# Fact sheet: Mental health services for people of culturally and linguistically diverse (CALD) backgrounds

* Over a quarter of a million first-generation adult Australians from culturally and linguistically diverse backgrounds are estimated to experience some form of mental disorder in a 12-month period, based on the findings of the National Survey of Mental Health and Wellbeing.[[1]](#footnote-1)
* Suicide Prevention Australia, in their 2017 position paper on CALD communities, noted that generally suicide rates of migrants mirror those of their home countries. [[2]](#footnote-2)
* A significant number of people from culturally and linguistically diverse backgrounds do not seek help for their mental health problem, or are reluctant to do so. Often, they miss out on suicide prevention services because information is not available in community languages, or there is no culturally appropriate service available. They may also find it difficult to use mainstream services because of language and cultural barriers. They may be confused about how services operate, or simply be unaware of the range of services and supports that are available.[[3]](#footnote-3)
* The government funds a range of mental health services and programmes for people from CALD backgrounds.

## Mental Health in Multicultural Australia project

* The Mental Health in Multicultural Australia (MHiMA) project is funded by the Department of Health to facilitate a national focus on mental health and suicide prevention for people from CALD backgrounds.
* The aim of this project is to improve the accessibility and quality of mental health services for people from CALD backgrounds by supporting mental health service providers to improve cultural responsiveness and accessibility of mental health services.
* The project builds on the previous project’s strength in capacity building through further development and implementation of the [*Framework for Mental Health in Multicultural Australia*](http://framework.mhima.org.au/framework/index.htm) (the Framework). This includes further development of the Framework in order for MHiMA to support primary health care through the Primary Health Networks (PHNs) to address the needs of consumers and carers from CALD backgrounds.
* The Federation of Ethnic Communities’ Councils of Australia (FECCA) and the National Ethnic Disability Alliance (NEDA) are part of the MHiMA governance arrangements and are working with Mental Health Australia (MHA), the MHiMA project lead.
* The Framework has been developed to assist organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for CALD communities.
* Through MHiMA the capacity of individuals, communities and healthcare providers to address the unique and significant mental health needs of Australia’s CALD population, including immigrant and refugee populations, will be improved and strengthened in a culturally responsive manner.
* MHiMA provides resources and information about the main providers of mental health services around Australia, transcultural mental health programs, multicultural psychosocial recovery-oriented services and specialist refugee support. For more information and links to these services, please visit the following website:

<http://www.mhima.org.au/resources-and-information/Services-and-organisations/mental-health-services>

## Mental Health Services

* People with a diagnosed mental disorder can access mental health services through [Primary Health Networks (PHNs)](http://www.health.gov.au/PHN) or Medicare subsided services under the [Better Access to Psychiatrists, Psychologists and General Practitioners through the MBS (Better Access) initiative](http://www.health.gov.au/mentalhealth-betteraccess).
* The Government provides funding to PHNs to lead mental health and suicide prevention planning at a regional level. Through a flexible primary mental health care funding pool, PHNs improve outcomes for people with or at risk of mental illness and/or suicide, in partnership with relevant services.
* PHNs are required to commission primary mental health services within a person-centred stepped care approach, so that a range of service types are available within local regions to better match with individual and local population needs. Each PHN is required to commission services across six priority areas, namely:
* Low intensity mental health services to improve targeting of psychological interventions to most appropriately support people with mild mental illness;
* Early intervention for children and young people with, or at risk of, mental illness, including those with severe mental illness who are being managed in primary care;
* Psychological therapies for people in under-serviced and/or hard to reach populations, including rural and remote populations;
* Primary mental health care services for people with severe mental illness being managed in primary care, including clinical care coordination for people with severe and complex mental illness;
* Encourage and promote a regional approach to suicide prevention; and
* Enhance and better integrate Aboriginal and Torres Strait Islander mental health services at a local level.
* More information about the primary mental health services that are provided through PHNs and any eligibility requirements is available from your local PHN. The contact details for all PHNs can be obtained from the following website: [www.health.gov.au/phn](http://www.health.gov.au/phn).
* The [Better Access initiative](http://www.health.gov.au/mentalhealth-betteraccess) aims to improve outcomes for people with a clinically-diagnosed mental disorder through evidence-based treatment. It is available to patients with an assessed mental disorder who would benefit from a structured approach to the management of their treatment needs. To find out more about how to access these services, please visit the following website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-ba-fact-pat>
* For more detailed information on the Better Access initiative MBS item descriptors and explanatory notes, please visit the Department of Health’s [MBS Online website.](http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Home)

## Programme of Assistance for Survivors of Torture and Trauma (PASTT)

* The Department of Health provides funding to PASTT service providers to deliver mental health and other support to permanently resettled humanitarian entrants and those on temporary visa products living in the community who are experiencing psychological and/or psychosocial difficulties resulting from their pre-migration experiences of torture and trauma.
* PASTT services include:
* Direct counselling and related support services, including advocacy and referrals to mainstream health and related services to individuals, families and groups who have experienced torture and trauma;
* Education and training to mainstream health and related service providers;
* Provision of resources to support and enhance the capacity of specialist counselling and related support services to deliver effective services and to respond to emerging client needs;
* Community development and capacity building activities to emerging community groups; and
* Outreach services to rural, regional and remote areas.
* Agencies delivering PASTT services are all members of a network of specialist rehabilitation agencies that work with survivors of torture and trauma, known as the Forum of Australian Services for Survivors of Torture and Trauma (FASSTT). There is a FASSTT member agency in each state and territory in Australia.
* Clients can be referred through a wide range of sources including Humanitarian Settlement Services (HSS) administered by the Department of Social Services (DSS), other settlement services, general practitioners and other health services, education providers, legal services, community services, family, friends, community members and through self-referral.

## Support for Day to Day Living in the Community

* The Support for Day to Day Living in the Community (D2DL) program is transitioning to the National Disability Insurance Scheme (NDIS). The program has been extended 30 June 2019 to support the transition of program funding to the NDIS. The extension will ensure service continuity for program clients until NDIS rollout is completed in each jurisdiction. More information about the transition of the D2DL program to the NDIS can be found on the [Department of Health website](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-d2dl).
* The D2DL program is a structured activity program which aims to improve the quality of life for individuals with severe and persistent mental illness, including individuals from CALD communities.
* This program seeks to increase the ability of clients to participate in social, recreational and educational activities with the aim of living with an optimal level of independence in the community.
* 38 organisations around Australia are funded to provide D2DL services at 60 sites to approximately 8,700 people including difficult to reach groups such as people from CALD communities.

## Partners in Recovery

* The Partners in Recovery (PIR) program is transitioning to the National Disability Insurance Scheme (NDIS). The program has been extended to 30 June 2019 to support the transition of program funding to the NDIS. The extension will ensure service continuity for program clients until NDIS rollout is completed in each jurisdiction. More information about the transition of the PIR program to the NDIS can be found on the [Department of Health website](http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pir).
* PIR aims to better support people with severe and persistent mental illness with complex needs and their carers and families, by getting multiple sectors, services and supports they may come into contact with (and could benefit from) to work in a more collaborative, coordinated, and integrated way.
* Through system collaboration, PIR promotes collective ownership and encourages innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing.

## Head to Health

* Central to the Australian Government’s mental health reforms is making optimal use of digital mental health services, including through the development of a consumer-friendly digital mental health gateway, Head to Health.
* Head to Health aims to help people more easily access information, advice and digital mental health treatment options (and non-digital options if considered more appropriate to need).
* People seeking help and support, and anyone wanting to learn more on how to maintain good mental health wellbeing are encouraged to visit the website at: [www.headtohealth.gov.au](http://www.headtohealth.gov.au)
* Head to Health includes information for people from Culturally and Linguistically Diverse backgrounds. Information supporting culturally and linguistically diverse people is available at: <https://headtohealth.gov.au/supporting-someone-else/supporting/culturally-and-linguistically-diverse-people>

## Department of Social Services (DSS) measures

### Free Interpreting Service for medical practitioners

General Practitioners and approved medical specialists can use the Free Interpreting Service when delivering Medicare-rebateable services in private practice to anyone with a Medicare Card. Information on the [Free Interpreting Service](https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-interpreting-service) is available on the Department of Social Services Website.

### Free Translating Service

The Department of Social Services provides a [free translating service](https://www.dss.gov.au/our-responsibilities/settlement-and-multicultural-affairs/programs-policy/settle-in-australia/help-with-english/free-translating-service) for people settling permanently in Australia. The purpose of the Free Translating Service is to support participation in employment, education and community engagement.

Permanent residents and select temporary or provisional visa holders are able to have up to ten eligible documents translated, into English, within the first two years of their eligible visa grant date.

More information and applications for the Free Translating Service can be accessed online at [www.translating.dss.gov.au](http://www.translating.dss.gov.au).

For help applying for the Free Translating Service, the Free Translating Service helpdesk can be reached via:

Email: [fts@migrationtranslators.com.au](mailto:fts@migrationtranslators.com.au)

Online: Using the ‘Contact us’ form available at [www.translating.dss.gov.au](http://www.translating.dss.gov.au)

Phone: 1800 962 100

With an interpreter: Call TIS National on 131 450, state the language interpreter that you require, then ask to be connected to the Migration Translators on 1800 962 100.

## Further information

DSS helps to support Australians’ mental [health and wellbeing](https://www.dss.gov.au/mental-health) and support their carers, through a number of programs and services. For information relating to DSS programs, please visit the [Programs and Services webpage](https://www.dss.gov.au/our-responsibilities/mental-health/programs-services).

For more information please visit the Department of Health’s [mental health website](http://www.health.gov.au/mentalhealth).

1. Australian Bureau of Statistics. (1998b). 1997 Mental health and wellbeing profile of adults, Australia. Australian Government Publishing Service, Canberra [↑](#footnote-ref-1)
2. Riley, J., Cassaniti, M., Piperoglou, S. & Garan, N. (2017). Suicide Prevention in Culturally and Linguistically Diverse Communities. Sydney: Suicide Prevention Australia. [↑](#footnote-ref-2)
3. http://www.mhima.org.au/pdfs/LIFE-Fact%20sheet%2020.pdf [↑](#footnote-ref-3)