Background Briefing: Multicultural Mental Health & Suicide Prevention

Report to the National Mental Health Commission

September 2017

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1. List of acronyms

ABS	Australian Bureau of Statistics
AHMAC	Australian Health Ministers Advisory Council
ATMHN	Australian Transcultural Mental Health Network
CALD	Culturally and Linguistically Diverse
DHAC	Commonwealth Department of Health and Aged Care
DoH	Commonwealth Department of Health
DoHA	Commonwealth Department of Health and Ageing
FECCA	Federation of Ethnic Communities Council of Australia
Fifth Plan	Fifth National Mental Health and Suicide Prevention Plan
MHiMA	Mental Health in Multicultural Australia
MHPC	Mental Health Principal Committee
MMHA	Multicultural Mental Health Australia
NDIS	National Disability Insurance Scheme
NGO	non-Government Organisation
NMHC	National Mental Health Commission
NMHWG	National Mental Health Working Group
PHN	Primary Health Network
TPU	Transcultural Psychiatry Unit

2. Preface

The NMHC engaged Hamza Vayani to develop a background paper to inform the status of Multicultural Mental Health and Suicide Prevention in Australia. In preparing this background briefing paper, Hamza Vayani consulted with recognised transcultural mental health experts in Australia across policy development, education, training, models of care, clinical practice, data collection, research, and evaluation.

A teleconference was held with the following state and territory transcultural mental health state-wide managers and experts on 21 June 2017:

- Maria Cassaniti, New South Wales Transcultural Mental Health, Centre Manager
- Daryl Oehm, Victorian Transcultural Mental Health, Centre Manager
- Rita Prasad-Ildes, Queensland Transcultural Mental Health, Centre Manager
- Dr Bernadette Wright, Transcultural Mental Health Expert – Western Australia
- Hamza Vayani, Independent Consultant

As stakeholders that will interface with any future national Multicultural Mental Health and Suicide Prevention initiative, all state-wide transcultural mental health centre managers and experts welcomed the opportunity to engage in contributing to the development of this background briefing. These experts are referred to as 'stakeholders' for the remainder of this paper.

It should be noted that these preliminary discussions are not formally adopted state or territory positions. However, they are grounded in the perspective of service delivery and engagement with Culturally and Linguistically Diverse (CALD) consumers and carers accessing or contributing to the development of culturally responsive transcultural mental health clinical practice and service delivery.

3. Multicultural Australia

A review of the data in the Australian Bureau of Statistics (ABS) 2011 and 2016 census data shows an increase in overseas born migrants living in Australia from 30.2 per cent to 33.3 per cent, respectively. Migration is increasing from non-English speaking countries, mainly from the Asia Pacific region, particularly China, India and the Philippines, with a shift away from English speaking countries. The 2016 census data shows the top five non-English spoken languages in Australia in order of listing are now Mandarin, Arabic, Cantonese, Vietnamese and Italian. Table 1 provides a breakdown of relevant data by state/territory. There also is an established and significant ageing migrant population of people from non-English speaking backgrounds, mainly from Greece, Italy, Germany and Spain.

Table 1: Population Profile in Australia

State/ Territory	Changes in population by State/Territory by Overseas Born expressed in Percentages			Top 5 non-English Spoken Languages in each State/Territory based on 2016 Census Data	Total Population of Each State/ Territory
	2011	**2016**	**Diff**		
ACT	28.6%	32%	+ 3.4%	Mandarin, Vietnamese. Cantonese, Hindi, Spanish	397,397
NSW	31.4%	34.5%	+ 3.1%	Mandarin, Arabic, Cantonese, Vietnamese, Greek	7,480,288
NT	No Data	40.7%	Not Known	Kriol, Djambarrpuyngu, Greek, Tagalog, Warlpiri	228,833
Qld	26.3%	28.9%	+ 2.6%	Mandarin, Vietnamese, Cantonese, Spanish, Italian	4,703,193
SA	26.7%	28.9%	+ 2.2%	Italian, Mandarin, Greek, Vietnamese, Cantonese	1,676,653
Tas	16.4%	19.3%	+ 2.9%	Mandarin, Nepali, German, Greek, Italian	509,965
Vic	31.4%	35.1%	+ 3.7%	Mandarin, Italian, Greek, Vietnamese, Arabic	5,926,624
WA	37.1%	39.7%	+ 2.6%	Mandarin, Italian, Vietnamese, Cantonese, Tagalog	2,474,410
Australia Wide	30.2%	33.3%	+ 3.1%	Mandarin, Arabic, Cantonese, Vietnamese, Italian	23,401,892

Source: ABS 2011 and 2016 census data

4. Policy landscape relevant to multicultural mental health and suicide prevention in Australia

Each state and territory in Australia has its own mental health and suicide prevention plan and the consideration in respect of CALD populations differs in each. NSW, Qld and Vic are the only states with a state-wide transcultural mental health service. A summary, by state/territory, of multicultural mental health and suicide prevention historical documents and current activity in Australia is presented in Table 2.

Table 2: Summary of Multicultural Mental Health and Suicide Prevention Historical Documents and Current Activity

State/ Territory	Existence of state-wide Transcultural Mental Health Service	Key historical or current documents for consideration in respect of multicultural mental health and suicide prevention	Key pieces of current work underway in respect of multicultural mental health and suicide prevention	Mental Health Act & Provisions for CALD Populations	
				Y/N	CALD Provision
ACT	No	Towards Culturally Appropriate & Inclusive Services - A Coordinating Framework for Act Health 2014-2018	No known activity since 2015	Y	Y
NSW	Yes	The 'Living Well – A Strategic Plan for Mental Health in NSW – 2014 to 2024'	There are five actions listed in the 'Living Well – A Strategic Plan for Mental Health in NSW – 2014 to 2024' – 7.2.1, 7.2.2, 7.23, 7.24 & 7.25. Continued delivery of front line specialist transcultural mental health clinical care services on a state-wide basis.	Y	Y
NT	No	No information available	No information available although in percentage terms has the highest rate of people born overseas.	Y	Y

State/ Territory	Existence of state-wide Transcultural Mental Health Service	Key historical or current documents for consideration in respect of multicultural mental health and suicide prevention	Key pieces of current work underway in respect of multicultural mental health and suicide prevention	Mental Health Act & Provisions for CALD Populations	
				Y/N	CALD Provision
Qld	Yes	Queensland Multicultural Action Plan – 2016 to 2019 Refugee Health & Wellbeing – A Strategic Framework for Queensland – 2016 Connecting care to recovery 2016 – 2021 BRITA Futures – Bicultural identity resilience building Stepping out of the Shadows (Stigma Reduction)	Queensland Mental Health Commission Suicide Prevention Project. PHN funded CALD focused low intensity psychological services (Brisbane – Metro South & Metro North). Disaster recovery following Moorooka bus tragedy. Multicultural depression self-management programme. Additional state government recurrent investment and work for planning in to state-wide transcultural mental health service. Continued delivery of front line specialist transcultural mental health clinical care services on a state-wide basis.	Y	Y
SA	No	No information available	No information available	Y	Y
Tas	No	Tasmanian Transcultural Mental Health Network	No information available	Y	Y

State/ Territory	Existence of state-wide Transcultural Mental Health Service	Key historical or current documents for consideration in respect of multicultural mental health and suicide prevention	Key pieces of current work underway in respect of multicultural mental health and suicide prevention	Mental Health Act & Provisions for CALD Populations	
				Y/N	CALD Provision
Vic	**Yes**	Victorian Charter of Human Rights & Responsibilities (2006) Delivering for Diversity – Cultural Diversity Plan 2016 to 2019	Continued approach to supporting three area mental health services via service development and training approach by Victorian Transcultural Mental Health. Department of Health and Human Services 2017, Racism in Victoria and what it means for the health of Victorians, State Government of Victoria, Melbourne. Small grants program for improving the mental health and wellbeing of immigrant and refugee background communities by building capacity running until December 2018. Funding allocated by the Department of Health and Human Services, State Government of Victoria, Melbourne.	Y	Y
WA	**No**	National Cultural Competency Tool (2012) – *this document is the precursor to the National Framework for Mental Health in Multicultural Australia (2014)*	There is currently no state-wide funded transcultural mental health service in WA. A planned reconfiguration via a consultation process being led by the WA Mental Health Commission is currently underway.	Y	Y

State/ Territory	Existence of state-wide Transcultural Mental Health Service	Key historical or current documents for consideration in respect of multicultural mental health and suicide prevention	Key pieces of current work underway in respect of multicultural mental health and suicide prevention	Mental Health Act & Provisions for CALD Populations	
				Y/N	CALD Provision
Australia Wide	**No** *Unclear future arrangements*	Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion (2013) Framework for Mental Health in Multicultural Australia (2014)	No national programme functioning at this time.	N	N

The Fifth National Mental Health and Suicide Prevention Plan

On 4 August 2017, the Council of Australian Governments Health Council endorsed the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). Whilst the Fifth Plan makes no explicit reference to CALD populations in Australia in respect of their experience of mental illness or access to support services, there are two actions in the Fifth Plan that include an explicit focus on CALD populations: Action 20 Priority 8 as part of measuring changes in the Peer Workforce being representative of CALD populations, Action 32 the development of a National Digital Mental Health Framework.

There is also a significant opportunity for governments to work collaboratively and across sectors to explicitly tackle stigma and discrimination in respect of mental health and suicide prevention for CALD communities under Priority Area 6 of the ratified Fifth Plan.

5. National multicultural mental health initiatives

Since the first initiative in 1995, there have been multiple iterations of a multicultural mental health and suicide prevention programme funded by the Commonwealth Department of Health. Each iteration aimed to develop awareness, knowledge and understanding regarding CALD populations at a national level. Table 3 provides historical context regarding previous governance and management arrangements, and provides a brief appraisal of their merits.

Table 3: History of multicultural mental health initiatives funded by the Commonwealth Department of Health

	2001 Review	2009 Review	2015 Review
Name	Australian Transcultural Mental Health Network (ATMHN)	Multicultural Mental Health Australia (MMHA)	Mental Health in Multicultural Australia (MHiMA)
Funding Period	Nov 1995 - June 1998 (Phase 1) July 1999 - June 2001 (Phase 2)	May 2003 - June 2010	July 2011 - June 2015
Funder	Commonwealth Department of Health and Aged Care (DHAC)	Commonwealth Department of Health and Ageing (DoHA)	Commonwealth Department of Health (DoH)
Governance	Reports to National Mental Health Working Group (NMHWG) via Advisory Group Operated: Advisory Group and Sub-committees Had 2 organisational Units: a. Management Unit 1st phase funding → Victorian Transcultural Psychiatry Unit (VTPU) 2nd Phase funding → NSW Transcultural Mental Health Centre b. National information Service	Auspiced by: Diversity Health Institute Contract management held by Sydney West Area Health Service Consortium consisting of State Transcultural Mental Health Centres (TMHCs) and consumer and carer community organisations Joint Officers Group; consisting of States and Territories and Commonwealth (DoHA)	Auspiced by: University of South Australia (UniSA) Jul 2011 – June 2012 → QH corporate July 2012 - June 2015 → University of South Australia (due to change in State government, following elections) Consortium consisting of UniSA, Uni. Melbourne, Queensland TMHC
Positives	• Consistent recognition that addressing transcultural mental health is crucial. • ATMHN maintained a level of interest in TMH among senior State/Territory, non-government organisations (NGOs), consumer and carer organisations. • Continued to engage DHAC on issues related to CALD people.	• General perception that MMHA was good at practical, tangible, 'on the ground activities' e.g. organising interpreters, developing resources, fact sheets, delivering training.	• Coherent strategic plan underpinned by clear purpose/focus and based on thorough National consultations with, consumers and carers, experts, TMHCs and the NMHC. • Widespread stakeholder partnerships with other organisations in the NGO sector particularly with beyondblue and Mindframe.

Negatives	• Lack of clear vision and purpose. • Nebulous and unclear identity. • Not organised around 'membership'. • Not intimately known outside the immediate circle of governance and management. • Irregular reporting and poor interaction with NMHWG. • Lack of continuity of governance.	• Lack of strategic focus and input into national policy development. • Ineffective governance arrangements undermined ability to achieve objectives. • Poor communication within the project. • Poor decision making and lack of transparency of process • No clearly defined lines of accountability • Poor baseline data on Transcultural Mental Health and needs of different CALD communities	• Internal communication breakdown. • No clearly defined or signed-off delegations to enable Executive Officer to progress work. • Contestability of CALD data sets - resolved (NMHC Spotlight Report). However, lack of progress achieved to address the issue.
Review outcomes	ATMHN requires strong national sponsorship to be effective. ATMHN should be independent of any Transcultural Mental Health service. Should be a single amalgamated operational entity. Consideration should be given to a commercial structure with independent Director or CEO.	Underpinned by appropriate and sound planning processes. Development of a strategic plan in consultation with key stakeholders. Capable of ongoing effective monitoring of target group need and respond to changing landscape in a timely and appropriate manner. Have appropriate and sound governance structures to ensure clear accountability, transparent decision making and clear stakeholder engagement. A re-constituted entity needs to be considered.	Entity that allows engagement with State/Territories, Commonwealth and NGOs. Governance arrangements that provide sustainability and impact of work. Ability to engage at a Strategic level to effectively address National level policy issues. Governance arrangements with clearly defined roles, relationships, responsibilities. Proposal for MHA to lead work or for NMHCs to lead work with unclear targeted tender process underway by DoH.

6. Informing strategic options for the future

In considering focus areas for a strategically focused national multicultural mental health and suicide prevention programme, stakeholders emphasised the need to build on successful pieces of work developed in previously funded iterations and recommended taking a public health approach grounded in the social determinants of health. This approach should be broad and deep in its impact on mental health and suicide prevention initiatives across Australia.

In terms of strategic priorities and key metrics, it is proposed that the impact of a national multicultural mental health and suicide prevention programme should effectively span across policy development, education, training, models of care, clinical practice, data collection, research, and evaluation. These areas should also be informed by lived experience expertise.

The stakeholders proposed the following strategic priorities:

Strategic Priority 1: Embedding integrated and culturally responsive policy development
Establish a mechanism to facilitate input into key Commonwealth funded mental health policy initiatives, to ensure culturally inclusive public policy. In addition, facilitate an explicit interface and integration between policy intent, service access guidelines, eligibility criteria and referral pathways between state and territory and Commonwealth funded mental health and suicide prevention initiatives across the continuum of care.

Strategic Priority 2: Framework for mental health in multicultural Australia
Enhancement, refinement and re-alignment of the Framework for Mental Health in Multicultural Australia (Framework) in respect of explicit linkage to the National Safety and Quality Health Service Standards, the National Standards for Mental Health Services, and the National Disability Standards, and referencing to state and territory mental health legislation, and revised national and state and territory mental health and suicide prevention plans. The Framework would then be well placed to be an embedded tool that informs the development of service funding criteria. It would also then be of tangible utility in impacting on improved delivery of culturally responsive policy development and planning relating to education, training, models of care, clinical practice, data collection, research and evaluation. These areas would be informed by lived experience expertise across the continuum of care. In doing so, it would enable clearly agreed mapping and delineation between Commonwealth and state and territory approaches and facilitate system integration and reduce duplication of efforts regarding culturally responsive approaches to mental health and suicide prevention in respect of CALD populations.

Strategic Priority 3: Mental health awareness and literacy
Establish the baseline and track the impact of public health awareness campaigns on the extent of stigma reduction within CALD populations, in respect of mental health, mental illness, wellbeing, and suicide prevention, and on improvements in access to culturally and linguistically accessible and clinically safe information in a range of established and digital formats.

Strategic Priority 4: Transcultural mental health policy advice and clinical expertise related to national security risks involving mental illness and post disaster recovery community resilience and wellbeing
Address emerging risks in respect of national security matters in preventable cases of violent extremism, or in the assessment of cases where an offence has been committed. This priority also extends to the immediate aftermath of disaster recovery efforts and provision of advice and support to improve community based mental health literacy and maintain the social cohesion, resilience and wellbeing of a multicultural Australia. This strategic priority seeks to complement, educate and better inform established security, policing and forensic mental health protocols.

Strategic Priority 5: Culturally inclusive and routinely reportable collection, research and evaluation
Advance all eight recommendations in the National Mental Health Commission's spotlight report entitled *'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion'*. Implementation of these eight recommendations will enable routine and systematic analysis of service access and utilisation of mental health services across the continuum of care by people of CALD backgrounds, their associated service delivery costs, recovery outcomes and readmission rates. It will also inform future planning of funding formulae, budgets, service demand and development of evidence based and informed approaches to reducing demand on acute mental health services for CALD populations across Australia.

Strategic Priority 6: mapping and development of culturally responsive workforce capability framework
Enhance workforce development and capability by scoping current roles, and the future demand and skillset required for a transcultural mental health workforce, and develop educational resources, accredited modules, training and a qualification that interfaces with the Framework.

Specifics of how these strategic priorities relate to the Fifth Plan and their expected outcomes and indicative timeframes are detailed in Table 4.

Table 4: Proposed strategic priorities in relation to multicultural mental health and suicide prevention and expected outcomes

Strategic Priority 1: Embedding integrated & culturally responsive policy development				
Alignment to the Fifth Plan	**How?**	**Expected outcomes and indicative timeframes**		
		1 year horizon	**2-3 year horizon**	**5 year horizon**
Priority Area 1: Achieving integrated regional planning and service delivery	Create formal mechanisms for governments to integrate CALD mental health and suicide prevention considerations to progress actions 1 & 2 and addition of a dedicated subgroup into MHDAPC as part of the Fifth Plan governance arrangements.	Development and implementation of innovative funding models and joint commissioning of integrated mental health and suicide prevention services for CALD populations in every state and territory which is informed by transcultural mental health and suicide prevention expertise.	Explicit inclusion of CALD populations in all regional level publicly released joint, single regional mental health and suicide prevention plans. Development and implementation of Innovative funding models and joint commissioning of integrated mental health and suicide prevention services for CALD populations in every state and territory.	For explicit inclusion of CALD population mental health and suicide prevention needs in the National Mental Health Services Planning Framework (NMHSPF) and availability of national data regarding CALD populations.
Priority Area 3: Coordinating treatment and supports for people with severe and complex mental illness	Create formal mechanisms for governments to integrate CALD mental health and suicide prevention considerations to progress actions 6, 7, 8 & 9.	As above.	Achieve clarity regarding commonwealth, state and territory funding and responsibility to deliver national, regional, state-wide and local activity in respect of CALD mental health and suicide prevention and NDIS interface in respect of policy development, education, training, models of care, clinical practice, data collection, research and evaluation.	Report on progress achieved regarding clarity of roles and responsibilities and data availability regarding CALD populations access and recovery outcomes in acute and community mental health settings available as routine nationally standardised practice.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 5: Coordinating treatment and supports for people with severe and complex mental illness	Create formal mechanisms for governments to integrate CALD mental health and suicide prevention considerations to progress action 16.	Inclusion and establishment of clear roles and responsibilities for transcultural mental health and suicide prevention expertise in joint service planning, clinical governance and local service agreements.	Establishment of local KPIs informed and progressed by transcultural mental health and suicide prevention expertise in joint service planning, clinical governance and local service agreements.	Report improvements achieved for CALD populations arising from inclusion of transcultural mental health and suicide prevention expertise in joint service planning, clinical governance and local service agreements.

Strategic Priority 2: Framework for Mental Health in Multicultural Australia				
Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 1: Achieving integrated regional planning and service delivery	Adaptation and utilisation by governments of the Framework for Mental Health in Multicultural Australia to progress actions 1 & 2.	Review and agree scope on revised Framework for Mental Health in Multicultural Australia having utility in planning, CALD community lived experience engagement, planning, safety and quality improvements in culturally responsive clinical practice, evaluation and commissioning arrangements in consultation with stakeholders in Table 5 (Pages 21 & 22) of this background briefing paper.	Revised online Framework for Mental Health in Multicultural Australia utilised for planning, safety and quality, CALD community lived experience engagement, planning, safety and quality improvements in culturally responsive clinical practice, evaluation and commissioning arrangements in relation to mental health needs of CALD populations across the continuum of care.	Evaluate impact of the Framework for Mental Health in Multicultural Australia being systematically embedded and utilised to drive improved CALD community lived experience engagement, planning, safety and quality, improvements in culturally responsive clinical practice, and commissioning of culturally responsive services across the continuum of care.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 5: Coordinating treatment and supports for people with severe and complex mental illness	For revisions of the Framework for Mental Health in Multicultural Australia to incorporate the principles of 'Equally Well – The National Consensus Statement for improving the physical health of people living with mental illness in Australia' to enable explicit alignment with action 14.		Explicit linkage to 'Equally Well – The National Consensus Statement for improving the physical health of people living with mental illness in Australia'.	
Priority Area 7: Making safety and quality central to mental health service delivery	For revisions of the Framework for Mental Health in Multicultural Australia to remain as a recognised distinct tool that explicitly interfaces and integrates with action 21 regarding governments committing to developing a National Mental Health Safety and Quality Framework.		Explicit linkage to new and emerging safety and quality priority with explicit measures for CALD populations as part of a revised national mental health performance framework reporting on safety and quality and interface with revised National Mental Health Service Standards and National Disability Standards with coverage across all relevant sectors.	Dedicated resourcing to engage CALD consumers and carers in the Your Experiences Survey Tool in every state and territory across Australia resulting in disaggregated data by CALD population groups.
	For a revised Framework for Mental Health in Multicultural Australia to be formally recognised, adopted and utilised by governments in progressing actions 22, 23, 24, 25, 26 and 27.			Contribute to consistency and rights for culturally responsive care across jurisdictions in mental health legislation consistent with the 1 July 2016 United Nations Human Rights Council Resolution on Mental

			Health and Human Rights and the 2006 CRPD.

Strategic Priority 3: Mental Health Awareness & Literacy				
Alignment to the Fifth Plan	**How?**	**Expected outcomes and indicative timeframes**		
		1 year horizon	**2-3 year horizon**	**5 year horizon**
Priority Area 6: Reducing stigma and discrimination	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations for governments to progress action 18. And for governments to agree at the forthcoming COAG meeting in August 2017 to action 18 being broadened so that inclusion of specific groups already at high risk of stigma explicitly includes reference to people of CALD backgrounds and people with religious beliefs that practice their faith without being of risk to themselves or to the social cohesion and wellbeing of Australian society.	Recruitment of CALD National Consumer & Carer Working Group with representation from all states and territories across Australia based on 2 year appointments with work plan developed around reducing stigma and discrimination based on a human rights approach that builds on previous CALD specific initiatives such as Stepping out of the Shadows.	Development and national adoption of translation and interpretation mental health and suicide prevention guidelines. Implementation of CALD focused stigma reduction and human rights based work programme and re-fresh of CALD National Consumer & Working Group Membership with 50% recruitment of new membership from every state and territory across Australia.	Review and evaluate effectiveness of National CALD Consumer & Carer engagement and contribution in respect of development and impact of a national approach to reducing stigma and discrimination of CALD populations across Australia within a human rights based framework.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 8: Ensuring that the enablers of effective system performance and system improvement are in place	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations for governments to progress action 32 with explicit linkage to the development of the National Digital Mental Health Services Framework and inclusion in the work programme of the National Digital Health Agency.	Development of explicit standards within the National Digital Mental Health Services Framework regarding digital platforms, accessibility and mental health and suicide prevention services content being available and taking into consideration the needs of CALD populations; interfacing with the Framework for Mental Health in Multicultural Australia.	Commencement and completion of scoping followed by commencement of implementation for access to new digital service delivery platforms for CALD populations in partnership with the Special Broadcasting Service (SBS). Access to new digital service delivery platforms for CALD populations and content in at least: Mandarin, Arabic, Cantonese, Vietnamese, Italian.	Consider targets to include: Filipino, Greek, French, Spanish, Swahili, Somali, Japanese, Korean, Thai, Turkish, Hindi, Bengali, Hausa, Oromo, Yoruba, Igbo, Amharic, Zulu, Sinhalese, Tamil, Punjabi, Urdu, Dari, Pashto and Gujarati.

Strategic Priority 4: Transcultural mental health policy advice & clinical expertise related to national security risks involving mental illness & post disaster recovery community resilience & wellbeing				
Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 2: Suicide Prevention	For governments to explicitly engage CALD mental health and suicide prevention expertise to be included in actions 3, 4 & 5 as part of the fifth plan governance arrangements.	Inclusion and representation of transcultural mental health and suicide prevention expertise in in the new Suicide Prevention Subcommittee of MHPC in setting future directions for planning and investment.	For the development and operationalisation of the 11 elements identified in developing a National Suicide Prevention Implementation Strategy to include CALD mental health and suicide prevention expertise.	Establishment of locally informed transcultural mental health and suicide prevention expertise and lived experiences of CALD communities in joint single regional mental health and suicide prevention planning and development of culturally responsive referral pathways.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 6: Reducing stigma and discrimination	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations for governments to progress action 18. For government to agree at the forthcoming COAG meeting in August 2017 to action 18 being broadened so that inclusion of specific groups already at high risk of stigma explicitly includes reference to people of CALD backgrounds and people with religious beliefs that practice their faith without being of risk to themselves or to the social cohesion and wellbeing of Australian society.	Engagement of transcultural mental health and suicide prevention expertise in state, territory and national approaches to strengthening social cohesion, community wellbeing and engaging in pre-emptive disruptive/diversionary approaches and/or post a critical major incident such as a violent terrorist attack.	Scoping and replicating the 'Department of Health and Human Services 2017, Racism in Victoria and what it means for the health of Victorians' report on a national basis and taking a cross sector approach that includes ascertaining disparities in educational access and attainment, housing, employment, civic participation, access to mental health, drug and alcohol services and support, contact with police, intelligence services and criminal justice systems.	Scoping, development and emergence of data regarding evidence based interventions and routine data collection disaggregated by CALD populations and by religious groups and impact on their wellbeing and broader impacts on social cohesion for inclusion in datasets such as the Scanlon Foundation Mapping Social Cohesion surveys.
Priority Area 8: Ensuring that the enablers of effective system performance and system improvement are in place	For advancement of action 28 by the National Mental Health Commission and National Health and Medical Research Council explicitly setting an expectation around dedicated investment, commissioning, undertaking and publication of CALD mental health and suicide prevention	Development of a national mental health and suicide prevention research strategy being informed by 'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion (2013)'.	For at least one commissioned research to be undertaken that includes as many of the 12 CALD data variables consistent with the ABS Standards for Statistics on Cultural and Language Diversity.	For research findings being translated and applied to drive better treatment outcomes across the mental health sector and inclusion of CALD populations and variables as standard practice in research samples.

research.				

Strategic Priority 5: Culturally inclusive and routinely reportable collection, research and evaluation				
Alignment to the Fifth Plan	**How?**	**Expected outcomes and indicative timeframes**		
		1 year horizon	**2-3 year horizon**	**5 year horizon**
Priority Area 5: Coordinating treatment and supports for people with severe and complex mental illness	Create formal mechanisms for governments to integrate CALD mental health and suicide prevention considerations to progress action 17.	Development of a national mental health and suicide prevention research strategy being informed by 'Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion (2013)' with specific consideration to the mental health needs of CALD populations being factored into the specifications and development of regular national reporting in the physical health of people living with mental illness, Peer Workforce Development Guidelines and the National Mental Health Services Planning Framework.	Scoping and developing mechanisms for the inclusion of CALD populations in regular national reporting about the physical health of people living with mental illness.	For national reporting about physical, mental health and indicator set of the Fifth National Mental Health Plan & Suicide Prevention Plan to include disaggregated data by CALD populations as routine standardised practice reported in the AIHW Australia's Health Reports and ACSQH Atlas of Healthcare Variation Reports.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 8: Ensuring that the enablers of effective system performance and system improvement are in place	Create formal mechanisms for governments to integrate CALD mental health and suicide prevention considerations to progress actions 28 and 31.		Scoping and developing mechanisms for the explicit inclusion of CALD people with lived experience in the Peer Workforce Development Guidelines and workforce planning regarding a skilled and qualified transcultural mental and suicide prevention workforce in Australia.	For dedicated investment and employment of CALD people with lived experience in every state and territory peer workforce and a national workforce strategy with investment in developing a sustainable and nationally consistent approach to dedicated transcultural mental and suicide prevention practice and expertise in the workforce capable of meeting the needs of CALD populations accessing mental health and suicide prevention services.
	For advancement of action 28 by the National Mental Health Commission and National Health and Medical Research Council explicitly setting an expectation around dedicated investment, commissioning, undertaking and publication of CALD mental health and suicide prevention research.		For commissioned research to include as many of the 12 CALD data variables consistent with the Australian Bureau of Statistics Standards for Statistics on Cultural and Language Diversity.	For inclusion of CALD variables as standard practice in research samples and research findings translating to applied practices in driving better treatment outcomes across the mental health sector for CALD populations.

Strategic Priority 6: Mapping & development of culturally responsive workforce capability framework				
Alignment to the Fifth Plan	**How?**	**Expected outcomes and indicative timeframes**		
		1 year horizon	**2-3 year horizon**	**5 year horizon**
Priority Area 1: Achieving integrated regional planning and service delivery	For governments to develop and adopt consistent definitions around culturally responsive care in respect to CALD populations and for this information to be explicitly factored into the National Mental Health Services Planning Framework to progress actions 1 & 2 in a way that is inclusive of the mental health needs and effective suicide prevention interventions for CALD populations.	Scoping and developing mechanisms for the explicit inclusion of mental health and suicide prevention workforce planning regarding CALD Peer Workforce and a skilled qualified transcultural mental and suicide prevention workforce in Australia.	Development of a nationally endorsed mental health and suicide prevention workforce strategy that includes a CALD Peer Workforce and investment in the development of a skilled qualified transcultural mental and suicide prevention workforce in Australia.	Reportable national progress in recruitment of CALD Peer Workforce and recruitment, retention and impact of a skilled qualified transcultural mental and suicide prevention workforce transcending roles specialising in policy development, education, training, models of care, clinical practice, data collection, research and evaluation.
Priority Area 5: Coordinating treatment and supports for people with severe and complex mental illness	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations to progress action 15.	Engagement with established transcultural mental health and suicide prevention expertise in developing effective approaches to screening, detection and early intervention of CALD populations at high risk of physical ill health and roles for GPs, primary care providers and specialist services.	Development of evidence based resources regarding culturally responsive approaches and therapeutic practices as part of regular physical health checks and support in maintaining optimal physical health of individuals in CALD communities with high risk of mental illness.	Accredited culturally responsive and therapeutic practice for CALD patients at high risk of mental illness through curriculum content and continued professional development targeting primary healthcare settings as part of clinical workforce registration requirements and scope of practice.

Alignment to the Fifth Plan	How?	Expected outcomes and indicative timeframes		
		1 year horizon	2-3 year horizon	5 year horizon
Priority Area 6: Reducing stigma and discrimination	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations for governments to progress actions 19 and 20.	Engagement with established transcultural mental health and suicide prevention expertise in developing a training program that builds awareness of and knowledge of the impact of community based and health system stigma and discrimination and approaches to overcome these issues for CALD clients and their families.	Implementation and roll out of a training program that builds awareness of and knowledge of the impact of community based and health system stigma and discrimination and approaches to overcome these issues for CALD clients and their families.	Evaluation of impact of training program in building awareness, knowledge and changes in community based attitudes and health system re-design in developing approaches to overcoming stigma and discrimination faced by CALD clients and their families.
Priority Area 8: Ensuring enablers of effective system performance and system improvement are in place	Create formal mechanisms to integrate CALD mental health and suicide prevention considerations for governments to progress actions 29, 30 & 31	Explicit inclusion of CALD mental health and suicide prevention workforce in the development of the Peer Workforce Development Guidelines.	Inclusion, monitoring and growth of a CALD Peer workforce in Australia that is factored into and included in the development of the national mental health peer workforce dataset including data collection and public reporting across employment sectors.	Reportable national progress in recruitment of CALD Peer Workforce and recruitment, retention and impact of skilled qualified transcultural mental and suicide prevention workforce transcending roles specialising in policy development, education, training, models of care, clinical practice, data collection, research and evaluation.
		Explicit inclusion of skilled qualified transcultural mental and suicide prevention workforce transcending roles specialising in policy development, education, training, models of care, clinical practice, data collection, research and evaluation and CALD Peer Workforce as expected outputs in	Development and implementation of a Workforce Development Program that will guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled qualified transcultural mental and suicide prevention workforce transcending roles specialising in policy development, education, training,	

		the National Mental Health Services Planning Framework, and other relevant data to develop a Workforce Development Program that will guide strategies to address future workforce supply requirements and drive recruitment and retention of skilled staff.	models of care, clinical practice, data collection, research and evaluation and CALD Peer Workforce.	