


A plan for transcultural mental health services in Queensland Health 2018-21



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Our challenge

ONLY 7% OF PEOPLE 

accessing public mental health services in 2015-16 were born in a non-English speaking country (NESC). There is a low rate of access to mental health services for people from a NESC due to a number of barriers.

1 IN 3 

people from a non-English speaking country are treated involuntarily compared to one in five people born in English speaking countries. That means if you are born in a NESC you are 10% more likely to be treated involuntarily (33% vs 23%).

BY 2020 

more than 30% of Australia's older population will have been born outside Australia. In 2015-16 18% of people born in a NESC who received a mental health service were aged 66+ compared to 8% born in English speaking countries.

PEOPLE 

from culturally and linguistically diverse backgrounds consistently have higher levels, and greater numbers, of socially determined risk factors for mental health problems.

Our response



Improve data and planning mechanisms to target our resources in areas of greatest need and address disparity in mental health care for people from culturally and linguistically diverse backgrounds.



Build mental health workforce capability to be more culturally responsive via easier access consultation services, education, training supervision and mentoring.



Improve transcultural mental health clinical capability and integration across the specialist workforce to deliver timely and high quality transcultural mental health services across Queensland.



Strengthen community partnerships and integration to better target mental health prevention, early intervention and treatment programs.

Who we are...

Our vision

(The future we want to create)

Mental health services where cultural responsiveness is business as usual

Our purpose

(What we are here to do)

To provide specialist state-wide services and programs for culturally and linguistically diverse (CALD) individuals, families, groups, communities and organisations to facilitate culturally responsive mental health care with a focus on complex mental health problems across all age groups and the continuum of care.



Our Principles

(Guiding the development of a new service plan)

Equitable and accessible

Health inequities occur when health services are not accessible or utilised by certain groups of people. In Queensland, mental health services data shows that mental health services are underutilised by people born in NESCs and that there are issues in the quality of care they receive. An equitable approach to mental health care prioritises at risk groups and those most in need and ensures access to services.

Culturally responsive and effective

Cultural explanatory models of mental health and illness within CALD individuals and communities are a key focus. Culturally responsive mental health care focuses on the capacity of the health system to improve health and wellbeing by integrating culture into the delivery of mental health services¹.

Person-centred and responsive to individual needs via a collaborative approach

The mental health and wellbeing of consumers from a CALD background relates to many broader social and economic factors. A collaborative approach across sectors, services, agencies and communities is the most effective way to meet individual needs within a broader social-cultural context across the age spectrum and the continuum of care.

Addresses health inequities

Cultural beliefs about mental health problems and wellbeing impact on whether (and how) people from a CALD background access services. A focus on the social determinants that shape mental ill-health in CALD communities and on reducing stigma and increasing mental health literacy among multicultural communities is required. This includes health systems and policies as important determinants of health because they influence the type and quality of health care available to a population.

Our priorities



Specialist transcultural mental health clinical capability

Increase transcultural mental health clinical capability across the specialist workforce via the provision of clinical leadership, supervision and mentoring of transcultural positions based centrally and those in Hospital and Health Services. This will include championing an understanding of socio-cultural explanatory models of mental health, expansion of Clinical Specialist and Bicultural Mental Health Consultant roles, and working together with Hospital and Health Services to better integrate culturally responsive service delivery and provide continuity of care.



Workforce development

Strengthen the cultural responsiveness of the mental health workforce by building skills and knowledge in cultural competency. This will be achieved through developing online access to staff training and education, working with specific professional disciplines to target education and training needs, developing and promoting best practice frameworks and guidelines, and supporting the emerging mental health workforce via academic partnerships, research and field education.



Access to services and responding to need

Improve access to quality mental health services via annual forums with stakeholders to review data, identify emerging needs and issues, share best practice and contribute to joint planning. Work with Hospital and Health Services to simplify care pathways and improve access to transcultural mental health services. Address inequities in access to services by strengthening input from CALD individuals who have a lived experience of mental illness and better targeting of prevention and early intervention programs.

Improving transcultural mental health services across Queensland Health



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We recognise that CALD individuals and communities have different levels of need

We need to improve access to culturally responsive services and programs across the age range and continuum of care

We need to improve the capability of mental health service providers to deliver culturally responsive services

