The Voice of Multicultural Victoria

Victorian Transcultural MENTAL HEALTH

ST VINCENT'S HOSPITAL MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

Recommendations for a culturally responsive mental health system

Ethnic Communities' Council of Victoria and Victorian Transcultural Mental Health

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About ECCV

Ethnic Communities' Council of Victoria (ECCV) is the member-based peak body in Victoria for migrant and refugee communities and people from culturally and linguistically diverse backgrounds. ECCV works closely with over 220 member organisations run for and by migrant and refugee communities. This includes ethnic associations, multicultural service providers, and eight ethnic communities' councils across rural and regional Victoria. Since 1974 ECCV has been advocating for human rights, freedom, respect, equality and dignity for migrant and refugee communities, and for the building of a socially cohesive and inclusive Victorian community. ECCV has a strong history in advocating for the rights of migrant and refugee communities, informing industry practice and influencing Federal, State and Local governments on a range of issues including culturally responsive approaches, anti-racism action, equitable access to services and socially just policy.

About VTMH

Victorian Transcultural Mental Health (VTMH) is the state's lead transcultural and intersectional mental health service. It supports the mental health of diverse people, communities and systems by addressing enduring patterns of social inequity and system-level barriers in accessing support. VTMH has a strong and established track record of more than two decades in advocacy and the design, development and implementation of equitable models of mental health care, working closely with the mental health sector, as well as the public health, human service, education, and community sectors. VTMH has expertise in adopting collaborative models such as co-production and other participatory approaches, capacity building with organisations and communities, and in knowledge translation – joining the dots between practice, policy and contemporary conceptualisations of culture and mental health research. VTMH is funded by the Mental Health, Drugs and Regions Division of the Victorian Department of Health and Human Services (DHHS) and sits within St Vincent's Hospital, Melbourne.

This paper was commissioned by the Victorian Government Department of Health in October 2020.

1 Summary

We envisage a mental health system that supports the needs of a multicultural community and that is culturally safe, culturally responsive, equitable and inclusive for all members of the community.

In December 2020, the Department of Health and Human Services (DHHS) commissioned the Ethnic Communities' Council of Victoria (ECCV) in partnership with Victorian Transcultural Mental Health (VTMH) to identify ways the mental health system in Victoria can build upon its cultural responsiveness and improve access to mental health services for people from migrant and refugee backgrounds.

With the handing down of the Royal Commission into Victoria's Mental Health System ("the Royal Commission") Final Report in March 2021, the current reform environment in Victoria offers new opportunities to respond to structural and systemic level barriers in delivering culturally safe and responsive mental health care.

This paper provides an outline of a policy framework and overarching strategy to support better mental health outcomes of people from migrant and refugee communities in Victoria. This paper provides an evidence-informed, strategic approach to policy and system design in mental health reform to meet the mental health needs of people from migrant and refugee communities in Victoria, and to better support recovery from COVID-19.

In the current policy environment of crisis and reform, we have a rare opportunity to reimagine and to begin to rebuild the Victorian mental health system so that it is fit for purpose: to support the mental health and wellbeing of a society that is defined by diversity. We envisage a mental health system that supports the needs of a multicultural community and that is culturally safe, culturally responsive, equitable and inclusive for all members of the community.

The Royal Commission has identified damning failures of the mental health system in meeting the needs of the Victorian community, describing the system as "broken."[1] However, for many people from migrant and refugee backgrounds the mental health system is not just broken, but inaccessible and unresponsive, resulting in increased distress and further marginalisation and exclusion.

Culture plays a significant role in how people experience their mental health and how it is understood. The current system is informed by and reflects a mental health model that is based on the perspective of a dominant, Eurocentric culture.[2] Accessing and using the mental health system can therefore be a profoundly alienating and unsatisfactory experience for many people from migrant and refugee backgrounds who may have diverse cultural models of health and wellbeing that differ from the dominant culture. These models include how difficulties are conceptualised, where and when to seek help, and how wellbeing, recovery and healing are expressed and understood.[3]

The mental health system cannot rely on assumptions about who its users are. Instead of a mental health system that attempts and fails to provide the same services regardless of the differences between people, Victoria needs a mental health system that gives fair and equitable services to all people with regards to diversity.

The culturally responsive mental health system that we envisage will be more flexible and articulable to community needs. It will have the governance, policies, systems and services in place that can differentiate between and respond appropriately to the mental health needs of a culturally diverse community. It will employ an intersectional approach, understanding that the impact of a person's mental health condition can be affected by multiple and intersecting forms of inequality and institutionalised discrimination, including racism, sexism, ageism, ableism, and heterosexism.[4] Its workforce will need to look and sound a lot more like the people it serves, and co-production with community will need to become the foundation of all new initiatives, programs and services going forward. It is the purpose of this paper to outline a strategic framework in which this vital work of reform can be done.

In preparing this paper, we undertook a review of the policy landscape relating to diversity in the mental health and related health sectors, followed by consultations with migrant and refugee community members and stakeholders regarding their experiences in the context of COVID-19 and more broadly with regards to mental health access and service responsiveness.

Some of the key findings from these activities included:

- The mental health system is fragmented and difficult to navigate. [5]
- There is limited consultation with and inclusion of people from migrant and refugee backgrounds in the design and delivery of mental health and wellbeing programs and services intended for them.
- Culturally responsive, accessible and appropriate mental health information is not readily available.
- Mental health and wellbeing resources are not readily available, or sufficiently translated into community languages and/or communicated in ways that are reflective of community needs and preferences.
- The availability and routine use of qualified mental health interpreters is limited across all service settings.
- Contact with the mental health system can often be experienced as coercive and discriminatory for people from migrant and refugee backgrounds.

- People from migrant and refugee backgrounds experienced heightened anxiety and depression during the COVID-19 pandemic with limited access to and availability of, culturally safe and inclusive mental health services.
- Particular public health responses during the two COVID-19 lockdowns in Victoria in 2020 [6] were experienced as coercive and discriminatory by migrant and refugee communities, exacerbating psychological distress.
- Experiences of direct, indirect, institutional and interpersonal discrimination and racism rose during the COVID-19 pandemic, directly impacting on people's mental health and wellbeing and sense of belonging across the Victorian community.
- Service providers had limited capacity to provide culturally safe and responsive health services via digital platforms, including telehealth, to meet the needs and preferences of people from migrant and refugee backgrounds. [7]

Based on these findings, we have identified four key areas of activity for mental health policy and service design to become more culturally responsive and made recommendations for each area.

Key Activity Areas

1. **Community participation and collaboration**
2. **Governance and accountability**
3. **Knowledge, practices and models**
4. **Service linkages and connectors**

Implementing these recommendations will build the cultural responsiveness of Victoria's mental health system in the post- COVID-19 and Royal Commission environment and support a transformed mental health that supports the needs of our diverse community.

2 Background

People from marginalised communities often report that they do not feel heard, safe or understood when accessing mental health services. Failing to respond to people's needs in culturally responsive ways increases mental health risks and gives rise to lasting health inequities.

Cultural and linguistic diversity in Victoria has been steadily increasing in the past decade. At the time of the 2016 Census 22 per cent of Victorians were born in a non-main English speaking country and 26 per cent of Victorians spoke a language other than English at home, the highest for all Australian states and territories.[8] Despite the expected reduction in migration to Victoria caused by the COVID-19 pandemic, the proportion of Victorians who have a migrant or refugee background is expected to be higher in the 2021 Census.

As the Victorian population continues to grow, so does our diversity, with people expressing multiple forms of identity and belonging across the community. Our service systems must be able to provide care to all members of the community, recognising that identities are interconnected, carry stories and carry history.

Diversity has implications for understanding health policy, service provision and multiculturalism across the Australian community. [9] Rather than being a category for a distinct and separate group of people, diversity is a defining characteristic of the whole Victorian community and is a collective experience shared by all of us. Everyone contributes to the diversity of our state, and we are all part of this diversity.

The concept of "culture" is a key aspect of diversity. Culture plays a crucial role in shaping an individual's or a community's sense of identity, and is itself shaped by many intersecting factors including age, ability, ethnicity, sexual and gender diversity, religion, spirituality, class, economic status, power and lived experience. [10]

For people from migrant and refugee communities, the migration journey further influences culture. Relevant factors include:

- pre-migration experiences of trauma and traumatic stress
- pre- and post-migration experiences of discrimination based on race, spirituality, faith, gender, sexual orientation and other identity markers or social locations

- language and communication barriers
- economic inequity
- psychosocial stress
- impacts of acculturation
- negative community attitudes towards migration and settlement. [11]

Culture plays a significant role in how people experience their mental health. It also informs mental health practice and how services are structured and organised – no mental health framework is culturally neutral or universal. Rather, mental health systems, models and services are the products of and are couched within particular cultural locations of the dominant, Eurocentric culture. This embedding of socioeconomic, political, and cultural/normative hierarchies into health systems has been described as a form of structural violence that ultimately "causes injury to people" [12] by constraining their ability to access health care and putting them at risk of negative health outcomes.

People from marginalised communities, including migrant and refugee communities, often report that when accessing mental health services, they "do not feel heard, safe … or understood". [13] When health and social systems fail to recognise and respond to people's needs in culturally responsive ways, these mental health risks give rise to lasting health inequities.

Within the mental health service context, people from migrant and refugee backgrounds access mental health services at disproportionately low rates across the continuum, from acute services to community care. For people who do access mental health services, this contact is more frequently involuntary and further along in the illness experience, with higher rates of involuntary admissions and extended periods of time in acute care units, with limited opportunity to engage with culturally safe, responsive, family inclusive and trauma informed, recovery oriented care. [14]

People from migrant and refugee backgrounds report a lack of appropriate channels to participate in governance and accountability processes and frameworks inclusive of leadership opportunities, across the mental health system. This disadvantaged interface with multiple overlapping and mutually reinforcing power hierarchies effectively excludes them from the key decision-making processes that shape the service delivery [15] system, and augments the experience of structural vulnerability [16].

Recognising and responding to diversity, including responding to the impact of discrimination and inequity on the mental health and wellbeing of all people in our community, is a human right. However, because of the inadequacies with how services have been designed, and a lack of culturally responsive service options, a significant proportion of the Victorian population does not have access to appropriate and acceptable mental health care. [17]

3 Context for reform

Victoria's mental health system is not designed or equipped to support the diverse needs of people living with mental illness or psychological distress.

3.1 The Royal Commission into Victoria's Mental Health System

The Victorian Government established the Royal Commission into Victoria's Mental Health System in February 2019, among widespread acknowledgement that the system had many deficiencies resulting in poor outcomes for people with mental health concerns. Its Final Report, delivered in February 2021, made 65 recommendations for a redesigned mental health and wellbeing system, which builds on the nine recommendations made in the interim report delivered in November 2019. The Victorian Government has committed to implementing all recommendations made by the Commission and taken on the responsibility of implementation.

The Victorian mental health system is not equipped to deliver culturally responsive support to people from migrant and refugee backgrounds. The Royal Commission describes the mental health system in Victoria in general as broken [18] and outdated [19], concluding that "[t]he system has simply not kept up with the changes in the diversity and extent of the demands now placed on it. At one level, this means many people cannot get the services they seek; at the extreme, it places some at risk of a variety of harmful, even fatal, consequences." [20]

With regards to the cultural responsiveness of mental health service delivery, the Royal Commission found that despite there being examples of culturally responsive practice and legislation, these efforts were "largely undermined by inadequate system level support and accountability." [21] It acknowledged that the mental health system is "not designed or equipped to support the diverse needs of people living with mental illness or psychological distress," [22] and that people from migrant and refugee backgrounds "face a range of barriers when seeking treatment, care and support." [23]

In response to these deficiencies, the Royal Commission concluded that the reimagined mental health system will need to "put the needs of diverse cohorts are at the centre of planning, strategy, monitoring and leadership," [24] a process of reform that will require a profound cultural shift in how mental health and wellbeing is understood, experienced and supported through a culturally responsive lens. [25] This in turn, would need to be aligned with an enriched understanding of structural competency [26] that does not conflate into a less threatening construct of 'cultural competency [27]'.

3.2 The Royal Commission's Recommendations

The Royal Commission's Final Report proposes 74 recommendations [28] designed to reform the mental health system so that is better integrated, has the capacity to provide the best quality care where and when it is needed, and puts the dignity and lived experiences of consumers at its centre. [29] However, only one of the 74 recommendations is dedicated to the mental health needs of "diverse communities" directly, "Recommendation 34: Working in partnership with and improving accessibility for diverse communities." [30] Even then, "diverse communities" is taken here to include people with disability and the LGBTIQ+ community; people from migrant and refugee backgrounds are not referred to explicitly in the wording of this recommendation.

While we certainly acknowledge that people's identities and lived experiences may encompass a range of these social locations and community affiliations, the Royal Commission missed the opportunity to address the specific needs of each population group in its recommendations. ECCV and VTMH do not believe that the needs of LGBTIQ+ communities, people with disability and people from culturally and linguistically diverse communities can be generalised, or that the experiences and responses of these population groups are the same. We propose an overarching human rights model that will address the impact of structural and systemic inequity and discrimination on these identities and population groups, while also developing responses to their specific needs.

Several Royal Commission recommendations offer significant opportunity to improve culturally responsive policy and practice:

- The establishment of The Victorian Collaborative Centre for Mental Health and Wellbeing [31] (Recommendation 1, Interim Report) and within this a new Statewide Trauma Service (Recommendation 23 and 24, Final Report) provides opportunity to include consumers from migrant and refugee backgrounds and ethno-specific organisations in the co-design and implementation of culturally responsive mental health services and programs.
- Extensive investment in the lived experience mental health workforce [32] (Recommendation 28 and 29, Final Report) is an opportunity to increase representation of people from migrant and refugee backgrounds at all levels by prioritising the development of a workforce of people from migrant and refugee backgrounds with lived experience of mental health conditions.
- Collaboration with families and carers across the mental health and wellbeing continuum (Recommendation 30, 31 and 32) to include the needs and preferences, representation and inclusion of people from diverse backgrounds and experiences, with culturally safe and responsive participatory frameworks and co design models.
- The development of an integrated Community Mental Health and Wellbeing System, with an emphasis on local and community centres for mental health support [33] (Recommendation 5 and 15, Final Report) offers greater opportunity to harness the capacity of the multicultural and ethno-specific sector to create culturally responsive mental health resources and solutions.
- Holding the Secretary of the Department of Health and the Chief Officer for Mental Health and Wellbeing accountable for culturally responsive mental health service delivery and outcomes [34] (Recommendation 34.2, Final Report) is also a very significant mechanism for systemic reforms that promote cultural responsiveness.

- Incorporating cultural responsiveness into the recommended Mental Health and Wellbeing Outcomes Framework (Recommendation 1, Final Report) the Mental Health and Wellbeing Workforce Capability Framework (Recommendation 58, Final Report) and Workforce Strategy and Implementation Plan (Recommendation 57, Final Report) from the outset will drive transformation in practice.
- The planned introduction of digital platforms, technologies, and data sets (Recommendations 60, 61 and 62, Final Report) offers an opportunity to ensure inclusive and accessible digital systems, which would include access to devices, data and digital literacy support, and interface and integration with language support services.

While the Royal Commission recommendations can be interpreted to support culturally responsive reform within the mental health service system, this direction is not always as clear as it might be. There remains a risk that cultural responsiveness will be overlooked by government agencies, mental health organisations and mental health service providers, who are not viewing the recommendations through a culturally responsive or intersectional lens. Section 5 of this paper provides explicit and targeted recommendations for culturally responsive mental health reform that is aligned with the Royal Commission's findings to address this gap.

3.3 A mental health crisis: impacts of the COVID-19 pandemic

The COVID-19 pandemic that struck in 2020 has highlighted system-level gaps and inequities in accessing responsive and safe mental health care across the Victorian community. Barriers and challenges to accessing appropriate and responsive mental health care have been exacerbated, particularly for marginalised and under-serviced populations. This includes the specific mental health concerns and needs of people from migrant and refugee backgrounds who have experienced a significant increase in risk factors. These include increased rates of racism and discrimination, human rights violations, barriers to settlement, lack of access to timely health information in community languages, and labour market insecurity. ECCV and VTMH recognise that Victoria's migrant and refugee communities are experiencing a mental health crisis.

This paper was commissioned to provide guidance on supporting the mental health and wellbeing of people from migrant and refugee backgrounds during the COVID-19 pandemic. To understand the impact of the pandemic, we conducted a scoping of relevant literature and news, as well as consultations with community members, community workers and mental health practitioners who engage with migrant and refugee communities. Consultations took place in December 2020 and January 2021.

Much like the broader Victorian community, people from migrant and refugee backgrounds reported higher rates of mental distress than usual throughout the two major COVID-19 lockdowns in Victoria in 2020 and the shorter lockdown in January 2021. The mental health experiences of people from migrant and refugee backgrounds during COVID-19 is a direct illustration of the systems level barriers and inequities in the current care environment. Access to culturally responsive information and services was a key issue. Lack of access to appropriate and timely health information in community languages, lack of access to culturally responsive digital health platforms, including telehealth, and limited availability and use of qualified interpreters further marginalised people from migrant and

refugee backgrounds. These added to multiple systemic barriers to seeking help before people from migrant and refugee backgrounds were even able to access support. [35]

This situation was exacerbated by culturally unsafe public health responses during lockdowns that were experienced by people from migrant and refugee backgrounds as coercive and discriminatory. [36] The hard lockdown to contain the COVID-19 outbreaks in the North Melbourne and Flemington public housing– many of whose residents are from migrant and refugee backgrounds – was found to be a breach of human rights. [37] The involvement of police in maintaining the quarantine around the towers was experienced by many residents as a betrayal of trust. [38] As ECCV noted in the July 2020 Issue Brief "Racism during the COVID-19 Pandemic," the combination of police intervention and the lack of consultation with residents and community leaders "reinforced the perception that, unlike other Victorians, migrant and refugee communities, particularly those who are socio-economically disadvantaged, can be treated in ways that deny them voice, recognition of their knowledge and agency." [39] Participants in the community consultations for this paper reported that the sense of "being locked up" in their own homes unfairly contributed to increased levels of anxiety and stress that other members of the Victorian community did not experience during lockdown. The lack of engagement with community members and the delayed mobilisation of community leaders and advocates further excluded people from migrant and refugee backgrounds from accessing culturally responsive mental health support during the COVID-19 pandemic.

Other social and economic factors combined to place an inequitable stress load on people from migrant and refugee backgrounds, for which the mental health system was unable to provide support. Increased racism and discrimination across the broader community, including negative portrayals in the national media, contributed to mental distress. [40] The duties of home schooling in English were more difficult for parents and carers who had limited English proficiency. Many workers from migrant and refugee backgrounds who work in insecure or casual employment such as hospitality, retail and transport were at higher risk of job loss or uncertainty due to the greater impact of lockdown on these industries. [41] Migrant and refugee women were especially impacted by job insecurity during the lockdowns, [42] while also bearing a disproportionate burden of increased unpaid domestic work. [43]

Migration and visa processes have had particular adverse impacts on people from migrant and refugee backgrounds, exacerbating mental distress. International border closures created migration barriers and complexities to settlement processes that separated families and communities. [44] Refugees and asylum seekers held in detention during lockdown were put at increased risks of COVID-19 infection. [45] Temporary visa holders, such as international students, were especially disadvantaged by COVID-19 due to ineligibility for mental health services or government support packages. [46] International students have experienced isolation from both family overseas and their student community, job loss, and increased expectations from family overseas to provide financial support or achieve educational goals. [47]

3.4 The policy landscape

Many iterations of reform have attempted to address cultural and linguistic diversity and the needs of people from migrant and refugee backgrounds. However, current policy and practice frameworks do not address the particular mental health challenges and access barriers faced by people from migrant and refugee backgrounds. There is insufficient planning and strategic direction to overcome these barriers and challenges. Furthermore, people from migrant and refugee communities have not been sufficiently resourced or engaged to inform policy development or system reforms. These limitations have resulted in inadequate policy direction that has reinforced pre-existing barriers.

Several policy frameworks and plans, such as the *Cultural responsiveness framework - Guidelines for Victorian health services* (2009), the V*ictorian refugee and asylum seeker health action plan 2014-2018*, and *Designing for Diversity* (2018), are now out of date, with no review process indicated. They do not reflect current evidence or best practice, particularly intersectional approaches in service design and delivery.

Several systemic barriers to culturally responsive access are widely recognised, such as the lack of resources in community languages, cultural differences in health literacies and understandings of mental health, and difficulties in accessing and using interpreters. [48] In addition to these factors, systemic discrimination, a lack of voice in system design or strategic policy directions, and lack of cultural responsiveness results in people from migrant and refugee communities being further disadvantaged by a mental health system that is already failing to deliver adequate support for the broader Victorian community.

Mental health planning and commissioning

The Victorian mental health system lacks an overarching framework to address diversity, access and equity across the service delivery landscape. The current policy context offers limited guidance and governance to ensure that the commissioning, design and delivery of mental health services are reflective of the needs and experiences of people from migrant and refugee backgrounds.

Partnering with migrant and refugee communities and ethno-specific support services is often ad hoc and reactive. Collaboration with migrant and refugee communities and multicultural or ethno-specific organisations is often driven by crises or events, rather than a proactive and intentional initiative. This results in community members having limited access to, or involvement in, participatory models such as co-design in culturally safe and responsive ways.

The absence of a governance strategy for partnering with migrant and refugee communities, and ethno-specific support services, denies people their right to meaningful participation and self-determination. This limits the opportunity for mental health services to learn from the wisdom and cultural insights of people with lived experience, their family and friends and their broader community support networks.

Workforce capability

No workforce development strategy currently exists to promote improved practice to deliver culturally responsive care to people from migrant and refugee backgrounds.

A particular limitation is the absence of intersectional approaches as part of workforce capability planning.

Intersectionality refers to the circumstances, impacts and outcomes when multiple forms of inequality and discrimination interact. [49] Particular populations are disproportionately affected by intersecting forms of discrimination and inequality. Intersectional approaches to practice address these impacts and work to challenge the systemic inequalities that cause harmful outcomes.

The implementation of the recommendations of the Royal Commission into Family Violence included specific attention to the need to develop skills and capacity in implementing intersectional approaches in practice among the family violence workforce. This has included development of training and resources to support practice and organisational development.

This experience highlights the need for a deliberate approach to increasing workforce capability, including appropriate resourcing, partnership with an appropriately skilled organisation, and long-term commitment to implementation.

Monitoring and accountability

Monitoring and accountability frameworks, such as Victoria's 10 Year Mental Health Plan: 2015, the Mental Health Workforce Strategy: 2015, the Victorian Health Services Performance Monitoring Framework 2019-20 and the Victorian Mental Health and Performance Framework: 2020-21 have paid insufficient attention to the factors that drive low service use by people from migrant and refugee backgrounds. This has resulted in data that has not been useful for promoting improved performance, and a lack of incentive to increase cultural responsiveness across the mental health and wellbeing service sector.

Current policy approaches

There are several opportunities to enhance mental health policy by drawing on learnings from recent systemic reforms in Victoria. The reforms following the Royal Commission into Family Violence (2016) illustrate both opportunities and challenges of a multidisciplinary and whole-of-government reform process.

Addressing the mental health needs of people from migrant and refugee backgrounds requires an approach which can link to reforms in a range of social policy areas including family violence, housing, homelessness, justice, corrections, child protection, youth services, education and employment.

Development of the Victorian Government LGBTIQ+ Strategy, Youth Strategy, and Anti-Racism Strategy offer significant opportunities to address mental health challenges from an intersectional approach. By identifying and addressing the specific barriers, discrimination, inequality and disadvantages faced by people from migrant and refugee backgrounds in a range of circumstances, an intersectional approach can enhance both policy and practice.

4 The VTMH Partnership Framework

The VTMH Partnership Framework helps mental health services to become more effective by addressing health rights and health equity, collaborating with people with lived experience and building a reflective and capable workforce.

The VTMH Partnership Framework [50] aligns with the Victorian Government's (2009) Cultural Responsiveness Framework: Guidelines for Victorian Health Services, and helps mental health services identify strategies across four domains:

- organisational effectiveness
- health rights, cultural safety and communication
- consumer, carer and community participation
- an effective workforce

The VTMH Partnership Framework guides collaborations between VTMH and mental health service providers and includes provision for developing sustainability plans that support the agency to consolidate and extend the gains made.

Partnering with mental health services is a dynamic and staged process, where organisations and services are supported to:

- apply frameworks such as human rights, intersectionality, social-cultural models of health, design thinking and participatory models such as co-production at all levels of organisational activity;
- to identify outcomes in becoming a more effective organisation by addressing health rights and health equity, collaborating with people with lived experience and building a reflective and capable workforce
- develop internal documentation and to contribute to the broader policy environment, engage in organisation self-assessment tools and processes, record plans and progress,
- enable change by responding to external and internal factors, building capacity and focusing on partnership processes.

5 Recommendations for a culturally responsive mental health framework

We need an evidence-informed, strategic approach to policy and system design in mental health reform to meet the needs of people from migrant and refugee communities and better support recovery from COVID-19.

Many of the recommendations for a culturally responsive mental health system in this report are in close alignment with the findings of the Royal Commission. With the Victorian State Government's commitment to implement all of the recommendations identified by the Royal Commission, we are hopeful that reforms can be implemented in a culturally responsive manner (refer to Appendix 2 to see where our recommendations align with Royal Commission recommendations).

The following recommendations are based on a framework outlined in the VTMH "Report of an evaluation of a small grants program: 'Improving the mental health and wellbeing of immigrant and refugee communities by building capacity'" (2019). [51] We have identified four key areas of recommendations: Community participation and collaboration, Governance and accountability, Knowledge practices and models and Service linkages and connectors.

Key Area 1: Community participation and collaboration

1

Make co-production a cornerstone of community participation in the mental health system.

Develop and apply a strengths-based model to engage with migrant and refugee communities to draw upon their lived experiences of community mobilisation and mutual support. Through commissioning processes, require services to engage communities as full partners in the co-production of culturally responsive mental health services and programs. To achieve the full potential of these partnerships, community members would need to be involved in all four aspects of co-production: co-design of the service; co-decision making in the allocation of resources; co-delivery of the service; and finally, the co-evaluation and co-review of the service. [52]

2

Build service design and delivery partnerships with community and ethno-specific organisations.

Dedicate resourcing to support ECCV to partner with the mental health service delivery sector to facilitate the co-production of culturally responsive mental health service delivery models in collaboration with people with lived experience, ethno-specific organisations, community leaders and advocates. Develop a partnership framework to facilitate meaningful partnerships to design and deliver culturally responsive mental health services and programs. This partnership framework can be built into commissioning and service design. [53]

3

Work with migrant and refugee communities to explore and design new service models that respond to community understandings of mental health.

Develop culturally responsive models to resource and build on community-based supports such as faith leaders, ethno-specific services, community elders, families and peers. [54] Non-specialist supports require sufficient resourcing, knowledge and capability to provide effective mental health responses. Further, intersectional and culturally responsive practice should be incorporated into all new models. [55]

Key Area 2: Governance and accountability

4

Build cultural responsiveness into all policy, system and governance level proposals undertaken in the mental health system.

The Royal Commission has identified the need for a comprehensive Diverse Communities' Mental Health and Wellbeing Framework, [56] which we fully endorse as a cornerstone in a reimagined, culturally responsive mental health system. The framework should provide the guidelines for cultural responsiveness at a systems level, [57] including governance, service design, delivery and commissioning processes. A comprehensive approach with a human rights lens is needed, ensuring that the legislative and governance levels of the mental health system are more representative of the diversity of the community. This framework must have an intersectional approach to effectively address the breadth of system, institutional and service barriers and needs of all people from migrant and refugee backgrounds.

5

Develop and integrate cultural responsiveness accountability and performance measures.

Review and, where necessary, develop new cultural responsiveness accountability and performance measures to track developments over time in a quality improvement cycle. Some key measures could include usage of interpreters, health outcomes for people from migrant and refugee backgrounds, consumer satisfaction surveys, and workforce participation and diversity in mental health services of people from migrant and refugee backgrounds. [58]

6

Collect and use appropriate data to inform culturally responsive policy and practice.

Review minimum data sets and performance monitoring frameworks to be consistent and relevant to the needs of migrant and refugee communities. Develop a reporting framework on the collection, analysis, reporting and usage of data to inform policy review and system reform.[59]

7

Improve communications and messaging accessibility.

Minimum standards need to be developed for translations of mental health information resources, messaging and communications across the sector.[60]

Key Area 3: Knowledge practices and models

8

Support Victorian Transcultural Mental Health to expand its work in building partnerships to create a more culturally responsive and safe mental health service system

To implement the reforms required in the current environment, Victoria needs an agency with appropriate expertise in clinical practice, cultural responsiveness, intersectional approaches, community partnerships and system governance. The Victorian Government must strengthen the governance and accountability frameworks and communication pathways between VTMH and the Department of Health. This includes inviting VTMH to play a key role in mental health reform, including the integration of lived experience into service design and delivery, the development of the Workforce Capability Framework and performance measures, mental health policy and more broadly to participate in the development and implementation of a Diversity, Equity and Inclusion framework. To undertake this work, the funding allocated to VTMH must increase, so that it can deepen and extend its work with communities, including multicultural peak agencies, ethnocultural community organisations, networks and groups.

9

Put cultural safety and cultural responsiveness at the centre of all mental health service design and delivery.

In order to address inequities in mental health, all service systems must be able to engage people from migrant and refugee communities through culturally safe and responsive service provision and build partnerships with communities. Cultural safety, responsiveness and humility [61] must be recognised and resourced as a core competency in the care delivery environment and more explicitly integrated into the existing skillset of mental health practitioners. The capacity of the mental health workforce to deliver culturally safe and responsive care could be further improved through education, training, mentoring and coaching opportunities to engage in reflective practice to better integrate culturally safe mental health care. [62]

10

Develop and use a multicultural model for mental health.

The current model of mental health and mental health care must be reconceptualised to be more articulable to the diverse understandings of mental health and mental health-related stigma in our multicultural community. Support for collaborative research to explore and analyse multiple explanatory models of mental health can inform the development of practice approaches, program design, communications strategies and mental health promotion initiatives.

11

Develop a revised health literacy framework.

Health literacy needs to be reconceptualised as a two-way process that builds community health literacy, but also works to reframe mental health messaging into health literacies that are understood by the community.

12

Build an intersectional approach into all mental health service design and delivery.

All mental health service design and delivery should be located within an intersectional approach, acknowledging that a person's mental health condition can be affected by multiple and intersecting forms of inequality and institutionalised discrimination, including racism, sexism, ageism, ableism, and heterosexism. [63]

Key Area 4: Service linkages and connectors

13

Build a mental health services workforce that is more representative of the cultural diversity of the community.

Set targets for higher workforce mutuality within the mental health sector i.e. work towards achieving a higher representation of people from migrant and refugee backgrounds in the mental health services workforce so that the sector is more reflective of the actual diversity of the community. [64] Develop culturally-responsive recruitment and retention programs, policies and protocols that support mental health services workforces that are more reflective of the cultural diversity of the catchments or communities that these workforces serve. [65]

14

Develop and implement the role of "cultural connectors" or "community advocates."

Develop practice models, financial modelling and implementation guidelines for the inclusion of "cultural connector" or "community advocate" roles in mental health settings. Mental health services work better when they include cultural connectors who liaise between practitioners and consumers from migrant and refugee backgrounds, relaying and explaining information in culturally relevant ways. These roles must be authorised to seek information and work alongside both consumers and practitioners in order to obtain the best outcome for consumers.

15

Improve access to interpreters.

More work needs to be done to support the professionalisation and accessibility of interpreters, with the goal of making interpreters available in all mental health service settings when they are needed. This includes enabling the education and training sectors to integrate the role of interpreters into routine mental health practice. Interpreters are not always available, particularly for emerging or smaller communities. Many people from migrant and refugee communities do not know that they have the option to use interpreters, and even if they do, the process for booking and using an interpreter can be onerous. The result is that consumers from migrant and refugee backgrounds will often rely on family or community members as interpreters, find a practitioner that speaks their language or seek mental health support from outside of the mental health system. [66]

16

Build better-integrated referral pathways within the mental health system.

Review and, where necessary, re-design the referral pathways within and across the mental health system so that they are more accessible to people from migrant and refugee backgrounds. This work should also review and support the role of police and emergency services within the referral network to employ more culturally safe practices when working with people from migrant and refugee backgrounds.

6 Next Steps

Implementing reforms to create a culturally responsive mental health system will require broad collaboration between Government, the health sector, migrant and refugee communities and key organisations working within the multicultural sector.

Initiating these reforms will require collaboration and consultation between multiple actors and sectors including the Department of Health, mental health service providers, migrant and refugee communities and community organisations working within the multicultural sector.

ECCV and VTMH are well placed to take the lead and contribute to the work required to deliver the recommendations arising from the Royal Commission into Victoria's Mental Health System. As leaders in our respective areas within the multicultural and mental health sectors, we will draw upon our existing strengths and core competencies.

ECCV's long and proud history of representing people from migrant and refugee backgrounds will provide the linkages between communities and service providers, ensuring that community co-production and cross-sectoral collaboration will be at the centre of these reforms.

With a strong and established track record of more than two decades in advocacy and the design, development and implementation of equitable models of mental health care, VTMH's expertise in transcultural mental health, particularly in the context of government and service provider settings, will provide the clinical and practice framework for a mental health system that is inclusive, culturally responsive and cognisant of inequities in power and socio-economic advantage.

In this paper, we have identified the critical groundwork needed to ensure that the reforms of the Royal Commission will benefit Victorians from all cultural and linguistic backgrounds. Investing in the already strong partnership between our two organisations is the first step in implementing these changes.

Working together, VTMH and ECCV can offer what we believe other organisations cannot: a true ability to inform systems-level reform for the mental health system that will not only achieve the objectives of the Royal Commission but, by building the cultural responsiveness of the reimagined mental health system, enhance its reach and effectiveness. Rather than just generating more operational-level responses that continue to split our community into the false dichotomy of "CALD" and "mainstream" users, we will support a transformed mental health system that is finally fit for purpose – serving the mental health needs of all Victorians with a regard for the diversity that defines rather than divides our community.

7 Endnotes

1. Royal Commission into Victoria's Mental Health System, "Interim Report," Melbourne: Victorian Government Printer, November 2019, p. 5.
2. There is an extensive literature on the Eurocentrism of mental health models; see for example Naidoo, "Challenging the hegemony of Eurocentric psychology," Journal of Community and Health Sciences, 1996, 2(2), 9-16, and Gopalkrishnan, "Cultural Diversity and Mental Health: Considerations for Policy and Practice," Frontiers in Public Health, vol. 6, 2018.
3. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, pp. 224-7. De Silva et. al., "Cultures in the know: Enabling multi-faith communities to improve mental wellbeing." Fitzroy, Victoria: Victorian Transcultural Psychiatry Unit & Action on Disability in Ethnic Communities, 2013.
4. Victorian Transcultural Mental Health, "Cultural Responsiveness Principles & Practices," Melbourne, 2020.
5. c.f. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, p. 227.
6. The first lockdown ran from March to May and covered the whole of the state. The second, longer lockdown ran for 112 days between July and November and covered metropolitan Melbourne and Mitchell Shire. See Parliament of Australia, "COVID-19: a chronology of state and territory government announcements (up until 30 June 2020)", published 22 October 2020; https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements, accessed 4/3/21; see also Victorian State Government, "Summary of Statewide Restrictions for the Third Step and Last Step of Victoria's roadmap to reopening." Melbourne: Department of Premier and Cabinet, 2020.
7. The Royal Commission into Victoria's Mental Health System also identified broadly similar access and equity issues for people from migrant and refugee backgrounds using the mental health system; see Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, p. 246.
8. Victorian State Government, "Victoria's Diverse Population: 2016 Census." Melbourne: Department of Premier and Cabinet, 2017.
9. Del Vecchio Good et. al., "Shattering culture: perspectives on cultural competence and evidence-based practice in mental health services," Transcultural Psychiatry, 2015: 52(2), pp. 198–221.
10. Victorian Transcultural Mental Health, "Cultural Responsiveness Principles & Practices," Fitzroy, Victoria, 2020.
11. Royal Commission into Victoria's Mental Health System, "Transcultural Round Table, VTMH Statement," Melbourne: Victorian Government Printer, May 2020; see also Bhugra, D. "Migration and mental health." Acta Psychiatrica Scandinavica, 2004: 109(4), 243-258; van de Boor et. al., "Barriers to accessing and negotiating mental health services in asylum seeking and refugee populations: The application of the candidacy framework." Journal of Immigrant and Minority Health, 2020: 22(1), 156-174.

12. Bourgois and Quesada "Structural Vulnerability: Operationalizing the Concept to Address Health Disparities in Clinical Care" Academic Medicine 2016: 92(3), p2.
13. Colucci et. al., "The utilisation of mental health services by children and young people from a refugee background: A systematic literature review," International Journal of Culture and Mental Health 2014: 17(1), pp. 86-108. See also Royal Commission into Victoria's Mental Health System, "Transcultural Round Table, VTMH Statement," Victorian Government Printer, Melbourne: May 2020; Department of Immigration and Citizenship, "Access and equity inquiry into the responsiveness of Australian Government services to Australia's culturally and linguistically diverse population, discussion paper," Canberra: Commonwealth of Australia, 2011.
14. Stolk et. al., "Access to mental health services: a focus on ethnic communities," Fitzroy, Victoria: Victorian Transcultural Mental Health, 2008.
15. Department of Health (Federal), "Fact sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds," Canberra: 2018.
16. Bourgois and Quesada (op cited).
17. Royal Commission into Victoria's Mental Health System, "Transcultural Round Table, VTMH Statement," Melbourne: Victorian Government Printer, May 2020.
18. Royal Commission into Victoria's Mental Health System "Interim Report," Melbourne: Victorian Government Printer, November 2019, p. 5.
19. Ibid., p. 8.
20. Ibid., p. 7.
21. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, p. 245.
22. Royal Commission into Victoria's Mental Health System, "Final Report: Summary and recommendations," Melbourne, Victorian Government Printer, March 2021, p. 4.
23. Royal Commission into Victoria's Mental Health System "Interim Report," Melbourne: Victorian Government Printer, November 2019, p.10; Royal Commission into Victoria's Mental Health System, "Final Report: Summary and recommendations," Melbourne, Victorian Government Printer, March 2021, p. 13.
24. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, p. 257.
25. Ibid., p. 250.
26. "The capacity for health professionals to recognize and respond to health and illness as the downstream effects of broad social, political, and economic structures" (Structural Competency Working Group Training Slides: https://www.structcomp.org/).
27. A process that ideally can help health providers to recognise the cultural anchors in perspectives of illness and health, but is often reduced to lists of traits / pathologies located in culturally diverse population groups (https://www.structcomp.org/).
28. Note that the 74 recommendations include nine from the Interim Report released in November 2019 and a further 65 collected in the Final Report released in March 2021.
29. Royal Commission into Victoria's Mental Health System, "Final Report: summary and recommendations," Melbourne, Victorian Government Printer, March 2021, p. 19.
30. Ibid., p. 70.
31. Ibid., p. 102; Royal Commission into Victoria's Mental Health System, "Fact Sheet: Collaborative Centre for Mental Health and Wellbeing," Melbourne: Victorian Government Printer, March 2021.
32. Ibid., pp. 65, 106-7.
33. Ibid., pp. 45, 51; see also Royal Commission into Victoria's Mental Health System, "Fact Sheet: Community collectives," Melbourne: Victorian Government Printer, March 2021.
34. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, pp. 258-60.
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37. Victorian Ombudsman, "Tower lockdown breached human rights, Ombudsman finds," Victorian Ombudsman website, 17 December 2020; https://www.ombudsman.vic.gov.au/our-impact/news/public-housing-tower-lockdown/, accessed 9/3/21.
38. See Anthony Zwi, "COVID-19 in Melbourne's high-rise towers: Rights at stake?" Kaldor Centre for International Refugee Law, 13 July 2020; https://www.kaldorcentre.unsw.edu.au/publication/covid-19-melbourne%E2%80%99s-high-rise-towers-rights-stake; Kelly et. al., "Melbourne tower lockdowns unfairly target already vulnerable public housing residents," The Conversation, 6 July 2020; https://theconversation.com/melbourne-tower-lockdowns-unfairly-target-already-vulnerable-public-housing-residents-142041
39. Ethnic Communities' Council of Victoria, "Issue Brief: Racism during the COVID-19 Pandemic," Melbourne: July 2020, p. 3.
40. See for example Naman Zhou, "Survey of covid-19 racism against Asian Australians," The Guardian, 17 April 2020;https://www.theguardian.com/world/2020/apr/17/survey-of-covid-19-racism-against-asian-australians-records-178-incidents-in-two-weeks; and Alfred Deakin Institute for Citizenship and Globalisation, "Racism further challenges social fabric amid COVID-19," 16 April 2020; https://adi.deakin.edu.au/news/racism-in-the-time-of-covid.
41. Ethnic Communities' Council of Victoria, "Inquiry into the Victorian Government's Response to the COVID-19 Pandemic," Melbourne: 2020, pp. 9-10; Centre for Multicultural Youth, "Locked down and locked out? The impact of COVID-19 on employment for young people from refugee and migrant backgrounds in Victoria," Melbourne: Centre for Multicultural Youth, 2020.
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43. Katharine Murphy, "Australian women more likely to lose jobs and do more unpaid work during Covid recession," The Guardian, 7 March 2021; https://www.theguardian.com/australia-news/2021/mar/07/women-more-likely-to-lose-jobs-and-do-more-unpaid-work-during-covid-recession-report-finds, accessed 9/3/21.
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45. See Vogl et. al., "COVID-19 and the relentless harms of Australia's punitive immigration detention regime," Crime, Media, Culture, 2020: https://doi.org/10.1177/1741659020946178; Parliament of Australia et. al., "Seeking asylum in the time of coronavirus: COVID-19 pandemic effects on refugees and people seeking asylum," 19 May 2020; https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2020/May/COVID-19_-_impacts_on_refugees_and_asylum_seekers.
46. Nick Houghton, "Australia's migrant workers face serious financial hardship during coronavirus crisis," SBS News, 24 April 2020; https://www.sbs.com.au/news/australia-s-migrant-workers-face-serious-financial-hardship-during-coronavirus-crisis, accessed 9/3/21.
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48. Ethnic Communities' Council of Victoria, "Discussion Paper: Our Stories Our Voices – Culturally diverse consumer perspectives on the role of accredited interpreters in Victoria's health services," Melbourne: 2017.

49. See Collins & Bilge Intersectionality, Cambridge UK: Polity Press, 2016.
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52. c.f. Royal Commission into Victoria's Mental Health System, "Fact Sheet: Community-based mental health and wellbeing services," Victorian Government Printer, March 2021, and Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities." Melbourne: Victorian Government Printer, March 2021, pp. 250, 260; for more on co-production with community see Social Care Institute for Excellence, "Co-production in social care: What it is and how to do it." London: 2013, p. 8; see also David Boyle and Michael Harris, "The Challenge of Co-production: How equal partnerships between professionals and the public are crucial to improving public services." London: Nesta, 2009.
53. c.f. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities." Melbourne: Victorian Government Printer, March 2021, pp. 230-1.
54. c.f. Royal Commission into Victoria's Mental Health System, "Fact Sheet: Families, carers and supporters," Victorian Government Printer, March 2021.
55. c.f. Royal Commission into Victoria's Mental Health System, "Fact Sheet: Community-based mental health and wellbeing services," Victorian Government Printer, March 2021; Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities." Melbourne: Victorian Government Printer, March 2021, p. 258.
56. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities." Melbourne: Victorian Government Printer, March 2021, p. 261.
57. Ibid., p, 257.
58. c.f. ibid., pp. 245, 258-60.
59. c.f. ibid., p. 265.
60. c.f. ibid., p. 268.
61. Approaches that emphasize ongoing humility, self-reflection, self-critique, and lifelong learning (https://www.structcomp.org/).
62. See Colucci et. al., "Improving cultural responsiveness in mental health services: Development of a consensus around the role of Cultural Portfolio Holders." International Journal of Culture and Mental Health, 2014: 7(3), 339-355; Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, pp. 248-9; Royal Commission into Victoria's Mental Health System, "Fact Sheet: Workforce," Melbourne: Victorian Government Printer, March 2021.
63. Victorian Transcultural Mental Health, "Cultural Responsiveness Principles & Practices," Melbourne, 2020.
64. For more information on workforce mutuality, see HealthWest Partnership, HealthWest Partnership Standards for Workforce Mutuality (2nd edition), Melbourne: 2019.
65. c.f. Royal Commission into Victoria's Mental Health System, "Fact Sheet: Workforce," Melbourne: Victorian Government Printer, March 2021, and Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, p. 247.
66. c.f. Royal Commission into Victoria's Mental Health System, "Final Report, Volume 3: Promoting inclusion and addressing inequities," Melbourne: Victorian Government Printer, March 2021, pp. 266-7.

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9 Appendices

Appendix 1: Victorian Government policy documents

Victoria's 10-year mental health plan (2015)
https://www2.health.vic.gov.au/mental-health/priorities-and-transformation/mental-health-plan

Mental health workforce strategy (2016)
https://www2.health.vic.gov.au/about/publications/policiesandguidelines/mental-health-workforce-strategy

Mental health performance and accountability framework 2020-21
https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring

Victorian health services Performance Monitoring Framework 2019-20
https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring

Victorian health services Performance Monitoring Framework 2019-20 – Key Performance Measures and Underlying Risk Factors
https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/performance-monitoring

Cultural responsiveness framework - Guidelines for Victorian health services (2009)
https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Cultural-responsiveness-framework---Guidelines-for-Victorian-health-services

Culturally competent mental health care [webpage]
https://www2.health.vic.gov.au/mental-health/rights-and-advocacy/diversity/culturally-competent-mental-health-care

Cultural diversity – awareness and inclusion tips [web page]
https://www2.health.vic.gov.au/mental-health/rights-and-advocacy/diversity/cultural-diversity-awareness-and-inclusion-tips

Victorian refugee and asylum seeker health action plan 2014-2018
https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Victorian-refugee-and-asylum-seeker-health-action-plan-2014-2018

Designing for Diversity (2018)
https://www2.health.vic.gov.au/about/publications/policiesandguidelines/designing-for-diversity-key-documents

Language service policy (2017)
https://www.dhhs.vic.gov.au/publications/language-services-policy-and-guidelines

How to work with interpreters and translators (2017)
https://www.dhhs.vic.gov.au/how-work-interpreting-and-translating-services

Multicultural Policy Statement (2017)
https://www.vic.gov.au/multicultural-policy-statement

Everybody Matters: Inclusion and Equity Statement (2018)
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https://engage.vic.gov.au/lgbtiqstrategy

Better Safer Care Victoria, Partnering in healthcare for better care and outcomes (2019)
https://www.bettersafercare.vic.gov.au/publications/partnering-in-healthcare

Appendix 2: Alignment of ECCV-VTMH recommendations with Royal Commission recommendations

Many of the recommendations made by ECCV-VTMH in this report align with the recommendations of the Royal Commission. The table below outlines where the recommendations align in either the Royal Commission's Interim or Final reports.

	Alignment with Royal Commission recommendations	
ECCV and VTMH recommendations	**Interim Report**	**Final Report**
Recommendation 1: Make co-production a cornerstone of community participation in the mental health system.	1, 5, 6, 9	9, 15-17, 19, 28-30, 34, 41, 47, 48, 52, 53
Recommendation 2: Build service design and delivery partnerships with community and ethno-specific organisations.		15, 16, 34, 47, 51, 64
Recommendation 3: Work with migrant and refugee communities to explore and design new models services that respond to community understandings of mental health.	1, 5	9, 11, 12, 18, 30, 34, 41
Recommendation 4: Build cultural responsiveness into all policy, system and governance level proposals undertaken in the mental health system.	All	All

	Alignment with Royal Commission recommendations	
ECCV and VTMH recommendations	**Interim Report**	**Final Report**
Recommendation 5: Develop and integrate cultural responsiveness accountability and performance measures.	9	1, 2, 4, 34, 44-46, 48, 52, 56, 65
Recommendation 6: Collect and use appropriate data to inform culturally-responsive policy and practice.		34, 51, 61, 62
Recommendation 7: Improve communications and messaging accessibility.		6, 31, 34, 60
Recommendation 8: Designate and resource Victorian Transcultural Mental Health as the state-wide specialist in culturally-responsive mental health.	1	16, 34, 47, 52, 53, 63, 64
Recommendation 9: Put cultural safety at the centre of all mental health service design and delivery.	All	All
Recommendation 10: Develop and use a multicultural model for mental health.		15, 30, 34, 41

	Alignment with Royal Commission recommendations	
ECCV and VTMH recommendations	**Interim Report**	**Final Report**
Recommendation 11: Develop a revised health literacy framework.		6, 17, 18, 31, 34
Recommendation 12: Build an intersectional approach into all mental health service design and delivery.		7, 13, 14, 22, 34, 37, 41
Recommendation 13: Build a mental health services workforce that is more representative of the cultural diversity of the community.	5, 6, 9	15, 28, 29, 34, 57-59
Recommendation 14: Develop and implement the role of "cultural connectors" or "community advocates."	5, 6	8, 9, 15, 26, 28, 29, 31, 34, 37
Recommendation 15: Improve access to interpreters.		15, 31, 34
Recommendation 16: Build better-integrated referral pathways within the mental health system.		3, 6, 34, 37, 46

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