Metro South Health | Metro South Addiction & Mental Health Service

Action Plan 2021- 2026

Queensland Transcultural Mental Health Centre

We care about you

Queensland Government

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An electronic version of this document is available at www.metrosouth.health.ald.gov.au/qtmhc

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Introduction

The Queensland Transcultural Mental Health Centre – Action Plan 2021 to 2026 sets out the actions for the Queensland Transcultural Mental Health Centre (QTMHC) to deliver culturally responsive mental health care for people from culturally and linguistically diverse (CALD)[1]. The *Queensland Transcultural Mental Health Centre- Action Plan 2021 to 2026* (the Action Plan) has been developed through consultations with staff, Mental Health Alcohol and Other Drugs Branch, mental health alcohol and other drug (MHAOD) services, and Multicultural Mental Health Coordinators.

What we do

QTMHC is a statewide MHAOD service hosted at Metro South Hospital Health Service. It provides **state-wide** specialist mental health consultation services for people from CALD backgrounds across **all ages** and across the **continuum of care**[2]. A major focus of QTMHC is to minimise the impact of mental health and substance misuse in multicultural communities and to facilitate culturally responsive MHAOD service delivery. QTMHC provides culturally responsive and trauma informed services and programs to CALD individuals and families across Queensland.

Services include:

- Consultation services including mental health assessment and brief interventions such as psychoeducation, relapse prevention, and work with families and carers
- Prevention and early intervention programs and activities for CALD communities
- Workforce education and training in cultural responsiveness and transcultural mental health
- Contributing to research and providing input into sector development and policy
- Transcultural mental health practice supervision and role support to Multicultural Mental Health Coordinators employed in Hospital and Health Services.

We employ a multidisciplinary team of mental health clinicians as well as a casual pool of bicultural workers who represent diverse cultural, ethnic and language groups. Mental health clinicians work jointly with bicultural workers who provide culturally specific advice and input into the range of services and programs offered by QTMHC.

Our vision

All people from CALD backgrounds have timely access to high quality and culturally responsive MHAOD services and programs.

Our guiding principles

Equity and access

We want to ensure all people have access to high quality and culturally responsive MHAOD services and programs. Equity is distinct from ‘equality’ (where everyone receives the same care). QTMHC recognises that there are significant barriers individuals from a CALD background experience when accessing mental health services and that we need to address these barriers to ensure equitable access to services.

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[1] The term *Culturally and Linguistically Diverse* (CALD) encompasses people from diverse religious, racial, ethnic and linguistic identities including Australian-born descendants of migrants.

[2] QTMHC does not specialise in working with First Nations people. We recognise and respect the diverse social and cultural needs of First Nations people as being uniquely distinct from that of migrants (or descendants of migrants) and refugees.

Cultural responsiveness

Cultural responsiveness is both an approach (characterised by a set of attitudes, behaviours and skills) that can be used by individual clinicians, as well as to describe the capacity of individuals and broader organisations to respond to the needs and issues of CALD communities.

In delivering services and programs we seek to understand and respond to the cultural factors that shape a person's understanding, experience, and expression of mental health and well-being. We are aware of our own cultural biases and the impact our assumptions have on our interactions with people from a CALD background as well as the services and programs we deliver. We respond to and are respectful of individual social and cultural needs and preferences. We demonstrate a willingness to adapt our practices and policies to be relevant to the cultural needs of individuals at multiple levels: systemic, organisational, and individual. All these elements form part of what it means to be culturally responsive.

Capacity building and collaboration

We recognise that the MHAOD needs of individuals from a CALD background relate to many broader social, cultural, economic factors. A collaborative approach across sectors, agencies, services and communities is the most effective way to meet individual needs. We recognise that we must work with others to build their capacity to meet the needs of individuals from a CALD background.

Policy and planning context

The proposed actions within this Action Plan broadly align with national and state plans, policies and frameworks including:

- The National Safety and Quality Health Service Standards
- The Australian Government Multicultural Access and Equity Policy
- The Fifth National Mental Health and Suicide Prevention Plan
- The Framework for Mental Health in Multicultural Australia
- Multicultural Recognition Act 2016 and associated Charter, Policy, and Action Plans
- Refugee Health and Wellbeing: A policy and action plan for Queensland
- Shifting Minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018- 2023
- The Queensland Suicide Prevention Plan 2019-2029
- Queensland Health Policy and Action Plan for Culturally and Linguistically Diverse communities (COVID-19 response)
- Culturally Responsive Clinical Practice: Working with People from Migrant and Refugee Backgrounds- Competency Standards Framework for Clinicians

In developing this Action Plan consideration was given to recommendations and strategic directions arising from:

- The new plan for MHAOD services 2021-2026 (which is currently being developed and replaces *Connecting Care to Recovery 2016-2021: A Plan for Queensland's State-funded mental health, alcohol and other drug services*)
- Productivity Commission's Mental Health Draft Report- Overview and Recommendations
- Investing in Refugees, Investing in Australia: the findings of a review into integration, employment and settlement outcomes for refugees and humanitarian entrants in Australia.
- Investing to save: The Economic Benefits for Australia of Investment in Mental Health Reform
- A Five -year Horizon for PHNs (2018 – 2023)

Our challenges and opportunities

Culturally and linguistically diverse population

Cultural and language diversity within the Queensland population is significant and will continue to grow into the foreseeable future. According to the last 2016 Census, 21% of Queensland residents were born overseas. 11% of residents were born in a non-English speaking country. About 40% of the Queensland population reported having at least one parent born overseas.

Hospital and Health Services with the highest proportion of people born overseas in a non-English speaking country (NESC) included: Metro South, Metro North, Gold Coast, Cairns and West Moreton.
People born in China, India and Philippines represented the largest CALD communities in Queensland, in terms of overall numbers. However, significant growth since the previous 2011 Census has been shown for people born in Iraq, China, India and Korea. The top six languages other than English spoken by people who identified as speaking English 'not very well or at all' were: Mandarin/Cantonese, Vietnamese, Korean, Indian-languages, Japanese and Arabic.

Over the three- year period between 2016 to 2018: 65,781 people migrated to Queensland. Of this number, 61% were skilled migrants, 29% arrived on a family reunion visa, and 10% were refugees. Brisbane was the predominant location for settlement followed by Gold Coast, and Logan. For those arriving as refugees, the main areas of settlement were Brisbane, Logan, and Toowoomba. Refugees and asylum seekers are vulnerable to mental health, alcohol, and other drug problems due to disadvantages on a range of social determinants. Opportunities exist to work with stakeholders to ensure better referral pathways into MHAOD services for this vulnerable cohort.

Given the cultural and language diversity within Queensland there is a need to ensure culturally responsive MHAOD programs and services are delivered. Indeed, recovery-oriented, and person-centred approaches (which are core principles of MHAOD service delivery) necessarily require cultural factors to be considered and responded to in order to be fully realised. In setting service development priorities MHAOD services will need to consider overall CALD population numbers across HHS catchment areas whilst also considering needs of specific vulnerable population groups including CALD older people, children and young people, and refugees.

MHAOD services underutilised by people from CALD backgrounds

There are significant barriers faced by people from a CALD background when accessing and using MHAOD services. Stigma, low levels of mental health literacy and difficulties navigating a complex service system remain key barriers. Only about 6% of all referrals to a public MHAOD service were for people born in a non-English speaking country[3]. This proportion has remained consistent over the past five years. Assuming the same rate of prevalence of severe mental illness for people born in a non-English speaking country, this figure represents an underutilisation of MHAOD services by individuals from a CALD background. Considering that service utilisation rates for people born in a NESC have remained consistently low, ensuring CALD community members understand the signs and symptoms of MHAOD problems and know where, and how, to seek assistance is an essential part of improving access to MHAOD services over the longer term.

Historically within QTMHC there has been limited capacity to deliver large-scale MHAOD prevention tailored to CALD populations. Yet there is an increasing need for QTMHC to expand capacity in order to maximise reach into CALD communities, as well as to continue to develop and promote prevention programs for CALD communities since there is no other service currently capable, nor resourced, to engage in this role. Ensuring optimal reach of prevention and early intervention initiatives into CALD

[3] Based on Mental Health Application Portal 2019 data. Country of birth classifications are based on the Australian Bureau of Statistics standards. There are limitations associated with the classification of countries by the main language spoken, especially in countries where there is a significant proportion of the population that speaks another language. Currently Queensland Health patient datasets are reliant on country of birth and language spoken by the patient (not self-identified ethnicity) which is likely to underestimate cultural diversity.

communities is a fundamental part of addressing underutilisation of MHAOD services by individuals from a CALD background.

Disparities in the quality of MHAOD care received by people from CALD backgrounds

When CALD individuals do access MHAOD services, there are significant disparities in the quality of care they receive when compared with people born in an English-speaking country (ESC)[1], including:

- **More likely to be treated involuntarily**
- **Three times more likely to be treated on a Forensic Order**
- **Less likely to have a seclusion event, but more likely to stay in seclusion for longer periods**
- **Less likely to be followed up after discharge from an acute inpatient unit within seven days**
- **Less likely to have had contact with a community treatment services within seven days prior to an acute inpatient admission**
- **More likely to be diagnosed with Schizophrenia or Mood Disorders**

For alcohol and other drug services, there appeared to be differences in the types of treatment services being offered to people born in a non-English speaking country (NESC) when compared to those born in an ESC. People born in an ESC were more likely to be offered counselling, assessment, information & education whilst people born in a NESC were more likely to receive assessment and information & education only.

These disparities exist despite government commitment to equitable outcomes for people regardless of cultural and linguistic background, and despite National Safety and Quality Health Service Standards pertaining to the level of care consumers can expect from health services. The *Framework for Mental Health in Multicultural Australia* can be applied by MHAOD services to evaluate and enhance their cultural responsiveness at an individual practitioner and organisational level. Greater effort to engage MHAOD services to apply the Mental Health in Multicultural Australia Framework to address the systemic causes of these disparities is required.

Workforce capability

More can be done to further embed cultural responsiveness in tertiary education curricula (for the emerging workforce) and professional development and practice support for MHAOD clinicians. MHAOD assessments and care continue to be delivered to people who have limited English language without the use of interpreters. Clinical practices at an individual and systems level do not consider cultural factors as standard practice.

Education and training can help to improve workforce knowledge and skills, but this must be combined with attitudinal change as a foundation. Practice approaches need to incorporate a recognition of the barriers and disadvantages experienced by people from a CALD background and that understanding cultural conceptualisations of health and illness are key to assessment, formulation, and intervention.

Our priorities

Our priorities over the next five years will be to:

1. Address stigma and build CALD community resilience to mental health
2. Deliver culturally responsive and trauma informed MHAOD services and programs
3. Build the capacity of MHAOD services to be culturally responsive
4. Develop workforce capability to provide culturally responsive MHAOD services

Priority	PRIORITY 1 Address stigma and build CALD community resilience	PRIORITY 2 Deliver culturally responsive and trauma informed MHAOD services and programs	PRIORITY 3 Build the capacity of MHAOD services to be culturally responsive	PRIORITY 4 Develop workforce capability to provide culturally responsive MHAOD services
Purpose	To reduce demand for MHAOD services and ensure people can access MHAOD services when they need them	To ensure people's cultural needs and preferences are met and that CALD people experience equitable outcomes as a result of accessing MHAOD services	To ensure there is equitable access to culturally responsive MHAOD services regardless of where people live	To ensure the MHAOD workforce is equipped and capable to provide culturally responsive services
Strategy	Connect with CALD communities to improve mental health literacy, support individuals to navigate the MHAOD system, and build resiliency	Build the clinical expertise of specialist mental health clinicians, facilitate referral pathways and target services to specific vulnerable groups	Develop strategic partnerships aimed at supporting quality improvement and development in the area of culturally responsive MHAOD service delivery	Develop and deliver staff education, training and practice support strategies to strengthen workforce attitudes, knowledge and skills

Our actions:

Actions in this plan do not include existing core functions of QTMHC. The actions listed here are those that build on existing work or are new actions representing strategic directions.
Planning horizons have been identified for each action spanning the next five years.

Immediate has been defined as strategies that are expected to be completed within the first 3 to 12 months. These strategies focus on strengthening existing performance.

Medium has been defined as strategies that are expected to be completed within 12-24 months and will require longer term preparation.

Long has been defined as strategies that are expected to be completed beyond 24 months. These strategies will require significant preparatory work and involve leveraging from collaborations with external partners.

Priority 1: Address stigma and build community resilience			
What we want to achieve	**How we will achieve it**	**Resource required**	**Horizon**
1. Improve mental health, alcohol, and other drug literacy in CALD communities	a) Incorporate lived experience input into the development and delivery of mental health literacy content for CALD communities.	• Existing	• Immediate
	b) Support Bicultural Workers to enhance their capacity to co-deliver mental health literacy to CALD communities.	• Existing	• Medium
	c) Deliver Mental Health First Aid training to CALD communities and organisations that work with CALD individuals or families.	• Existing	• Medium
	d) Prioritise the delivery of mental health literacy to vulnerable CALD communities.	• Existing	• Medium
2. Improve resilience to mental illness and substance misuse in CALD communities	a) Target the delivery of BRiTA Futures programs to services and CALD communities experiencing increased vulnerability due to identified social or community risk factors.	• 1 FTE AO6 BRiTA Futures Train-the Trainer	• Immediate
	b) Develop partnerships with key service providers or educational institutions to deliver and train BRiTA Futures facilitators with a focus on newly arrived migrant communities and priority CALD community groups.	• Existing	• Immediate
	c) Review and update BRiTA Futures Adolescent program to align with the Australian Curriculum.	• 1 FTE AO6 Project Officer	• Immediate
	d) Strengthen networks with Education Queensland and culturally diverse schools to promote BRiTA Futures (Primary School).	• Existing	• Medium
	e) Strengthen networks with youth services working with culturally diverse young	• Existing	• Medium

	people to promote BRiTA Futures (adolescents).		
	f) Improve accessibility of BRiTA Futures facilitator training by redeveloping manuals and resources and uploading to the QTMHC website. Explore options to access BRiTA Futures in regional areas of Queensland.	• Existing	• Immediate
	g) Develop systems to ensure ongoing and sustained support for BRiTA Futures facilitators.	• Existing	• Immediate
	h) Partner with academics and other stakeholders to redevelop BRiTA Futures into other formats (one-on-one and family) more accessible to CALD communities.	• Existing	• Immediate
	i) Ensure ongoing development of the suite of BRiTA Futures programs to ensure the evidence base for the program continues to expand and the content, delivery and training formats are contemporary.	• Existing	• Immediate
3. Improve early identification and prevention of MHAOD issues in CALD communities	a) Partner with organisations or service providers currently delivering health prevention to CALD communities to ensure mental health prevention and early identification and access to mental health services is incorporated.	• Existing	• Immediate
	b) Develop capacity within QTMHC to deliver Psychological First Aid training to CALD individuals or communities experiencing increased vulnerabilities due to identified social or community risk factors or as a result of community disasters.	• Existing	• Long
	c) Support Multicultural Mental Health Coordinators to deliver mental health prevention initiatives.	• Existing	• Medium
	d) Work with CALD communities and community organisations to build their capacity to prevent suicide.	• 1 X AO6 CALD Suicide Prevention Coordinator	• Immediate
	e) Contribute to the development of culturally responsive suicide prevention models of	• Existing	• Long

	care and work with stakeholders to ensure the delivery of culturally informed mental health assessment in MHAOD settings. f) Support work with cross-sector partners and organisations to build cultural capability in line with the Framework for Mental Health in Multicultural Australia.	• Existing	• Long
4. Reduce stigma about MHAOD problems in CALD communities	a) Engage with CALD community organisations and community leaders and members and other key stakeholders to raise awareness about the impact of stigma about MHAOD and build their capacity to reduce stigma in their communities. b) Develop and promote a resource for CALD communities to access on reducing stigma and improving community well-being.	• Existing • Existing	• Medium • Immediate

Priority 2: Deliver culturally responsive and trauma informed MHAOD services			
What we want to achieve	**How we will achieve it**	**Resource required**	**Horizon**
5. Improve the way data and information is used to better support clinical practice, service delivery and development	a) Develop data dashboards to enhance analytical and reporting capacity within QTMHC.	• Existing	• Immediate
	b) Establish a Journey Board for QTMHC to capture consumer information and facilitate internal communication and safe, quality care.	• Existing	• Long
	c) Work with the Mental Health Alcohol and Other Drugs Branch to incorporate ethnicity and a range of other culturally relevant patient demographic information within CIMHA and support the workforce to collect this information.	• Existing	• Long
6. Strengthen the skills and knowledge of Bicultural Workers	a) Develop a communication plan for Bicultural Workers to ensure they remain updated about work in the sector and have access to professional development opportunities.	• Existing	• Immediate
	b) Develop and implement a professional development program for Bicultural Workers which include orientation and ongoing training and education.	• Existing	• Immediate
7. Ensure culturally responsive pathways to MHAOD care for CALD communities	a) Partner with multicultural cross-sector networks to build the capacity of service providers to identify and respond to mental health issues for CALD individuals and to facilitate referral pathways into MHAOD services.	• Existing	• Long
	b) Work with targeted MHAOD services to strengthen referral pathways to and from QTMHC and to enhance their capability to recognise and respond to CALD individuals.	• Existing	• Long

	c) Facilitate access to cultural consultation for Multicultural Mental Health Coordinators. This includes establishing processes to ensure clinical governance and business rules supporting the engagement of Bicultural Workers.	• Existing	• Immediate
8. Tailor service delivery approaches to meet the needs of identified vulnerable CALD communities	a) Collaborate with key stakeholders working with CALD older people to enhance referral pathways to and from QTMHC.	• Existing	• Long
	b) Work with older persons MHAOD services to build their capacity to work with older CALD individuals.	• Existing	• Medium
	c) Collaborate with key stakeholders in the aged care sector to develop referral pathways and education to support early identification and referral for CALD older people.	• Existing	• Long
	d) Collaborate with forensic mental health services to enhance referral pathways to QTMHC.	• Existing	• Medium
	e) Work with forensic mental health services to build workforce skills and knowledge to work with CALD individuals who are involved in the forensic mental health system.	• Existing	• Medium
	f) Provide support to MHAOD services when there are emerging MHAOD needs for vulnerable CALD communities by engaging with stakeholders and facilitating cross sector responses.	• Existing	• Long
	g) Collaborate with Mental Health Alcohol and Other Drugs Branch to identify CALD community needs with respect to AOD assessment and treatment services.	• Existing	• Medium
	h) Work with refugee settlement providers and NGO support services to facilitate early identification of MHAOD problems and referral into MHAOD services for refugees and people seeking asylum.	• Existing	• Long

	i) Work with perinatal and infant and child and youth stakeholders to provide input into culturally responsive MHAOD services for children and young people and their families. j) Work with MHAOD services in regional areas of Queensland (who do not have a Multicultural Mental Health Coordinator role) to promote QTMHC services and programs and facilitate referrals to and from QTMHC.	• Existing • Existing	• Long • Long
9. Utilise feedback from CALD individuals to inform service improvement	a) Survey consumers of QTMHC services to identify opportunities for service improvement.	• Existing	• Medium

Priority 3: Build capacity of MHAOD services to be culturally responsive			
What we want to achieve	**How we will achieve it**	**Resource required**	**Horizon**
10. Support MHAOD services to implement service development activities that will ensure delivery of culturally responsive MHAOD services	a) Provide CALD data to key HHS stakeholders (including Multicultural Mental Health Coordinators to inform service development and planning. This includes ongoing promotion and support to MHAOD services to apply the Framework for Mental Health in Multicultural Australia.	• Existing	• Immediate
	b) Work with the Mental Health Alcohol and Other Drugs Branch to ensure culturally responsive new models of care are developed and implemented.	• Existing	• Long
11. Contribute to the evidence-base to inform practice when working with CALD individuals and families	a) Collaborate with partners to conduct research to support practice and to address system-level issues relevant to MHAOD and culturally diverse individuals.	• Existing	• Long
12. Support optimal functioning of the Multicultural Mental Health Coordinator role	a) Provide support to strengthen the Multicultural Mental Health Coordinator role through: provision of a single point of contact for referrals, individual practice supervision, information sharing and communication, peer support, networking and showcasing opportunities, advocacy, support to implement service development activities, collaboration to support community outreach, and ongoing professional development.	• Existing	• Immediate
	b) Lead statewide planning and development of the Multicultural Mental Health Coordinator role.	• Existing	• Medium
13. Promote QTMHC services and programs	a) Build expertise and mechanisms within QTMHC to communicate key messages to service users, stakeholders and service providers.	• Additional non-recurrent funding to develop materials	• Immediate

Priority 4: Develop workforce capability to provide culturally responsive MHAOD care			
What we want to achieve	**How we will achieve it**	**Resource required**	**Horizon**
14. Contribute to improving health equity for CALD individuals	a) Support the ongoing delivery of *Courageous Conversations About Race* to ensure the ongoing sustainability of the program as well as embedding its messages within MHAOD service delivery.	• Existing	• Long
15. Increase capability of the workforce to provide culturally responsive MHAOD services	a) Collaborate with Insight and the Queensland Centre for Mental Health Learning to ensure the development of culturally appropriate and culturally responsive mainstream educational content for the MHAOD workforce.	• Existing	• Long
	b) Develop and deliver workforce education to support culturally responsive and trauma informed MHAOD practice through new and innovative delivery mechanisms (such as webinars, videoconferencing, eLearning).	• Additional non-recurrent funding to produce new eLearning courses	• Medium
	c) Create a range of workforce education training, tools, resources and guidelines to support practice.	• Existing	• Medium
	d) Partner with tertiary education institutions to influence curriculum development to ensure the emerging MHAOD workforce is culturally competent.	• Existing	• Long
	e) Support tertiary student placements within QTMHC.	• Existing	• Medium
	f) Develop a transcultural mental health practice framework to guide clinical practice within MHAOD services.	• Existing	• Medium
	g) Develop a range of practice enhancement strategies to support culturally responsive clinical practice. This includes establishing communities of practice, providing supervision, establishing peer supervision and case-based discussion groups.	• Existing	• Medium

16. Improve the quality and use of interpreting services in MHAOD contexts	a) Work with NAATI and interpreter service providers to improve the quality of interpreting services when used in MHAOD contexts. This includes providing mental health literacy to interpreters.	• Existing	• Long
	b) Promote the engagement of interpreters across MHAODs services through education and training and development of resources and tools for the MHAOD workforce, including enhancing the skills and knowledge of MHAOD workforce to work with interpreters.	• Existing	• Immediate

Implementation and monitoring

Actions within this plan will be led by QTMHC and reported to the Senior Leadership Group convened by the Mental Health Alcohol and Other Drugs Branch. Implementation plans for actions identified and funded will be developed. These implementation plans will include process and impact performance indicators. QTMHC will continue to work with HHSs to support evaluation of the longer- term outcomes associated with the systems and capacity building strategies identified in this plan as part of the annual data reports provided to HHSs.