
Victoria's Mental Health Service
***Improving Services for People from a
Non-English-Speaking Background***

Extra Information

Acknowledgements

Many individuals and groups assisted in the development of this strategy. The members of the Mental Health and Ethnic Issues Working Party were a particularly important source of ideas and information during the development of this document.

The membership of this working party included:

- Mr Paris Aristotle, Victorian Foundation for Survivors of Torture and Representative of the Ministerial Ethnic Health and Community Services Council.
- Ms Anna Carter, North East Crisis Assessment and Treatment Service.
- Mr Michael Clarke, Department of Human Services, Western Metropolitan Region.
- Ms Thuy Dinh, Macaulay Community Support Association.
- Mr Alan Hall, (Chair) Psychiatric Services Branch, Human Services.
- Mr Ralph Hampson, Psychiatric Services Branch, Human Services.
- Dr Denis Handrinos, Dandenong Department of Psychiatry.
- Assoc. Professor Harry Minas, Victorian Transcultural Psychiatry Unit.
- Ms Kaliopy Pacsinou, Schizophrenia Fellowship of Victoria.
- Mr Arthur Papakotsias, North East Alliance for the Mentally Ill.
- Mr Ian Robinson-Griffith, Psychiatric Services Branch, Human Services.
- Ms Malina Stankovska, Action on Disabilities in Ethnic Communities.
- Mr Grant Wishnowski, NW Hospital Psychogeriatric Assessment and Treatment Services.
- Mr Stephen Ziguas, Victorian Transcultural Psychiatry Unit and Representative of the Ministerial Ethnic Health and Community Services Council.

The community consultation carried out by the Victorian Transcultural Psychiatry Unit (VTPU) was especially helpful in identifying what the clients want. Some of the quotations found in the report of these consultations have been included in this document, to demonstrate what clients currently experience.

Published by Psychiatric Services Branch, Victorian Government Department of Human Services.

Design and production by Human Services Promotions Unit.

(005NO95)

Contents

Executive Summary	v
Definitions and Terms	vii
Introduction	1
Setting the Context for Change	3
Strategies for Change	9
Planning Which Meets the Community's Needs	11
Creating Client-Centred Language Services	15
Delivering Culturally Sensitive Services	19
Sharing Information Which Supports Access	27
Assuring Quality	31
Encouraging Research	33
Action Plan	35
References	39
Appendix 1: Providing Language Services	41
Appendix 2: Summary of Standards	43

Executive Summary

It is known that public mental health services have not adequately met the needs of people from non-English-speaking backgrounds (NESB). State and national mental health policies recognise that services must change their approach to service delivery to more efficiently address the needs of people from differing cultural backgrounds.

The aim of this document is to provide a way forward for mental health services by identifying service components which must be changed to improve service outcomes for people from a NESB. This document:

- Sets *goals* for change.
- Identifies *strategies* for change.
- Provides examples of *best practice*.
- Establishes *standards* which will enable evaluation of outcomes.
- Provides an *action plan* which outlines the responsibilities for both Psychiatric Services Branch and Area Mental Health Services (AMHS).

The areas for change are identified below:

Planning Which Meets the Community's Needs

This requires mental health services to increase the involvement of NESB representatives in service planning. Strategies focus on service providers increasing their knowledge of the cultural groups in their area, and involving these groups in service planning.

Creating Client-Centred Language Services

This requires mental health services to promote the best use of language services. Strategies in this section centre on ways of enhancing flexibility, efficiency and quality of language services, and the provision of training and direction for staff.

Delivering Culturally Sensitive Services

This requires provision of mental health services which respect the client's cultural framework. Strategies focus on:

- Maximising access to bilingual and bicultural health professionals.
- Developing a participatory approach with clients, carers, ethnic community representatives and ethno-specific health service providers.
- Increasing the knowledge and skills of mental health staff.

Sharing Information Which Supports Access

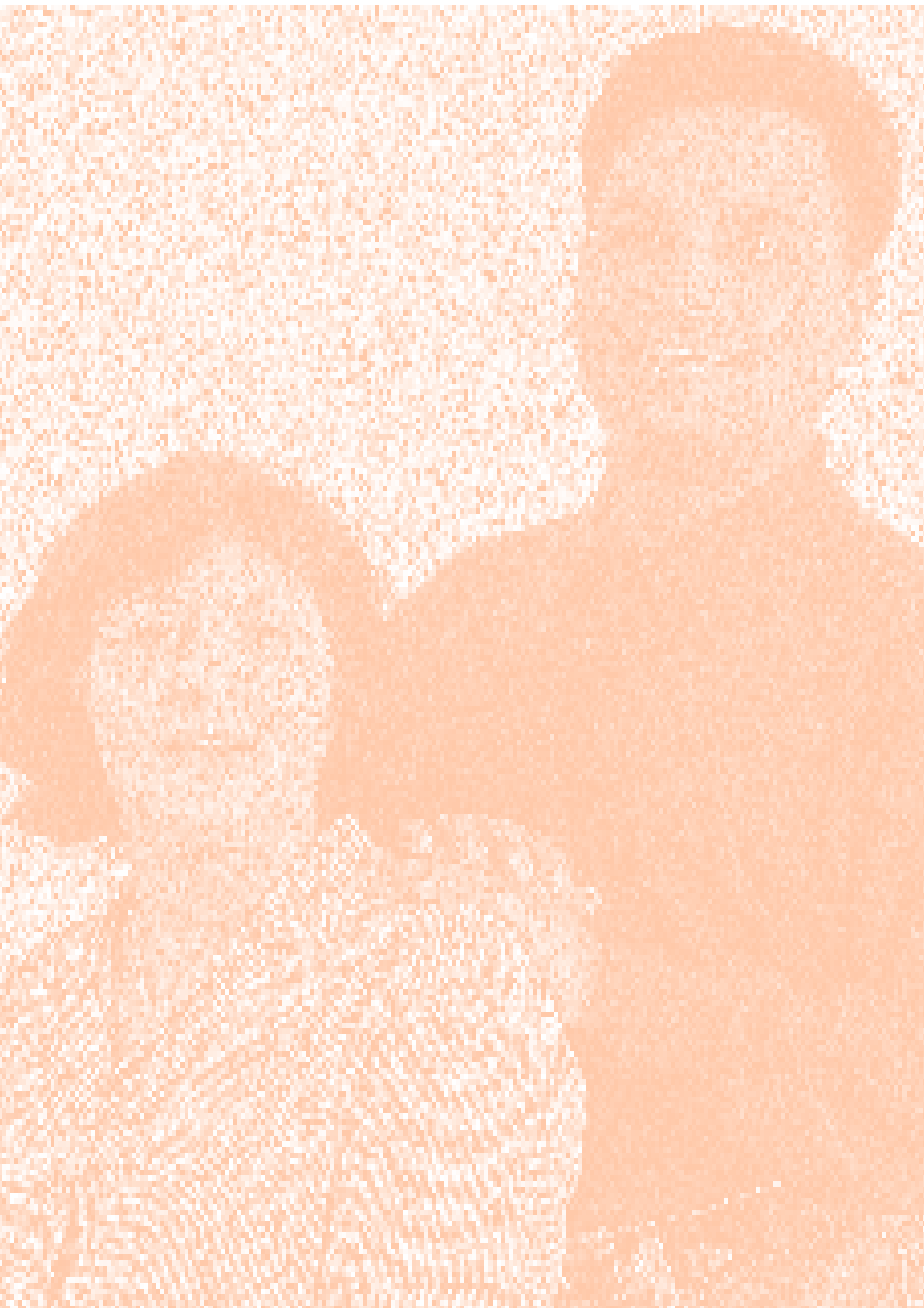
This requires the provision of information about mental illness and how to access services, in ways that are relevant and accessible to NESB groups. Strategies focus on planning and coordinating community education activities specific to the needs of NESB groups.

Assuring Quality

This requires mental health services to address the needs of people from NESB when monitoring and evaluating their services. Strategies focus on methods of evaluation and ways to involve NESB representatives in the evaluation process.

Encouraging Research

This section seeks to increase mental health research targeted at real improvements in service outcomes for people from NESB. Strategies identify resources and innovative approaches to enhancing research activities.



Definitions and Terms

Area Mental Health Services (AMHS)

These are organisational subdivisions of public mental health services which are responsible for providing an integrated network of services that meet the needs of communities in their geographically defined catchment areas. There are two or more AMHS within each of Victoria's nine Department of Human Services' regions.

Culture

Culture is defined as shared, learned behaviour which is passed on from one generation to another for the purposes of individual growth (Marsella, 1987).

Ethnic

This term derives from the Greek noun 'ethnos', meaning nation or people, and it still retains its basic meaning. In Australia, ethnic is commonly confined to immigrants from non-English-speaking backgrounds (NESB) and their descendants.

In this document the term *ethnic* refers to those residents of Victoria who:

- Were born overseas in a non-English-speaking country.
- Are Australian-born with at least one parent born in a non-English-speaking country.
- Are Australian-born and have a strong affiliation to a cultural or linguistic heritage that is not Anglo-Celtic, excluding Australian Aborigines (Health Department Victoria, 1991).

Mainstreaming

Mainstreaming is a process whereby management of public mental health services has moved from the Department of Human Services to general health services. In most cases public mental health services are now collocated and managed by general hospitals. In

this structure the role of the Department is one of service purchaser and not service provider. This process has been central to the redevelopment of public mental health services in Victoria and to the National Mental Health Policy.

Mainstream Health/Welfare Services

These terms refer to those services that provide general health and welfare services to the community, as opposed to specialist mental health services. Examples of these services include general hospitals, general practitioners, community health centres, Department of Social Security, and migrant resource centres.

Non-English-Speaking (NES)

NES specifically refers to those individuals who only communicate effectively in a language other than English (LOTE).

Non-English-Speaking Backgrounds (NESB)

NESB is used to describe someone whose first language is not English or whose cultural background is derived from a non-English-speaking tradition.

Note: Ethnic background/groups is used interchangeably with people from non-English-speaking backgrounds in this document.

Introduction

Australia is a society which has been constructed by people from many differing ethnic and cultural backgrounds. This 'multiculturalism' is recognised as having brought a richness and diversity to many aspects of Australian society.

Mental health services can no longer regard people from ethnic backgrounds as just another special needs group whose interests are to be considered *after* the needs of the 'general community' have been addressed. Mental health services must think of people from ethnic backgrounds as an integral part of the community and develop their services responsibly.

Purpose of This Document

The purpose of this document is to provide a way forward for mental health services by identifying service components which must be changed to improve service outcomes for people from a NESB. This document:

- Sets *goals* for change.
- Identifies *strategies* for change.
- Provides examples of *best practice*.
- Establishes *standards* which will enable evaluation of outcomes.
- Provides an *action plan* which outlines the responsibilities for both Psychiatric Services Branch and AMHS.

Scope of This Document

The standards set out in this document will be incorporated by Psychiatric Services into its funding and service agreements with providers of public mental health services.

Mental health service providers must meet the standards incorporated into their funding and service agreements to fulfill their contractual responsibilities with the Department of Human Services.

Resourcing the Change

In the past, funding for public mental health services has been calculated on an historical basis, with agency budgets allocated on the previous year's expenditure, without great thought to how that money was spent.

Victoria, however, is now adopting a purchasing policy where each mental health service area will receive a share of the budget determined by its weighted population. Services are purchased from hospitals, community health centres, or non-government organisations.

The 1996–97 weighted population formula will use a number of weighting factors which have proved to be good predictors of psychiatric morbidity and treatment rates, together with factors which reflect differing costs of service provision. The key impact of the formula relating to this document is that a 1.6:1 weighting will be included for each area's non-English-speaking population. A mental health service area's budget will therefore increase in proportion to the number of NESB people. As a result the distribution of funds to AMHS will better reflect the needs of people from NESB.

In addition, the purchasing policy will include arrangements for the payment to AMHS based on the service meeting a number of standards. Proposals for implementation of the scheme are currently being planned for introduction during the 1996–97 financial year. One of the factors which is planned for inclusion in 1996–97 is the achievement of the standards for tailoring mental health services to people from NESB, as set out in this document.

Psychiatric Services will develop an assessment tool in 1996 to rate the achievement of service standards for clients from NESB.

Monitoring

Psychiatric Services will monitor and evaluate the response of funded agencies to the standards required in this document through both the funding and service agreement process and that described above.

Setting the Context for Change

Key Features of Victoria's NESB Population

- Overseas-born people from non-English-speaking countries formed 16.5 per cent of Victoria's population at the time of the 1991 census, and represented more than 60 language groups (Australian Bureau of Statistics (ABS), 1991).
- In 1992-93 the top six regions where migrants came from were: Europe, including the former USSR, South-east Asia, Northeast Asia, Southern Asia, the Middle East and North Africa.
- Over 90 per cent of all Victorians born in a non-English-speaking country reside in the greater Melbourne metropolitan area (ABS, 1991).
- Individuals from these NESB groups are dispersed unevenly across suburbs and Human Services regions (see table 1). Therefore, no one region can *assume* either a monopoly or an absence of any one cultural group.
- Eastern and southern suburbs of Melbourne have larger proportions of the more established groups, for example, those from Greece and Italy.
- Recent arrivals have settled in the northern and western suburbs where cheaper housing is available and manufacturing industries provide employment.
- The services required by NESB groups will differ depending on the age of the community, its supports and the resources available to its members.

Predictors for Potential Service Use Linked to Migration, Resettlement and Mental Health

The mental health of immigrants, particularly refugees, is at greater risk than other members of the general community.

People born in countries where the language is other than English, have a prevalence of mental disorder that is equal to or greater than the prevalence in the Australian-born (Stuart, Minas, Klimidis, O'Connell: in production).

Figure 1: Distribution Across Human Services Regions of Victorian's Born in NES Country

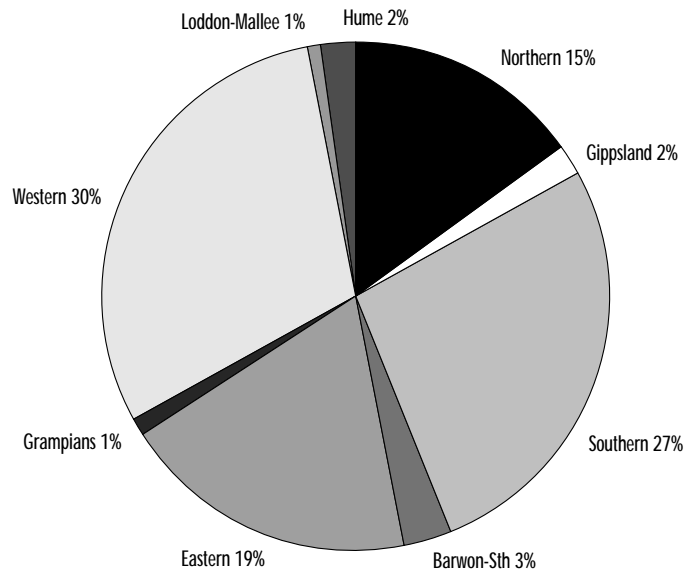
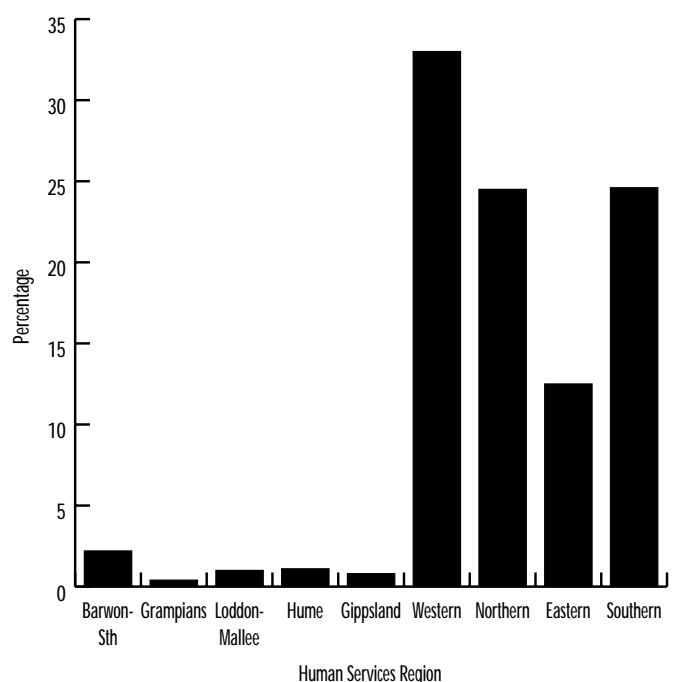


Figure 2: Percentage of Victoria's Non-English Speakers Across Human Services Regions



This occurs because the process of migration involves varying degrees of change in the 'physical, cultural and linguistic environment and in family, social, occupational and economic circumstances' (Minas 1990, pp.253).

Predictors of potential need for mental health services by migrants are:

- Separation from family.
- Separation from community.
- Inability to communicate in English.
- Access to suitable accommodation and employment.
- Access to social supports.
- Reception by the host community (Canadian Task Force, 1988).

Other stresses arise from the disruption migration may cause to gender specific or family roles. In some cases this may mean that the authority of the 'head' of the family is challenged, for example by his/her children on whose language skills they depend. Also, the woman's role, including child rearing practices may be disrupted by pressure to conform to the dominant Australian culture.

Refugee Status and Risk Factors for Mental Health

Since the end of the Second World War people suffering from torture and trauma have migrated to Australia. In more recent times refugees have arrived from Asia, Africa, Latin America, Europe and the Middle East (Reid and Strong, 1987).

Torture and trauma have a profound, immediate and long term impact on the physical and psychological health of this client group (Thompson and McGorry, 1995, Hosking, 1990). Survivors of torture and trauma in Australia have had extreme difficulty in accessing and receiving appropriate health services and support. Consequently, psychological and other health problems often become long term and inter-generational (Cunningham, 1992 and Aristotle, 1992).

Between 1985 and 1995; 41,986 people are estimated to have migrated to Victoria through refugee and humanitarian migration programs. It is estimated that up to 12,595 (30 per cent) of these people will have experienced forms of torture while an additional 20,993 (50 per cent) will have experienced others forms of refugee trauma. (Freer, 1992, Pittway, 1991, Reid and Strong, 1987). While not all this group require intensive services these figures indicate that the scale of the problem is substantial.

Refugees have usually experienced some or all of the following:

- Experiences of oppression and persecution.
- Significantly high levels of trauma amongst individuals and the community as a whole.
- They have not chosen to migrate to Australia but are in exile from their countries of origin.
- Many have spent years or months in refugee camps or lost members of their families.
- They have generally received less than adequate health care leading up to their arrival in Australia.
- They are often in a process of grieving for family, country, culture and friends.
- There is a strong lack of understanding in how social systems function in Australia.
- They are no longer part of the dominant culture and their communities usually have poor infrastructure and resourcing.
- They generally have a low level of socio-economic status including no guarantee of work, and little or no English language skills.
- Some arrive in Australia before or after their spouse or children, resulting in different rates of adjustment (Aristotle, 1995).

Studies have identified that suffering of survivors of torture is often compounded by social isolation, cultural alienation and economic hardship (Krupinski and Burrows, 1986). Psychological disturbances associated with torture in adults include guilt, suicidal feelings, severe

anxiety and depression, irritability, sexual dysfunction, sleep disturbance, nightmares, panic, phobias and impaired memory (Reid and Strong, 1987).

How Mental Health Services Are Used

People from NESB make less use of the following services than those from English speaking backgrounds:

- Acute adult inpatient services.
- Community mental health services.
- Non-government disability support services (Minas, Silove and Kunst, 1993, Minas, Ziguras, Klimidis, Stuart and Freidin, 1995—Ethnic Advisory Committee, Royal Park 1994).

Once admitted to an inpatient service, NESB clients spend between 20–40 per cent longer as an inpatient than other members of the community, and are more likely to be admitted as involuntary patients (Trauer, 1995).

Clients from NESB are more likely to rely on bilingual general practitioners than specialist mental health services for their mental health care.

Clients and their carers from NESBs are deterred from using public mental health services because of perceived:

- Difficulties with accessing language services.
- Lack of information about mental illness and the service system.
- Lack of bilingual health workers.
- Health workers' insensitivity to cultural issues.
- Lack of integration between mainstream specialist mental health and ethno-specific services (VTPU, 1995).

Within the larger picture of mental health service use by people from NESB, some additional significant differences have been identified. For example, it has been found that women from NESB have lower participation

rates than men in rehabilitation programs (Mason, 1993). Mental health services need to pay particular attention to the needs of NESB women.

Responding to Cultural Diversity

As can be seen by the above, the richness and diversity brought by differing ethnic groups has not generally flowed into the way health services accommodate the needs of ethnic communities.

Mental health services have often failed to address cultural differences represented in their communities. Culture is defined as shared, learned behaviour which is passed on from one generation to another for the purposes of individual growth. Culture incorporates language, values, belief systems and societal norms (Marsella, 1987). This may affect the individual seeking psychiatric treatment in many ways including:

- Their belief about the origin of the illness.
- The way symptoms of the illness are experienced or described.
- Their belief about alternative and complementary forms of treatment or support.
- Their willingness to seek treatment and support.

An understanding by clinical staff of their own cultural framework and the diverse cultures, which people present, will provide them with a richer pool of culturally relevant resources for treating and supporting their client and his/her family and carers. Without this understanding they will receive an inadequate service.

For some time health services have recognised the existence of people from other cultures as a group with *special needs*. Accommodation of their needs commonly centred exclusively on the problems of providing interpreters for health professionals to assess or instruct their patients.

This approach reflects a belief in a homogenous culture with language being the only barrier.

This false belief deprives the client and the health worker of choices about treatment and support options which are relevant to the client's culture. It has also contributed to making mental health services inaccessible and at worst irrelevant to some members of our community.

For several years researchers and ethnic communities have been voicing the need to change the way in which services are provided. They have also been telling health services providers what they believe needs to be done.

A recent report by the Victorian Transcultural Psychiatry Unit (Minas et al, 1995) identified the most significant gaps in Victoria's public mental health services are in:

- Direct service provision requiring skills in cross-cultural clinical work and communication.
- Support for mainstream agencies in the form of secondary consultation and education.
- Support to families and carers of people with a mental illness requiring culturally appropriate family intervention and community education, and their involvement in service development.

Victoria's Mental Health Service: The Framework for Service Delivery 1994 establishes the framework for the redevelopment of mental health services in Victoria. This document acknowledges that people with a mental illness and from a NESB, face barriers in accessing public mental health services. It also recognises the need for special responses to address these barriers.

Victoria's *Mental Health Act 1986* Section 5, states that an objective of the Department is to:

Establish, develop, promote, assist and encourage services to take into account the various religious, cultural and language needs of people who are mentally ill.

Victoria's approach is consistent with the *National Mental Health Policy 1992* which requires those planning and delivering mental health service systems to assess and respond to the needs of NESB populations within the community.

People from NESBs are an integral part of Victoria's community. Mental health service providers must develop their services to be responsive to the needs of people from NESB if the services are to fulfil their responsibilities to the communities they serve.

To be effective, public mental health services must be viewed by their local communities as:

- Appropriate to their needs.
- Accessible.
- Accountable.

To achieve services which are appropriate, accessible and accountable, service providers will need to:

- Identify the needs of those cultural groups which make up our society.
- Communicate the functions and benefits of mental health services for these groups, in ways which are relevant to their cultural framework.
- Involve people from NESB in planning and delivery of services.
- Adapt their style of service delivery so that it effectively meets the needs of NESB groups within their catchment areas.

Aim

This document provides a way forward by identifying components of service planning and delivery, which are central to improving access to mental health services for people from diverse ethnic backgrounds, and by proposing strategies to overcome the identified barriers.

Goals

The following service goals are central to this strategy document.

- Mental health service providers are to identify the cultural groups within the catchment area they serve, and to increase the involvement of clients, carers and representatives of NESB communities in mental health service planning.
- Mental health service providers are to promote the best use of language services to enhance communication between their staff, the client and their carers.
- Mental health services will enhance the outcomes for people of NESB by delivering services which demonstrate an awareness and respect for the client's cultural framework.
- NESB communities, clients and carers will be provided with information about mental illness and how to access services, in a way that is relevant and understandable.
- Mental health services will have monitoring and evaluation mechanisms which support the delivery of accessible and acceptable services for their communities.
- To increase the overall range of mental health research activities targeted at improving the effectiveness and efficiency of service outcomes for people from NESBs.

The next section of this document identifies the central areas where change must occur, and outlines the potential strategies for change and the standards that must be achieved by public mental health and disability support services.



Strategies for Change

This part of the document identifies the central areas where change must occur, which are:

- Planning which meets the community's needs.
- Creating client-centred language services.
- Delivering culturally sensitive services.
- Sharing information which supports access.
- Assuring quality.
- Encouraging research.

Each of the following sections set out to:

- Provide the context for change in relation to each of the issues presented.
- Identify the changes clients say they want.
- Identify a goal for change.
- Identify potential strategies to achieve the desired change.
- Establish standards by which effectiveness of services can be assessed.
- Provide examples of 'good practice'* to demonstrate how some individuals and services have worked to achieve the necessary changes to improve service accessibility, appropriateness and accountability.

The final section of this document includes an action plan which sets out the responsibilities for both Psychiatric Services and area mental health services, and the actions each are to take.

Throughout this document reference is made to the role of the Victorian Transcultural Psychiatry Unit (VTPU). This unit was established in 1986 to improve access for people from diverse ethnic backgrounds who experience mental illness.

The VTPU has contributed much to the understanding of mental illness in relation to people from NESB. It has a well established research record and the unit has developed a range of resources that are available to workers in the field.

The VTPU is a significant resource which will play a central role in the implementation of this strategy.

* Note: The 'good practice' examples demonstrate practical responses to some of the demands for change which are presented in this document. They do not represent all the work being done by public mental health services for NESB clients. Also these activities have been the work of individuals or individual organisations, and in some cases are drawn from a recent history of an organisation's work and are not necessarily continuing projects.

Planning Which Meets the Community's Needs

Goal

Mental health service providers are to identify the cultural groups within the catchment area they serve, and increase the involvement of clients, carers and representatives of NESB communities in mental health service planning.

The data and the research on the different experiences of migrant groups highlights the diversity that exists between the different ethnic groups that make up Victoria's population. Consultation with ethnic communities has identified that consumers often feel service providers wrongly respond to ethnic clients as a homogenous group, ignoring their unique cultures and experiences.

Consumers' Comments

Client from Italian background:

When I was in hospital the staff treated me the same as the Greek and Turkish patients. All of us who could not speak English were under one blanket.

Client from Vietnamese background:

People don't understand what mental illness is. Having to go to a mental hospital or clinic is very shameful. It is much better for the worker to go into the person's home.

In Victoria, AMHS are now responsible for providing an integrated network of services that meet the needs of communities in their geographically defined catchment areas. This approach focuses the attention of service managers on the needs of their local communities, as opposed to the traditional approach of a statewide segregated mental health system.

Service managers must inform themselves about their community and its needs. Managers must then use this information to develop appropriate models of service delivery.

What Clients Say They Want

NESB communities and mental health service clients want services which are sensitive to their culture.

NESB communities want to help service planners improve access to services for their communities by participating in the planning and development of services.

Potential Strategies

Data Collection

AMHS and funded non-government psychiatric disability support services are to use data about the ethnic groups in their catchment area, when they are planning and developing services.

Useful sources of data include:

- Australian Bureau of Statistics (ABS) data.
- The 'SeniorStats' database compiled by the Aged Care Division of the Department of Human Services.
- Annual reports on service utilisation available through the Psychiatric Records Information System Manager (PRISM).
- Research on risk factors and treatment models conducted by the Victorian Transcultural Psychiatry Unit (VTPU).
- Information distributed through the National Network on NESB Mental Health Issues.
- Information from key NESB community organisations.
- Identification of the community's ethno-specific and bicultural service providers.
- Conducting local needs analysis research, in cooperation with NESB communities.

The VTPU will provide AMHS managers with regular area based and statewide reports concerning:

- Demographic and other characteristics of NESB communities.
- Indicators of need for services.

The VTPU will collect, and make available to AMHS managers, information concerning existing models of service delivery for clients from NESB.

Planning in Partnership

Mental health service planners could engage with NESB groups in their local communities to develop more accessible and relevant services.

The non-government organisation, Action on Disabilities in Ethnic Communities (funded by the Department of Human Services), is available to assist managers of mental health services in facilitating links with ethnic groups, so that more relevant and accessible services can be developed.

Staff responsible for mental health service planning and development could ensure NESB communities are represented:

- In all community consultations.
- On all mental health reference and advisory groups.

Mental health services, in consultation with ethnic community leaders, could develop regular forums and mechanisms for information exchange. This could include:

- Participating in general community forums addressing the health issues for people from local ethnic communities.
- Establishing community reference groups which represent local ethnic community groups.
- Developing forums for liaison and collaboration with service providers, and ethno-specific organisations both within and between AMHS.
- Participation in local health and community service organisations and community health activities. This participation would facilitate broad community consultation and advocacy for the needs of people with a mental illness.

The guidelines on working with people from NESB, developed by the VTPU on behalf of Psychiatric Services, will assist planners in these activities.

Several mental health services have reported a significant impact on the development of more culturally relevant services, by giving a senior staff member the responsibility for the NESB portfolio.

Standards

Public funded mental health services are able to demonstrate a knowledge of ethnic groups in their communities and the strategies they have used to consult with these groups on an annual basis.

The agency has a service development plan which demonstrates consideration of the needs of ethnic groups that make up the community in the agencies catchment area, and responds to the findings of community consultation.

AMHS will be able to identify a senior individual/s who carries the responsibility for service planning which meets the needs of people from NESB.

Good Practice Examples

Royal Park Hospital's Ethnic Health Audit

In 1993 the then Royal Park Hospital initiated a planning process to address the needs of the ethnic communities it served.

The Hospital Executive established an Ethnic Advisory Committee to oversee the development of an audit of the service and advise on priority areas for action. Committee members represented inpatient and community based public mental health service providers, the Australian Greek Welfare Society, the Italian community (Co-As-It), the Arabic Workers network, the Turkish community, and Action on Disabilities in Ethnic Communities.

The committee, with the knowledge of potential service barriers identified in the literature, developed a study that investigated:

- The demography of the Royal Park catchment area.
- How clients were referred to hospital.
- The admission rate and length of hospitalisation for NESB clients.
- The clients' experiences of hospitalisation.
- The clients' levels of information about their illnesses and treatments.
- The cultural sensitivity of staff.
- The effectiveness of communication between the client and the clinical staff.

The audit used the latest census data to identify the numbers and percentages of ethnic communities, and quantified the languages spoken in each sector of the Royal Park Hospital's catchment area. This identified the significance of developing services for ethnic groups within the communities which the hospital served.

The Western Sector Ethnic Issues Group

In 1991 this group was formed to consider service responses to the cultural diversity evident in the region. Membership of the group includes the western sector's hospital, two community mental health centres, community representatives and non-government agencies. A number of ethnic communities are represented on the group.

The group meets bimonthly to plan sector-wide projects. Through the work of this group significant progress has been made in developing a network of services which include mainstream and ethno-specific services. Other planning initiatives of this group have included consideration of interpreter utilisation, and planning responses to community education needs.

The study confirmed traditional problems of underutilisation of the service and longer lengths of stay by clients from a NESB.

Interviews were conducted with a sample of staff, and NESB clients who had received treatment in the hospital. This process was facilitated by the members of the committee who could approach members of their community to participate in the survey.

The results of the survey revealed information about:

- The clients' use of community based services.
- The information provided to clients and their families, how much of this information they understood and ways this could be improved.
- The clients' perceptions of clinical staff and their treatment experience and how improvements could be made.
- The level of sensitivity displayed by staff to a client's culture and what effect this had on the client's experience of treatment.
- The use of interpreters and how this could be improved.

The audit produced details about the gaps in service provision. It also provided practical recommendations about the way the hospital could specifically tailor its services to improve access to the members of the ethnic communities which they serviced. This information was fed into the planning process for the hospital.

While this is a good example of an audit process which can provide valuable information, it is to be noted that an audit is most useful if it provides the basis for the improvement of services.

Creating Client-Centred Language Services

Goal

Mental health service providers are to promote the best use of language services to enhance communication between their staff, the client and their carers.

The treatment and support of people with a mental illness or psychiatric disability requires effective communication between the service provider, the client, and their family or carers. The inability of service providers and NES clients to communicate effectively with each other is acknowledged as a significant barrier to accessing mental health services.

Representatives of Victoria's ethnic communities, clients and service providers report that use of interpreters is often restricted only to diagnostic interviews. They also report the quality and responsiveness of interpreting services can vary significantly and affect the quality of the communication.

Consumers' Comments

Client:

I've had interpreters that have been negative, interruptive (telling me that I keep repeating myself) and not correctly interpreting. I told him not to come anymore.

Client:

My parents didn't use an interpreter because they were concerned about confidentiality. They used my brother to interpret but he's not good.

In some cases services have attempted to use staff who can speak another language as an interpreter, and other services have attempted to direct clients to their clinical staff who may speak the client's preferred language.

This approach can be limited and precarious. Minas, Stuart and Klimidis (1994) found that:

- Less than one in six clinical staff in public mental health services speak a second language to a clinically useful level.
- There is a poor match between the languages spoken by staff and the languages required in mental health services.
- The absolute number of staff with a clinically useful second language is far below potential demand.

In addition to these findings, which were based on self reports, few clinical staff have had their language competency assessed by an independent authority. Therefore, the competence of these clinicians to act as interpreters is open to question.

A further consideration identified in recent consultations with mental health consumers, and their families and carers from NESB identified the need for choice in language services. Although a proportion of those consulted preferred the services of bilingual clinical staff, others held no particular preference and a third group preferred interpreters (VTPU, 1995).

To facilitate the development of a therapeutic relationship between the client, their family or carer and the service provider, *all* staff of mental health services must be able to identify when language services are needed and how to access accredited interpreters familiar with the mental health area. Also, services need to enhance their flexibility in how language services are provided.

What Clients Say They Want

Clients and their carers who do need an interpreter believe it is important that the interpreter is:

- Knowledgeable of the client's culture.
- Proficient in the source language and English.
- Able to explain medical terms.
- Available to the client and their carer.
- Available for more than just medical assessment.

There are some clients and carers from NESBs who are fluent in English, and do not need an interpreter.

There are others with limited English who believe they do not need an interpreter. In these cases the onus is on the service provider in consultation with the client to decide what sort of language services are necessary to ensure an effective service is provided.

Potential Strategies

Direction and Training for Staff

Public mental health and disability support services are expected to provide interpreter services which meet the requirements of quality and responsiveness established in the Psychiatric Services' standards (appendix 1).

Mental health service providers and funded non-government psychiatric disability support services could maintain a register of their staff who speak a language other than English who could be used to provide appropriate assistance to NES clients.

Services could develop procedures for their staff that:

- Specify when a qualified interpreter must be used and when alternate language aides, for example a staff member who speaks a language other than English or a member of the family, are appropriate, for example to give a general direction or to assist the client to socialise with others.
- Inform staff about how to obtain an interpreter.
- Guide staff on how to work with interpreters.
- Ensure all staff know how to use interpreters.
- Identifies the necessity to ensure that interpreters are used, when needed, to communicate with the client's family and carers.

Service providers could provide a complaints mechanism for clients and/or workers who experience problems with the service provided by an interpreter.

Service providers may use a variety of survey methods that ask clients and staff their view of the quality of services provided by an interpreter.

Service providers might ensure consistency of service provision by maintaining a list of interpreters who could be requested when booking a service.

Service providers could implement procedures for authorising the use of interpreters for communication with carers and for use in local disability support programs.

Engaging Interpreters

Interpreters may be engaged in three ways:

- As direct employees of a mental health service.
- On a sessional basis through an interpreter agency.
- On a sessional basis as individuals by way of an employment agreement.

If booked through an agency most interpreters have a minimum hire period of two hours, during which they may interpret for several different individuals.

Monitoring by Psychiatric Services has shown that most interpreters complete an assignment in substantially less than the minimum booking period.

Mental health service providers could maximise use of services purchased, for example, community mental health centres could establish routine outpatient reviews of clients from a specific language group on a particular day, to ensure efficient use of interpreters.

Another alternative, especially for more isolated services, is to access interpreters by using tele-conferencing.

By implementing a process for monitoring the use of interpreters within an agency, unused time from one assignment could be directed to clients and staff in other parts of the service for either education, consultation or general communication.

Standards

Mental health service providers will, where a language service is available, ensure that NESB clients are provided with a qualified interpreter when necessary to provide appropriate treatment and support.

Mental health service providers have guidelines for staff on accessing and working with interpreters.

Mental health service providers are able to demonstrate the use of interpreters beyond the medical assessment of clients.

AMHS will provide the VTPU, annually, with a current list of their clinical staff who speak a second language and are willing to use this language in the provision of consultancy or clinical services.

Good Practice Examples

North West Community Mental Health Centre's Approach to Language Services

This centre services the areas of Brunswick and Coburg. The major community languages are Italian, Greek and Turkish. Although the service does not have a written policy on language services, it has by necessity developed a culture that maximises the use of language services.

A basic principle of the service is that clients have equity of access to communication in their preferred language, and that this access should extend to all dealings between the staff of the centre, the client and their carers.

A range of language services are used. These services include telephone interpreters, on site interpreters and the language skills of bilingual staff. Coordination of interpreter use between staff ensures, as far as possible, maximum use of the services.

The centre has also used, at various times, 'cluster' booking of clients (for example, an Italian speaking afternoon service), groups conducted by bilingual staff of the clinic, and groups conducted in collaboration with bilingual staff from local mainstream services.

The centre considers coordination, equity and flexibility of approach as central to the provision of responsive language services.

English and Communication Program

The North East Alliance for the Mentally Ill (NEAMI) is a community managed organisation providing disability support services for people with a psychiatric disability living in the north east sector of Melbourne.

In response to findings that consumers with poor proficiency in English were under-represented in psycho-social rehabilitation programs, NEAMI developed the English and Communication program.

This program was conducted over twenty weeks and was aimed at NESB consumers who wished to improve their English language and general communication skills.

Language services were engaged through the employment of an English as a second language (ESL) tutor. The program was facilitated by the tutor and NEAMI's ethnic mental health worker.

This program resulted in at least fifteen people from NESBs becoming involved in NEAMI's psycho-social rehabilitation program. Secondary gains from this approach included an improved social support network for the participants, and improved self-confidence and self-reliance.

Delivering Culturally Sensitive Services

Goal

Mental health services will enhance the outcomes for people of NESB by delivering services which demonstrate an awareness and respect for the client's cultural framework.

Providing services which are culturally relevant means ensuring services are accessible and acceptable to their users. Cultural sensitivity means the development and expression of a shared understanding between the service providers and their clients about mental illness and the possible treatments. The clinical staff member must be aware that they are influenced by their own cultural perspective. They need to be aware that the client may have their own strongly held and culturally influenced beliefs. Cultural sensitivity requires respect from both parties towards the other's values and beliefs.

Research shows that the perception of mental illness, its meaning to the person and their family and the decision to seek treatment are all processes embedded in the family, social and cultural environment. As a result, the past cultural experience of a person can affect their willingness to seek treatment.

Differences may also occur in the manifestation of symptoms and how these symptoms are presented by the client. It is essential that mental health workers understand the client's cultural framework.

Carer's Comment

Carer:

My cousin (female client) has schizophrenia. The social worker said she should live in a mixed group home. This is unacceptable in the Greek culture, the daughter stays at home with the parents until she gets married. The social worker would not understand.

Consumers' Comments

Client:

They could never pronounce my name. How hard is it to say my name?

Client:

Eastern Europeans have a different temperament to English. This is reflected in the way they show their emotions. Their interpretation of my excitability is as a manic condition. We talk louder, we move our hands more.

Client:

There should be magazines and videos in our language and appropriate activities.

Clients from NESB are also more likely to rely on bilingual general practitioners than specialist mental health services for their mental health care.

Service providers need to be flexible and creative in developing appropriate service models and approaches which meet the needs of NESB groups within their catchment area.

Key activities for improving the cultural sensitivity of services are:

- Development of a participatory approach with the client and their carers.
- Building partnerships with people from ethnic groups to access their knowledge, expertise and cultural wisdom.
- Building partnerships with other community and ethno-specific service providers.
- Provision of information and training for staff to enable them to develop the cross-cultural knowledge and skills necessary to provide services in culturally diverse contexts.
- Creating a physical environment which encourages accessibility.

What Clients Say They Want

Clients want services which they can understand. Clients do not expect everyone to understand their culture. However, they want services that show respect for their values and beliefs.

Consumer's Comment

Client:

We don't expect any special treatment because of our ethnic background, but we would like equal treatment.

Potential Strategies

A Responsive Environment

Service providers know about the important non-verbal message sent by the structure of the environment.

Services could attempt to create a therapeutic, non-threatening environment for their clients by the pictures they hang, the way seating is arranged, how clients and providers are matched.

Services could construct their environment using symbols for example paintings, rugs, photographs, magazines in languages other than English (LOTE) and so on, which are representative of the cultural groups using the service.

Seating arrangements in waiting rooms and accommodation in hospital need to consider cultural requirements for privacy, separation of genders and provision for family groups.

Clients and their carers are able to see public notices displayed in international symbols or LOTE.

The currently available posters which advertise the availability of interpreters, in multiple languages, are prominently displayed.

A Culturally Sensitive Clinical Service

The strategies in this section centre on ways to include knowledge of the client's culture within the therapeutic relationship.

Strategies for mental health service providers and funded non-government psychiatric disability support services include:

- Forming partnerships with identified community groups to access their cultural wisdom in issues relevant for service providers.
- Forming partnerships with ethno-specific welfare and support services both within and between AMHS to share resources, promote consultancy and cross-referral, and to develop joint service initiatives.
- Incorporating local bilingual general practitioners within the service network to encourage cross-referral and shared care arrangements.
- Forming partnerships with general health services used by NESB clients, to enable early detection and treatment of mental illness, and the provision of secondary consultation to mainstream health services. The Psychiatric Services document *Sharing the Care: General Practitioners and Public Mental Health Services*, provides mental health services with guidance on developing cooperative relationships with general practitioners.
- Mental health services could give consideration to the out-placement of their staff with mainstream or ethno-specific health and welfare agencies. For example, providing a regular mental health liaison/consultancy service at the local migrant resource centre. It is apparent that out-placement with relevant organisations can lead to the sharing of information and services that will improve client outcomes for both organisations.
- Developing partnerships with people from ethnic backgrounds relevant to the local community, to assist in the provision of culturally appropriate services. This could be achieved by employing ethnic support

workers or developing an active volunteer program with local ethnic communities both within and between AMHS.

Mental health service providers are to facilitate access to services by involvement of willing bicultural/bilingual service providers. This could be achieved by:

- Using currently employed bicultural workers in a more targeted manner.
- Developing reciprocal relationships with other health service providers to encourage sharing of bicultural staff.
- Directly employing bicultural workers.
- Purchasing sessional services from bicultural/ bilingual clinical staff.
- Developing collaborative networks with local bilingual general practitioners, psychiatrists and ethno-specific services.

Mental health service providers could maximize their use of resources for providing culturally sensitive services. For example, a community clinic could structure its program to provide planned, non-crisis services to a particular cultural group at a regular time (for example, a Greek-speaking afternoon service).

Mental health services could use the consultancy services provided by the VTPU for clinical staff working with NESB clients.

The VTPU will provide AMHS managers with consultancy in mental health service program design for NESB communities.

The VTPU will facilitate the effective use of bilingual clinical staff by developing and maintaining a database of bilingual clinicians, ethno-specific welfare and other relevant agencies.

The VTPU will promote and operate a telephone information service for obtaining contact details of bilingual

clinicians and ethno-specific agencies. Mental health services can use this service to access the skills of bilingual mental health clinical and disability support staff.

Information for Staff

There are many beliefs about the causes and treatment of mental illness, even within western traditions and concepts.

To support staff in their development of culturally sensitive practices, AMHS and funded non-government psychiatric disability support services could:

- Develop staff orientation courses which address NESB service issues in their geographic area for example demographic profiles, familial relationships and language needs.
- Ensure clinical staff have training opportunities to improve their awareness and skills in cross-cultural service delivery.
- Ensure staff have access to, and incorporate into their clinical practice the guidelines on working with people from NESB* which has been developed by the VTPU, on behalf of Psychiatric Services.
- Ensure staff have access to support and supervision that acknowledges the issues arising from the cultural diversity of their clients.
- Ensure all staff training activities include, where relevant, attention to issues of cross cultural sensitivity.
- Encourage staff to undertake the Graduate Diploma in Mental Health Sciences (Transcultural Mental Health) conducted by the University of Melbourne.

The VTPU will develop and provide AMHS management and clinical staff with introductory programs on culturally sensitive practices which are relevant to their needs.

Standards

Area mental health services and funded non-government psychiatric disability support services will:

- Ensure staff have made available to them information about the ethnic communities they serve.
- Develop service specific strategies which enhance clients' access to bicultural workers.
- Demonstrate service delivery approaches which take account of the nature of specific ethnic groups in their catchment area.
- Have local procedures to guide staff in accessing the services of bilingual staff through the central register maintained by the VTPU.
- Support their staff to access training and development on providing culturally sensitive mental health services.

Good Practice Examples

Saltwater Community Mental Health Centre's Service for Croatian Consumers

In response to the needs of the local Croatian community, Saltwater Centre employed a registered psychiatric nurse whose cultural background is Croatian. This person works with the Croatian community especially the newly arrived immigrants.

His role involves providing assessment and case management for clients as well as secondary consultation for other workers with Croatian clients.

In addition, this worker conducts cross-regional work through his involvement with the Australian Croatian Welfare Society, which involves community development work.

Macaulay Community Support Association

Community outreach workers from this organisation provide psychosocial support for people with a psychiatric disability, in their catchment area. Three bilingual workers (Italian, Croatian and Vietnamese) are employed to work with the ethnic groups in most need, in their area.

Ms Thuy Dinh is a psychologist who works as an outreach support worker with Vietnamese clients. Ms Dinh sees herself as a bridge between the English speaking and the non-English-speaking, Vietnamese groups. 'As a bridge, I am able to facilitate communication and understanding between the two cultures.' Ms Dinh stated that people from Vietnam, commonly believe that mental illness is incurable and may be caused by malevolent deities, wrong doings of ancestors or by magic spells. Depending on these beliefs, treatment might include prayer, meditation, offerings or herbal options.

The Vietnamese culture is group oriented rather than individualistic. Where families are intact, important decisions concerning treatment are often made by the head of the family rather than the client. Because of her understanding, Ms Dinh works with her client and with their family. Ms Dinh feels she is better able to build trust with them so that they share their beliefs about the client's illness. By working to understand the beliefs of the client and their family Ms Dinh works with them to

build a plan of support that is culturally appropriate. If a client wants to see a Catholic priest or go to the Buddhist temple she might go with them for support.

Ms Dinh helps the client and their family understand the western concept of mental illness as treatable, and aspects of treatment that are often taken for granted by clinical staff. For example, in Vietnam there were no psychologists or social workers and often the client and their family do not understand who these people are, or why they ask so many questions. These 'officials' can make the client and family feel very suspicious and unwilling to give information. Ms Dinh's work also involves building networks with other treatment and support staff such as:

- Case managers.
- Psychiatrists.
- Staff at hospitals and community clinics.
- Staff at the Department of Social Security.
- Staff at accommodation and rehabilitation services.

Her networks with these staff, on behalf of the client, allow for rapid sharing of information. Ms Dinh is also able to help other staff understand the client's and the family's beliefs, which helps make planning more relevant.

Increasingly, she has been asked to be involved in training for staff. Ms Dinh hopes that perhaps within a generation or so, there will be more understanding and less need for bridges.

The Dandenong Transcultural Psychiatric Service: A Community Treatment Model

This service was a one year project, established by National Mental Health Projects funding. The project team consisted of a consultant psychiatrist, Dr Rasanjali Rathnayake, and a community psychiatric nurse, Colin Lok.

This model targeted the Indochinese, Sri Lankan and Indian Communities. The team's goal was to address the under-utilisation of public mental health services by the identified ethnic communities. The team's objectives were to:

- Increase the ethnic communities' awareness of mental illness and the service system.
- Improve early recognition and treatment of mental illness.
- Facilitate the ethnic communities' access to public mental health services.

Early intervention and detection of mental health problems in the target group were addressed by establishing a liaison network and providing a community outreach service. The active outreach service was vital and helped counteract the reluctance of many members of these communities to seek help for psychological problems. This approach helped to establish close relationships within a network of ethnic workers and associations, staff of welfare organisations, general practitioners and other service providers. These relationships resulted in improved detection of psychiatric disorders among the members of the ethnic communities.

The team liaised with the post-natal depression project that was being undertaken in the area in conjunction

with maternal and child health nurses. This resulted in the early detection and successful community based treatment of many cases of post-natal depression.

Liaison with several school counsellors in the local high schools led to the referral and treatment of several children in the prodromal phase of schizophrenia.

Most clients were treated in the community, but when there was a need for admission to an inpatient mental health service, a member of the team:

- Liaised with the service.
- Liaised with the client's family and carefully explained the reasons for admission and what would happen in hospital.
- Followed up the client in hospital and liaised with the hospital treating team.
- Continued to visit the client's family at home to allay their anxiety and to involve them in the client's treatment.

The strategy adopted by this team led to:

- Increased use of public mental health services, particularly community based services, by members of the local ethnic communities.
- A decrease in the number of admissions to mental health inpatient services by members of the ethnic communities.
- A reduction in the length of hospital stay by members of the ethnic communities.

The project team believes that the components of this model could be successfully replicated within existing community based services using appropriate bilingual staff or a mixture of clinical staff and interpreters.

The Victorian Foundation for Survivors of Torture

This practice example profiles one of the specialist resources available in the mainstream health sector which can develop a collaborative relationship with mental health services for improving outcomes for the benefit of clients of both services.

The Victorian Foundation for Survivors of Torture (VFST) is a specialist service which is part of the mainstream health system and provides specialised psychological services to humanitarian program migrants. In addition to these services the VFST has specific projects which are developing examples of best practice in service provision to refugee young people and newly arrived refugees through the provision of early intervention psychological and physical health services.

The work of the VFST provides a differing perspective of service provision which falls outside of the role of public mental health services. However, the VFST has developed close links with some mental health service providers which has led to a sharing of resources and better outcomes for consumers.

The VFST Service Principles

- Services must be culturally relevant, and sensitive to the client's struggle in the broader international, national, and local context.
- Services should be provided in a context where the therapeutic benefits are derived from an understanding of the relationship between the social, physical and psychological worlds of the client.

- The survivor's capacity to heal or to recover is predominantly in their own hands. The role of the VFST is to provide practical assistance and support through crisis intervention, therapeutic assistance and case management.
- The provision of services must be guided by the expressed needs of the client giving him or her the opportunity to have direct input into the development and provision of services.
- Evaluative processes should be put in place to ensure that a process of review occurs regularly to assess the relevance and effectiveness of the agency's structures, services and philosophy.

Services Offered by the VFST

The VFST offers direct counselling and advocacy for those seeking assistance. Services are free of charge. Through its case management model, the VFST also provides access to a broad spectrum of services, including:

- Medical and complementary therapies services through a network of health professionals including general practitioners, medical and surgical specialists, masseurs, homeopaths and other complementary therapists.
- Psychological services including stress management and relaxation techniques, individual psychotherapy, and child, adolescent and family therapy.
- Community and social support services in areas such as housing, social security, language development and employment.
- Community education and consultancy services through its documentation and information service, and runs training seminars for professionals.

Sharing Information Which Supports Access

Goal

NESB communities, clients and carers will be provided with information about mental illness and how to access services, in a way that is relevant and understandable.

It is commonly acknowledged that stigma is closely associated with suffering a mental illness. People from NESB may have markedly different beliefs about the origin of mental illness and its treatment. These beliefs or lack of respect for them may inhibit use of mental health services or adversely affect their social relationships.

Also, studies report that clients and their carers who do not speak English have limited access to information about current western medical concepts of mental illness and treatment, and the range and functions of Victoria's public mental health services (Minas, Ziguras, Klimidis, Stuart and Freidin, 1995).

Service providers need to implement strategies that support ethnic communities access helpful information about mental illness, its treatment and the service system. Service providers need to include mainstream services, local ethnic communities, clients, and their families and carers in the development of appropriate education strategies for local communities.

Consumers' and Carers' Comments

My son was sick so I took him to the (general) hospital. The doctor called other people (CAT team) who said my son had to go to another hospital. I didn't know why?

I am Polish and speak English well but it took me about 40 phone calls before I could find the right place for my wife.

My parents recently came from Vietnam. They don't understand the illness or what the place (hospital) was for.

My parents didn't understand what I was going through. They thought I was in a detox place.

What Clients Say They Want

Clients and their carers want:

- To know how to find services.
- Information about the illness, treatment and possible side effects.

Potential Strategies

AMHS are expected to identify and address the mental health needs of the NESB groups in their area.

Mental health service providers and funded non-government psychiatric disability support services could:

- Develop a community education plan that targets local ethnic communities and focuses on their mental health information needs.
- Work in partnership with mainstream health services and ethnic communities to develop methods for disseminating information, which are relevant to their NESB communities, on mental illness, treatment options, services that are available and how to access services.
- Take opportunities to 'piggyback' onto mainstream health prevention and promotion programs already developed for local NESB groups in their community. For example, the Dandenong Transcultural Project incorporated mental health education into local school health programs.
- Investigate the use of ethnic media, translated written material and audio tapes for communicating information about symptoms, treatments and services.

When developing translated information mental health service providers could use the Centre for Ethnic Health, which provides focus group testing of information products in more than 30 community languages.

The VTPU will provide AMHS managers with consultancy in program design for ethnic groups in their communities.

Standards

Mental health service providers will demonstrate work towards the identification of the information needs of the NESB groups in their community.

Mental health service providers will incorporate the information needs of NESB groups in their communities, into their local community education planning and activities.

All clients and their families and carers will receive information and support in a way which is consistent with Psychiatric Services, *Family and Other Carer's Policy*.

Good Practice Examples

NEAMI Italian Carers' Program

Building on its success with its Greek carers' support group, NEAMI developed a seven week education and support program for Italian carers. This program was co-facilitated by staff from NEAMI, the Northern Crisis Assessment and Treatment service and the local Mobile Support and Treatment service.

Directory of Multilingual Information

The North East Mental Health Issues Group, identified the need for consumer and staff access to information written in community languages, about mental illness, psychiatric disability and community services. In response, this group auspiced the production of a directory which lists the material available, the languages available and where it can be obtained.

Schizophrenia Fellowship Development of Family and Carer Support for Non-English-speaking Language Groups

For several years this organisation has progressively expanded services to families and carers in languages other than English, through the work of bilingual volunteers.

The fellowship's activities have included recruiting volunteers from the Greek community, informing them about mental illness, and training and supporting them in the development of self-help programs for carers.

The fellowship has also recruited Italian speaking volunteers to work at the fellowship with Italian speaking families and carers.

Families from these language groups are able to receive information and carer support skills in a culturally relevant framework, from experienced carers.

Other information sharing activities include:

- Video and audio tapes of Greek and Italian carers presenting information about mental illness and carer support programs.
- Use of ethnic radio and newspapers to disseminate information.

Clarendon Community Mental Health Centre's Vietnamese Family and Carer Project

The centre based in East Melbourne identified from its user data base that it serviced 16 language groups. The centre decided to target the Vietnamese community as a group most in need of information to promote improved access.

The aim was to address the needs of families for information, as a way of improving outcomes for both consumers and carers.

The goal was two way communication to:

- Inform about the western view of mental illness and its treatment.
- Provide information on the role of mental health services.
- Get information about how to make services more culturally relevant.
- Promote early intervention for mental illness.

Actions

Local mainstream health and welfare service providers to the Vietnamese community were identified. These were Vietnamese workers at a local community health centre and the local office of the Department of Social Security.

Other useful services were identified. These were the Victorian Transcultural Psychiatry Unit, a Vietnamese disability support worker from Flemington, and the Schizophrenia Fellowship.

These individuals formed the team which planned and carried through the project.

What Was Done

An information afternoon at a local community health centre was run for families of Vietnamese consumers. The consumers were also included.

Project Components

The mainstream location was selected because it was not stigmatising. Public identification of mental illness can bring shame on the Vietnamese family.

Personal invitations to the session were written by a Vietnamese team member.

Anonymity and informality were emphasised. No letterhead was used as officialdom can be threatening to this group. Case managers also distributed the leaflets to their clients.

A local Vietnamese community health worker chaired the session. The Vietnamese disability support worker presented the Vietnamese and Western concepts of mental illness. This respected the validity of both, and identified the differences.

A family member whose son was a consumer presented his experiences. His age demanded respect in his community.

As no Vietnamese doctor was available locally, one from outside the local area accepted an invitation to be present. This individual as a 'doctor' provided significant authority and legitimacy.

English speaking mental health professionals were present to answer questions, but did not lead or dominate the session. An interpreter was employed so participants could ask them questions, both formally and then informally at afternoon tea.

Food was supplied as a means of promoting informality and the building of a social network between participants. The food was purchased from a local Vietnamese women's group.

Evaluation has found that participants thought it beneficial, the integrity of the mental health service was enhanced and information is now being spread in the local Vietnamese community by those who attended. Participants have now requested a further session.

Assuring Quality

Goal

Mental health services will have monitoring and evaluation mechanisms which support the delivery of accessible and acceptable services for their communities.

To be effective, mental health services need to be available, accessible and acceptable to all people who require them. As has been shown, there are many interdependent variables that affect these aspects of quality.

Changes in the local community profiles of ethnic groups, staff movements, service models and socio-demographic profiles mean ongoing monitoring and evaluation of the service is required.

Management tools to assure quality must incorporate service issues relevant to the needs of NESB groups within the community. In addition, targeted service evaluations are needed to ensure the ongoing relevance and accessibility of the service.

Standard management practice requires that a system of quality assurance is in place to support service development in a continuous cycle of improvement.

Potential Strategies

AMHS are expected to incorporate the standards outlined in this document in their local practice guidelines and procedures.

Working in partnership with ethnic groups within the community to assess the current relevance of services for the purpose of planning (sometimes called ethnic audits). The Department of Health and Community Services document *Working with People from non-English-speaking Backgrounds* (reprinted January 1994), provides a guide to the development of this process.

Those planning quality assurance activities could consult with advisory groups which represent the interests of ethnic groups served.

Mental health services and psychiatric disability support services may incorporate the needs of NESB groups into their service standards.

Services might review how they allocate existing resources to better meet the needs of NESB clients, based on their awareness of the needs of their communities.

Having established standards for service provision, services may regularly review their strategies for improving services provided to NESB clients. Mechanisms such as peer review, documentation audits, case reviews and staff development should demonstrate attention to the needs of ethnic communities.

Services might routinely initiate special targeted projects to assess the outcomes of services for particular ethnic groups within the community.

Regular monitoring mechanisms such as consumer evaluations, complaints procedures and feedback from families or carers are to be actively pursued in ways which are relevant to the person's language skills and cultural framework. For example, this could include consumer evaluation questionnaires translated into the language of the ethnic group, pre-discharge interviews with clients and carers, or focus group meetings using client and carer support groups.

The VTPU will provide AMHS with consultation on:

- Research design.
- Data analysis methods and interpretation of findings.
- Application of research findings to service development and clinical practice.

Standards

AMHS will ensure that quality assurance activities include attention to the needs of NESB groups receiving services.

Good Practice Examples

Western Metropolitan Region's Review of Human Resources

This region worked in partnership with representatives of the non-government service sector, inpatient services, NESB consumer representatives, the VTPU and local NESB community representatives to develop a regional ethnic health strategy.

This group has surveyed all staff in the Western Metropolitan Region to assess the bicultural interest, skill and knowledge base of staff. The results of this survey will be used to facilitate matching of staffing resources to the needs of the community.

North East Mental Health Ethnic Issues Group's (NEMHEIG) Review of Resource Use By Different Ethnic Groups

In 1993, the NEMHEIG, which includes representatives from the North East Metropolitan Psychiatric Services (NEMPS), sought further information on resource use by people from different ethnic groups served by NEMPS.

The main mission of this group was to explore and develop opportunities to improve the accessibility and cultural relevance of services to ethnic groups within the community.

A study was conducted by NEMPS staff as part of the NEMHEIG attempt to improve services for NESB clients in the local area.

Demographic data providing a community profile of the NEMPS catchment area was constructed from census data. Utilization rates of inpatient and community services by different ethnic groups were analysed.

The findings of this study applied specifically to the services provided by NEMPS. However, they did provide the service with useful information on where and how the quality of their services could be improved.

Encouraging Research

Goal

To increase the overall range of mental health research activities targeted at improving the effectiveness and efficiency of service outcomes for people from non-English-speaking backgrounds (NESBs).

The number of research activities associated with the mental health and service delivery for people from NESB is very limited, when compared with other fields of social and medical research.

Typically, medical research focuses on the prevalence, incidence and epidemiology of an illness or the effects of treatment. Although this is a valuable area of research, it can encourage the view that research can only be conducted by specialist or academic units. This view can result in research being seen by service providers as peripheral to their daily responsibilities.

Over the past decade, a substantial improvement in the level of research activities has been made through Psychiatric Services' establishment of the Victorian Transcultural Psychiatry Unit.

However, to achieve the goals of improving service accessibility and acceptability to people from NESBs, continued research needs to be encouraged at all levels of service delivery.

Greater emphasis needs to be placed on undertaking research which is not only clear about its purpose, but is also clear about how its findings can be used.

Research is needed which focuses on:

- Identifying those interventions which improve the accessibility and relevance of services.
- Enhancing the process of recovery for people from NESB backgrounds.

For example, research which identifies the types of information most beneficial to a client's recovery would facilitate the better targeting of interpreter and translator services.

Local research conducted by service providers will provide important information for continually improving the quality of mental health services. In addition, findings from these activities will provide valuable information for cross-fertilisation of ideas and methods of service delivery between mental health service providers.

Potential Strategies

Mental health clinical services and disability support services could develop collaborative relationships with local ethnic groups and mainstream health services, to identify areas for investigation.

Service providers could use the resources of the VTPU in designing and conducting local research activities.

The VTPU will provide AMHS with consultation on:

- Research design.
- Data analysis methods and interpretation of findings.
- Application of research findings to service development and clinical practice.

Mental health services could use the National Network on NESB Mental Health Issues document, coordinated by the VTPU, to disseminate the findings of their research.

Mental health service providers could conduct research which is relevant to improving the quality of local service delivery, such as clinical audits, consumer satisfaction surveys and impact evaluations of service models.

Good Practice Examples

The North East Alliance for the Mentally Ill (NEAMI) Action Research Approach

NEAMI is a relatively small community managed organisation based in Preston. It provides psychiatric disability support services to people with a psychiatric disability living in the North East sector of Melbourne.

NEAMI has employed an action research approach to the development of services for clients and carers from NESBs. This cycle can be represented as shown below:

Action research conducted by NEAMI has resulted in a series of interconnected initiatives, structures and programs, which have increased the accessibility and relevance of mental health services to people from NESBs.

These initiatives have included:

- The North East Mental Health and Ethnic Issues Group.
- The Greek Carers Support Group.
- Development of an ethnic mental health worker role.
- An Italian Women's Caregivers Project.
- A bilingual Italian/English women's program.

The North East Women's Health Service Study on Greek Women Mental Health Consumers, and Community Supports

This group studied the needs of Greek women mental health consumers in its catchment area. The study was conducted in collaboration with local mental health and ethno-specific services, and identified the need for:

- Strategies for making information available to the target group.
- Specific information on medication.
- Attention to interventions around domestic violence.
- Better use of bicultural staff.
- Procedures and standards on the use of interpreters.

The findings of this report were made available to local service providers and contributed to the continuing improvement of local services.

Action Plan

An effective AMHS:

- Understands its local community and has a plan which incorporates the needs of people from NESBs within its community.
- Consults and actively involves members of local NESB community groups in decisions about their service needs.
- Provides a range of options through which individuals can have their say.
- Ensures that clients have access to an appropriate range of language services at all points of contact with the service system.
- Has guidelines for staff on the use of interpreters, and ensures staff are trained in how to work with interpreters.
- Demonstrates awareness and respect for clients' cultural framework.
- Ensures that staff have access to a range of resources which support culturally sensitive practice.
- Uses a range of strategies for sharing information with local NESB groups about mental illness and how to access relevant services.
- Demonstrates collaboration with mainstream health, welfare and disability support services in the provision of services to NESB groups in their community.
- Has an active program of service review and evaluation which incorporates the needs of clients from NESBs.

All levels of management have direct responsibility for ensuring the provision of effective area mental health services.

Psychiatric Services Branch Responsibilities

Psychiatric Services Branch is responsible for:

- Setting the direction of Victoria's public mental health services.
- Developing guidelines for service delivery.
- Providing appropriate funding of services.
- Establishing standards for service delivery.
- Establishing a monitoring and evaluation process.
- Providing training opportunities for staff through the Psychiatric Services Training and Development Unit and the VTPU, as well as other organisations.

Actions

Psychiatric Services will:

- Distribute this document to all AMHS and non-government disability support services.
- Provide AMHS with information to support service planning including an annual publication of information on service use by people from NESB, taken from the PRISM database.
- Require all publicly funded mental health services, through funding and service agreements, to deliver services in accordance with the standards established in this document.
- Provide guidelines for staff of mental health services on working with people from diverse ethnic backgrounds.
- Modify distribution of funds to regions based on the population's competency in English, to take effect in 1996–97.
- Develop an assessment tool in 1996 to rate the achievement of service standards for clients from NESB.
- Monitor the actions of funded services against the standards set out in this document and review service funding accordingly.
- Ensure through its funding, that the VTPU provides a statewide resource to support the delivery of culturally sensitive practice.

- Establish a consultative process to coordinate training programs for mental health workers, about cultural issues which affect mental health service delivery.

Area Mental Health Services Responsibilities

AMHSs are responsible for:

- Effective planning to meet the needs of people from NESB in their catchment area.
- Ensuring mechanisms exist for the development of collaborative relationships with NESB groups in the local community.
- Delivery of effective and culturally sensitive mental health services to people in their catchment area.
- Ensuring that services are delivered which are consistent with the policy directions of Psychiatric Services, Department of Human Services.
- Assuring the effectiveness, efficiency and quality of their services are regularly reviewed and maintained.

Actions

AMHS and psychiatric disability support services will:

- Demonstrate a knowledge of ethnic groups in their communities and use strategies to consult with these groups.
- Construct a service development plan which demonstrates consideration of the needs of ethnic groups that make up the community.
- Where possible, ensure that NESB clients are provided with a qualified interpreter when necessary to provide appropriate treatment and support.
- Have guidelines for staff on accessing and working with interpreters.
- When necessary and possible, use interpreters in all points of contact between NES clients, their carers and the service system.
- Ensure staff have information about the ethnic communities they serve.

- Develop service specific strategies which enhance clients' access to bicultural workers.
- Implement service delivery approaches which take account of the nature of specific ethnic groups in their catchment area.
- Work towards identification of the information needs of the NESB groups in their community.
- Incorporate the information needs of NESB groups in their communities into local community education activities.
- Ensure that clients, their families and other carers receive information on the client's rights in a form which they understand.
- Ensure that local quality assurance activities give attention to the needs of NESB groups receiving services.

The Victorian Transcultural Psychiatry Unit

Psychiatric Services Branch, through its funding and service agreement with the Victorian Transcultural Psychiatry Unit (VTPU) has established the following responsibilities and actions to be provided by the VTPU.

Responsibilities

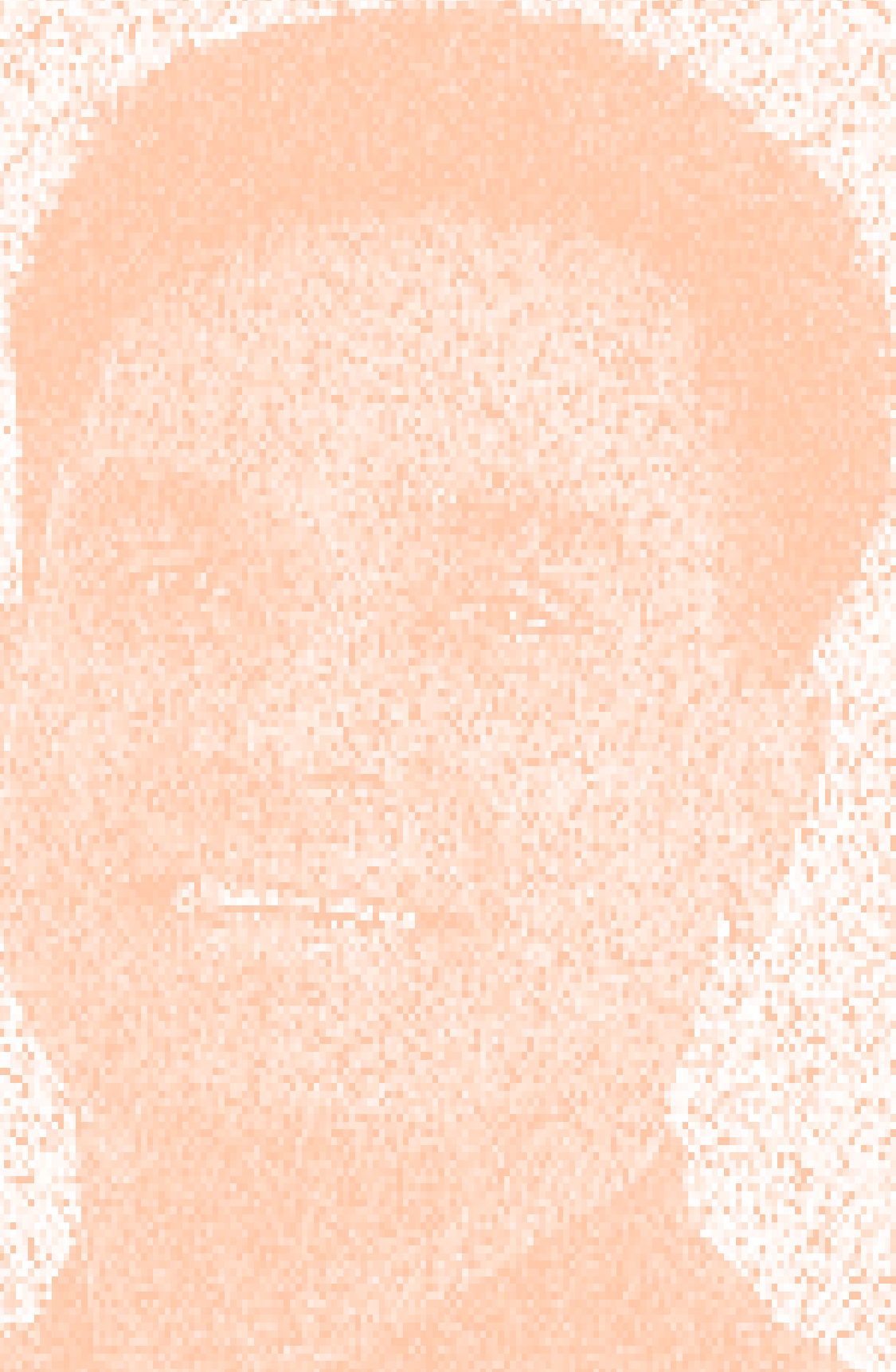
The VTPU is funded by the Department of Human Services, Psychiatric Services Branch, to contribute to improvement in the quality and accessibility of psychiatric services for NESB communities through:

- Assisting in policy and service development.
- The provision of education, training and specialist support services to mental health managers and clinical staff.
- Research and development activities which support managers of mental health services in service development.
- Ensuring the quality of the services it provides and that they support the policy directions of the Department of Human Services.

Actions

As part of its role the VTPU will:

- Annually produce and circulate to all AMHS and Psychiatric Services, a bibliography of relevant policies and documents on service development for people from NESB.
- Annually and on request provide the Department with relevant data which will inform policy development.
- Provide AMHS managers with regular area based and statewide reports concerning:
 - demographic and other characteristics of NESB communities; and
 - indicators of need for services.
- Collect, and make available to AMHS managers, information concerning existing models of service.
- Provide AMHS managers with a consultancy service in mental health service program design for NESB communities.
- Develop and maintain a database of bilingual clinicians, ethno-specific welfare and other relevant agencies.
- Promote and operate a telephone information service concerning bilingual clinicians and ethno-specific agencies.
- Produce a newsletter as a major means of regularly circulating information to all state funded psychiatric services and relevant non-government organisations (NGOs).
- Develop and provide area mental health service management and clinical staff with introductory programs on culturally sensitive practices which are relevant to their needs.
- Continue to develop the VTPU's research program and priorities within a framework consistent with Psychiatric Service Branch strategies for service development.
- Provide a consultation service to area mental health service engaged in research in:
 - research design,
 - data analysis methods and interpretation of findings,
 - application of research findings to service development and clinical practice; and
- Undertake, on request and at a fee for service, evaluations for area mental health services on the delivery of mental health services to people from NESB.



References

- Australian Health Ministers, 1992, *National Mental Health Policy*, Canberra, Australian Government Printing Service.
- Aristotle P., 1992, *The Needs of Refugees in the Australian Community with Particular Reference to the Survivors of Torture and Trauma*, Submission to National Health Strategy by the Victorian Foundation for the Survivors of Torture.
- Aristotle P., 1995, Innovative Strategies for Working with Refugees and Minority Ethnic Communities, from, *The 1995 Ethnic Health and Community Services Conference: Conference Proceedings*, Melbourne, Department of Health and Community Services.
- Canadian Task Force, 1998, *After the Door Has Been Opened: Mental Health Issues Affecting Immigrant Refugees in Canada*, Health and Welfare Canada.
- Cunningham M., 1992, 'Resource Allocation in Health to Torture and Trauma Survivors', Presentation at the International Society of Traumatic Stress Conference, Canberra.
- Freer R., 1992, *Spirit Is Stronger Than Force*, Melbourne, Victorian Foundation for Survivors of Torture.
- Health and Community Services Victoria, 1994, *Working with People from Non-English-speaking Backgrounds: Guidelines for Health Agencies*, 2nd edn, Melbourne, Health and Community Services Victoria.
- Health Department of Victoria, 1991, *Health Services and Ethnic Communities: Report of the Ministerial Taskforce on Ethnic Health 1991*, Melbourne, Health Department of Victoria.
- Hosking P., 1990, *Hope After Horror: Helping Survivors of Torture and Trauma*. Sydney, Uniya.
- Krupinski J. and Burrows G.,(eds) 1986, *The Price of Freedom: Young Indochinese Refugees in Australia*, New York, Permagon Press.
- Marsella A.J., 1987, Health, Public Policy, and Culture: the issue of ethnocentricity, in *Yale University Symposium on Healthy Public Policy*, Edited by Draper R., Leaf P. And Levin L. New Haven, CT, Yale University Press.
- Mason C.,1993, *Mental Health Issues for Women from Non-English-speaking Backgrounds*, Commonwealth-State Council on Non-English-speaking Women's Issues, December.
- Mental Health Act, 1986, Act No, 59/1986, Reprinted 19 June 1991, Melbourne, Victoria.
- Minas I.H., 1990, Mental Health in a Culturally Diverse Society in: *The Health of Immigrant Australia*,. J. Reid and P. Trompf (eds), Harcourt, Brace, Jovanovich, 1990, pp.250-288.
- Minas I.H., Silove D., Kunst J. P., 1993, *Mental Health for a Multicultural Australia: A National Strategy*, Report of a Consultancy to the Commonwealth Department of Health Housing and Community Services. Melbourne, Victorian Transcultural Psychiatry Unit.
- Minas I. H., Stuart G. W. and Klimidis S. 1994, Language, Culture and Psychiatric Services: A Survey of Victorian Clinical Staff, *Australian and New Zealand Journal of Psychiatry* 28:250-258.
- Minas I. H., Ziguras S., Klimidis S., Stuart G. W. and Freidin S. P., 1994 *Extending the Framework: A Proposal for a Statewide Bilingual Clinical Support and Development Program*, Victorian Transcultural Psychiatry Unit, Melbourne.

Health Department Victoria, 1991, *Health Services and Ethnic Communities: Report of the Ministerial Taskforce on Ethnic Health*, Health Department Victoria, Melbourne.

Pittaway E., 1991, *Refugee Women—Still At Risk in Australia: A Study of the First Two Years of Resettlement in the Sydney Metropolitan Area*, Canberra, Bureau of Immigration Research.

Psychiatric Services Division, 1994, *Victoria's Mental Health Services The Framework for Service Delivery*, Melbourne, Health and Community Services.

Reid J. and Strong T., 1987, *Torture and Trauma: The Health Care Needs of Refugee Victims in New South Wales*, Sydney, Cumberland College of Health Sciences.

Royal Park Ethnic Advisory Committee, 1994, *Ethnic Health Audit, (interim report)*, Royal Park Ethnic Advisory Committee.

Stuart G. W., Minas I. H., Klimidis S., O'Connell S., (in press) English language and mental health service utilisation: a census, *Australian and New Zealand Journal of Psychiatry*.

Thompson M. and McGorry P., 1995, Psychological Sequelae of Torture and Trauma in Chilean and Salvadorean Migrants: A Pilot Study. *Australian and New Zealand Journal of Psychiatry* 29:1.

Trauer T., 1994, Ethnic differences in the utilization of public psychiatric services in an area of suburban Melbourne, *Australian and New Zealand journal of Psychiatry* 29 (4):615–623.

VTPU, 1995, Consultations with Clients and Carers conducted on behalf of the Ethnic Health and Community Services Conference.

Appendix 1: Providing Language Services

Mental Health Services Program Management Circular No. 5/1995

Provision of Language Services in Public Mental Health Services

Purpose

To provide advice about funding arrangements and the standards required for the provision of language services in public mental health services.

Background

The *Mental Health Act, 1986* Section 5 outlines the objectives of the Department of Human Services. These include the requirement to establish, develop, promote, assist and encourage mental health services which:

- Take into account the various religious, cultural and language needs of persons who are mentally ill.
- Minimise the adverse effects of mental illness on family life.
- Are comprehensible and accessible.
- Ensure patients and others who are mentally ill are informed of their legal rights and other entitlements under this Act and that the relevant provisions of the Act are explained to patients and other persons who are mentally ill in a language, mode of communication or terms which that person is most likely to understand.

Service Requirements, Standards and Performance Criteria

Effective treatment of clients with a mental illness requires that clinical staff can communicate with clients and their carers. The specialist function and twenty-four-hour operation of public mental health services requires a responsive service of skilled interpreters.

Area mental health service managers are to ensure that clients have access to interpreter services that meet the following standards:

Standard

The AMHS will ensure twenty-four-hour availability of interpreting services in all available community languages.

Performance Criteria

- 'On-site' interpreting is to be available twenty-four hours per day to public mental health services in the Greater Melbourne Metropolitan Area.
- The AMHS will establish procedures for using telephone interpreter services.

Standard

The AMHS will ensure that accredited interpreters, who provide a responsive service, are used.

Performance Criteria

- Interpreters used in public mental health services will be selected from the following categories in descending order of priority:
 - interpreters accredited by the National Australian Association of Translators and Interpreters (NAATI) as professional interpreters (level 3) who have undertaken training in mental health issues,
 - interpreters accredited by NAATI as professional interpreters (level 3); and
 - interpreters accredited by NAATI as level 2 or less if no NAATI accredited interpreters are available in the language.
- All urgent requests from staff of Crisis Assessment and Treatment services, for interpreters, will be met.
- All requests for interpreters, made by staff in connection with the twenty-four-hour Statutory Review process for involuntary patients, will be met.
- In all other cases, interpreters will be made available within twenty-four-hours of the initially desired booking time.
- Interpreters are to be told that Section 18 of the *Mental Health Act, 1986* requires that patients be informed of their rights.

- The AMHS will ensure that interpreters are informed about:
 - the process surrounding involuntary treatment and care,
 - the role and function of the Mental Health Review Board process; and
 - basic psychiatric terminology.

Standard

The AMHS will set up accountability mechanisms that support the appropriate use of interpreters.

Performance Criteria

- A complaint's mechanism will be put in place for staff and clients.
- The AMHS will report annually to the Psychiatric Services Regional Managers on:
 - the number of interpreter contacts and the language group used; and
 - the amount of money spent on the provision of language services.

Jennifer Williams
Director
Psychiatric Services

Appendix 2: Summary of Standards

Planning which Meets the Community's Needs

Public-funded mental health services are able to demonstrate a knowledge of ethnic groups in their communities and the strategies they have used to consult with these groups on an annual basis.

The agency has a service development plan which demonstrates consideration of the needs of ethnic groups that make up the community in the agency's catchment area, and responds to the findings of community consultation.

AMHS will be able to identify a senior individual/s who carries the responsibility for service planning which meets the needs of people from NESB.

Creating Client-Centred Language Services

Mental health service providers will, where a language service is available, ensure that NESB clients are provided with a qualified interpreter when necessary to provide appropriate treatment and support.

Mental health service providers have guidelines for staff on accessing and working with interpreters.

Mental health service providers are able to demonstrate the use of interpreters beyond the medical assessment of clients.

AMHS will provide the VTPU, annually, with a current list of their clinical staff who speak a second language and are willing to use this language in the provision of consultancy or clinical services.

Delivering Culturally Sensitive Services

AMHS and funded non-government psychiatric disability support services will:

- Ensure staff have made available to them information about the ethnic communities they serve.
- Develop service specific strategies which enhance clients' access to bicultural workers.
- Demonstrate service delivery approaches which take account of the nature of specific ethnic groups in their catchment area.
- Have local procedures to guide staff in accessing the services of bilingual staff through the central register maintained by the VTPU.
- Support their staff to access training and development on providing culturally sensitive mental health services.

Sharing Information Which Supports Access

Mental health service providers will demonstrate work towards the identification of the information needs of the NESB groups in their community.

Mental health service providers will incorporate the information needs of NESB groups in their communities, into their local community education planning and activities.

All clients and their families and carers will receive information and support in a way which is consistent with Psychiatric Services' Family and Other Carer's Policy.

Assuring Quality

AMHS will ensure that quality assurance activities include attention to the needs of NESB groups receiving services.