

Royal Commission into Mental Health Terms of Reference Consultation

ECCV Submission

Background

The Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of multicultural Victoria and the peak policy advocacy body for eight regional ethnic community councils and more than 220 members, including ethnic and multicultural organisations across Victoria since 1974. During this time, we have been the link between multicultural communities, government and the wider community.

ECCV is grateful for the opportunity to comment on the Terms of Reference for the Victorian Government's Royal Commission into Mental Health. This feedback is based upon policy analysis, previous ECCV submissions, reports and community consultations with Victorian ethnic and multicultural organisations, government and service providers over the last five years.

ECCV congratulates the Victorian Government on establishing this Royal Commission, which we hope will lead to the implementation of new strategies to support Victorians with mental illness and further raise public awareness of issues around mental health. ECCV would like to draw the Government's attention to the mental health issues that can affect at-risk Victorians, particularly refugees and asylum seekers, and people from culturally and linguistically diverse backgrounds (especially members of new and emerging communities and people lacking English fluency¹), as well as older Victorians, members of the LGBTIQ community, and Victorians with a disability. We believe that the Commission's Terms of Reference must include these in their scope.

Access to Mental Health Services

There is currently not a comprehensive set of data illustrating the incidence of mental illness amongst culturally and linguistically diverse Victorians, nor of the extent to which culturally diverse community members access mental health services. ECCV hopes that the Royal Commission will make it a priority to gather more data in this regard, such as determining the proportion of mental health service customers who are not fluent in English. However there is sufficient data to demonstrate that Victorians from immigrant backgrounds access mental health services at lower

¹ Migration Council of Australia, 2015, [The Health Outcomes of Migrants: A Literature Review](#)

rates than the Victorian-born population.² Available data also shows that culturally diverse Victorians are overrepresented in involuntary hospital admissions and acute inpatient units, and it is likely that the underutilisation of mental health services is at least partly responsible for this.³

There is considerable international research indicating that severe mental illness may be higher in immigrant and refugee populations than in host communities.⁴ It is likely that this is mostly due to the stresses caused by the migration and settlement process. Most migrants to Australia have to navigate a complex migration process that involves time on a temporary visa, and uncertainties at various stages about whether they meet eligibility criteria for permanent residency and citizenship. This can be a trigger for stress and anxiety and occurs at a time when migrants are generally not eligible for Medicare-subsidised health services. For certain groups of migrants, in particular refugees and asylum seekers, the stresses of events in their countries of origin continue to negatively affect their mental health once they have settled in Australia.

Language and Other Access Barriers

The lived experience of people from migrant backgrounds in Australia can also have repercussions for their mental health. Racism remains a part of the everyday experience of far too many Victorians, and has a particularly profound impact on some newer migrant groups such as Muslim-Australians and African-Australians. Negative media portrayals and vilifying statements by some public figures and politicians also contribute to feelings of victimisation and isolation.

ECCV's consultations with our members and other culturally diverse community groups have also made clear that a lack of cultural responsiveness within Victoria's mental health services is a significant barrier to engagement by culturally diverse Victorians. ECCV hopes that the Royal Commission will look carefully at how mental health service providers can be encouraged and assisted to place cultural competency and diversity engagement strategies at the core of their businesses.

A key aspect of facilitating engagement by those who lack English fluency is provision of interpreting. In 2017 ECCV examined the role of interpreters in Victoria's health services and discovered that many culturally diverse consumers are not making full use of interpreting in their communication with health professionals.⁵ Many are unaware of the interpreting services that are available, and some doctors and hospitals do not inform their patients about them. This sometimes leads to concerning situations where family members or friends provide interpreting, with the associated risks of miscommunication and adverse health outcomes. There is a scarcity of professional interpreters as a whole in Victoria, and in particular a lack of interpreters with specialist health

² Mental Health in Multicultural Australia, 2014, [Framework for Mental Health in Multicultural Australia](#), p7

³ Ibid.

⁴ Ethnic Communities' Council of Victoria, 2011, [A Better Way: Mental Health and Aged Care – a Multicultural Perspective](#), p10

⁵ Ethnic Communities' Council of Victoria, 2017, [Our Stories, Our Voices: Culturally diverse consumer perspectives on the role of accredited interpreters in Victoria's health services](#)

knowledge. ECCV believes that the employment of bilingual and bicultural workforces with the skills to provide culturally appropriate counselling must be a priority, but that this should be reinforced with investment to increase the number of specialist interpreters.

It is also important that the Commission examine the extent to which cultural norms within different communities inhibit access to mental health services. *Mental Health in Multicultural Australia's Framework for Mental Health in Multicultural Australia* notes that

“Understanding mental illness as a health problem that requires medical treatment is a western concept that can seem strange or even threatening to some people from culturally and linguistically diverse (CALD) backgrounds.”⁶

In setting the terms of its inquiry, the Commission must therefore be cognizant of the fact that for some Victorians, the notion that seeking professional help when one feels anxious or depressed is an alien one.

The relative isolation of certain communities means that there is not always an awareness of the extent of mental health services that are available, including through the public system. There are also members of culturally and linguistically diverse communities for whom the stigma or shame of seeking mental health support presents a significant barrier. If this is combined with lower mental health literacy due to English language or other literacy problems, it presents a significant barrier. Mental illness is therefore a “hidden disease” in some communities – one that is rarely discussed and about which awareness levels are low. These are some of the most significant reasons why ECCV believes that Royal Commission into Mental Health must specifically consider issues that affect culturally diverse communities.

Refugees and Asylum Seekers

One segment of culturally diverse Victoria for whom mental health issues often carry particular significance is those who have arrived as humanitarian entrants. In 2018 ECCV published a report titled *“Falling through the Cracks” - Community Perspectives on Asylum Seeker and Refugee Mental Health*.⁷ This looked at the multi-faceted causes of mental ill-health amongst the Victorian refugee and asylum seeker population, and the many gaps that they face when accessing health and settlement services. These include many of the barriers that have already been mentioned, but often exacerbated by the long and uncertain time spent waiting for asylum claims to be processed, and now the continued uncertainty that arises from living on a Temporary Protection Visa (TPV) or Safe Haven Enterprise Visa (SHEV).

⁶ Mental Health in Multicultural Australia, 2014, [Framework for Mental Health in Multicultural Australia](#), pp.26-7

⁷ Ethnic Communities' Council of Victoria, 2018, [‘Falling through the Cracks’: Community Perspectives on Asylum Seeker and Refugee Mental Health](#)

Australia's increasingly punitive approach to community-based asylum seekers has also severely limited their access to torture and trauma counselling, and the removal of access to family reunions has had a demoralising effect on mental health. Many asylum seekers have in the last year been removed from the minimal support that they received through Status Resolution Support Services (SRSS), and therefore are now at high risk of poverty and homelessness.

All this is in addition to the often highly traumatic pre-migration experiences of many refugees and asylum seekers, the effects of which can often re-surface at times of stress later in life. ECCV therefore hopes that the Royal Commission will include special consideration of refugees and asylum seekers as one of the most vulnerable groups in Victorian society.

Seniors and People with Disabilities

Older Victorians from culturally and linguistically diverse backgrounds also face particular issues with regards to mental health that ECCV believes must be carefully examined. These stem especially from the increased levels of isolation that older people from non-English speaking backgrounds often experience. Isolation of seniors is becoming a concerning trend, particularly in an increasingly digital world in which many older people lack the skills to participate. There are also mental health problems that particularly affect seniors, such as dementia and Alzheimer's, for which culturally appropriate care and professional interpreting services are crucial but often unavailable.

ECCV's work on ageing in multicultural communities indicates that many seniors live with mental health problems for years without any support beyond that provided by their families.⁸ Aged care workers often lack both the mental health training and the cultural competency to recognise and respond to mental illness. ECCV acknowledges that Victoria provides a high level of assistance to older people with physical and mental health issues to assist them to access support services because of its network of Access and Support Workers. However we believe that there is much room for improvement in the services themselves.

The Victorian Government's recent Royal Commission into Family Violence also identified elder abuse as a major area of concern for the mental wellbeing of older Victorians.⁹ Organisations such as the National Ageing Research Institute and Seniors Rights Victoria have been at the forefront of developing strategies to combat elder abuse¹⁰, but ECCV would like the Royal Commission to further examine how mental health services can best support seniors who have experienced abuse, as well as looking at how to raise awareness and tackle the issue in culturally diverse communities.

ECCV provides support to culturally diverse Victorians to access the National Disability Insurance Scheme (NDIS), and for multicultural and ethno-specific organisations to become NDIS service providers. We therefore have considerable experience of the difficulties that people with mental

⁸ Ethnic Communities' Council of Victoria, 2011, [A Better Way: Mental Health and Aged Care – a Multicultural Perspective](#)

⁹ Victorian Government, 2016, [Royal Commission into Family Violence: Summary and recommendations](#), p.128

¹⁰ National Ageing Research Institute, 2018, [Elder Abuse Community Action Plan for Victoria](#)

health issues can face in accessing the NDIS, and of the barriers particular to culturally diverse Victorians. The former include the difficulties involved in demonstrating that a mental health condition is a “permanent impairment” or one that is likely to be permanent.¹¹ Barriers facing culturally and linguistically diverse Victorians include language difficulties, lack of plain language translation of NDIS materials, and lack of interpreters with disability awareness and NDIS literacy. The NDIS eligibility criteria and requirement for permanent impairment are also difficult concepts for some Victorians who are not English-fluent to fully understand. As with other aspects of mental health service provision, ECCV believes that NDIS providers should be encouraged and assisted to employ a more culturally diverse workforce.

Gambling Harm

In 2014 ECCV conducted a community forum titled “Let’s Talk about Gambling in Multicultural Communities”. Since then the number of stories of gambling addiction and harm reaching ECCV have demonstrated that this is a serious public health issue, with effects at a similar level to major depressive disorders and alcohol misuse.¹² ECCV requests that the Royal Commission includes in its Terms of Reference a requirement to examine how to mitigate the effects of gambling related harm in Victoria.

Gambling is linked to anxiety, depression, excess alcohol and tobacco usage, and increased suicide risk, and these factors in turn can increase the risk of individuals suffering gambling harm. Potential problems arising from gambling can occur to the individual gambler, their family and friends, and to the broader community. The social costs of gambling, including family breakdown, relationship problems, domestic violence, emotional and psychological distress, depression and suicide, are estimated at nearly \$7 billion per year in Victoria.¹³ The link between gambling and mental health is further dramatically demonstrated by the finding that gambling addiction was a contributing factor to nearly 130 suicides in Victoria over the past decade.¹⁴

ECCV believes that gambling harm does not currently receive sufficient attention when causes of mental health are considered. We would also like further research to be conducted into how gambling harm affects particular communities, so that a more targeted approach can be taken to tackling the issue.

¹¹ Mental Health Australia, 2014, [Getting the NDIS right for people with psychosocial disability](#) [Accessed 24 January 2019]

¹² Victorian Responsible Gambling Foundation, 2016, [Assessing Gambling-Related Harm in Victoria: A Public Health Perspective](#)

¹³ Victorian Responsible Gambling Foundation, 2017, [The Social Cost of Gambling to Victoria](#), p2

¹⁴ Coroners Court of Victoria, 2013, [Data Summary: Gambling-related suicides, Victoria 2000-2012](#), p.3

In light of the issues that have been covered in this submission, ECCV believes that it is critical that the Terms of Reference of the Royal Commission into Mental Health specifically include reference to the culturally and linguistically diverse populations of Victoria.

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