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This submission has been written by SEHCP Inc. (**enliven**) in consultation with the South Eastern Refugee and People Seeking Asylum Health Alliance (SERPSAHA). The South Eastern Suburbs of Melbourne have the largest community of people seeking asylum in the state with a significant proportion of refugees settling in the area. This submission has a particular focus on mental health for newer arrivals in the context of people with a refugee or people seeking asylum background and experience.

In preparing this submission, the Chair of SERPSAHA has consulted with 6 agency members and drawn on discussion at alliance meetings which currently have a mental health focus. Opinions have also been informed by discussion with the Chair of the Victorian Refugee Health Network, broader research regarding multicultural mental health and the experiences and previous work conducted by **enliven**.

1. **What are your suggestions to improve the Victorian community's understanding of mental illness and reduce stigma and discrimination?**

Stigma associated with mental health is prevalent in communities from refugee background, with the concept of mental health care misunderstood often due to cultural and religious barriers. One solution to combating stigma is through greater engagement of cultural associations/faith based settings and community leaders.
As 60% of Australian adults have low health literacy and numeracy skills [Australian Bureau of Statistics, 4228.0 - Adult Literacy and Life Skills Survey, Summary Results, Australia, 2006 (Reissue)] it is important that key messaging and stories are in plain language with the use of imagery (easy English) to promote greater understanding and empathy, by the broader community, regarding the plight and challenges facing newer arrivals. The provision, support and training of bicultural workers within new and emerging communities to assist in delivering mental health supports and messaging, not only to break down stigma but to act as an early intervention strategy, is also recommended. In conjunction with this, it is recommended that brochures, flyers and websites promoting mental health initiatives be created in easy English for community members to understand. Mental health services need to be supported to ensure a culturally appropriate 'Health Literacy' lens is applied to their communications and services.

2. **What is already working well and what can be done better to prevent mental illness and to support people to get early treatment and support**

Refugees and people seeking asylum often have complex health needs which can be related to torture and trauma experiences, prior lack of access to health care plus experiences and challenges of resettlement in a foreign country. Specialist Refugee services and Torture and Trauma counselling have triage processes that reflect the needs of the communities they are working with. Imbedding multicultural practices into primary care settings through collaborative initiatives would help to support CALD communities. For example the Bicultural Brilliance Toolkit (https://enliven.org.au/wp-content/uploads/2018/09/20180607_toolkit_FINAL.pdf) was produced in partnership by enliven, the Department of Health and Human Services, Monash Health Refugee Health and Wellbeing, South East Community Links and Red Cross (July 2018). This toolkit is grounded in the recognition of the measurable strengths, skills and competencies Bicultural Workers inherently have and that when organisations support these to flourish; they are rewarded in many varying ways. The Bicultural Workers involved in the consultation have agreed to form an ongoing peer network to continue to support each other and to have input from a CALD perspective into service development and enhancement.

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3. What is already working well and what can be done better to prevent suicide?

The current suicide prevention work being carried out in the South East through the Primary health Network (PHN) and the placed base trials are having an impact. The Refugee and People Seeking Asylum Suicide Prevention Task Group that operates primarily in Dandenong is an example of the consultation process working well and leading to ongoing collaboration.

4. What makes it hard for people to experience good mental health and what can be done to improve this? This may include how people find, access and experience mental health treatment and support and how services link with each other.

Along with low health literacy levels, refugees and people seeking asylum generally have lower levels of secondary education, employment and income that act as barriers to accessing health services. It is important to note that there are very specific challenges for people seeking asylum that have no safety net. They may not be eligible for any government income support which also excludes them from access to casework and specialist torture and trauma counselling and some are without access to Medicare. The lack of casework support also applies to people that have been granted temporary protection visas and safe haven protection visas. People in these groups are often without support in the community and can easily fall through the gaps. With no support to access health services, mental health conditions can go unmanaged with first presentation being in Emergency Departments. To respond to the needs of the community, consultation needs to take place and community leaders need to be trained to deliver health messages and promote mental health support within community.
Due to the different eligibility criteria in service provision, it is often difficult for primary health care providers to know the appropriate mental health service to refer to based upon eligibility. Better ways are needed to identify the status of a person at point of contact with healthcare services to enable referrals to appropriate mental health care.
An additional key impact for these communities is the existing mental health challenges from their past experiences coupled with an unsympathetic 'Australian' system and lack of adequate supports (service access, etc.) to help manage trauma along with the challenges of integration into a new culture.

5. What are the drivers behind some communities in Victoria experiencing poorer mental health outcomes and what needs to be done to address this?

Cultural beliefs, stigma, rigid gender roles, poor mental health literacy and understanding of the Australian Health Care system all act as drivers behind poor mental health outcomes for refugees and asylum seekers. The designated status of people living within the community is a potential significant driver for poor mental health. For example, people seeking asylum can spend extended periods of time waiting for their status to be resolved, the stress of their situation and the separation from family result in poorer mental health outcomes.

As stated, improving health literacy and providing training within primary health settings (to identify the different level of services that can be referred to) and resourcing to ensure sufficient supports are in place are all essential. Additionally, imbedding cultural sensitive practice into mainstream services needs to underpin service models.

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6. **What are the needs of family members and carers and what can be done better to support them?**

Heath literacy concerns apply to carers and family members; family members themselves could be a barrier to a person accessing services due to perceptions/stigma. Awareness of what services can be accessed and use of bi-cultural workers to support and encourage this needs to be promoted and resourced.

7. **What can be done to attract, retain and better support the mental health workforce, including peer support workers?**

- Ensuring access to clinical supervision for all workers in the mental health workforce.
- Breaking down the hierarchy within the mental health system so that all workers within the mental health spectrum are equally valued for the role they play.
- Providing opportunities for people with lived experience in targeted areas with populations of refugees and people seeking asylum

8. **What are the opportunities in the Victorian community for people living with mental illness to improve their social and economic participation, and what needs to be done to realise these opportunities?**

Refugees and people seeking asylum have a multitude of barriers, along with mental health, to overcome and realise opportunities. People seeking asylum without access to incomes are unable to meet basic needs, making it difficult to address mental health and participate in social and economic activities. Language barriers can affect access to work and education opportunities particularly for those without access to English classes. There needs to be a collective and integrated approach with services coming together to treat the whole person.

9. **Thinking about what Victoria's mental health system should ideally look like, tell us what areas and reform ideas you would like the Royal Commission to prioritise for change?**

Settlement and health providers within the South East report an increase in psychiatric presentations within children of newly arrived refugees. They are also reporting an increase in transgenerational trauma. Also noting there is a shortage of specialist psychiatric care for children. It is recommended that specialist refugee health services be funded for specialist psychiatric positions to care for children from refugee and asylum seeker backgrounds. It is important that primary health care services treat the whole family so that children with psychiatric needs do not fall through the gaps.

People from the refugee and asylum seeker communities accessing mainstream mental health services are reporting that interpreters are not always utilised and/or the quality of the interpretation is poor. Caseworkers are reporting that family members and sometimes children are being used to fulfil the role of interpreters. Building rapport, gaining trust and confidence are critical in the therapeutic interaction but this cannot occur if communication is limited. It would appear that interpreters are underutilised by health professionals due to time pressures and costs. It is acknowledged that the use of interpreters extends the length of appointments and creates other pressures. It is recommended that the use of interpreters be imbedded in practice services and efforts be made to train specialist mental health interpreters.

Collaborative efforts and collective impact approaches need to be used to address the needs of the whole person, creating integrated service pathways.

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10. What can be done now to prepare for changes to Victoria's mental health system and support improvements to last?

- Capacity building for staff already working within the system along with proper change management processes and good communication between service providers
- Improve health literacy
- Provide training and education to service providers within primary health settings to enable the identification of the different level of services that can be referred to – strengthen referral pathways
- Provide resourcing to ensure sufficient supports are in place
- Imbed cultural sensitive practice
- Allow for input from informed community advocates

11. Is there anything else you would like to share with the Royal Commission?

It is important that an equity lens be applied across the board and that a suite of services are provided to meet individual needs.
People with lived experience need to be included beyond the consultation process.

Rob Macindoe
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Therese Watson
Chair of SERPSAHA

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