

FASSTT Response to the National Mental Health Review

The Forum of Australian Services for Survivors of Torture and Trauma welcomes the release of the National Mental Health Commissions' Review of Mental Health Programmes and services.

FASSTT appreciates the recognition in the Review of the particular needs of refugee survivors of torture and trauma. It welcomes the recognition that the model of care - a wraparound bio-psychosocial model - implemented in FASSTT services has been an effective contribution to breaking a vicious cycle of poor care and poor mental health outcomes.

FASSTT endorses the position of the Review that the priority should be keeping people well and in the community by focusing on prevention, early intervention and recovery. FASSTT supports the view that there are multiple barriers to access. The mental health distress experienced by people of refugee backgrounds often are dealt with in isolation, with structural, cultural and practice barriers to integrated, wraparound supports.

In addition FASSTT supports key approaches put forward under a number of recommendations that will progress improvements in the system in the next 1 to 2 years.

FASSTT welcomes in particular the following recommendations

Recommendation 1 : *"The Commonwealth's role in mental health is through national leadership and regional integration, including integrated primary and mental health care"*.

FASSTT looks forward to continuing to work in a productive partnership with the Commonwealth to deliver the national Program of Assistance to Survivors of Torture and Trauma.

Recommendation 8 : *"Extend the scope of Primary Health Networks (renamed Primary and Mental Health Networks) as the key regional architecture for equitable planning and purchasing of mental health programmes, services and integrated care pathways."*

FASSTT agencies have considerable collective experience in working with the MedicareLocals to develop services including mental health services to refugee survivors of torture and trauma. It looks forward to continuing in this capacity with the PHN's from 1 July 2015.

Recommendation 9 : *"Bundle-up programmes and boost the role and capacity of NGOs and other service providers to provide more comprehensive, integrated and higher-level mental health services and support for people, their families and supporters."*

FASSTT has some concerns about specialist expertise (such as that situated within the FASSTT network) being overlooked and or even extinguished if its work were to be subsumed under a larger programme. Considerable attention has been paid by FASSTT services to professional governance structures to ensure excellence in the management of frontline services.

However, FASSTT agrees with the additional point made by the Review that funding contracts should continue to require the specific expertise and cultural sensitivity to the communities being supported and extrapolates that the specific expertise developed to work with refugee survivors of torture and trauma is best preserved in a standalone programme.

Recommendation 17: *“Use evidence, evaluation and incentives to reduce stigma, build capacity and respond to the diversity of needs of different population groups.”*

FASSTT is keen to work with the Commonwealth and Commonwealth funded PHN’s to plan and develop responses to community need. FASSTT supports the observation of the Review that people of refugee background who have fled traumatic home circumstances have specific mental health experiences and needs which must be accounted for if support is to be effective. It welcomes the view that the PHN’s must be encouraged to use the available evidence to develop specific responses to this group.

Recommendation 20: *“Improve research capacity and impact by doubling the share of existing and future allocations of research funding for mental health over the next five years, with a priority on supporting strategic research that responds to policy directions and community needs.”*

The importance of building the evidence base is a FASSTT priority. However, data quality in public mental health systems is poor. Information about country of origin, language needs and visa status, is incomplete, inconsistent and often inaccessible. FASSTT welcomes the prospect of working with other partners to develop a consistent approach to building the evidence base including outcomes measurement. FASSTT therefore supports the approach to tie research funding to a National Mental Health Research Strategy to be developed by the Commission in consultation with stakeholder. FASSTT looks forward to giving input to that strategy.