is the only peak umbrella ethnic advocacy/lobbying agency in WA and has been fulfilling this function since 1979. It is also a constituent member of the Federation of Ethnic Communities Councils of WA. Funding of \$150,000 for 2017-18 and an annual increment of 20% per year for the next three years is not unreasonable. ECCWA would be more than willing to undertake several current OMI functions/activities that are costing government much more than \$150,000 annually.

Proposal 4 Funding of multicultural organisations

76 g of the Platform commits Labor to “Ensure that funding is provided to multicultural organisations in Western Australia who provide services to cultural and linguistically diverse communities.” This is absolutely critical from the service delivery philosophy of consumer directed, care and concepts such as choice and control and reasonable delivery. It is also crucial given the changing demographic profile of the state as summarised below.

According to initial 2016 ABS data released:

- WA is “home to the largest number of residents born outside of Australia, with almost a third of the state’s population (32 per cent) reporting they were born overseas, an increase from 31 per cent in 2011.” A significant proportion of the increase in the state’s overseas born population is accounted for by those who came from countries in Asia, Africa and the Middle East.
- “Mandarin (1.9 per cent), Italian (1.2 per cent) and Vietnamese (0.8 per cent) were the most commonly reported languages other than English spoken in Western Australian homes.”
- Whilst Christianity was the most commonly reported religion in Western Australia, and 33 per cent of people reported they had ‘No religion’ the fastest growing faiths/religions were Hinduism, Islam, Buddhism and Sikhism.

Late last year just over \$40 Million was allocated to parenting programs (link below) and despite CaLD being identified as one of the priorities in the tender brief, ECCWA is not aware of any monies being given to multicultural organisations in Western Australia who provide services to cultural and linguistically diverse communities.

<https://www.mediastatements.wa.gov.au/Pages/Barnett/2016/12/New-era-for-parenting-services-in-WA.aspx>

Tragically, the Office of Multicultural Interests which was located in the Department of Local Government and Communities at that time was not involved with the assessment of the tender bids. The lack of culturally and linguistically appropriate parenting programs is of major concern because what is acceptable parenting practices in some cultures are certainly not so in Australia and when these parents are not provided the knowledge and skills of acceptable practices, things do go wrong. Another complicating factor is that children become proficient in English before their parents do and the consequent "power dynamics" clearly impacts adversely on CaLD parent's capacity for parenting. Other challenges include:

- CaLD children who have to cope with "Australian peer pressures" and parental expectations/cultural transactions that conflict with the former. Resolving this from the child's and parents perspective is not easy esp. if English language proficiency is an issue
- Australian Social Security payments, parenting and others are made directly to the mother and not the father and yet the expectations in some cultures is that the father will "bear" all of the family expenses which is clearly not possible. This has caused a lot of issues especially in new and emerging communities. Whilst we don't have access to empirical evidence, the general feeling is that the rate of family break ups amongst new and emerging communities is very high and this clearly has ramifications for parenting. Getting separating Anglo parents to agree to a "plan" for their child or children is hard enough and when the parents are from non-Anglo backgrounds this becomes virtually impossible in many cases

It remains to be seen how the agencies that were recipients of the \$40 million will address the above situation.

There are many such examples and ECCWA urges the government to terminate this trend forthwith

Proposal 5 Multicultural Mental Health and Suicide Prevention

The state government's Mental Health 2010 plan states "mental health issues have a unique impact upon certain groups of people within the Western Australian population and require specialised responses. Unfortunately the report has not sought to address their needs, concerns and circumstances in a comprehensive and integrated manner. CaLD groups have been identified under the key principles and have been included in the Action Areas Specific Populations in the report however, The mental health needs and concerns of CaLD groups in general and suicide in particular has been neglected in many ways as outlined in ECCWA's response to Mental Health 2010 and Suicide Prevention 2020 .

Whilst this neglect is arguably not as bad as the indigenous population, it is serious enough to warrant the development of a CaLD Mental Health Plan which incorporates suicide prevention for this plan and is adequately funded to achieve the desired outcomes. Without such a plan it is likely that the fragmented and underfunded approach will continue with dire consequences for CaLD communities.

Proposal 6 Anti-Racism Strategy

Islamophobia in Australia Report-Edited by Dr Derya Iner focuses on the critical analysis of Islamophobia and its various manifestations in Australia since 2014. The report's findings are distressing and whilst, Muslims are arguably being targeted more than other ethnic/faith groups, the others are also being adversely impacted. The Anti-Racism Strategy developed and

implemented by the Gallop government should be reinvigorated and appropriately funded as a matter of urgency.

Proposal 7 Language Services

Whilst the Gallop government's Language Services Policy was adopted by the Barnett government they made no efforts to monitor the implementation of the policy resulting in grave consequences for both CaLD and indigenous communities. ECCWA is not recommending any changes to the policy but strongly urges the government to ensure that all government provided and government funded services strictly adhere to the requirements of the policy and that this be monitored effectively by the Substantive Policy Unit that we recommend be established.

Proposal 8 Employment Services-The Workforce Development Centre program (currently called Career Centres) delivered jointly by MercyCare and MSCWA will end in June 2017 as the Department of Training has advised there will be no more extensions. If this program is not re-tendered the already high rates of unemployment and underemployment of CaLD people will worsen. ECCWA is aware that the government is currently exploring how best its resources can be used in promoting job creation and retention and regardless of what strategies are adopted in this regard. Mainstreaming has not and will not address the unique needs of CaLD communities and ECCWA therefore urges the government to ensure that the strategies that they finally adopt includes funding for culturally and linguistically appropriate services to be delivered by multicultural service providers with demonstrated track records in this area.

Absence of specialist commonwealth funded Job Active provider and the payment for outcome model of Job Active is leaving most vulnerable and disadvantaged CaLD and Indigenous job seekers in "too hard basket" without any practical assistance as they are not generally "outcome ready" on referral. The role that the Career Centres are playing is critical for enhancing the employability skills of CaLD job seekers (some of whom are not eligible for commonwealth Job Active services). OMI funded Global Workforce has very limited reach to the job seeker population from the new and emerging refugee/migrant communities. We strongly recommend continuation of the Career Centre with more input from Migrant communities, community elders, CaLD people with lived experience etc. and that the tender be limited to organisations that have a demonstrated record in servicing multicultural communities.

Proposal 9 Domestic and Family Violence- is of growing concern amongst the CaLD communities. Whilst culturally and linguistically appropriate support and advocacy services for victims are critical, funding should also be available for programs that focus on perpetrators to diminish the prevalence of such violence.

Proposal 10 CaLD representation in government boards and other decision making bodies is woefully inadequate and needs to be addressed urgently. ECCWA is willing to provide the names and other relevant information of CaLD people who can be considered by the government for this purpose.

Proposal 11 Community Languages

Changes made by the Barnett government are not in the best interests of ensuring quality teaching/learning of community languages. The funding for this program should be substantially increased and its implementation should revert to the Education Department. The Italian Insertion Program should be refunded as per the governments pre-election commitments and the Ethnic Schools Association should be funded to provide support and capacity building for communities who wish to participate in this program.

Proposal 12 Royalties for Region

To the best of our knowledge no multicultural agencies has ever received any funds from the above program. A significant proportion of people from new and emerging communities especially refugee background, come from regional and rural areas in their countries and prefer to settle in regional and rural areas in Australia. Katanning is a good example of this.

We believe there is scope to promote the settlement of migrants and refugees in regional and rural areas of WA in a way that effectively meets their needs and the population growth and economic priorities of regional areas.

We recommend that funding be made available to a CaLD specialist agency to be based in the regional areas to deliver direct services to the agriculture sector with their need for harvest labour and other casual /seasonal work opportunities. The selected organisation need to have experience in successful settlement of migrants to regional/rural communities and are considered influencers in the new and emerging communities

Proposal 13 Youth Unemployment

Youth Unemployment and under employment within ethnic communities is disproportionality high especially in locations such as the Cities of Stirling, Joondalup, Canning, Gosnells and Armadale.

We recommend that funding be made available for the appointment of a CaLD community Youth Engagement Officers by multicultural service providers in South East Region (one officer) servicing the LGAs of Armadale, Gosnells, Cannington and Victoria Park and two offices in the North Metro region servicing the LGAs of Wanneroo, Stirling, Swan and Joondalup

Proposal 14 Asylum seeking children access to public schools

WA is the only state without a funding agreement with the federal government that allowed asylum seeking children to attend public schools. The WA and federal governments had been in negotiations for an arrangement to cover the cost of asylum seeker students to attend public schools - like in every other state - since mid-2012. We understand the negotiations between the two ceased in 2014 with the federal government abandoning plans for a funding agreement. ECCWA urges the State government to recommence negotiations and finalise an agreement with the Federal government like all other state and territories.

Conclusion

We strongly urge the government to favourably consider the aforementioned proposals. One of the Liberal Party WA's objects in its Constitution is "To promote justice and equality of opportunity among **all** people." Accordingly, the government's favourable consideration of these budget proposals will hopefully receive the support of the Opposition.

Ramdas Sankaran OAM
President, ECCWA

ECCWA Feedback on Mental Health 2020

CaLD groups have been identified under the key principles and have been included in the Action Areas Specific Populations the report states mental health issues have a unique impact upon certain groups of people within the Western Australian population and require specialised responses. Unfortunately the report has not sought to address their needs, concerns and circumstances in a comprehensive and integrated manner. Specific feedback on parts of the report that refer to CaLD or have implications for them is provided below and some words/sentences have been highlighted given their significance for this group.

Key principles (page 4)

Mental Health 2020 is underpinned by five key principles and in **Principle 3: Diversity** “the unique needs and circumstances of people from diverse backgrounds are acknowledged, and responsive approaches developed to meet their including people from Aboriginal **or from culturally and linguistically diverse (CaLD) backgrounds**, people with disability and people of diverse sexual and gender orientation needs. **Despite CaLD being included in a key principle, Mental Health 2020 and its implementation to date suggests that this principle has been paid just lip service.**

Key Reform Directions (page 4)

The three key Reform Directions underpin the future of supports and services for people living in Western Australia who are affected by mental health problems and/or mental illness; namely Person centred supports and services, Connected approaches and Balanced investment **are all very relevant to CaLD groups but the content of Mental Health 2020 and its implementation to date suggests all three key reform directions have not applied to CaLD groups.**

It is pertinent to note that in the section on person centred supports and services Most people who experience a mental health problem and/or mental illness, want choice, flexibility and control in the services they receive and the ability to navigate and coordinate the right mix of supports and services. These elements are at the heart of a person centred approach.” In the case of CaLD people especially those not proficient in English the aforementioned elements of a person centred approach remains pipe dreams.

The report argues that the “Reform Directions align with state government directions to create a person focused, whole of government approach to mental health and a strengthened community sector that is well placed to deliver individualised supports and services. They are also consistent with national directions driving reform across Australia, with a strong focus on early intervention and recovery.”

Action Areas

Action Area 1: Good planning (Page 15)

The report acknowledges “a person with limited networks and poor mental health may not want to engage or know how to begin. Family and carers, too, may feel overwhelmed and powerless. Person centred planning and coordination is important for everyone with a mental health problem and/or mental illness, regardless of the extent to which poor mental health affects their lives.” It then list a number of challenges in this regard but it makes no reference to those posed by cultural and linguistic factors

Action Area 2: Services working together (Page 17)

The report aptly emphasises that “Strong connections forged across Commonwealth, state and local governments, professional bodies, peak organisations, private and community sector organisations are fundamental to implementing Mental Health 2020.” **However, in the light of the closure of the Transcultural Mental Health Unit (South Eastern Metro) and the woeful inadequacy of government funded multicultural clinical mental health**

services in the community sector, it is futile for the report to canvass, “Agreement to work together to tackle mental health priorities at policy, program and service delivery levels can foster the suite of supports and services required for prevention, early intervention, treatment and recovery,” **in the case of CaLD groups.**

Action Area 3: A Good Home (Page 20)

ECCWA agrees that “one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness and “for many people who experience mental health problems and/or mental illness, finding and maintaining life in a stable home can prove difficult.” In the case of CaLD and indigenous people this issue is further compounded by factors such as language, culture and racial discrimination in the real estate market. The Multicultural Services Centre (without funding from any source) established a community based psycho social psychosocial recovery program **by providing** suitable accommodation for long term residents who in the view of Graylands hospital were capable of living in the community as their condition had been stabilised. The program is most likely to end in December 2017, if some sponsorship is not obtained for its continuation. (Program details are attached)

Action Area 4: Getting help earlier (Page 22)

The report accurately identifies that Western Australians “are much less comfortable about acknowledging and acting to prevent mental health problems, or knowing how to seek effective help when the signs and risks of mental illness manifest.” **This is much more so in the case of CaLD groups because of factors such as stigma, lack of proficiency in English and lack of awareness of how to navigate the mental health system. This is not acknowledged let alone addressed in concrete terms.**

ECCWA agrees that “early intervention is a cost effective strategy in reducing the need for hospitalisation and inpatient facilities.” However for early intervention to be effective in the case of CaLD people such intervention has to be culturally and linguistically appropriate.

Under Action Area 4 (page 25) the 2020 Plan commits to “More equitable access to appropriate mental health promotion, illness prevention, specialist treatment and support services through using population based planning to direct and allocate resources for mental health. **There is ample evidence that equitable access has not eventuated in the case of CaLD groups and that is largely because population based planning to direct and allocate resources for mental health is yet to occur in their case.**

Action Area 5: Specific populations People from Culturally and Linguistically Diverse backgrounds (page 27)

The report has described the diversity of this population in terms of cultural, linguistic, religious and historical traditions and have aptly observed that “people from CaLD backgrounds who experience mental health problems and/or mental illness together with their family and carers **often confront barriers that result in reluctance to access services.” The report also identified many of these barriers** (Page 28) and acknowledged that “Recovery coordination requires cross-sectoral buy-in. In the case of Culturally and Linguistically Diverse (CaLD) consumers, it also requires an understanding of religious and cultural norms.” Under “Looking forward” it commits to:

- Development of culturally responsive mental health workers and services.
- Increased focus on mental health promotion, prevention activities, and the reduction of stigma in CaLD communities.
- A strengthened central planning and coordination role for CaLD services in Western Australia.
- Collection of data on the prevalence of mental illness and treatment rates in CaLD communities to inform future mental health prevention and treatment initiatives.
- Outreach initiatives to provide early identification and intervention for at risk groups, particularly those arriving through humanitarian programs.

Development of culturally responsive mental health services is woefully inadequate. As mentioned elsewhere in this report, the state government's Transcultural Mental Health Unit ceased its operations two years ago and funding provided for community based multicultural clinical mental health services from comparative and absolute perspectives is miniscule. No funding is available for interpreting services etc. An increased focus on mental health promotion, prevention activities, and the reduction of stigma in CaLD communities has not eventuated to date. There is no central planning and coordination role for CaLD services in Western Australia, let alone one that needs to be strengthened. Collection of ethnicity data on the prevalence of mental illness and treatment rates remains problematic especially with regard to suicides. Early identification and intervention for at risk groups, particularly those arriving through humanitarian programs is critical. However, Torture and Trauma service provision was taken out of the Humanitarian Services Strategy by the commonwealth some years ago and outreach initiatives are now more critical than ever.

Action Area 6: Justice (Page 39)

ECCWA supports Mental Health 2020's aim to reduce the unintended association with criminal behaviour and promote contemporary community messages. However, there is no reference to how this will be implemented with regard to CaLD groups. The report notes that "people with mental health problems and/or mental illness are greatly overrepresented in courts and prisons. It is estimated that around 74 percent of people in prison have some form of mental health problem in comparison to around one-fifth of the general population, with a high proportion having complex mental health and associated needs which are under diagnosed and poorly managed." **It is likely that CaLD representation in this group is growing and it is of concern that no mention is made of this let alone concrete measures outlined to address it.**

Action Area 7 Preventing suicides

ECCWA's response to Suicide Prevention 2020 is attached. Whilst the Council is pleased that in recent years substantial amounts of money are being expended on preventing suicides in Western Australia, regrettably very little of it is being focussed on CaLD groups by the commonwealth and the state. ECCWA has drawn the attention of the Deputy Premier and Health Minister, the Hon Roger Cook to the dire state of mental health within ethnic communities in Perth and in particular the number of suicides that have occurred in Perth between January and May 2017. Staff of the Multicultural Services Centre of Western Australia have drawn 10 suicides to the Council's attention and ECCWA Secretary was aware of another one.

As per the state government's suicide prevention strategy report released some years ago, migrants commit suicide at a higher rate than the Australian born and those of CaLD background commit suicide at a higher rate than their Anglo counterparts.

Despite this in recent times the resources that have been assigned by the Coalition commonwealth and state governments to suicide prevention within ethnic communities has been woefully inadequate. Sadly the Office of Multicultural Interest had little or no influence on this matter during the term of the Barnett government.

Conclusion:

The mental health needs and concerns of CaLD groups in general and suicide in particular has been neglected in many ways as outlined in this response. Whilst this neglect is arguably not as bad as the indigenous population, it is serious enough to warrant the development of a CaLD Mental Health Plan which incorporates suicide prevention and for this plan and is adequately funded to achieve the desired outcomes. Without such a plan it is likely that the fragmented and underfunded approach will continue with drastic consequences

ECCWA Feedback on Suicide Prevention 2020

CaLD groups have been identified under the key principles and they have been recognised to be at greater risk of suicide than the general population, but in ECCWA's view the Suicide Prevention 2020 report has not sought to address their needs, concerns and circumstances in a comprehensive and integrated manner.

Suicide Ethnicity Data

The following profile has been extracted from the Western Australian Suicide Prevention Strategy 2009 – 2013 report.

“According to data from the Australian Bureau of Statistics, 23% of the Australian population was born overseas. A study by Kryios19 indicates that about 25% of suicides in Australia are by people within the migrant population, with 60% of these deaths occurring among people from a non-English speaking background.

In general, suicide rates follow the country of birth rather than the country of settlement, with migrants from countries with high rates of suicide also experiencing high rates in Australia.

This includes people from English-speaking countries; such as Western, Northern, Eastern Europe, and the former USSR. Migrants from countries with low rates of suicide generally have low rates in Australia, which includes people from southern Europe, the Middle East and Asia. Similar patterns are evident in Western Australia.

Suicide rates among migrant groups in Australia are generally higher than in the country of birth. Migrants aged 65 and older have higher rates than the overall population.”

These statistics are very disturbing especially when you consider the following:

- When suicide rates follow the country of birth rather than the country of settlement and the former is lower than the latter, it is important to note that the former applies to the “entire population” in the country of birth, whereas the latter applies to a highly “selective population”, namely migrants have to meet very high standards of physical and mental health to gain permanent entry to Australia and generally they are at the higher end of the scale in terms of income, education, wealth, etc. So if the rates of suicides in the country of settlement is the same or similar to the country of origin, it is cause for concern.
- Non reporting of suicides is arguably occurring frequently although there is no empirical evidence for the same. :
- Inadequate access to professional multicultural mental health services in most state and territories.

Specific feedback on parts of the Suicide Prevention 2020 report that refer to CaLD or have implications for them is provided below and some words/sentences have been highlighted given their significance for this group.

1 (Page 11)

Principle 5 Tailoring for diversity acknowledges the unique needs and circumstances of people from diverse backgrounds, including people from Aboriginal or from culturally and linguistically diverse (CaLD) backgrounds. It also states Responsive approaches will be co-produced with high-risk groups to appropriately meet their needs.

Whilst the aforementioned acknowledgement is important **we are unaware of any “Responsive approaches that have been co-produced with CaLD groups to appropriately meet their needs.**

Priority 6 Allocating resources where they are most needed and in a coordinated way
Actions and interventions to prevent suicide and self-harm will support the whole population, **with targeted responses and appropriate resources for high-risk groups.**

We agree with this approach as well as the reference to the State advocating for other parts of the system, including community managed organisations and primary health care, to deliver the full continuum of suicide prevention interventions. **However MHC resources being allocated for targeted responses and appropriate resources for high-risk groups esp. CaLD is very inadequate from absolute and comparative perspectives.**

2 People from culturally and linguistically diverse backgrounds (Pages 20 & 21)

“The experience of settling in a new country as a migrant or refugee involves enormous stressors for individuals and families. These may include social isolation; disconnection from family and friends; uncertainty over visa status; adapting to a different culture, education and employment system and language barriers. People who have experienced trauma in their country of origin, on the journey to, or arrival in Australia face additional mental health challenges. Mental health and suicide may have different cultural meanings for people from culturally and linguistically diverse backgrounds. Stigma and taboos in some cultures may impact on an individual’s willingness to acknowledge problems and seek help. Culturally appropriate mental health services and cultural competency training for workers providing support to people from CaLD backgrounds are essential to raise awareness of mental health and suicide prevention within CaLD communities.(7)”

CaLD communities face other barriers too and we agree that culturally appropriate mental health services and cultural competency training for workers providing support to people from CaLD backgrounds are essential to raise awareness of mental health and suicide prevention within CaLD communities. **However, we wish to emphasise that culturally appropriate clinical mental health services are woefully inadequate.** Agencies like MSC that offer such services are not funded and cannot access cost free interpreting services when required, as funding for the same is not provided by MHC or other bodies.

3 Interventions for risk factors associated with suicide (Page 25 & 26)

Given the multiple factors and pathways that lead to suicidal behaviour, we agree that suicide prevention efforts should target the general population as well as key risk groups and specific contexts.

We believe ethnicity/aboriginality should also be a factor in Selective Programs for vulnerable groups within a population based on characteristics such as age, gender, health issues or family history.

With regard to the other interventions mentioned i.e. Indicated, Symptom identification, Early care and treatment, Longer-term treatment and support, Ongoing care and support and Postvention, **CaLD groups are clearly missing out on culturally and linguistically appropriate interventions.**

2009-2013 Suicide Prevention Model (Page 28)

The Strategy Research, Development and Evaluation Report by Centrecare and Edith Cowan University found that there was considerable local engagement with 45 Community Action Plans. These plans covered 255 locations and at-risk groups such as Aboriginal communities, young people, men, regional communities, culturally and linguistically diverse communities, homeless people, and diverse sexuality and gender groups

The Multicultural Services Centre's Community Action Plan was also evaluated and rated highly but its recommendations have been ignored/yet to be implemented.

What we will do - Key action areas (Page 35)

Early priorities 2.1.1 "The Mental Health Commission will seek resources to expand a number of existing services across the State to better support people at high risk. This will include increasing mental health training, early intervention and suicide prevention programs for young people, men and women, families experiencing trauma, Aboriginal communities, regional communities and lesbian, gay, bisexual, transgender and intersex groups. Coordinated and targeted services for high-risk groups." **CaLD is identified as a priority in principle 5, but regrettably they are not included in the above early priorities.**

Coordinated and targeted services for high-risk groups (Page 35)

"Suicide Prevention 2020 takes an evidence based approach to reducing suicide risk across the lifespan, which reflects current research by the World Health Organization. The most common and significant factor in suicide is mental illness, which is present in up to 90% of people who die by suicide." In the section that followed people from culturally and linguistically diverse backgrounds were recognised to be at greater risk of suicide than the general population"

All six actions that are listed under, "ensuring that services are coordinated and targeted to high-risk groups and across the lifespan is essential to preventing loss of life to suicide", and how this action area will be achieved **makes no mention of CaLD.** The 10 actions mentioned under "Early Priorities" also **makes no mention of CaLD. (Page 37)**

Increased suicide prevention training (Page 41)

We agree with the "Suicide prevention training aim to upskill the community in order to increase personal resilience and competence in supporting and identifying someone with suicidal ideation or suicidal behaviour." We also agree that "education in suicide prevention can cover understanding common mental illnesses and reducing stigma; how to discuss suicide with someone who may be at risk; identifying warning signs and referring people to appropriate professional help."

The report states that this action area will be achieved through inter alia "Promoting training and self-help activities for high-risk groups and peer support;" and in the "Early priorities" section that followed the report mentions that "the State Government will continue to provide training grants and coordination to enable local communities to access evidence-based mental health and suicide prevention training." This section **makes no mention of CaLD and not surprisingly the allocation of MHC funding for suicide prevention training in recent years reflects this.** This section also refers to support for "Trauma informed care and specialist suicide prevention training for at-risk groups and mentions people who are bereaved by suicide, young people, Aboriginal communities, first responders and LGBTI groups **but not CaLD.**

Conclusion

Whilst the collection and collation of ethnicity data regarding serious self-harm, completed suicides and the postvention impact of the latter remain problematic, the 12 known cases of suicides within ethnic communities between January and May this year is extremely disturbing. Treating CaLD as a "special group" or approaching it in an ad hoc manner as reflected in the Suicide Prevention 2020 report is cause for concern.

From the perspectives of "Tailoring for diversity" (**Principle 5**) and the "Allocation of resources where they are most needed and in a coordinated way" (**Priority 6**), ECCWA believes a well-resourced Multicultural Action Plan should be developed as a matter of urgency to cover prevention and all interventions mentioned in the report.

As an interim measure the next round of MHC funding for Suicide prevention should prioritise CaLD as a target group and agencies that have a track record in providing culturally and linguistically appropriate mental health and other services should be contracted to provide relevant suicide prevention, training and postvention services.