inTouch Multicultural Centre Against Family Violence

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Submission to the Royal Commission into Victoria's Mental Health System

About Us

inTouch Multicultural Centre Against Family Violence (inTouch) is a not for profit organisation that provides integrated, culturally appropriate services to migrant and refugee communities experiencing family violence across Victoria. Over the past 35 years, we have addressed the specific needs of these communities and have helped over 18,000 women experiencing family violence. In the 2017-2018 financial year, inTouch provided services to 1,400 women from 85 different countries, and their 1,200 children.

We have become a critical piece in Victoria's family violence response system. In 2016, the Royal Commission into Family Violence in Victoria recommended that the government fund inTouch to better support the needs of people from refugee and migrant backgrounds experiencing family violence. As a leading expert with these communities, the reach and impact of inTouch's work has significantly increased.

Our services and programs are offered across the family violence continuum, from prevention and early intervention, to crisis intervention, post crisis support and recovery:

- *inTouch's culturally responsive service delivery model is based on 'inLanguage, inCulture' case management. Our case managers speak more than 20 languages and have a unique understanding of our client's perspective, including migration and refugee experience and the significant barriers that women experiencing family violence may face when seeking assistance.*
- *Our in-house registered community legal centre was established in 2012 and provides legal advice, court advocacy and immigration support to women receiving our case management service. We are the only specialist family violence service with an internal legal centre.*
- *inTouch helps build the capacity of specialist family violence providers and mainstream services to better deliver support to refugee and migrant women experiencing family violence through training, secondary consultation and co-case management.*
- *In 2018, inTouch began a trial program Motivation for Change, working directly with men from culturally and linguistically diverse communities who use violence towards their families.*

Introduction: Mental health issues among migrant and refugee women who have experienced family violence

inTouch works with a cohort of women who face multiple barriers to accessing support services, including the mental health system. The women our organisation assists are frequently on very low incomes (if any at all) and many do not have access to social security payments and services, including Centrelink payments, Medicare services and the Pharmaceutical Benefits Scheme. This

means that they are excluded from schemes such as the Better Access initiative, designed to improve access to mental health care.

Furthermore, many of the women we work with do not easily recognise their mental health issues, or come from cultural backgrounds that attach stigma to mental illness. These are significant barriers faced by migrant and refugee women in the prevention and treatment of mental health conditions.

Studies show that there is a high prevalence of mental ill-health among women who experience family violence.[1] These statistics are underrepresented in our service. In the 2017-2018 financial year, only 15.87 percent of our clients had been diagnosed with a mental health condition. Of those who had disclosed that they had been diagnosed, only 52 percent confirmed to have received mental health services.

Alongside the impacts of family violence on the mental and physical health of women, there are additional health issues that migrant and refugee women face because of their migration journey. Studies show that "migration becomes a precipitating factor for mental illnesses due to the various barriers that people come across in the migration process and in the post migration period"[2]. The process of migration and subsequent cultural and social adjustment also play a key role in the mental health of the individual.[3]

Adopting an intersectional framework, inTouch acknowledges the unique and significant barriers women from migrant and refugee backgrounds who have experienced family violence face when it comes to mental health and service provision. Our clients are often highly vulnerable members of our community who require significant health support, but who also face multiple barriers to accessing this support.

1. ***Lack of recognition and under-reporting of mental health problems among migrant and refugee women***

Mental ill-health often develops or becomes exacerbated among women who experience family violence.[4] These range from conditions such as anxiety, depression, post-traumatic stress and other disorders.[5] The data we capture at inTouch through our intake process and direct services reflects low levels of disclosures of mental ill-health by our clients. Despite the low level of disclosures, our direct services staff report that many if not most of their clients are experiencing mental health conditions for which they are not receiving any treatment.

> *"For many of our clients experiencing family violence, recognising, disclosing, and treating their mental health problems is low on their list of priorities." – inTouch Case Manager*

Research indicates that culture can influence people's understanding of mental health issues, how much stigma is attached to mental health, and whether or not people will seek assistance.[6] Through their knowledge from their own cultural backgrounds as well as their work with clients, inTouch staff reiterate these points. Some case managers have developed subtle strategies to ask a woman about her mental health, her anxiety levels, or depression, so as not to shock or

offend her and to generate fruitful responses. Alongside the stigma associated with mental illness, many of the women we work with have not recognised their mental health issues themselves. As a result, our case managers routinely ask questions relating to the client's sleep patterns and general emotional state to assess their mental wellbeing.

We believe that many of the women we support would benefit immensely from ***educational initiatives*** *for prevention or early intervention of mental ill-health. Such educational initiatives could help to identify symptoms of mental ill-health, discuss how common mental health conditions are, and where people can get assistance. Such information should be provided during the early stages of migration to Australia, offered in culturally and linguistically diverse languages and in a cultural adaptive model to de-stigmatise mental ill-health.*

2. *Financial barriers to accessing public and private mental health services*

Approximately half of the women we assist are on temporary visas. These are women who are on student visas, visitor/holiday visas, or spousal/partner visas.[7] *Many of these visa types do not provide access to the public health system through Medicare and therefore, access to mental health services are heavily restricted. Considering the high presentations of mental ill-health among women from migrant and refugee backgrounds who have experienced family violence, the lack of access to mental health services is a critical issue.*

Most women accessing our services at inTouch are on low or nil incomes. Of the clients we assisted during the period July 2017 – June 2018, approximately a quarter were receiving income from paid employment, 30 percent were receiving government pensions and allowances, including parenting payments, and 33.62 percent were receiving no income at all at the time of presenting to our service.

> **Case study**
> *Jen is on an international student visa and is in a relationship with a man who is an Australian citizen. Her partner has been abusive and she is trying to leave the relationship. Jen contacted inTouch to explore her options and disclosed to her case manager that she doesn't sleep most nights and feels very anxious. She has stopped attending her classes and has become isolated from her friends. Jen's mental health has been declining as a result of the family violence.*
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> *The case manager would like Jen to see a psychologist or a psychiatrist for treatment urgently but she doesn't have access to Medicare because of her visa conditions, and she cannot afford private health insurance. Jen's case manager has added her to the waitlist at a local community health service to see a counsellor (rather than a psychologist or a psychiatrist). Unfortunately, there is a long waitlist and Jen will have to wait for to receive the support.*

3. *Lack of cultural and language support in mental health service provision*

inTouch provides a culturally specific and sensitive approach to case management and advocacy for women from migrant and refugee backgrounds. Our in-house, linguistically and culturally diverse direct services team, provides our clients with the support they need to express themselves in a way that is clearly understood. When there are language barriers, the tumultuous

and traumatic nature of family violence and its wide reaching impacts on the mental and physical health and wellbeing of women, can be very difficult to capture. Some specific examples of the impact of language barriers include:

- *Clients who have been unable to complete a mental health assessment at their general practitioner due to language barriers*
- *Clients who have experienced ineffective counselling and other therapies due to language barriers.*

Some mental health professionals use interpreters in their sessions. Whilst this can overcome some of the language barriers clients may face, it can also add particular complexities that practitioners should be considerate of. As articulated by inTouch's psychologist:

> *"Language is an integral part of communication. It can take the client some time to develop trust in the interpreter, and there can be concerns around privacy and confidentiality. This can cause breakdowns in communication. Some communities are small and this adds more complexity, as the interpreter can be known to the client. Also, where there have been incidents of sexual assault and the interpreter is of a different gender, the client may not feel comfortable."*

Offering programs that **bring together mental health and family violence services** *specifically for migrant and refugee women would be of great value. Making* **programs culturally safe and linguistically appropriate**, *such as having* **bilingual and culturally diverse staff**, *would increase the effectiveness of such programs in preventing, identifying, diagnosing, and treating mental ill-health.*

> **Case study**
> *Lena was referred to inTouch by her friend. She migrated to Australia with her husband four years ago and they have two children together. There has been ongoing family violence in the relationship, perpetrated by Lena's husband. She has developed serious mental health issues as a result, and feels very anxious most days.*
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> *Lena's proficiency in English is limited. She attended her local medical clinic to discuss her mental health with a doctor, but was unable to articulate herself and her needs very clearly. It was not until she spoke with her inTouch case manager – who speaks her language – that she was provided with some guidance for appropriate mental health support.*

4. **Exacerbation of mental health issues and re-traumatisation for women dealing with government migration departments and the family law system**

Dealing with migration laws and services can exacerbate mental health conditions, particularly for women who have experienced family violence. Migration systems and visa processes, as well as the family courts and police, can be tremendously complex to navigate for anyone in our community. For women experiencing family violence, this complexity is exacerbated. For women who are experiencing family violence and who are migrants or refugees with limited literacy of Australia's health and legal processes, navigating a 'foreign' system at a time of intense emotional stress is very challenging. Furthermore, women who are dealing with these systems

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are expected to relive and retell their experiences repeatedly, often over an extended period of time.

We believe **integrating trauma-informed care practices that are linguistically supportive and culturally safe** *in migration and family law systems would be very beneficial for the cohort of women that we provide assistance to.*

> **Case study**
> *May is an inTouch client. She was sponsored by her husband to come to Australia and is currently on a partner visa. May's husband has been physically, emotionally and financially abusive towards her. She has now left the relationship and is applying to remain in Australia.*
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> *Her application through the family violence provisions has been progressing very slowly due to her mental health. The Department of Home Affairs requires her to provide detailed reports of her experience to a number of professionals, including a social worker and a psychologist. May has expressed to her case manager that she is very anxious about repeating her story. The detail at which she is required to relive the experiences is traumatic for May and the tight timeframes placed on the process are causing her immense stress.*

Conclusion

inTouch provides services to women who experience family violence and are from migrant and refugee backgrounds. Despite being more vulnerable to mental ill-health as a result of their migration journey together with their experiences of family violence, most of our clients have not accessed mental health services and are unable to do so due to a multitude of factors. We believe that an intersectional and trauma-informed approach to the provision of mental health services in Victoria would help to reduce some of the barriers many women face.

Contact Details

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[1] *Rochelle Braaf and Isobelle Barrett Meyering (2013) Domestic Violence and Mental Health. Australian Domestic and Family Violence Clearinghouse, Fast Facts No. 10. Sydney: https://www.nifvs.org.au/wp-content/uploads/2015/01/Domestic-Violence-and-Mental-Health.pdf.*
S. Rees et al (2011) "Lifetime prevalence of gender-based violence in women and the relationship with mental disorders and psychosocial function". JAMA. Vol. 306 No. 5, pp. 513 – 521.

[2] *Dinesh Bhugra and Susham Gupta (eds) (2011) Migration and Mental Health. New York: Cambridge University Press.*
[3] *Dinesh Bhugra and Peter Jones (2001) "Migration and mental illness", Advances in Psychiatric Treatment. Vol. 7 No. 3, pp 216 – 222.*
[4] *Braaf and Meyering, op. cit.*
[5] *Rees et al, op. cit.*
[6] *Office of the Surgeon General (2001) Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General, Rockville, USA: National Institute of Mental Health.*
[7] *For further information on issues relating to women on temporary visas and family violence, Marie Segrave (2017) Temporary Migration and Family Violence: An Analysis of Victimisation, Vulnerability and Support, Melbourne: School of Social Sciences, Monash University.*