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

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 (23% 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 65+ compared to 8% born in English speaking countries.

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.

Improve mental health workforce capability to be more culturally responsive via easier access consultation, 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 afforded by certain groups of people. In Queensland, mental health services data shows that mental health services are underutilised by people born in NESCC and that there are issues in the quality of care they receive. An equitable approach to mental health care prioritises 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 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 services.

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 health in CALD communities and environments is required to address increasing mental health literacy among multicultural populations and improve mental health systems and policies as important determinants of health because they influence types 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

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

CALD populations at risk of experiencing mental health problems

COMMUNITY LEVEL INTERVENTION

- Resiliency building programs
- Stigma reduction
- Mental health literacy
- Mental Health First Aid
- Culturally responsive disaster planning & recovery

CALD populations experiencing early signs of mental health problems

EARLY INTERVENTION

- Intake, triage & referral
- Support to access services
- Suicide prevention
- Support navigating the mental health system
- Targeted responses for vulnerable groups

CALD individuals experiencing symptoms of mental health problems

CLINICAL INTERVENTION

- Consultation liaison
- Socio-cultural mental health assessment
- Psycho-education and relapse prevention
- Short-term therapeutic interventions
- Care coordination and community linking
- Complex case conferences
- Discharge and referral support
- Support to use culturally appropriate frameworks

SECTOR DEVELOPMENT

(Reforming the system to ensure CALD individuals most at risk of experiencing mental health problems, or those most in need are prioritised and receive high quality care)

- Cross-sector planning and engagement
- Support for the implementation of the Framework for Mental Health in Multicultural Australia (MHiMA) in mental health services in Hospital and Health Services
- Transcultural mental health policy and planning input
- Promoting input from CALD individuals with a lived experience of mental illness
- Coordination and leadership of transcultural mental health positions in Hospital and Health Services

WORKFORCE DEVELOPMENT

(Supporting translation of cultural competency awareness, transcultural knowledge and skills into practice)

- Online staff education and training programs
- Professional development program
- Best practice guidelines, resources and practice tools
- Advanced practice supervision, mentoring, networking & peer support
- Bicultural mental health workforce model
- Research, education and field work via academic partnerships
- Support to use interpreter services and provision of training to interpreters in mental health