Submission

Access and Equity

Access and Equity: Discussion Paper

beyondblue

beyondblue, the national depression and anxiety initiative, is pleased to present this submission on the Department of Immigration and Citizenship's discussion paper on 'Access and equity: inquiry into the responsiveness of Australian Government services to Australia's culturally and linguistically diverse population'. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on culturally and linguistically diverse (CALD) communities, and areas that are most relevant to our work and research findings. This submission has been informed by advice from the Victorian Refugee Health Network.

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression and anxiety in Australia. Established in 2000, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five goals** are to:

1. Increase awareness of depression and anxiety - we will increase awareness of depression and anxiety in the Australian community.

2. Reduce stigma and discrimination - we will reduce the stigma and discrimination associated with depression and anxiety in the Australian community.

3. Encourage help seeking - we will increase the proportion of people in the community with depression and anxiety who seek help.

4. Reduce impact and disability - we will reduce the impact and disability associated with depression and anxiety.

5. Facilitate learning, collaboration, innovation and research - we will facilitate learning, collaboration, innovation, research and information sharing to build the knowledge base of depression and anxiety and increase capacity across the Australian community.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, gay, lesbian, bisexual, trans and intersex populations, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.[1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression,

anxiety or a substance use disorder in the last year.[2] People experiencing depression and/or anxiety are also more likely to have a co-morbid chronic physical illness.[3]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[4] Globally, the World Health Organization predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[5]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing them, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.[6] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[7]

Depression and anxiety in culturally and linguistically diverse (CALD) communities

People from CALD communities may experience significant levels of psychological distress, particularly related to war and conflict, and the disruption of being separated from family and friends.[8] Approximately 25 per cent of refugees have been physically tortured or have experienced severe psychological violation prior to arriving in Australia.[9] The resettlement process may also impact on mental health and wellbeing.[10]

The current programs and services for people from CALD communities pose significant barriers to seeking help for mental health services. These barriers include: [11]
- stigma associated with mental illness
- lack of knowledge about available services
- GP referral patterns
- cost of services
- language and cultural barriers
- differences in cultural explanations and perceptions surrounding mental health.

Targeted strategies, which address these barriers to seeking help, are needed to ensure that people from CALD communities can access mental health services. Additional research with CALD communities is also needed to better understand the mental health and wellbeing concerns of CALD communities. Clinicians in specific refugee and migrant health services, as well as medical, nursing and other staff from general practices serving marginalised communities, may provide valuable insights into the unmet mental health needs of CALD communities, which should inform national policies, programs and service delivery.

beyondblue's response to the 'Access and Equity' discussion paper

Concepts of 'access' and 'equity'

The 'Access and equity' discussion paper provides clear definitions for the 'access' and 'equity' concepts. While these may be well understood by some areas of Government, it may be beneficial to develop a **greater and shared understanding of the importance of access and equity**, and how this should apply, across all Government policies and programs. Developing a **greater understanding of cultural and linguistic diversity**, and the complexity and interrelationships between and within different cultural and racial groups, may also help to underpin a more consistent application of the Access and Equity Strategy and Framework.

> **Recommendations**
> 1. Develop a greater and shared understanding of cultural and linguistic diversity and access and equity concepts across all Government agencies, to assist in the consistent implementation of the Access and Equity Strategy.

Authority for Access and Equity

To successfully improve access to services for CALD communities, **a stronger authority for the Access and Equity Strategy and Framework is required**. This is demonstrated through the ongoing experiences of inequitable and inappropriate service delivery and policy development processes, which are not in line with the Strategy. For example:

- free translating and interpreting services for allied health treatment are not available through either the Better Access or Access to Allied Psychological Services programs, which are funded through the Department of Health and Ageing.[12] This prevents people with low English proficiency from accessing mental health treatment and support, and is not in line with the Access and Equity Strategy, which aims to improve responsiveness through *'Developing and delivering fair programs and services that are based on a sound knowledge of the needs, circumstances and cultural and other characteristics of clients...'*

- the recent consultation process for the Department of Health and Ageing's 'Ten Year Roadmap for National Mental Health Reform' did not provide sufficient time or processes to enable appropriate consultation with CALD communities. This is not in accordance with the Access and Equity Strategy, which aims to improve communications through *'Consulting appropriately with diverse communities and client groups about the development of policy...'*

Developing stronger levels of authority for the Access and Equity Strategy could help to ensure that the Strategy is implemented as intended. Improving the authority levels could be achieved through mechanisms such as:

- linking compliance with the Strategy to agency funding

- integrating compliance with the Strategy into agency Key Performance Indicators and the performance management processes and targets for all public service staff. This could be adopted through a cultural competency framework, which focuses on building the skills and capacity of public service staff to better understand the complexity of diversity, and apply access and equity principles.
- requiring all new policies, programs and legislation to be reviewed and assessed against the Strategy. The requirement for all new Victorian legislation to consider compatibility with the *Charter of Human Rights and Responsibilities* provides a model that could be adapted and applied to the Access and Equity Strategy.

Recommendations

2. Adopt higher levels of authority for the Access and Equity Strategy, to ensure that it is implemented as intended. This could include mechanisms such as:
   a) linking compliance with the Strategy to agency funding
   b) integrating compliance with the Strategy into agency Key Performance Indicators and the performance management processes and targets for all public service staff, through the adoption of a cultural competency framework
   c) requiring all new policies, programs and legislation to be reviewed and assessed against the Strategy

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Access and Equity Strategy and Framework

The Access and Equity Strategy and Framework provides a valuable tool to help Australian Government agencies incorporate a focus on cultural diversity in planning, policy development and service delivery. The principles of the Framework are appropriate and may help to improve access to mental health services. It is important, however, that **the principle of 'Communication' is extended to include appropriate concepts and language.**

It is important that people from CALD communities can receive information and health services that are developed and delivered within the context of a person's worldview, language and culture. This recognises that the experiences of health conditions, such as depression and anxiety, are influenced by a mixture of individual and socio-cultural factors. It also helps to ensure that the health information and concepts are culturally relevant and understood.

beyondblue has undertaken a number of projects to raise awareness of depression and anxiety in CALD communities. These projects have incorporated a strong focus on culturally-appropriate concepts and language, and they reflect best-practice approaches. Examples of this work include:
- The development of an innovative audio-visual resource, ***Universal Stories of Healing from Depression***, in partnership with isee-ilearn. This resource includes three stories from three different communities spoken in English and the languages of Dari (Afghanistan), Karen (Burma) and Sudanese Arabic (Sudan). The stories, which have been developed with people from Afghanistan, Burma and Sudan, reflect the culture, values and traditions of those communities. Using illustrations and spoken dialogue, each story looks at the problems people face in their community as

they adjust to change, while they're establishing themselves and rebuilding their lives in Australia. Each story examines the pressures that can lead to mental health problems in general and depression in particular. Help-seeking and recovery are looked at in a culturally-relevant manner.

- The development and delivery of educational sessions on depression and anxiety to groups of older people, through the **beyond maturityblues program**, in partnership with the Council on the Ageing (COTA). *beyondblue* and COTA developed this program in 2007, and in 2009 it was extended to target older people from CALD backgrounds, focusing on Italian, Greek, Chinese and Vietnamese-speaking older people. Bi-lingual peer educators were recruited and trained, and an extensive process was undertaken to review and modify training materials and the supporting promotional and participant resources to ensure they were appropriate for CALD audiences. In some instances, major changes needed to be made to the training manual to take account of cultural nuances. Changes were also made to the standard *beyondblue* information resources that are distributed to participants, to address cultural differences across the four groups. A suite of translated materials now exists to support all of the language groups targeted through the program. Excellent feedback has been received on the materials as well as on the program overall. COTA has also instituted a modified approach to the overall coordination of bi-lingual peer educators, using peer educator mentors in each of the language groups.

Incorporating a strong focus on culturally appropriate concepts and language in the Access and Equity Strategy may help to improve the impact and appropriateness of the Strategy and Framework.

To enhance the Access and Equity Strategy and Framework there is also an opportunity to introduce **legislated cultural competency standards**. Cultural competence is *'a set of congruent behaviours, attitudes and policies that come together in a system, agency or among professionals; enabling that system, agency or those professionals to work effectively in cross-cultural situations.'[13]* Implementing a framework for cultural competency across Government agencies provides an opportunity to assess and improve cultural competence through organisational values; governance; planning, monitoring and evaluation; communication; staff development; organisational infrastructure; and services and interventions.[14] The United States '*National Centre for Cultural Competence'* provides examples of effective mechanisms to implement cultural competency frameworks, that could be applied to the Australian context.[15] This process will also assist in enhancing the authority for the Strategy and Framework.

Recommendation
3. Extend the Access and Equity Strategy and Framework to include culturally appropriate concepts and language in the 'communication' principle and activities.
4. Implement a legislated cultural competency framework across all Government agencies, as part of the Access and Equity Strategy and Framework.

Standards / performance measures

To improve the implementation of the Access and Equity Strategy and Framework, comprehensive, clear and transparent performance measures and reporting requirements are needed. The existing measurements and reporting arrangements for the Access and Equity Strategy do not demonstrate how the Strategy is effectively increasing the accessibility of services, and the achievement of equitable outcomes. Within the mental health system, it is also clear that existing programs, policies and services do not align with the Access and Equity Strategy (as described in the 'Authority for Access and Equity' response).

Clearer and quantifiable performance measures, which incorporate a strong focus on client outcomes, are needed. This may help to improve the implementation of, and compliance with, the Strategy and Framework. To ensure that the standards and performance measures are appropriate, it is essential that members of CALD communities are involved in their development. Focusing on areas in which CALD communities experience greater levels of discrimination, and lower levels of access and equity, would also assist in targeting performance measures to those areas of life that have the greatest impact on wellbeing and quality of life (for example, access to employment, housing, education).

Accountability for the framework could also be improved by integrating compliance with the strategy as a core component of each Government agency's existing reporting requirements; and utilising an independent reporting and evaluation process. These strategies could help to ensure that Government agencies consider the needs of CALD communities as a core component of business, and are held accountable for delivering appropriate and effective services.

Recommendations

5. Develop clear and quantifiable performance measures, which incorporate a strong focus on client outcomes, and target areas in which CALD communities experience the greater levels of discrimination, and lower levels of access and equity.
6. Develop standards and performance measures in partnership with CALD communities.
7. Improve the transparency and accountability for the implementation of the Access and Equity Strategy, through integrating compliance with the strategy into existing reporting processes; and implementing independent public reporting, that requires all Government agencies to report on outcomes and activities.

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