



PENRITH

MENTAL HEALTH & Wellbeing

IN CALD COMMUNITIES
SYMPOSIUM 2018

PENRITH
CITY COUNCIL



LOCAL GOVERNMENT
MULTICULTURAL
NETWORK



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Local Government Multicultural Network (LGMN) would like to acknowledge the following members for their contribution to this report:

- Atem Atem (Fairfield City Council)
- Aniela Pepe (Inner West City Council)
- Tania Krasinski (Randwick City Council)
- Turkan Aksoy (Canterbury Bankstown Council)
- Rebecca Copping (Penrith City Council)
- Iman Moussa (Penrith City Council)

MESSAGE FROM LGMN

It has been an honour to have shared the learning space with both mental health practitioners and those who have worked in the multicultural sector as part of the Mental Health and Wellbeing in CALD Communities Symposium 2018. The Local Government Multicultural Network (LGMN) 2018 annual planning session identified a need for better collaboration amongst support services to enable easier access to mental health service by people from a culturally and linguistically diverse background. We are committed to enhancing strong relationships with mental health services. The symposium aimed to showcase best practice and look at strategies for better collaboration and in turn a collective impact on this complex issue. I envisage the insights captured from this symposium will reflect how we move forward and work together to deliver services that incorporate culturally sensitive practice for CALD communities throughout NSW.



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INTRODUCTION

Local Government Multicultural Network (LGMN) is a NSW state-wide network that brings together staff from across NSW local government who are responsible for addressing issues and concerns of migrants, refugees and people seeking asylum. LGMN at its annual planning meeting in February 2018, identified mental health as a priority issue for CALD populations in NSW. As a result, LGMN agreed to work in partnership with Penrith City Council to deliver a one-day CALD mental health and wellbeing symposium.

The CALD Mental Health and Wellbeing Symposium was hosted by Penrith City Council and took place on Wednesday 24 October 2018. The Symposium brought together a diverse range of mental health service providers and consumers.

LGMN and Penrith City Council would like to acknowledge the following organisations for the key role they played in ensuring that the symposium was successfully delivered:

- Multicultural NSW
- Local Government NSW
- The State Library of NSW
- Randwick City Council
- Inner West City Council
- Georges River Council
- Parramatta City Council
- Liverpool City Council
- City of Sydney
- Fairfield City Council
- Blacktown City Council
- City of Canterbury Bankstown

The LGMN would also like to acknowledge the speakers that presented at the symposium. They include:

- Dr Suman Tyagi, Senior Social Work Clinician, Western Sydney Local Health District
- Mohamed Dukuly, School Liaison Officer, Service for the Treatment of Trauma and Torture Survivors (STARTTS)

- Tania Krasinski, Youth & Multicultural Community Projects Officer, Randwick City Council
- Ruth Das, National Project Manager, Mental Health Australia
- Gabi Martinez, Health Promotion & Multicultural Health Worker, South Western Sydney Local Health District
- Estela Gimenez, Multicultural Health Officer, Illawarra Shoalhaven Local Health District
- Hend Saab, Bicultural Psychologist, St George Hospital and Community Health Service – South Eastern Sydney Local Health District
- Michael Camit, Acting Director and Manager of Social Marketing and Communication, NSW Multicultural Health Communication Service - South Eastern Sydney Local Health District
- Michele Sapucci, Program Leader, Transcultural Mental Health Centre
- Turkan Aksoy, Cultural and Inclusion Officer, Canterbury Bankstown Council
- Beaver Hudson, Director of Nursing & Mental Health Executive, Nepean Blue Mountains Local Health District
- Dave Hollier, Bushbred

All presentations conducted at the symposium can be accessed via cb.city/LGMN

CLIENT VOICE

FIRST HAND EXPERIENCES AND CHALLENGES USING MENTAL HEALTH SERVICES

Australia is an extremely diverse nation with an average of one in four persons born overseas; one in five speaking languages other than English at home; 300 languages spoken and around 190 countries represented within Australia (ABS, 2017).

Diversity is well represented across Australia, however NSW remains the most diverse state with 33.6% of residents born overseas (ABS, 2017). Between 2011-2016, the proportion of those speaking English-only at home increased by a mere 2.3% as opposed to 21.9% of those who speak languages other than English at home (Transcultural Mental Health Centre [TMHC], 2017). The NSW Government projects that 1.74 million, people will migrate to Australia from overseas by 2036 (Department of Planning and Environment, 2018).

This increase in migration alongside the forecasted increase in migration only serves to expose and further heighten the gaps in the mental health sector and the issue of available mechanisms not meeting the specific needs of CALD communities.

Mental health is defined by the World Health Organisation (2014) 'as a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. Thus, this notion can prove difficult for the CALD community especially when they can often experience unemployment, housing instability, poverty, educational inequality, grief, trauma, discrimination and poor physical health. Likewise, the act of migration is inherently traumatic, and individuals can become vulnerable to mental health illnesses after settling in the new country (Mental Health Commission of NSW, 2014b). This is evident as mental health illnesses are higher in marginalised groups, like CALD communities (NSW Health, 2018).

It can be noted in the first 12 months of living in Australia, over 225,000 first generation Australians will experience some type of mental illness (National Mental Health Consumer and Carer Forum, 2014). Specifically, refugees are likely to have complex and intensified mental health needs due to trauma and conflict endured before arriving in Australia. Similarly, many second-generation Australians will experience mental health issues relating to the conflicting identity between traditional culture and the country they live in (Mental Health Commission of NSW, 2014b).

Despite these alarming statistics, there is a lack of research on how migrants use and access mental health services and highlights the importance of culturally appropriate intervention for mental health.



MENTAL HEALTH AND WELLBEING IN CALD COMMUNITIES

MENTAL HEALTH EXPERIENCES, PERCEPTIONS AND CHALLENGES FOR CALD COMMUNITIES

Within the mental health sector, the CALD community experiences a variety of systemic challenges which negatively influence their mental health. Some of these challenges include:

- Language difficulties, different cultural understandings of mental health, cultural stigma, unfamiliarity with western health systems, and the overall lack of culturally competent health services has created a widening gap in mental health service area delivery (Commonwealth of Australia, 2004; Federation of Ethnic Communities' Councils of Australia, 2013).
- Stigma, language and cultural issues is often the result of people from CALD backgrounds having significantly lower levels of access to mental health care and support in the wider community. This results in much greater responsibility being placed on family members who may not have adequate culturally appropriate support or education (National Mental Health Consumer & Carer Forum, 2014)
- CALD consumers often 'access specialist mental health services through emergency hospital departments at a severe, or crisis, stage of their condition, which prolongs their ill health and decreases quality of life' (National Mental Health Consumer & Carer Forum, 2014, p. 2).
- The visa status of particular CALD consumers may restrict them in accessing mental health services through Primary Health Networks or Medicare subsidised services at their local hospital or general practitioners (GP) (Department of Health, 2018; Mental Health Commission of NSW, 2014b).
- CALD consumers with mental health needs, their carers and their families have the right to receive culturally sensitive and competent services from a mental health professional (National Mental Health Consumer & Carer Forum, 2014). Nevertheless, there are limited CALD specific mental health services that provide culturally competent services in NSW.
- Lack of interpreters where required often leads to misunderstanding and confusion. 'Carers can be, and often are, used as translators but this should not be as a replacement for appropriately trained professional interpreters' (National Mental Health Consumer & Carer Forum, 2014, p.2).
- The mental health sector has seen a significant increase in the use of digitalisation which is effective in providing 24-hour care as well as reducing location barriers. However, digitalisation requires individuals to be technologically competent, speak English and have trust in putting information into a device. Unfortunately, the surge in eHealth is increasing barriers for the CALD community as they may lack/ have limited mental health literacy, lack skills/limited skills in navigating eHealth online platforms and might be concerned about confidentiality breaches (Mental Health Commission of NSW, 2014b).
- Despite the partnerships between mental health services, multicultural services and community organisations working to establish a culturally competent workforce, decisions are often made for CALD people without involving them in the process (NSW Health, 2018).
- The Mental Health Commission of NSW (2014a) acknowledges the mental health sector remains underfunded and it will continue to be an essential priority of the Commission. Mental health funding targeting CALD communities continues to be under resourced. The Mental Health Commission of NSW (2014a) has advocated for improving the level of funding for the CALD mental health sector to ensure that gaps in support and provisional training are addressed adequately.
- Lack of clarity about the scope of the mental health system by practitioners is indicative of the fact that the mental health system is poorly coordinated and different parts of the system are not aware of each other's contributions or where they intersect and cross over. It is evident that the Australian mental health system is poorly coordinated (Mental Health Coordinating Council, 2011).

PRESENTATIONS INCLUDED:

CALD Communities' perceptions & understanding of Mental Health

Dr Suman Tyagi, Senior Social Work Clinician, Western Sydney Local Health District

Dr Suman Tyagi reflected on the results of research conducted for Transcultural Mental Health Centre (TMHC) and the Department of Health and Aged Care with older CALD people. This research explored older CALD people's perception and understanding of mental health. The objectives of the research were to:

- Develop better understanding of older CALD people's understanding of mental health
- Facilitate older CALD people's access to mental health services and support programs
- Promote good mental health and reduce stigma among older CALD people

The research found that community, cultural traditions and values influenced perception and understanding of mental health by older CALD people. This research concluded that understanding the socio-cultural context of older CALD people is critical in mental health assessment and in provision of appropriate and culturally sensitive interventions. The research developed a dynamic model that shows the significant role socio-cultural factors play in help-seeking behaviour for mental health related issues and outcomes among older CALD people.

Impact of Trauma in CALD Communities

Mohammad Dukuly, School Liaison Officer, Service for the Treatment of Trauma and Torture Survivors (STARTTS)

Mohammad Dukuly focused on the impact of trauma on mental health among CALD communities, particularly refugee communities. The causes of trauma for refugees relate to the experiences of events such as war and displacement which create situations of deprivation, dispossession and human rights violations. To make sense of the impact of trauma on communities, the presentation drew on the work of social psychologist Ignacio Martin Baro. Baro defines systematic state terrorism as involving 'terrorising the whole population through systematic actions carried out by the state such as the military and

security forces.' These acts of state terrorism, according to Baro, led 'to breakdown in relationships, community fragmentation, prevention of initiative and ability to organise and pervasive mistrust in authorities as well as other community members.' In addition, state organised acts of terrorism have impacted victims at both the biological and psychological levels. CALD communities with refugee or refugee like backgrounds are more likely to suffer mental health problems as a result.

Mohammad Dukuly concluded by advocating for the use of trauma informed practice in supporting people from CALD communities with a refugee background. Trauma informed practice emphasises strategies and approaches that promote responses based on cultural sensitivity and awareness of the complexity of the refugee experience. In this approach, practitioners need to be self-aware and conscious that they have cultural and social biases that may affect their interaction with clients. Positive attitudes to cultural diversity and effective cross-cultural communication are core to this approach. In addition, establishing a sense of safety and developing other's contributions or where they intersect and cross over (Mental Health Coordinating Council, 2011).

The importance of a Mental Health Framework & Coordination Between Services

Tania Krasinski, Youth & Multicultural Community Projects Officer, Randwick City Council

Tania Krasinski addressed the need for working in collaboration with the mental health sector. Coordination of services is critical for maximising the use of limited resources and addressing service gaps. However, sometimes there may be challenges in coordinating services and working in collaboration with other professionals. Hence for service coordination and collaboration to work, there is a need for the following:

- Development of Communities of Practice
- Implementation of evidence-based approach (Data collection and reporting)
- Identification of hidden issues, risks and assumptions

To establish effective Communities of Practice the following domains must be clearly defined:

- The domain which is the common issues of interest (this could be a client group or area of common interest)
- The community which refers to the membership of the Communities of Practice (who should be member and why)
- The practice which is the kind of work that needs to be done to address the common issue of interest (this includes learning, projects, ongoing networking, etc.)

For evidence-based approach the following information could be collected and analysed:

- Who are the clients and their demographics?
- What do we have to work with?
- Why are their needs not met?
- How can we help?

The Logic Framework was recommended as a useful tool for engaging partners to generate a deeper understanding of the challenges or issues being addressed.



NATIONAL MULTICULTURAL MENTAL HEALTH AUSTRALIA PROJECT

Ruth Das, National Project Manager, Mental Health Australia

Ruth Das presented on the Multicultural Mental Health Australia project and outlined the following aims of the project:

- Provide individuals and community groups from CALD backgrounds with better understanding about mental health and mental illness
- Provide increased access and support to mental health services
- Provide culturally responsive services to CALD communities across the spectrum of care from prevention through to acute care

The project is informed by:

- An alliance of representatives from Mental Health Australia, Federation of Ethnic Communities' Council of Australia (FECCA) and National Ethnic Disability Alliance (NEDA) as well as CALD mental health consumer and carer representatives
- A CALD Mental Health Consumer and Carer Group, composed of representatives from each state and territory
- A Stakeholder Group, consisting of representatives with multicultural mental health expertise and links to CALD communities.

The project is funded by the Australian Government Department of Health.

CULTURALLY RESPONSIVE MENTAL HEALTH AND WELLBEING PROGRAMS

MENTAL HEALTH SERVICE PROVIDERS AND EXPERTS DISCUSS BEST PRACTICE. PANELLISTS INCLUDED:

Our Words Our Wellbeing

Gabi Martinez, Health Promotion & Multicultural Health Worker, South Western Sydney Local Health District

SWSLHD Health Promotion Service delivered a project – Our Words Our Wellbeing – to create a platform for Arabic speaking men from Syrian and Iraqi backgrounds to develop a series of poems that explore the Five Ways of Wellbeing and what this means to them. This approach provides information and strategies to enhance mental wellbeing. They include:

- Give: Giving time and things to family and others within the community
- Connect: Improving relationships with family and friends, being in the community
- Be Active: Reducing time sitting down by walking, gardening, exercising indoors and outdoors
- Keep Learning: Learning new skills and trying new things and experiences
- Take Notice: Encourage curiosity and changes within the community

The Five Ways of Wellbeing is an evidence-based set of actions used to promote wellbeing and coping in challenging times. It is used by communities and organisations around the world including South Western Sydney Local Health District.

Outcomes included participants identifying that wellbeing is a changing process and affects population groups differently. The Five Ways of Wellbeing implements positive learning experience framed by a collaborative services approach that adds to the positive outcomes of the project.

Mindfulness for CALD communities: Arabic and Bengali Programs

Hend Saab, Bicultural Psychologist, St George Hospital and Community Health Service – South Eastern Sydney Local Health District

Mental Health Service SESLHD delivered a Mindfulness for CALD Communities program working with Arabic and Bengali communities.

Mindfulness is a low intensity intervention program which provides wider community benefits including:

- Improved mental health
- De-stigmatisation of mental health
- Increased positive conversation about mental health issues
- Reduced social isolation and increase community connections

Data was collected and analysed to show that the level of depression, anxiety and stress amongst the participants has decreased by the end the program. Although the program achieved its goal, the following access barriers were identified:

- Internal and external stigma attached to mental health issues
- Confusion between mental health/wellbeing and mental health illness
- Understanding of or experience with mental health services
- Competing with settlement issues (attending English classes and work commitment)
- Child care and family support
- Confidentiality issues

Mental Health & Wellbeing in CALD communities

Michael Camit, Acting Director and Manager of Social Marketing and Communication, NSW Multicultural Health Communication Service - South Eastern Sydney Local Health District

The NSW Multicultural Health Communication Service (MHCS) stated that the academic literature in the mental health space does not adequately address CALD mental health. The use of categories such as CALD, refugee, migrant etc. complicates research and policy processes as their use becomes sites of power struggle. There was recognition that no category is one dimensional. For example, a person can be categorised as a refugee, but they can also be a woman and a young person from a specific cultural background. All these categories intersect and determine the social location this person occupies in relation to others. Intersectionality is the term used to describe the intersection of various markers that define the person, and which determine their relative social position.

To improve policy development and data collection, the European Union has developed the Migrant Integration Policy Index (MIPEX). This online tool measures policies to integrate migrants in a number of countries including Australia. This tool can be used to measure to what extent migrants are involved in program development and delivery.

For the NSW MHCS community engagement is at the core of what it does. As a result of engagement with people of CALD backgrounds and their communities, the following questions were posed to the audience:

- To what extent do CALD consumers feel they are treated fairly?
- To what extent do they feel able to say what is on their mind?
- How do we provide CALD consumers with opportunities to discuss and challenge poor policy decisions where they exist?

Cultural Diversity in New South Wales

Michele Sapucci, Program Leader, Transcultural Mental Health Centre

TMHC reported that the experience of CALD people with the mental health system is characterised by:

- Low rates of mental health hospitalisation
- Likely to stay longer in hospital
- High proportion of CALD inpatients are involuntary
- Low rates of utilisation of community based mental health services

TMHC service model is driven by the following principles:

- Empowering CALD clients
- Tailoring programs to need
- Providing resources to promote community empowerment
- Partnering with services and community groups
- Supporting client and the sector
- Building knowledge
- Promoting understanding

INNOVATIVE PRACTICE

Our Songlines: Connecting Communities Through Song

Turkan Aksoy, Cultural and Inclusion Officer, Canterbury Bankstown Council

The Our Songlines: Connecting Communities project aims to promote wellbeing through affirming the identities of the various national groups and various Aboriginal communities. Furthermore, the project allowed opportunity for contemporary multicultural communities to share music and ancient knowledge to connect, listen and build relationships to create communities that are cohesive and harmonious. The positive interactions developed through cross-cultural collaboration allows participants to connect to their own identity and explore the emotions evoked through the Songlines program which supports mental wellness and builds resilience in communities.

Mental Health Triage and Assessment Centre (TAC) at Nepean Hospital

Beaver Hudson, Director of Nursing & Mental Health Executive, Nepean Blue Mountains Local Health District

TAC was established in 2017 in response to the large number of people who presented to the Emergency Department at Nepean Hospital with emotional distress. It was difficult for the Emergency Department to assess the level of distress and determine the urgency of the situation.

TAC is an alternative to the Emergency Department and is made up of allied health including peer support workers, nurses, social workers, doctors and occupational therapists. The centre is an innovative response to local needs and works outside the dominant medical model. It also uses trauma and trauma informed recovery principles of care.

Bushbred – Horse Assisted Learning Programs in CALD communities

Dave Hollier, Bushbred

Bushbred – Horse Assisted Learning Programs seek to build confident individuals with a strong community support network by involving tools that are neither language nor culturally dependant, but that can facilitate growth, healing and resilience without communication barriers. Bushbred – Horse Assisted Learning Programs seek to achieve this and provide an effective approach to mental health by working with trained horses in partnership with mental health professionals and mentors from cultural and multicultural community groups.

The purpose of Bushbred - Horse Assisted Learning Programs provides participants, who have emotional and behavioural disorders, the opportunity to overcome the characteristics that accompany trauma and prevent them from recovering. Through direct observation, reflection, and metaphorical analysis, clients will be able to take what they learn in the 'classroom' and apply it to their daily lives. This will enable them to deal effectively with situations that arise and allow them to develop lasting relationships, resilience skills and increased community support.

ROUND TABLE DISCUSSION WITH PANELLISTS

The Roundtable session was aimed at allowing Symposium participants to reflect on the earlier sessions and to discuss topics of importance to them.

The panellists discussed emerging issues in the mental health sector impacting CALD communities:

- Increased racism was of concern to the panel. Racism has mental health implications for those who experience it.
- Issues with the mainstream medical model that dominates the mental health sector. Throughout the presentations, there was recognition that a culturally sensitive model was needed to work effectively with CALD communities.
- The importance of providing services suitable for the needs of the established, current and emerging CALD communities
- The panel acknowledged that labelling was critical only for purposes of obtaining funding. It was discussed that labelling is also required to ensure that the needs of specific groups are voiced and prioritised
- Emerging issues in policy development
- Recognising the growing inequality gap in society and the nature of advocacy including regional and rural CALD communities who do not receive attention or funding.

The group was asked to identify Strategies, Opportunities and Gaps that service providers can implement in their work.

The following was identified:

Strategies:

- Understanding intersectionality and its impacts on the mental health experience and service delivery
- Internal consultations/conversations with staff of CALD background within the workplace

TAC service:

- Service is independent to the Emergency Department. It operates as conduct to the mental health support and access point to 24/7 mental health services
- Implement new ways of working within health – peer workers, bringing in carer peer workers as well
- Innovative mediums of delivering and providing mental health information and support. For example, film, radio, application (phone app) in multiple languages. This would take a consumer through the steps involved at the TAC, so that nothing feels intrusive or unexpected

Opportunities:

- Working with people holistically (understanding context and experience)
- Undertake data collection to improve services
- Develop network (from symposium) made up of local networks that meet annually/bi-annually to continue the discussion
- Consult with staff from CALD backgrounds to capture knowledge, experiences and strategies regarding service delivery
- Draw on case studies of best practice and implement in own work place
- Provide training opportunities to de-stigmatise mental health
- More interaction between social support services and practitioners-workplace

TAC service:

- TAC is responsive to community needs as it is accessible and available
- There is international interest in the service which acts as a bench mark for mental health services
- TAC reduces stress on hospital resources
- All other inpatient services are profession based (looking inward). The TAC is opposite as it is outward focused and based on community and consumers needs

Gaps:

- Limited understanding of intersectionality in relation to service delivery
- Education of mainstream service providers in cultural responsiveness/awareness
- Help reduce stigma surrounding professionals
- Interact with religious leaders to increase their knowledge of mental health and how their congregation/community can access those services while still maintaining their religious beliefs
- Link between DV and its impact on mental health
- Early intervention supports and information to enable CALD families to better support children and their family with ongoing needs through appropriate diagnosis-strategies-supports

TAC service:

- Balance the internal and external stakeholder needs experienced by mental health services located in hospitals
- Tac has implemented improved processes for person centred service delivery
- Restricted 'clinical' areas / safe rooms are not always appropriate for consumers and can be re-traumatising for some. Opportunity involving consumers and carers in the design and fit out of space may lead to a better understanding of the purpose of the space





SUMMARY AND FUTURE COMMITMENTS

EVALUATION

In order to evaluate the effectiveness of the symposium, the participants were asked to identify the following:

Highlights of the symposiums included:

- Innovative practice session
- New ideas around data collection and using this information in a strategic manner
- Commitment and dedication of people working together
- Thinking about how to do things differently by embedding person centeredness
- Creating understanding and dialogue even if ongoing solutions are not visible
- Working in consultation with the community to co-design a 'new' model that meets their needs
- Increased awareness of the importance of spiritual traditions for cultural groups.
- Consideration of universal accessibility

Gaps of the symposium:

- Further insight into connecting with 'harder to reach' communities
- How to find your community 'brokers or influences' and secure their interest and participation
- The time it takes time to build relationship and develop trust
- Further discussion regarding identifying and prioritising needs that can lead to action
- Information on consultation in terms of how communities are consulted, and how well. Consult before the program is trialled so that program funding and aims meets the community needs
- Further pathways for people after completing programs

CONCLUSION AND RECOMMENDATIONS:

As demonstrated in this report, the mental health needs of CALD communities are diverse and further effort needs to occur to gain a better understanding of mental health needs. In addition, there is a gap in knowledge due to absence of data regarding access to and use of mental health services and programs by CALD populations. In NSW all mental health services are mainstream in nature meaning that they are not CALD specialist. There are only two CALD specialist mental health services listed on the NSW Health website. This is alarming given that the 1 in 4 residents in NSW has a CALD background.

This report also highlights the fact that CALD consumers are not represented in mainstream health services and therefore their input is missing in policy development and program design. Peak mental health consumer bodies in NSW are mainstream organisations. For such organisations, the needs of CALD populations do not take centre stage. It is vital that the voices of CALD communities are heard and directly channelled into policy and program design.

The mental health approach in NSW is dominated by the Western oriented medical model. In this model, the professional knows best and the consumer is treated as if he/she is an object to be fixed. In a culturally diverse population, this approach does not work as it fails to address diverse cultural needs that CALD consumers come with. In addition, consumers should be given the opportunity to have their feelings and concerning symptoms heard and respected by professionals. Hence, for professionals to be effective they will need to incorporate or adopt new approaches to enable them to achieve the best possible outcome for their consumers.

The mental health system is complicated, as pointed out in this report, by the lack of a clear overarching cohesive system. The system is made up of many parts that are constantly changing. This is because the mental health system in Australia comes under different jurisdictions which have different systems and rules. The funding structure is also complex and sometime insufficient in areas that require specialised attention such as CALD mental health.

Finally, access to mental health services by some sections of the CALD population is dependent on legal status. People seeking asylum especially those who arrived on boats may not be entitled to access a range of mental health services as they wait for their status to be determined. Due to the nature of their migration, their mental health needs are more complex but yet they are less likely to receive the mental health services they desperately need.

To address the gaps identified at the symposium, the LGMN advocates for a whole-of-community approach to addressing mental health challenges among CALD communities. The LGMN commits to collaborating with Commonwealth and State governments and the mental health sector to support the development of a simple, cohesive and clear mental health system. Following are recommendations:

1. NSW Government provides funds to support the establishment of CALD specific mental health services, especially in regional NSW and in metropolitan areas with high CALD population concentrations, to better understand social and cultural factors that influence access to mental health services. The Aboriginal Medical Service model is an example of good practice.
2. NSW Health mandates that mental health services fund the collection of data on CALD consumers' access to and use of mental health services. This allows for an inclusive approach using evidence-based practice and also generates a deeper understating of the issues CALD communities face when accessing mental health services.
3. NSW Health to collaborate with the LGMN and local CALD services to make provisions for people seeking asylum, who live in NSW, to access all mental health services for free.
4. NSW Health and the National Translating and Interpreting Service (TIS) to partner with the LGMN and local CALD services to evaluate and consult on:
 - Interpreter cultural responsiveness to diverse mental health needs
 - The need for the use of qualified interpreters when working with CALD consumers.
5. Partner with NSW Local Health Districts to implement a community, family and person-centred approach to mental health service delivery.

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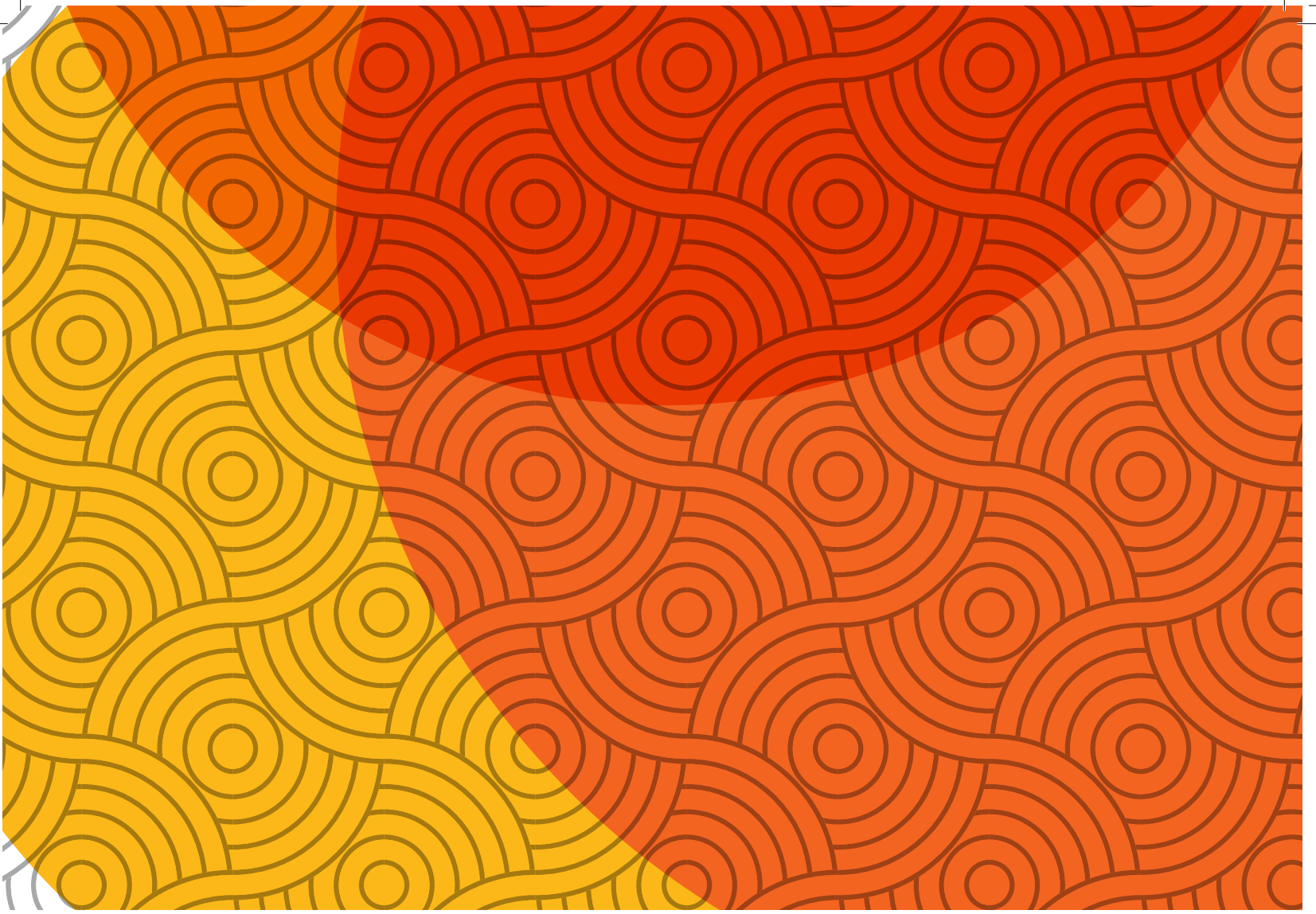
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