

# Developing a National Mental Health and Suicide Prevention Monitoring and Reporting Framework

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Online Survey

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National Mental Health Commission  
Nous Group  
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## **ABOUT FECCA**

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The Federation of Ethnic Communities' Councils of Australia (FECCA) is the national peak body representing Australia's culturally and linguistically diverse (CALD) communities and their organisations. FECCA provides advocacy, develops policy and promotes issues on behalf of its constituency to Government and the broader community. FECCA supports multiculturalism, community harmony, social justice and the rejection of all forms of discrimination and racism so as to build a productive and culturally rich Australian society.

FECCA continues to build partnerships with organisations that advocate for people with disability from culturally and linguistically diverse (multicultural community) backgrounds, including the National Ethnic Disability Alliance (NEDA), Multicultural Mental Health Australia (MMHA) and Women with Disability Australia (WWDA).

FECCA welcomes the opportunity to provide input to the discussion on monitoring and reporting of national mental health and suicide prevention framework.

## **FECCA CONTACTS**

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- What are the key **social domains** for the Commission to report on in mental health and suicide prevention?

Community Connections  
Education  
Employment  
Housing and homelessness

- What are the highest priority **social domains** for the next 5 years?

Housing and homelessness  
Employment  
Community Connections/Cultural responsiveness

- What are the key **system domains** for the Commission to report on in mental health and suicide prevention?

Access and Equity  
Consumer and carer participation  
Safety, quality and responsiveness

- What are the highest priority **system domains** for the next 5 years?

Accessibility and equity  
Consumer and carer participation

- What are the key **population domains** for the Commission to report on in mental health and suicide prevention?

Prevalence of diagnosable mental ill health, suicide and suicide attempts  
Mental health outcomes

- What are the highest priority **population domains** for the next five years?

Prevalence of diagnosable mental ill health, suicide and suicide attempts

- Who are the priority groups the Commission should monitor and report on?

Culturally and Linguistically Diverse communities (CALD)  
Refugees  
Rural and remote Populations

- **Are any groups missing in each of the priority reform areas?**

Homeless women are a growing cohort, particularly older women over 65 years of age.

FECCA is pleased that the priority reform areas have covered all groups that it deems of importance for monitoring and evaluation. FECCA advocates that the frameworks designed for reform are provided in several languages for the benefit of people from culturally and linguistically diverse backgrounds (CALD) communities. Additionally, FECCA advises that they are produced in various formats including audio documents for those who cannot read and write.

- **Which of these groups is the highest priority for the Commission to monitor and report on in the next 5 years?**

As FECCA promotes issues that affect Australians from CALD backgrounds, we advocate on their behalf that the Commission consider them as of highest priority to monitor and report on. CALD people face many barriers to accessing services and support, due in main to language and communication barriers and systemic barriers.

Data reveals that people who were born overseas and speak a language other than English at home are not likely to use mental health services. Migrants and people from non-English speaking backgrounds are less likely to use mental health services. This means that they are at a higher risk of attempting or committing suicide.<sup>1</sup>

FECCA supports the other priority groups listed by the Commission as having priority over the next five years. However, we feel that it is important to include Refugees as a high priority group for inclusion into the Framework for monitoring and reporting for the next five years.

### **Refugees**

A total of 199,765 humanitarian entrants arrived in Australia between 2000 and 2014.<sup>2</sup> Australia's current humanitarian intake constitutes 13,750 places and is set to increase to 16,250 places in 2017-18 and 18,750 places in 2018-19 financial year. These services should include, inter alia, cultural awareness, understanding about the civil and political situation in certain countries and cultural sensitivity.

Migrants of refugee background and those from new and emerging communities often have experienced trauma caused by not only the migration process but also effects based on their

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<sup>1</sup> Michael Koziol, 'Migrants, Non-English Speakers Less Likely to use Mental Health Services: Australian Bureau of Statistics, June 8 2016.

<sup>2</sup> NEDA data-cube based on Department of Social Services settlement database

reasons of migration such as war and political instabilities in their country of origin. Experience of this kind has effects that may lead to the development of mental illness and a heightened risk of suicide. Migrant refugees from CALD backgrounds with psychosocial disabilities (which may even be unknown to them) face challenges during settlement. Additionally, the stigma that comes with mental health illness further worsens the situation as most of them find it extremely difficult to seek help or even acknowledge that they need help. This is because of fear of isolation and prejudice from their own community due to cultural perceptions of mental illness.<sup>3</sup>

Special consideration in the reforms implementation should be given to new migrants and refugees, particularly in view of the additional humanitarian intake and refugee experiences of torture and trauma, and the need for access to tailored mental health services for individuals and families.

FECCA and National Ethnic Disability Alliance (NEDA) hold the view that migrants especially those of refugee background have increased propensity of mental health issues. It is FECCA's view that the Commission's monitoring and reporting framework is adequately equipped with reporting patterns on the use of mental health services and programs by migrants of refugee backgrounds. Additionally CALD variables should be included in the reporting outcomes for this cohort.

## **CALD**

At 30 June 2016, 28.5% of Australia's estimated resident population (6.9 million people) was born overseas. Over 4 million of these were born in non-English speaking countries.<sup>4</sup> Cultural and linguistic diversity is a significant aspect of the Australian population, and one of its defining factors. The needs of this large proportion of the population must be taken into account in the development, planning and implementation of frameworks such as this one on monitoring reporting on suicide prevention.

People from culturally and linguistically diverse backgrounds should be recognised as a vulnerable cohort, and considered as a priority, understanding that their unique mental health needs should be addressed in a culturally sensitive and inclusive way.

FECCA recognises the immediate need for a strong focus to be directed to people from culturally and linguistically diverse backgrounds in the implementation of mental health services. According to the National Mental Health Commission's Review *Contributing Lives, Thriving Communities*, people from CALD backgrounds may be less likely to disclose signs or symptoms of mental ill-health and may not

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<sup>3</sup> Multicultural Mental Health Australia (2001) 'Stepping Out of the Shadows, Stigma Reduction Project', June 2010. Multicultural Mental Health Australia

<sup>4</sup> Migration, Australia, 2013-14, Australian Bureau of Statistics 2015

feel comfortable seeking help. The Review also identified gaps in culturally competent, sensitive and appropriate mental health and suicide prevention services and programs.<sup>5</sup> The Contributing Lives Framework's Terms of reference is that all Australians have a right to contribute positively and to participate equally in the community. This is inclusive of population groups that have a higher mental ill health burden such as people from CALD backgrounds. The gaps identified by the review include: Inadequate specialised supports or programmes for specific at-risk population groups such as CALD communities, people from rural and remote areas and people who face discrimination or are marginalised and consequently suffer ill mental health. FECCA encourages the Commission to consider these gaps and recommends thorough analysis of data for CALD mental health consumers as part of the monitoring reporting framework.

FECCA views that analysis of data collected will help reveal groups that are not accessing particular mental health services and the reasons why. This will be useful in determining whether additional data is required and whether there would be need for new strategies to draw in the communities that have been left out or are not utilising the available services.

FECCA advocates for auditing of computer systems, data and surveys where CALD data is collected. This is imperative as it will reveal whether core (country of birth, main language other than English spoken at home, proficiency in spoken English) and standard (ancestry, birthplace of parents, languages spoken at home, religious affiliation, year of arrival in Australia) variables are being collected. Where gaps are identified, the Commission will have to create ways of incorporating such variables in existing collections.

Currently, there is a lack of adequate data on mental health illness amongst CALD communities. There is a need for more research, comprehensive and rigorous data collection to enable mental health stakeholders to develop an understanding of mental health among CALD Australians. For this to be achieved, CALD communities would be required to participate and engage in processes of identifying the types of data that would be both useful and accessible in order to evaluate ways of suicide prevention amongst them.<sup>6</sup>

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<sup>5</sup> NEDA & FECCA, Joint submission from the Federation of Ethnic Communities' Councils of Australia and the National Ethnic Disability Alliance, MhiMA Project Consultation, 12 Feb 2016

<sup>6</sup> Fry, A. (2000). Suicidal behaviour in young migrant women' in Bashir, M., and Bennett D. (Eds) Deeper dimensions – culture, youth and mental health Sydney: NSW Transcultural Mental Health Centre

There is some evidence of greater prevalence of stigmatisation in CALD communities especially where mental illness is regarded as shameful or taboo.<sup>7</sup> Thus FECCA is committed to ensure that CALD communities in Australia are placed as a very high priority group for the Commission to consider in its monitoring and reporting framework to prevent suicide.

- **How can the Commission add value to existing analysis of mental health and suicide prevention data?**

- i. FECCA encourages the Commission to ensure data that is collected for purposes of monitoring and reporting is kept separately from files of personnel and clients. This is for purposes of privacy given the nature of suicide and suicide attempts and the vulnerability of Australians from CALD backgrounds.
- ii. FECCA recommends that individuals forming part of the data on mental health illness and suicide attempts data are not specifically identified or named in the reporting of such information.
- iii. Cultural awareness amongst Commission staff is imperative as a lack of it may impair the quality and quantity of data collected.<sup>8</sup> FECCA advises that training be provided to staff on cultural competency to assist in analysis of existing data. For example, during data collection, some clients may have had some acquired English language skills, however were not competent to respond appropriately to complex questions or did not accurately respond to questions based on cultural beliefs or other related experiences. Value could be added to analysis of data collected by having trained staff who are culturally competent in order to maximise the understanding of the reasoning behind the responses. An increased cultural awareness will build the capacity of staff to make decisions about clients without making ignorant assumptions on the basis of language or country of origin.
- iv. FECCA advises the Commission that data collected on CALD communities to be categorised in such a way that it is able to identify which groups are accessing mental health services and the reasons why. This important because CALD Australians have different and often complex experiences and backgrounds which require alternative strategies to ensure services are being directed to meet the needs of all members of the community particularly in suicide prevention.

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<sup>7</sup> National Mental Health Commission (2013) 'A Contributing Life, the 2013 National Report Card 20 | Suicide Prevention in Culturally and Linguistically Diverse (CALD) Communities on Mental Health and Suicide Prevention Sydney': NMHC

<sup>8</sup>Office of Multicultural Interests Guide to Cultural and Linguistic Data Collection for the Public Sector, November 2014 'If you can't count, you can't plan'

Accessible at [https://www.omi.wa.gov.au/Resources/Publications/Documents/lga\\_guides/data\\_collection\\_guide.pdf](https://www.omi.wa.gov.au/Resources/Publications/Documents/lga_guides/data_collection_guide.pdf)

There are new and emerging communities for instance who have specific needs compared to other CALD communities. Doing so will help the Commission to choose to review which communities are accessing supportive services, specific age, gender and make comparisons on data over a time period to identify trends.

- v. FECCA recommends that these analyses are distributed to relevant stakeholders for purposes of calculating success or lack thereof of efforts in preventing suicides, suicide attempts and the impact that suicide has on the society. This will serve as an important tool for community leaders and elders, religious leaders and representative bodies to disseminate information to its constituents. Additionally, quality improvement depends on having data that point to where the needs for improvement exist.<sup>9</sup>
- vi. FECCA encourages the Commission to have a data set for suicide deaths which consists of variables that are relevant to CALD communities. These should then be analysed to provide an understanding of suicide in CALD communities and how the suicide prevention monitoring and reporting framework in place meets the needs of CALD populations.

- **What types of reporting formats would be helpful to you/your organisation?**

FECCA supports the flexible approach to reporting formats outlined by the Commission and would support a range of options to ensure that CALD community service providers can be informed in a format which is suitable for their needs.

- **Please provide any further comments on the potential features of the Commission's framework for monitoring and reporting on mental health and suicide prevention.'**

FECCA is concerned about how information collected is used. Monitoring is an important process that assists to ensure there is consistency, particularly in delicate matters such as mental health and suicide issues. FECCA recommends that data collected is monitored through ways such as incorporating data into key performance indicators for the Commission by taking accurate details required of CALD Australians including their age, background, gender, language spoken other than English and English proficiency in their surveys. All these data have to be reflected in the reporting processes that are cultural specific and appropriate.

FECCA emphasises that people from CALD communities with a lived experience of suicide engage and participate in planning, implementation and evaluation of strategies and services that

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<sup>9</sup>World Health Organisation, 'Preventing Suicide, A Global Imperative' 2014 accessible at <https://www.lifeline.org.au/static/uploads/files/who-report-preventing-suicide-wfsichcusrc.pdf>

specifically target CALD individuals and communities.<sup>10</sup> This will make monitoring and reporting outcomes much easier as they do get involved in the process from the onset.

Continuous monitoring of suicide and attempted suicide cases is essential in identifying patterns, specific groups and communities at risk and protective factors that prevent suicide. Monitoring and evaluation should be done both nationally and regionally. FECCA recommends monitoring the prevalence of mental ill health and suicide and methods used in suicide attempts in a particular CALD community. This will provide important information which will be resourceful in developing and evaluating strategies for suicide prevention. Additionally, this information can be used to estimate the proportion of all suicidal acts which result in death in terms of gender, age and method of the specific CALD group. This is an important way to identify groups amongst CALD communities that are at higher risks and that require intervention to prevent suicide deaths and attempts to take one's own life.

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<sup>10</sup>Suicide Prevention Australia, Riley, J., Cassaniti, M., Piperoglou, S. & Garan, N. (2017). *Suicide Prevention in Culturally and Linguistically Diverse Communities* Sydney: Suicide Prevention Australia.