

Key Issues for PHNs to Consider, Ensuring the Needs of People from Refugee Backgrounds are Incorporated in Mental Health Commissioning Process

Population Information: In the 2015/16 fiscal year, over 1800 Humanitarian entrants arrived in Queensland. The following data is separated into the designated settlement area. Approximately 38% (696 people) were settled in the Brisbane and Central Coast areas, approximately 41% (734 people) were settled in the South East Queensland area and approximately 7% (120 people) were settled in the South West Queensland area. In the Far North Queensland approximately 5% (84 people) were settled and the North and West Queensland area 10% (173 people). Many of these entrants are part of large families, with an average of 5 to 6 people in one family. Entrants come from a number of countries, however Iraq, Myanmar (Burma), Syria, Afghanistan and Democratic Republic of Congo are the five most common countries of origin (Dept of Social Services, 2016)]

1. Funding for interpreters needs to be included in all service provision, otherwise people of refugee background will be unable to access any of the intended services. Professional interpreters must be used, rather than family members or bi-cultural workers, in order to build rapport and ensure clinical standards are met and the correct information is conveyed.
2. Ensure refugee mental health issues and services are included in future planning and commissioning of community mental health services.
3. Participate in the Refugee Health Partners Advisory Group Queensland (PAGQ) and the Multicultural Mental Health Working Group in relation to gaps and priorities for the sector. This would also ensure that the commissioning process does not unintentionally duplicate existing services (e.g. sub-acute, discharge services, mental health case management).
4. Facilitate inclusion of the Greater Brisbane Refugee Health Advisory Group (G11) and other relevant refugee health, consumer and community representatives to conduct ongoing needs assessments in regards to refugee populations in the region. Use this trained workforce to facilitate consultations with hard to reach populations.
5. All staff at all levels within the PHN health services should receive training on cultural competence, on accessing resources about the refugee and migration experience and how to provide culturally appropriate services as part of the implementation of the Queensland Refugee Health and Wellbeing Policy and Action Plan. PHN's should work with the MMHWG to support GPs through regular training specifically around mental health and refugee issues.
6. Where possible, and with permission, health professionals should involve families and increase links with refugee communities to gain recommendations for care, to identify any barriers people of refugee background face in accessing services and to provide information on how to support someone with a mental illness.
7. Consider a designated CALD champion within each PHN to help enhance their cultural responsiveness through developing individually tailored actions plans. Action plans may include the audit and development of organisational policies and procedures as well as the distribution of resources and training information.
8. Further investment and partnership in research (including baseline research) and evaluation to ensure that commissioning processes and service delivery are informed by continuous improvement and innovative models.
9. That PHN's gain an understanding of the role of specialist services and how to best use and support these services to meet the MH needs in refugee and CALD commissioning.