Victorian Transcultural
MENTAL HEALTH

22/07/2021

VICTORIAN MENTAL HEALTH (VTMH)

RECOMMENDATIONS FOR THE NEW MENTAL HEALTH AND WELLBEING ACT

VTMH acknowledges the work from the Royal Commission including their recommendation # 42 which specifies the need for a new Mental Health and Wellbeing Act. VTMH also applauds the invitation from the Victorian Government to provide recommendations on the "Mental Health and Wellbeing Act: Update and engagement paper June 2021."

This paper presents specific answers to the questions referenced in the "Update and engagement paper June 2021".

Please note that VTMH remains available for ongoing liaison with the Department of Health regarding cultural responsiveness and intersectionality in the mental health sector.

Please be aware that the reflections that will be presented in this paper have been shared with Foundation House and Mental Health Victoria as a vehicle to amplify messages and work in collaboration.

The submission also guided the VTMH Round table that we conducted for the Victorian Department of Health on Tuesday 27th July 2021.

About Victorian Transcultural Mental Health:

VTMH is the lead transcultural and intersectional mental health service for the state of Victoria. The service is funded by the Victoria State Government, Department of Health, and sits within St Vincent's Hospital, Melbourne.

With a focus on working together to create healthy connected communities where no one is left behind, VTMH supports the mental health of diverse people, communities and systems by addressing enduring patters of social inequity and system level barriers in accessing support. We advocate strongly for a culturally safe and responsive mental health service system, and support the examination of societal structures, service systems, and institutional factors by working closely with the mental health sector, as well as the public health, human service, education and community sectors.

<u>We use four main strategies in our work:</u>

Collaborate: We prioritise inclusive participation and use design thinking

Support: We build capacity by offering support over an extended time

Equip: We create resources and spaces to learn about mental health and diversity.

Advocate: We prioritise cultural safety and responsiveness throughout all our work

VTMH has expertise in 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.

RECOMMENDATIONS FOR THE NEW MENTAL HEALTH AND WELLBEING ACT

QUESTION 1 – Do you think the proposals meet the Royal Commission's recommendations about the objectives and principles of the new Act? If not, why?

In the proposal there are suggested principles of:

8. recognise that people receiving mental health and wellbeing services may have specific diversity-related needs and experiences (as to age, disability, neurodiversity, culture, language, communication, religion, race, gender, gender identity, sexual orientation or other matters) and ensure that services are provided in a manner that is safe, sensitive and responsive to these needs and experiences and upholds people's rights. AND
9. recognise that people receiving mental health and wellbeing services may have specific gender-related safety needs and experiences and ensure that services are provided in a manner that: is safe and responsive to histories of family violence and trauma; recognises how gender dynamics can affect service use, treatment and recovery; and recognises how gender intersects with other types of discrimination and disadvantage

VTMH RESPONSE:

This aligns with the VTMH perspective for the need for services to adopt a transcultural and intersectional lens in the delivery of mental health care. Furthermore, core cultural frameworks, principles and practices that include human rights, anti-racism approaches, cultural strengths, cultural humility, cultural safety and responsiveness must be embedded within the Mental Health Act.

Transcultural and intersectional mental health perspectives are consistent with providing person-centred, recovery-orientated, trauma-informed and family-inclusive care. Further, these perspectives also recognise and respond to structural and systemic barriers experienced by marginalised communities in the delivery of mental health care.

Reference: Victorian Transcultural Mental Health (2021). *An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper*. Victorian Transcultural Mental Health.

11. Provide culturally safe and responsive mental health and wellbeing treatment and care to Aboriginal and Torres Strait Islander peoples that is appropriate to, and consistent with, their cultural and spiritual beliefs and practices and in having regard to the views of their families and, to the extent that it is practicable and appropriate to do so, the views of significant members of their communities, including Elders and traditional healers, and Aboriginal and/or Torres Strait Islander mental health workers

VTMH RESPONSE:

-VTMH acknowledges and supports the recognition of Aboriginal and Torres Strait Islander peoples' being First Nation people in their own lands, and their unique relationship to the country and, as noted on page 9, under 2.1: "ensuring mental health and wellbeing services, including Aboriginal social and

emotional wellbeing services, are culturally safe and responsive to Aboriginal and Torres Strait Islander peoples' identity, connection to culture, family, community and Country."

QUESTION 2 – How do you think the proposals about objectives and principles could be improved?

-VTMH suggests to include objectives around promoting and sustaining organisational practice of cultural safety and humility as well as awareness of intersectionality, recovery-oriented practice and trauma- informed care.

QUESTION 3 – Do you think the proposals meet the Royal Commission's recommendations about non-legal advocacy? If not, why?

VTMH RESPONSE:

-VTMH recommends confirming consumers' understanding about non-legal advocacy. Consumers of diverse backgrounds should be made aware of "non-legal advocacy" concepts in their own cultural constructs.

-Please consider the following questions for more tangible and practical matters: What if the consumer does not speak English or read English? Or if they are blind or deaf or neurocognitively diverse? Should the proposal specify that information about non-legal advocacy to the consumer be provided in their own language verbally and in written form? Who will explain what non-legal advocacy is to a consumer? Will it be the non-legal advocate themselves or the treating team or family? Will interpreters be available if required?

-Additionally, will consumers be able to get non-legal advocates from their faith community or ethnic community - LGBTQI community -or other affiliations? How will they find/recruit non-legal advocates?

QUESTION 4 – How do you think the proposals about non-legal advocacy could be improved?

VTMH RESPONSE:

As per question 3. Additionally, Recommendation 56(2) proposes '...model of access to non-legal advocacy services for consumers who are subject to or at risk of compulsory treatment.'

VTMH recommends having a clear definition regarding "consumers who are at risk of compulsory treatment" and ensuring that they are provided with enough information about their rights and what non-legal advocacy services are at the start of their period of mental health treatment.

QUESTION 5 – Do you think the proposals meet the Royal Commission's recommendations about supported decision making? If not, why?

VTMH RESPONSE:

The proposals appear to meet the Royal Commission's recommendations about supported decision making. However, VTMH would like to confirm whether statements of rights will be provided in ways that respond to and reflect people's communication needs and preferences such as: information in different languages, working with interpreters and visual communication tools. Professional interpreter should be provided in all instances.

QUESTION 6 – How do you think the proposals about supported decision making could be improved?

VTMH RESPONSE:

As above

QUESTION 7 – Do you think the proposals meet the Royal Commission's recommendations about information collection, use and sharing? If not, why not?

VTMH RESPONSE:

VTMH recommends to address issues around information collection relating to consumers from linguistically diverse backgrounds. This includes access to professional interpreters, so consumers can play an active role and are made aware of what information is collected about them. Providing translated information will also enable consumers, their carers or supportive community members to access information if English is not their first language.

Additionally, awareness of the concept of "information collection" should be provided in culturally appropriate ways to consumers of linguistically diverse backgrounds, and their carers or community members who are supporting them.

QUESTION 8 – How do you think the proposals about information collection, use and sharing could be improved?

VTMH RESPONSE:

As above

QUESTION 9: Do you think the proposals meet the Royal Commission's recommendations about reducing the use and negative impacts of compulsory assessment and treatment? If not, why?

QUESTION 10: How do you think the proposals about compulsory treatment and assessment could be improved?

VTMH RESPONSE:

For questions 9 & 10 about compulsory treatment, VTMH suggests the importance of acknowledging cultural or traditionally based treatment requested by a consumer and only consider compulsory treatment if cultural or traditional based treatments are deemed unsafe. Furthermore, it is suggested that care teams cultural liaison officers/cultural elders prior to enforcing or enacting compulsory treatment.

These initiatives also depend on services developing diversity practice lead positions who can champion these practices and community connections.

QUESTION 11: Do you think the proposals meet the Royal Commission's recommendations about reducing the use and negative impacts of seclusion and restraint, and regulation of chemical restraint? If not, why?

QUESTION 12: How do you think the proposals about seclusion and restraint could be improved?

VTMH RESPONSE:

Regarding 11 & 12 about seclusion and restraint, the proposal discusses reduction of using seclusion or restraint but does not specifically mention other interventions instead of seclusion or restraint.

QUESTION *13: Do you think the proposals meet the Royal Commission's recommendations about governance and oversight? If not, why?*

QUESTION *14: How do you think the proposals about governance and oversight could be improved?*

VTMH RESPONSE:

-In terms of questions 13 & 14 about governance and oversight, there were no references made to monitoring how culturally responsive services were and measures related to this. VTMH recommends that such monitoring and measures should be considered.

-VTMH recommends to emphasise more the need to recognise cross cultural perspectives in mental health illness and recovery, as well as the need to co-design mental health programs and responses with communities, and consumers with lived experience.

Additional VTMH recommendations regarding reporting and data:

-As part of ongoing processes associated with implementing the new Mental Health and Wellbeing Act, there should be a transparent reporting of de-identified and disaggregated data regarding the characteristics of individuals who are subject to provisions under the Act. This is essential to understand, report and respond to biased practices and discrimination that occur in the course of implementing the Act. Intersectionality should be considered to be able to identify multiplying effects of multiple sources of disadvantage.

-In regards to racialized or more recently arrived populations, there are recommendations regarding minimum data sets. Please find below relevant documents:
"*Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion"*
https://ijmhs.biomedcentral.com/articles/10.1186/1752-4458-7-23

- *Humanitarian Arrivals in Melbourne: A spatial analysis of population distribution and health service needs. Extended Report.* University of Melbourne: Melbourne, Victoria. Davern, M., Warr, D., Block, K., La Brooy, C., Taylor, E. & Hosseini, A. (2016).

-Measures that indicate forms of structural disadvantage are needed. The community health sector is a source of expertise in how to utilise population and equity measures as part of service planning.

-In summary, as part of designing new Act, creating processes that gather sufficient data about the characteristics of people, that are sensitive to cultural, social, and socio-economic factors, as well as people's experiences of receiving care, treatment and support, should be prioritised.

-It is equally important to couple this data collection and analysis with opportunities for community members to explore and discuss this information. The aim should be to use data as part of a high level integrated plan to reduce inequity and injustice at all levels of the system, that is, to make visible the intentional and unintentional bias in the everyday ways in which mental health service sectors and practitioners apply the Act as well as how resources are allocated and services are organised, and work with communities to address their concerns and priorities.

VTMH recommendations regarding the Community engagement process:

-VTMH recommends that as part of community consultations regarding the new Act, the government designs and develops a culturally responsive community engagement process. This is essential as those most likely to experience restricted treatment and those less likely to use psychosocial supports are associated with populations most affected by powerful social and cultural determinants of health, this means that we need to actively seek out those who are silenced, or do not believe that their voice will be listened to.