# Submission to the Senate Selective Committee on Mental Health

In this submission, I would like to raise some issues related to the Mental Health Service provided to CALD communities.

1). Lacking of well-planed and long term mental health awareness promotion targeting to CALD communities.

Researches have consistently revealed the markedly lower rates of utilizing of mainstream mental health service by people with CALD community. In an epidemiological analysis conducted by Transcultural Mental Health Centre of NSW, it shows that the rate of utilizing of mainstream mental health service by the group of people who come from P. R China is 72% lower than the overall community.

I believe that one of major reasons for this low rate of utility is because of low mental health literacy among people who come from P. R China. They don't have basic knowledge of mental disorders and are not aware of exiting mainstream mental health service and approaches (such as counseling and psychotherapy) to be able to combat with mental health problems. In P. R China, such services and related ideas on mental health do not exist.

Thus, without well-planned and long term mental health awareness promotion, they will not use the services and they will continue suffering silently.

2). Fragmented, mismatch, insufficient service delivery models to CALD community.

The current funding distribution and service model seem to reflect more the convenience of current mainstream services rather than considering the real need of CALD community. For example, sudden availability of funding from Casino Benefit Fund in NSW has created a field of Chinese Gambling Counseling. The most of Chinese Community Organizations get funding to provide gambling counseling service. Those Chinese helping professionals who want to provide some service to Chinese are pouring into this field. But does it reflect the real need of community?  I don't think so. I have worked in gambling counseling field for many years. My observation is that underlining the gambling problem, it is the great mental health problems in CALD community. Immigration stress, relationship problems, loneliness and isolation and other mental disorders all find their "legitimate" expressive form in gambling problems. Restricted by funding requirement while I was working in the gambling counseling field, I found difficult to go to tackle real, deep issues.

The current model of Transcultural Mental Health Centre is another example. Its projects often are in one-off, peace-meal form and seem to be always in hurry- up to finish. Developing one single standardized model or promotion material and then translating them into different languages in a hope of one-meeting-all often miss out the crucial characteristics of the specific community. If considering there are many such mini projects going on at the same time and sum of money being spent, it is even no more cost-effective than a single, holistic, systematic and long term project rooted deeply in the specific culture community. Besides, the clinical service delivered by it uses the sessional worker format. There is high restriction on how many sessions the clients can have and only assessment can be done in such a brief episode. This does not motive the bilingual workers to work in deep level.

3). Insufficient bilingual work force development.

In counseling and psychotherapy, using interpreting service is awkward and it obstructs the flow of counseling process and therapeutic relation. The cross culture research is divided into two approaches: etic and emic, which mean respectively “seeing from outside” and “seeing from inside”. Even though the usefulness of the approach of “seeing from outside” is undeniable, it can be lack of the sharp “problem awareness” in the specific culture group and the research questions being asked can be miss-target.

So I think that the development of bilingual work force is necessary in this field. There seem to be no emphasis at this in the current mental health services in NSW and in the University and Training institute there seem to be seldom such specific training programs targeting this goal.

**Recommendation:**

1). Reforming current delivery models to CALD community.

Increasing funding in the mental health services specifically to CALD community. Setting up the specific culture and language branch of mental health in some mainstream organization such as Transcultural Mental Health Center to take charged of the holistic, systematic and long term mental health promotion and service coordination.

2). Working in partnership with the specific CALD community.

Developing joined projects in mental health with the specific CALD community organizations. Supporting and cultivating the related project developments in those organizations. Combining the mental health projects with community development.

3). Developing specific training programs in University and training institute aiming at the transcultural mental health researches and developing bilingual workforce. Improving quality of bilingual workforce.