Public Consultation: Draft clinical guideline for the diagnosis and management of work-related mental health conditions in general practice

14 March, 2018

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ABOUT FECCA

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's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA has had a longstanding presence in policy and systemic advocacy on ageing and aged care issues for CALD Australians. FECCA is the leading stakeholder in CALD ageing and aged care policy, and has been a significant contributor to a range of collaborations, including the National Aged Care Alliance, and partnerships with other peak bodies, to achieve the inclusion and empowerment of older CALD Australians, their carers, and CALD people who work in the aged care industry.[1] FECCA undertook the consultations to inform the National Ageing and Aged Care Strategy for People from CALD backgrounds[2] and was a member of its implementation committee. Currently, FECCA is represented on the Aged Care Sector Committee Diversity Sub-Group where it is working collaboratively with the Department of Health in developing and implementing the Diversity Framework.

FECCA gives consent for this submission to be published in whole or in part

[1] *FECCA's 2020 Vision for Older CALD Australians*, 2015, http://fecca.org.au/wp-content/uploads/2015/11/FECCA2020Vision.pdf

[2] Commonwealth of Australia, *National Ageing and Aged Care Strategy for People from CALD backgrounds,* 2015

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PUBLIC CONSULTATION SUBMISSION
DRAFT CLINICAL GUIDELINES FOR THE DIAGNOSIS AND MANAGEMENT OF WORK-RELATED MENTAL HEALTH CONDITIONS IN GENERAL PRACTICE

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's policies are developed around the concepts of empowerment and inclusion and are formulated with the common good of all Australians in mind.

FECCA welcomes the opportunity to provide a Public Consultation Submission to the *Draft Clinical Guidelines for the Diagnosis and Management of Work-related Mental Health Conditions in General Practice*.

Recommendations

In this submission FECCA will raise several issues that it believes to be relevant to the mental health diagnostics of its constituents. These need to be considered when recommending diagnostic methods to GPs:

- Language and interpreting issues in health settings;
- The late diagnosis of mental health issues among CALD Australians compared to the general population;
- The impact of racism and exclusion on CALD communities and their mental health outcomes;
- The need to apply culturally appropriate diagnostic tools and methods; and
- The lack of cultural competency amongst many practitioners and personnel in the mental health setting

Language and Interpreting

Low English language proficiency has been recognised as a major barrier to accessing services such as healthcare by people of CALD backgrounds. Additionally, many health practices do not have a consistent policy regarding the use of interpreters. This is a key issue because the 2016 Census revealed that 22.2% of all Australian residents spoke a language other than English at home.[3] Although free interpreting for medical practices is

[3] 2016 Census QuickStats
http://www.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/036

funded by DSS under the TIS programme,[4] the majority of health practices are either unaware of this service or, if aware, opt to resort to not using interpreters at all. Additionally, a frequent practice is to utilise family members for language support during consultations[5]. This introduces a particular risk of misleading information and miscommunication occurring. At the same time, it limits patient's ability to provide informed consent for medical procedures/further treatment. It also brings forward a number of ethical issues including, but not limited to, exposing family members, particularly children, to psychological harm from having to recount their parents' physical and mental issues and hindering right to privacy of individual patients. Additionally, it further complicates the existing difficulties around diagnosing mental health problems in primary health settings. It also disadvantages CALD individuals with low levels of English language proficiency at the very start of the diagnostic process.

Moreover, sessions conducted with interpreters can take at least twice as long as an assessment conducted with a client who has a high level of English. This is often cited as the main reason why GPs prefer not to involve interpreters, (time restrictions and medical rebate which is the same regardless of the time they spend with the patient). If the draft Guidelines are to address the needs of CALD consumers and be fully inclusive, they must emphasise the need for involvement of interpreters in diagnostic sessions.

Interpreting in a mental health setting is recognised as extremely complex by mental health professionals. The Monash University Mental Health Interpreting Guidelines for Interpreters (2017) states that;

> Where the mental health professional and the person with a mental illness do not have a common language, the work of the interpreter in building this relationship is critical. The mental health interpreter's renditions therefore play a key role in the work of the mental health professional, as s/he is reliant on these to work effectively with the patient.

In light of this, it is important to note that only some interpreters will be proficient in working in mental health settings, including when the diagnosis is done by a GP. Although they may have experience in other medical settings, mental health is a particularly challenging context in which to carry out interpreting. Therefore, FECCA strongly recommends that the use of the following guidelines be encouraged in the draft Monash University *Clinical Guideline for the Diagnosis and Management of Work-related Mental Health Conditions in General Practice*:

- VTPU's Guidelines for Working Effectively with Interpreters in Mental Health Settings (2006)
- AUSIT's Guidelines for Health Professionals Working with Interpreters (2007)
- Monash University Mental Health Interpreting Guidelines for Interpreters (2017)
- APS's Working with Interpreters: A Practice Guide for Psychologists (2013)

Late Diagnosis of Mental Health Issues

A significant body of Australian and international research has highlighted the fact that immigrant and refugee populations are at higher risk of severe mental illness, and tend to have higher rates of diagnosis of psychosis upon presenting at acute inpatient units, than the

[4] About the Free Interpreting Service https://www.tisnational.gov.au/en/Agencies/Charges-and-free-services/About-the-Free-Interpreting-Service

[5] http://files.ausit.org/web/docs/rheana.pdf

host population[6]. Patients' of CALD background also tend to access specialist mental health services through emergency hospital departments at a severe or crisis stage of their condition, and this then drastically limits their recovery prospects. These aspects of CALD mental health have been attributed to pre-migration, migration and settlement stresses including, but not limited to, torture and trauma backgrounds, social isolation, unemployment, and an inability or unwillingness to access mainstream support services due to these services' lack of cultural and language competency. Additionally, persons originating from collectivistic cultures, in the main characterised by the central role of the family and community in the individual's life, following migration to a new country, are left without their established support networks which can have a significant impact on their mental health.

It is apparent that CALD individuals can fall through numerous gaps in the system, and one of the first is the failure of primary health care to carry out a timely or early diagnosis of mental health issues. FECCA urges the strengthening of these draft guidelines so that those in general practice can better accommodate the needs of CALD patients, and help them work towards better mental health outcomes. This could be achieved through adding diagnostic factors such as migration and settlement stress, social isolation and inability to access mainstream support services (along with job strain, lower self-efficacy, personal relationships status, etc) to the Guidelines.

The Impact of Racism and Exclusion

Many CALD Australians experience specific issues relating to racism and exclusion in the workplace that may then lead to mental health challenges, as recognised by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC).[7] In addition, discriminatory actions by co-workers can also contribute to poor mental health outcomes. Racism and exclusion can have a profoundly negative impact on an individual's ability to enjoy their life, and/or access key services.

Therefore, FECCA recommends that when assessing the mental health of CALD patients in general practice, factors that go towards assessing potential racism and exclusion in the workplace should be included.

The Application of Culturally Appropriate Diagnostic Tools and Methods

Mental Health in Multicultural Australia recommends the following approach to culturally appropriate diagnostics:

During assessments, mental health workers should remain aware that culture is not synonymous with ethnicity, religious belief, nationality or language, and that cultural processes will differ within the same ethnic or social group. Mental health workers should not make assumptions about culture in relation to beliefs, understandings and traits. In some cases, culture may not be central to a consumer's presentation, and attention to cultural difference can sometimes be interpreted negatively by consumers and their families. An approach that is respectful, sensitive and consumer (and family) centred can help avoid misunderstanding and misinterpretation. Mental health workers can also seek

[6] A Better Way: Mental Health and Aged Care – A Multicultural Perspective
Ethnic Communities' Council of Victoria Inc. (2011)

[7] Victorian Equal Opportunity and Human Rights Commission (VEOHRC), Commission's Community discussions show discrimination in employment remains widespread, 30 April 2007, [media release], retrieved 25 January 2008, http://www.humanrightscommission.vic.gov.au/News%20and%20Events/Media%20Releases/20070430.asp .

out advice from cultural consultants or community elders and leaders to help better understand what might be important or significant for a client and their family.[8]

FECCA recommends that the draft guidelines also demonstrate a similar approach.

The lack of cultural competency amongst many practitioners and personnel in the mental health setting

As previously mentioned, CALD people face multiple barriers when accessing mental health services, including cultural, structural and service related barriers. Improper diagnostics of mental health conditions in the primary health setting is often cited as the service-related barrier. This barrier could be overcome with the improvement of cultural competency amongst medical practitioners including general practitioners and their staff.

Cultural competency is characterised by a set of behaviours, attitudes and skills, policies and procedures that help staff to work effectively and efficiently in a cross-cultural context at all levels within the organisation. The National Mental health Standards have been developed specifically for the Australian Mental Health Sector[9] and they include enabling equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families, adherence to language services policy and mental health cultural competency training for medical staff. FECCA recommends that these are referred to by the Draft Clinical Guideline.

Conclusion

FECCA strongly feels that draft guidelines need to be reviewed by and tested with CALD communities.

FECCA would welcome the opportunity to contribute in more detail on matters relating to this issue. For further information please contact FECCA Chief Executive Officer, Dr Emma Campbell, on emma@fecca.org.au or 02 6282 5755.

[8] Mental Health in Multicultural Australia, Key Concept 3 – Culturally Responsive Practice, file:///C:/Users/aleksandra/Downloads/FINAL-02-V1-1403-FFM-KC03-CRP.pdf

[9] National Cultural Competency Tool for Mental Health Services, Multicultural Mental Health Australia, http://www.mhima.org.au/_literature_73821/NCCT