

FASSTT

Productivity Commission Inquiry into Mental Health

Submission by the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT): Response to the Draft Report

January 2020

Introduction

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) welcomes the Productivity Commission's Mental Health draft report and recommendations. We are pleased to see the report's emphasis on the need for a generational shift and a long term reform of the mental health system, and the five areas of focus: prevention and early intervention for mental illness and suicide attempts; close critical gaps in healthcare services; investment in services beyond health; assistance for people with mental illness to get into work; and fundamental reform to care coordination, governance and funding arrangements.

FASSTT made an initial submission to the Productivity Commission Inquiry into the Social and Economic Benefits to Improving Mental Health in April 2019 (submission number 293) and welcomes the opportunity to comment further on a number of key areas and recommendations that are ***relevant to refugee survivors of torture and trauma***.

Re-orienting health services to consumers

Draft recommendation 5.9 – Ensure access to the right level of care

We acknowledge the value of a Stepped Model of Care. However, commissioning arrangements often assume that services are step-specific and that referrals have to be made to other services when the client needs change. There are services, such as FASSTT agencies, who provide care/support at different levels, so that services can step up and step down according to client need. For example, NEXUS, a suicide prevention program for refugee young people offered by QPASTT, provides services across the health promotion, early intervention, low intensity and high need continuum.

FASSTT PROPOSES:

- that the Productivity Commission recommends commissioning bodies allow more flexibility in the funding arrangements so that services that provide different levels of care are able to do so.

Draft recommendation 6.1 – Supported online treatment options should be integrated and expanded

As stated in the draft report, there are substantial evidence gaps regarding the effectiveness of supported online treatment for culturally and linguistically diverse people. We acknowledge the potential benefits of online interventions that can reduce stigma and enhance access to mental health services among people from refugee backgrounds. A recent randomised controlled trial involving refugee men with PTSD symptoms from Arabic, Farsi and Tamil-speaking backgrounds found that an 11-module (language specific) online stigma reduction intervention specifically designed for this population group, and based on psychoeducation, social contact and cognitive reappraisal of negative beliefs regarding mental health and help-seeking, was effective on stigma reduction and may promote

active help-seeking¹. To ensure cultural appropriateness, the intervention was developed and piloted in collaboration with advisory boards from the three communities. The trial however reported a number of limitations that may be indicative of some of the challenges of online interventions for refugee populations: low rates of completion of the intervention; high efforts and resources required to ensure participant engagement; men with greater disability related to psychopathology may have been less likely to participate in the program (rate of probable PTSD diagnosis was relatively low).

Some people from refugee backgrounds are illiterate in their own languages, and may have limited technological literacy and English proficiency. For these communities, online interventions cannot replace face-to-face services. In some circumstances, mixed modes of delivery may be beneficial (for example language specific video-based resources to raise awareness and reduce stigma combined with culturally responsive, refugee trauma-informed face-to-face approaches).

REGARDING INFORMATION REQUEST 6.1, FASSTT SUGGESTS:

- *The merits of such a proposal* – the proposal is potentially beneficial to certain people and should be trialled and evaluated to establish the circumstances under which it might work well e.g. co-designed with people of particular communities who it is intended to reach.
- *In what circumstances would the delivery of supported online treatment be cost-effective* – the treatment would be cost-effective if it assisted people who might otherwise not seek assistance to get help at an earlier stage than they might otherwise do, and thereby reduce the risk of deterioration with adverse consequences such as the need for more intense treatment, inability to find and keep employment.
- *What constraints would need to be considered* – simply translating English language information is inadequate – to be effective an online service would have to have regard to the particularities of the people to whom it is oriented e.g. their understanding of mental health and services.
- *Which language or cultural group should be the focus of any trial expansion* – we do not offer a view about this but note that some languages are common among people of both refugee and migrant backgrounds (e.g. Arabic) while others tend to be used by groups of mainly refugee origin (e.g. Karen).

Mental health workforce

Draft recommendation 11.1 – The National Mental Health Workforce Strategy

FASSTT is supportive of the Commission’s recommendation for a renewed National Mental Health Workforce Strategy. This should include a diverse health workforce with the cultural capability to understand the socio-political and historical context of clients from refugee and CALD backgrounds. As we stated in our initial submission, the use of cultural consultants or bicultural staff in mental health settings is a useful model to be supported. Although this is acknowledged in the draft-report under “Overcoming cultural barriers to treatment” (pp. 195-196), it should be also highlighted under the Workforce configuration section.

Similarly, the use of professional interpreters in mental healthcare is characterised in the report as a cultural issue (Overcoming cultural barriers, p.196), but it should also be highlighted as a workforce

¹ Nickerson et al (2019). ‘Tell your Story’: a randomized controlled trial of an online intervention to reduce mental health stigma and increase help-seeking in refugee men with posttraumatic stress. *Psychological Medicine*, 1-12. <https://doi.org/10.1017/S0033291719000606>

issue. A National Mental Health Strategy should recognise the importance of an interpreting workforce that is properly qualified and supported to work in mental healthcare settings.

The failure of services and practitioners to engage interpreters when required is more than a “cultural” issue to be addressed through a workforce strategy. As described in our submission, there are a number of barriers to the engagement of professional interpreters when required, presenting both a barrier to people in need using services and an impediment to the delivery of quality services.

Another important issue related to workforce configuration, not mentioned in the draft report, is the impact of vicarious traumatisation on the mental health workforce, including interpreters, in particular those working with trauma survivors. Sufficient resources need to be allocated for supervision, debriefing and ongoing professional development to ensure maintenance of quality and support vicarious resilience.

FASSTT PROPOSES that a renewed National Mental Health Workforce strategy comprises:

- A diverse workforce that understands the cultural and socio-political context of clients from refugee backgrounds. This workforce should include bicultural workers and people with lived refugee experience.
- A workforce of interpreters that are properly qualified and supported to work in mental health care settings.
- Appropriate supervision, debriefing and professional development to prevent vicarious traumatisation, maintain quality and support vicarious resilience.

Re-orienting surrounding services to consumers

Psychosocial support

The delivery of psychosocial supports and the transition to the NDIS

As mentioned in our initial submission, the NDIS framework with its emphasis on self-directed advocacy is failing refugee clients who would otherwise qualify for NDIS as well as those who are NDIS participants but who have difficulty self-advocating at various stages of the NDIS application, planning and implementation. Although the issue of self-advocacy is acknowledged in the draft report in the context of people with severe and complex mental illness (p.444), there is a need to include limited English proficiency and lack of familiarity with advocacy, and fear of advocating for their own needs due to experiences of persecution in countries of origin, as factors that may prevent people from refugee backgrounds to self-advocate for services and engage in the NDIS process at various stages. FASSTT clients are finding particularly difficult to understand and engage in the NDIS application process as well as to navigate the planning and plan implementation process.

Another issue of concern is the lack of access to disability support for people seeking asylum and refugees on Temporary Protection Visas (TPV) or Safe Haven Enterprise Visas (SHEV). Those on TPV or SHEV, have been found to be refugees but have no access to NDIS or other disability support services.² Under human rights and humanitarian law, “refugees with a disability are entitled to full

² Barriers and exclusions: The support needs of newly arrived refugees with a disability. FECCA, NEDA, Refugee Council of Australia and Settlement Council of Australia, 2019 (<https://www.refugeecouncil.org.au/disability-report/2/>)

and equal participation in Australia, not just equal to other people with disability, but ultimately in line with the whole community.”³

FASSTT PROPOSES:

- Advocacy organisations with particular expertise in supporting people from CALD and refugee backgrounds with a psychosocial disability are funded to support this population group in accessing and navigating the NDIS.
- The Productivity Commission recommends NDIS eligibility to refugees on TPV or SHEV.
- The Productivity Commission recommends that States and Territories provide access to community based supports to those people from refugee backgrounds not eligible for NDIS (including those seeking asylum as well as those who do not meet NDIS threshold).

Justice

Draft Recommendation 16.2 (Mental healthcare standards in correctional facilities) and 16.3 (Mental healthcare in correctional facilities and on release)

FASSTT welcomes the Commission’s recommendations relating to forensic mental health care and transition supports for eligible prisoners.

For CALD communities, including those of refugee background, such supports are critical for a segment of the prison population whose pre and post-migration experiences may serve as a trigger for, or an exacerbation of, pre-existing mental health vulnerabilities and conditions as a result of their encounter with the criminal justice system. Specifically, such programs offer an opportunity for inmates, parolees and/or recently released prisoners to cope with the significant levels of cultural shame and isolation experienced as a result of their crimes and the resultant disapproval and distancing from family members and broader community.

A ‘culturally responsive’ wrap-around approach to these kinds of interventions, especially in the context of post-release support, can have a multiplier effect on a person’s life, with improvements to mental health, access to accommodation, reduction in consumption of alcohol and illicit drug use, as well as family functioning, observed in one study as positive outcomes that can be achieved.⁴ In the AOD context, the term ‘culturally safe’ has been employed to describe a set of operating principles that ought to govern treatment interventions by service providers working with communities of CALD background both in and outside of the criminal justice system.⁵

In NSW, a volunteer-based prisoner support service, auspiced by STARTTS, is showing promise for African communities. It seeks to provide a holistic forensic and post-release intervention for inmates, their families and communities as part of a strategic partnership with Corrective Services NSW.

³Barriers and exclusions: The support needs of newly arrived refugees with a disability (p. 11)

⁴ Rowe, R (2014). Outcomes from the Transitions Project: A culturally responsive complex case management program with Vietnamese and Arabic speaking people leaving prison. Available at: <https://www.damec.org.au/index.php/resources/damec-publications/damec-services-and-program-evaluation/outcomes-from-the-transitions-project-a-culturally-responsive-complex-case-management-program-with-vietnamese-and-arabic-speaking-people-leaving-prison>

⁵ For a list of these operating principles see: <https://www.vaada.org.au/resources/cald-aod-project-final-report/>

Early intervention and prevention

The draft report rightly acknowledges the impact of trauma on mental health across populations and highlights the greater risk of intergenerational trauma for Aboriginal and Torres Strait Islander people in particular. FASSTT believes there is a need to emphasise more strongly throughout the report the importance of trauma-informed approaches which are relevant not only for early intervention and prevention initiatives, but also for developing a capable mental health workforce and for services across the health, education and social sectors.

FASSTT notes that in its interim report the Royal Commission into Victoria's Mental Services⁶ has emphatically recognised that providing trauma-informed care and practice should be embedded throughout the system because a high level of people living with mental illness have had traumatic experiences of diverse kinds, not only those related to being of refugee backgrounds. (8.4.4)

The Royal Commission finds that trauma-informed practice is not consistently embedded throughout the Victorian mental health system, which compromises quality of treatment care and support and risks re-traumatising consumers. (page 246). This is likely to be the situation in the other states and territories. We believe this is an issue which requires a national response.

Mental health promotion, prevention, early identification and early intervention should begin early in the settlement process. This requires consideration of the social determinants of health for people from refugee backgrounds and means ensuring access to housing, welfare, education, work, family reunion and meaningful community and economic participation.

FASSTT PROPOSES:

- The Productivity Commission recommends the development of a national mental health standard on trauma-informed care.
- The Productivity Commission consider making recommendation for needs based, rather than time-limited settlement support through Commonwealth Humanitarian Settlement Support Programs.

Interventions in early childhood and school education

FASSTT welcomes the report's focus on interventions in early childhood and school education. As mentioned in our initial submission, there are two issues in particular in the school context that impact substantially on the mental health and wellbeing of students from refugee backgrounds. First, current education policies across Australia are varied and the nature and availability of English as an additional language (EAL) support varies between states and territories as well as within schools. In most states and territories newly arrived secondary school age refugee background youth attend an English-language school for up to 12 months, and then are required to transition to a mainstream school where they are placed in grades based on their age rather than their level of capability and/or previous schooling. This puts tremendous pressure on many young people who struggle at school, with some ending up dropping out of education.

Many students of refugee backgrounds face significant challenges at school, including English language skills, forming new friendships, and navigating careers and pathways decisions. These

⁶ Royal Commission into Victoria's Mental Health System, Interim Report. <https://rcvmhs.vic.gov.au/interim-report>

multiple pressures and competing demands for students from refugee backgrounds can impact on mental health and wellbeing and should inform the school's responses to behavioural concerns. In addition, "students benefit when schools acknowledge their strengths, while also supporting them to develop their wellbeing and positive mental health."⁷

There is a need for comprehensive, well-resourced and flexible approaches to facilitate young people's transition to mainstream schools as well as the provision of supportive mainstream school environments that enable good educational and wellbeing outcomes for students of refugee backgrounds. Supportive school environments can include the provision of intensive support programs that include bridging courses in numeracy and literacy, homework clubs, study groups and mentoring programs. A number of States offer a 'whole-of-school' approach to student wellbeing,⁸ which is an example of an existing funding mechanism that could be utilised more strategically to develop tailored 'bio-psycho-social-cultural-spiritual' responses to student need in schools (*Information request 17.1 – Funding the employment of wellbeing leaders in schools*). In NSW, for example, this source of funding delivered the successful 'Refugee Support Leadership Strategy' which offered both school and system level advocacy to improve access to quality education and wellbeing outcomes for newly arrived students and their families. In the view of STARTTS, the FASSTT service in NSW, the Refugee Support Leader positions (funding for which ceased end 2019) served as a critical interface between schools and external services involved in delivering specialist supports to this particularly vulnerable segment of the student population.

The second issue is the impact of experiences of racism and discrimination in school settings on the mental health and wellbeing of refugee young people, which requires early intervention and prevention programs for both school and community settings.⁹ In this regard, in response to *Information Request 18.2 – What type and level of training should be provided to educators*, we suggest including culturally relevant, human-rights based and trauma-informed pedagogical approaches to teacher training.

FASSTT PROPOSES:

- the Commonwealth to facilitate and participate in dialogue between states and territories to share good practice approaches to policy and programming affecting the educational and wellbeing outcomes of children and young people from refugee backgrounds. We suggest that a degree of flexibility be exercised in the allocation of funding to schools based on internal needs assessments, such that a school can make decisions as to the mix of professional roles required to meet the wellbeing needs of its particular student population/schooling community.

Suicide prevention

⁷ Victorian Foundation for Survivors of Torture. School is where you need to be equal and learn: insights from students of refugee backgrounds on learning and engagement in Victorian secondary schools. 2019, VFST: Melbourne. http://www.foundationhouse.org.au/wp-content/uploads/2019/12/STUDENT-PERSPECTIVE-RESEARCH-PROJECT-REPORT_A4_WEB.pdf

⁸ See for example NSW Government's 'whole-of-school' approach: <https://education.nsw.gov.au/student-wellbeing/whole-school-approach/wellbeing-support>

⁹ Victorian Foundation for Survivors of Torture. School is where you need to be equal and learn: insights from students of refugee backgrounds on learning and engagement in Victorian secondary schools (p.6).

As reported in the recent Interim Report of the Royal Commission into Victoria's Mental Health Services, "research indicates that refugees and asylum seekers may experience mental illness and suicidal behaviour at higher rates than the general population."¹⁰ The source cited by the Commission, published in 2014, elaborates that "prolonged detention is associated with poorer mental health in asylum seekers, particularly among children."¹¹

More recent research confirms in particular the significant prevalence of mental ill-health, suicidality and self-harm among asylum seekers who have experienced immigration detention and prolonged uncertainty in the determination of their applications for protection in Australia.¹² For example, a study on self-harm among the Australian asylum seeker population in 2014-15 reported "exceptionally high rates of self-harm among detained asylum seekers compared to rates observed in the general population, and among asylum seekers in community-based settings"¹³. Recent reports produced by the Australian Human Rights Commission concerning the 'legacy caseload' and the 'use of force in immigration detention' speak to this very issue.¹⁴

Data collected across the FASSTT services for the 12 months 2017-2018 among Humanitarian Entrants and those with Temporary Substantive Visa (TSV – i.e. people who came as asylum seekers, whose claims were recognized and were granted a temporary protection visa) show:

- 11% of those 18+ y/o reported suicidal ideation
- 5% of those under 18 y/o reported suicidal ideation

In the context of our clinical work, it is the experience of FASSTT services that asylum seekers and those refugees on Temporary Protection Visas consistently present with higher levels of suicidal ideation than other client groups. For example, data on suicidal ideation among adults (18+) provided by the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) for the period 2017-2019 show:

- Humanitarian entrants: 12%
- Temporary Protection Visa holders: 21%
- Asylum Seekers: 19%

FASSTT PROPOSES:

¹⁰ Royal Commission into Victoria's Mental Health System, Interim Report, page 46.

<https://rcvmhs.vic.gov.au/interim-report>

¹¹ Mental Health in Multicultural Australia, *Framework for Mental Health in Multicultural Australia*, 2014, Page 7. <https://www.mentalhealthcommission.gov.au/getmedia/59a020c5-ac1e-43d5-b46e-027c44b94654/Framework-for-Mental-Health-in-Multicultural-Australia>

¹² For example, see: Hedrick et al (2019) Self-harm in the Australian asylum seeker population: A national records-based study. *SSM Population Health*, 8: 100452 <https://doi.org/10.1016/j.ssmph.2019.100452>; Nickerson et al (2019) The association between visa insecurity and mental health, disability and social engagement in refugees living in Australia. *European Journal of Psychotraumatology*, 10: 1688129. <https://doi.org/10.1080/20008198.2019.1688129>; Australian Human Rights Commission, *Lives on hold: Refugees and asylum seekers in the 'Legacy caseload.'* 2019. <https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/lives-hold-refugees-and-asylum-seekers-legacy>

¹³ Hedrick et al (2019) (p.1)

¹⁴ Australian Human Rights Commission (2019), *Lives on Hold: Refugees and asylum seekers in the 'legacy caseload'*. Available at: https://www.humanrights.gov.au/sites/default/files/2019-07/AHRC_Lives_on_hold_2019_summary.pdf; Australian Human Rights Commission (2019) *The use of force in immigration detention*. Available at: <https://www.humanrights.gov.au/our-work/asylum-seekers-and-refugees/publications/use-force-immigration-detention>

- The Commission to discuss in the draft report the issue of suicide and self-harm among refugees on Temporary Protection Visas and the asylum seeker population in Australia, and to provide recommendations on how to reduce these rates and improve the mental health of this vulnerable population. This would include timely resolution of migration status and needs-based Status Resolution Support Services for people seeking asylum, improving access to mental health services regardless of visa type or living arrangements, and monitoring and reporting of self-harm and suicide among this population. Some of these recommendations are in line with the Fifth National Mental Health and Suicide Prevention Plan.¹⁵
- The Commission to recommend as a priority that the Commonwealth Government funds research on mental health issues (including suicidality and self-harm) affecting people of refugee backgrounds and those seeking asylum, and barriers to accessing assistance.

¹⁵ Australian Government Department of Health (2017). Fifth National Mental Health and Suicide Prevention Plan. Available at:
<http://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>