

Australian Government
Productivity Commission

Re: Submission on the Draft Report of Inquiry into the Economic Impacts of Mental Health

Dear Ms Horsfall

For over forty years, Woodville Alliance has been working in partnership with communities in Villawood, Carramar, Fairfield and surrounding areas towards a fairer, more just society, and improved quality of life for local people and Greater Western Sydney. Our strong value base of social justice and empowerment means that we work with a strengths based approach, focusing on the capacity and resilience of all members in our community. We are proud to provide high quality services for people with disabilities, children, young people and families, and people with mental health issues.

Woodville Alliance (WA) services one of the lowest socio-economic and culturally diverse communities in Australia according to the ABS SEIFA index. Our organisation receives funding under the Australian Government's *Community Mental Health Program* to provide early intervention support to vulnerable families with children birth to 18 years who are showing early signs of, or at risk of developing mental illness. We work in strong professional partnerships with local health districts, headspace, STARTSS and other specialist services and local schools. In the period July 2019 to December 2019, over 76.2% of people we worked with spoke another language other than English at home. The main languages spoken at home by clients were Vietnamese 25.3% and Arabic 16.2%. Other languages included Farsi and African dialects.

The client profile that we work with is overwhelmingly people from culturally and linguistically diverse backgrounds (CALD). This reflects the geographic locale of our services but also the broader shift in the demographic of the Australian population. According to ABS Census 2016 figures, well over 25% of the Australian population is now from a CALD background. This has significant implications for the delivery of effective non-clinical and clinical mental health services in the community and in hospitals and other environments such as schools.

Our organisation strongly supports the Productivity Commission's draft report of its Inquiry into the Impacts of Mental Health. However, we believe that the final report should give stronger emphasis to the cultural context of mental health and the impact that this has on help seeking by people from CALD backgrounds and the evidence-based practice that is required to appropriately address what are sometimes different presenting factors to those experienced by others in the population.

It is our organisation's operational experience that many people from CALD backgrounds have lived experience of trauma or inter-generational trauma as a result of migration or the inter-generational effects of trauma from torture and political persecution. For many of the families that we work with, this means that they can be reluctant to seek help from the health system because of fears of large institutions or the perceived shame of identifying difficulties with adjustment to their new social and economic circumstance or depression or anxiety that may be presenting in children or adolescents within their family or extended family. In addition, for second generation people, there are often cultural barriers to seeking help because the western idea of "mental illness" is perceived differently in their culture of origin.

It is essential that the mainstream service system and any service system reform or redesign as recommended by the Productivity Commission in its draft report include recognition of the diverse needs of the Australian population and the need for specialised and targeted mental health services for CALD communities as well as those delivered within population-based health and community health models. The provision of community based and non-clinical models is essential within the service continuum and we strongly support the Commission's acknowledgement of the range of successful models in its draft report. We also support the submission and recommendations made by Western Sydney Community Forum.

In addition, we would make the following observations in relation to targeting the particular needs and lived experience of CALD populations in South West and Western Sydney:

- funding and incentives for professional development should focus on growing the peer workforce to include bilingual and bicultural workers
- CALD people in Western Sydney are underrepresented in stepped care models in the stepped care approach for mild to moderate presentations because of inappropriate services and a lack of bilingual supports. For example, the Better ACCESS initiative does not adequately meet the needs of CALD populations
- Transcultural Mental Health services require additional funding to meet demand and the growing demographics of CALD populations throughout NSW and Australia. It should also be noted that many commonly used mental health screening tools are based on western medicine and psychiatry and are not always relevant or appropriate for CALD communities
- Models supporting coordination roles in schools and other educational environments are strongly supported and must include bilingual and bicultural workers. These "soft entry" points within the community have been evaluated as particularly successful for CALD communities.

We strongly support the Commission's work in this critical area and look forward to its final report.

With Kind Regards

Ruth Callaghan

General Manager Community Initiatives