Supplementary Submission to NSW Legislative Assembly Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales

1. Is there a centralised pathway that is integrated with both State and federally funded services that enables people to access the care they need at the time they want it?

From SSI's perspective we would answer no to the question regarding a centralised pathway for access to mental health care for clients from a refugee and asylum seeker background. There are multiple entry points to a very complex NSW mental health system with both federally and state funded services alongside NGO mental health providers. Few of the current service entry points are easy to navigate or widely understood so that people can access care when they need it.

To use any of the entry points one has to have a certain degree of mental health literacy and understanding of your current or your family concerns.

Barriers for families that SSI work with include:

Identification of a Service Need: The initial barrier for culturally and linguistic diverse clients accessing state or federally funded services is identification of the **need** to access a mental health service. Traumatic experiences, displacement, and struggles related to integrating into a new society deteriorate a person's psychological wellbeing impacting their mental health. In Australia migrants, refugees and asylum seekers are susceptible to mental ill health (WHO, 2023). Refugees for example have high mental health needs however, research in Australia suggests only around one-fifth seek help – either professional or informal (19%) (Slewa-Younan et al., 2015). They may struggle to articulate or identify their or their family's symptoms due to language barriers, stigma towards mental health issues, mental health illiteracy, influence of social networks and family and distrust and lack of familiarity with mainstream mental health services (Bowden, McCoy and Reavley, 2015: Fauk et al., 2021; Radhomey et al., 2022).

Service system unable to determine need: Generalist service providers with limited cultural knowledge and competency can easily miss or misidentify client's symptoms as indicative of the need for mental health and subsequently have difficulties accessing appropriate specialist care (Harding, Schattner & Brijnath, 2015, Khatri & Assefa, 2022). There is an absence of data to review what happens to clients if mental health needs are not identified early (Bowden, McCoy and Reavley, 2015). There may also be a misidentification of need and required response. This is particularly the case in asylum seekers where their current distress is relation to social determinants of mental health and response needs to prioritize basic needs,

including food, housing, safety, and education or employment as opposed to tertiary mental health services (World Health Organization, 2023).

Examples
Clients are often given a number of medications for a range of complaints, none that have labels in the language the clients speak, when they are sad they randomly take a pill, or if they have a headache they take another coloured pill"

Service System accessibility and availability for clients from multicultural backgrounds.

***Access**:* Currently there are multiple entry points for consumers and their carers to obtain information and referral options for both state and federally funded services (see below for a quick overview of these services). Not only are the services entry points confusing there is often different entry requirements across geography, ages, genders, diagnosis, residency status, alongside waiting lists with considerable time delays and varying fees. Clients whose first language is other than English and have limited mental health literacy are not able to navigate this system. Whilst there are services funded directly to work in the multicultural space including specifically for refugees and asylum seekers they too can be difficult to access.

The clinical team at SSI, navigating the system on client's behalf find the system complicated, confusing and inaccessible. State funded services will only accept referred clients if they are actively at risk to themselves or others, and discharge once that risk subsides.

Services that are available specifically for refugees and asylum seekers include:

Transcultural Mental Health – Primarily funded to accept referrals from health workers in NSW state-based health services. Recently they were funded by NSW Health Refugee Health Flexible Fund to provide a telephone helpline service that provides advice directly to clients on how to improve their wellbeing and mental health; help people to access mental health services in their community and support for them to care for someone with a mental health concern. Some in-language services are offered or interpreting is provided through TIS. A recent report from Transcultural Mental health stated that:

Providing integrated care for communities within mainstream health services as well as community-based organisations continues to be the most helpful way to help settle our newest Australians. (So et al., 2023 p32).

This statement appears to relate to improving access through a more centralised access point.

STARTTS – provides a range of services to clients who are from a refugee like background and have experienced torture and trauma**.** Funded both by State and federal funding. Some in-language services are offered or interpreting is provided through TIS.
One of their specific Mental Health programs is the Mental health-Community Living Support for Refugees (MH-CLSR). This is program that aims to provide intensive

case management that is trauma-informed, recovery focused and culturally appropriate psychosocial supports to people from refugee backgrounds and people seeking asylum who are experiencing psychological distress, mental ill health and impaired functioning. It is funded by NSW Health. STARTTS is in partnership with New Horizons to deliver the MHCLSR program in the following Local Health Districts: South West Sydney, Sydney, Hunter New England and Mid-North Coast over four years starting in 2019.

The **MH-CLSR** is currently available in seven NSW local health districts (LHDs) where a large number of refugees and asylum seekers live. The NSW Ministry of Health (The Ministry) administers the program and contracts community managed organisations (CMOs) who specialise in mental health and refugee settlement to deliver the program. The Ministry funded a qualitative review of the programs and reported favourable feedback from individuals accessing these services (see review by Ridoutt et al., 2022). Areas of need included how to work with asylum seekers, how to transition clients back into the community, using outcomes measures to track effectiveness of the program, as there was no ability to determine the improvement of the mental health of clients. The review provided no specific feedback regarding whether the case managers were able to easily assess other mental health supports for these clients such as psychiatrists and psychologists.

Access to the programs mentioned above is through varying methods – and as mentioned before both consumers and service providers have multiple barriers to access even these specialist services.

In summary there are multiple reasons why it is difficult for a client from a migrant and refugee background to navigate the current NSW mental health system that does not have a clear centralised access pathway. The system has long waiting list or exclusion resulting in ongoing suffering for many. Whilst there are specific funded programs for clients of refugee and asylum seeker backgrounds they are small in size and also not part of any centralised access pathway. Funding from both state and federal sources whilst needed contribute to the complicated nature of the system for client from migrant and refugee backgrounds.

2. How would the people you represent e.g. consumers and mental health carers describe their ability to navigate the system and its varied pathways to service access?

Mental health carers and consumers with ***complex mental health needs*** from refugee and migrant background describe multiple barriers to service system access: Including

- Restricted by language - Access to information in their language; limited number of interpreters skilled in working with trauma and mental health;
- Complicated – unclear unless you have high mental health literacy
- Frustrating – long waiting list, costs, access to cultural skilled practitioners
- Limited service options to meet needs
    - Individual focused – not family focused
    - Clinic based not community based – clients have to attend clinics often during working hours that are geographically disperse
    - Sessions are either one off or time limited
- Unresponsive
    - Poor understanding of the refugee or asylum seeker experience

3. Do any of these challenges or enablers extend to when a carer or consumer is wanting to escalate their concerns when health is deteriorating in the community?

Clients who have acute needs are able to access emergency services if they are at risk to self or others if they or a support called triple 0; once the acute risk dissipates follow up may/may not happen. For clients with high needs but are not actively suicidal or at risk to others limited services are available due to waiting lists.

a. Can you tell us about their experience of this?

Recently a case worker of the refugee program who had a client with a numbers of mental health concerns – called an ambulance when the client was distressed as they had tried repeatedly methods to access psychiatric support and was unable to get anywhere. By calling an ambulance the police arrived first, which added to the client's distress. They were transferred by ambulance to the ED, after a 7 hour wait, and being seen by a Psychiatric registrar they were released as they were not a danger to self or others. No follow up arranged. Over 6 months later they accessed a private psychiatrist who has diagnosed them with schizophrenia. Their quality of life has been extremely poor in the meantime. The client has been reluctant to receive any support from the case worker in fear that they might call the Police on them.

4. Does your organisation have a direct line of contact to the NSW Department of Health?

Yes
a. If so, what division/section is your direct line of contact?

SSI has direct line of contact with multicultural health within Health NSW.

5. How many people (measured as full-time equivalents) work for your organisation on either a paid or voluntary basis?

Voluntary – currently across NSW SSI has 110 volunteers and 31 students working across our employment, humanitarian, foster care and disability services. The Practice Management Unit at SSI that provides psychological assessment and support usually averages 1-3 students per year, mostly psychology students.

Full time staff

In NSW SSI employs approximately 1100 staff. Our Practice Unit which works with clients with Mental health has 4 staff (funded through program allocations) and a further 4 staff are funded by DCJ to work with children with challenging behaviour who are in the states care in our foster care program.

6. Does your organisation receive any funding or support, in any form, from the Commonwealth Government?

Currently SSI receives funding from the Commonwealth government to run its Humanitarian Settlement program (refugee support), its Status Resolution Support Service (support for Asylum seekers); Employment programs, including Parents Next and funding for Community hubs.

No direct funding for mental health service delivery in NSW.

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Supplementary Submission to NSW Legislative Assembly Inquiry into the equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales: answers to questions on notice.

Mental Health Models for Refugees and Asylum Seekers in other Countries

In recent years, **Canada, Australia, Norway** and **Sweden** have been the countries that have received the most resettlement refugees in relation to their populations. In 2022, these countries received 47,550, 17,325, 3,124 and 3,740 people respectively. https://www.nrc.no/shorthand/fr/a-few-countries-take-responsibility-for-most-of-the-worlds-refugees/index.html

Services for Refugees and Asylum seekers in Sweden

- All Asylum seekers in Sweden have access to basic health care services including mental heath that is coordinated by county councils through the one healthcare Centre. Information about these services is provided in multiple languages. Access is facilitated through the LMA card, that is issued on arrival to Sweden. Like Swedish children, asylum-seeking children are entitled to free medical coverage. https://www.migrationsverket.se/English/Private-individuals/Protection-and-asylum-in-Sweden/While-you-are-waiting-for-a-decision/Health-care.html
- NGO services to refuges and asylum seekers
    - The ***Swedish Red Cross*** have treatment centers for refugees and other migrants who have suffered trauma linked to torture, armed conflict or dangerous migration journeys. https://redcross.eu/latest-news/treating-migrants-and-refugees-with-trauma-in-sweden
    - Between August 2016 and August 2017, ***Médecins sans Frontières/Doctors Without Borders*** (msf) ran a project in Skaraborg county, Sweden, as part of its humanitarian support for refugees and migrants. The aim of the project was to contribute knowledge and resources to improve the mental well-being of asylum seekers in Skaraborg. Their model is similar to the approach that SSI would like to replicate in NSW https://www.msf.org/sites/default/files/2018-06/1._msf_report_life_in_limbo_web_eng.pdf
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Services for Refugees and Asylum seekers in Germany

Pilot Program: *RefuKey*: The refuKey project aims to enhance regional psychosocial, psychiatric, and psychotherapeutic care services for refugees by means of stepped-care approaches optimizing regular mental health care in Lower Saxony, Germany. Within the scope of the refuKey project, psychosocial counselling centres (PCCs) have been founded close to refugee reception centres and joined

forces with a psychiatric clinic nearby as cooperating competence centres. The project provides the clinics and PCCs with professional interpreters and academic refuKey staff to support treatment teams in coping with bureaucratic procedures as well as to help reduce diagnostic and therapeutic insecurities in dealing with refugee mental health and to ensure optimal regional networking. The refuKey staff is composed of clinical psychologists, psychiatrists, psychotherapists, and social workers who are trained and experienced in transcultural competence. The project started in May 2017 and is a cooperation between the Network for Traumatized Refugees in Lower Saxony (NTFN e.V.) and the German Association for Psychiatry, Psychotherapy, and Psychosomatics (DGPPN). The project is funded by the Ministry of Social Affairs, Health and Equality of Lower Saxony. RefuKey is meant to serve as a model/pilot project for further action.

RefuKey-treated refugees reported many mental health problems and estimated their mental health burden as high. The symptoms decreased significantly over the course of treatment. Mental health in the refuKey sample was strongly linked to post-migration stressors.

More information on RefuKey:
https://www.frontiersin.org/articles/10.3389/fpsyt.2019.00688/full
https://refukey.org/wp-content/uploads/2021/08/Poster_WPA_2019.pdf

Contact details for Centre: https://refukey.org/

Services for Refugees and Asylum seekers in Norway

As an asylum seeker or refugee in Norway, they have the right to get help if they are sick, struggle with mental issues, have an addiction problem or are in need of dental care. https://www.helsenorge.no/en/foreigners-in-norway/refugees-and-asylum-seekers/

A range of accommodation options are provided that have various health and wellbeing needs (including mental health).
https://www.udi.no/en/word-definitions/asylmottak-ulike-typer/

Services for Refugees and Asylum seekers in Canada

- ***Access to healthcare***: The Interim Federal Health Program (IFHP) provides limited, temporary coverage of health-care benefits to people in the following groups who aren't eligible for provincial or territorial health insurance
    - protected persons, including resettled refugees;
    - refugee claimants; and
    - certain other groups.
- Refugees have federal access to free mental health and substance use support any time day or night, visit Wellness Together Canada. This service is available to anyone in Canada, including permanent residents and newcomers.

- ***Barriers***: However similar barriers to what we observe in NSW are reported. The findings of recent research indicate that cultural and linguistic barriers are the major obstacles faced by refugee and immigrant youth when accessing resettlement and mental health services in Montreal (Gyan, Chowdhury & Yeboah, 2023).
- ***Service examples***:
    - ***Access Alliance*** (Toronto) provide mental health services targeting Toronto's most vulnerable residents: immigrants, newcomers, refugees, non-status individuals and their communities. They are inclusive of youth, couples, families and LGBTQ+ newcomers. They support those referred with a mental health diagnosis or presenting with other mental health issues such as post-traumatic stress disorder, anxiety or depression. They are currently providing counselling to clients of Access Alliance who are connected with a primary health care provider.https://accessalliance.ca/programs-services/primary-health-care-services/mental-health-services/

References

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