



Community Change Through Collaboration.

Collective
Impact

Community
Engagement

Evaluating
Impact

Collaborative
Leadership

Community
Innovation



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Housekeeping



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- Please ensure Mute function is on
- Name on screen
- Respect people's privacy understanding it is not a confidential forum
- We are recording the session
- Conducting a Poll
- Will use Q&A Function for the discussion.





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I would like to pay our respects to all the individuals who make up our organisation and respectfully acknowledge all Aboriginal people; past, present and future and their ancient and ongoing connections to culture and country. In particular the Boonwurrung and Woiwurrung-Wurundjeri people of the larger Kulin nation whose ancestral lands Family Life and our partners provide services across.



Supporting Mental Health in CALD Communities During and Post COVID-19



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9.30am to 9.35am	Logistics Announcement
9.35am to 9.40am	Welcome & Acknowledgement of Country & Introductions
9.40am to 9.50am	Working with CALD Communities during COVID19
9.50am to 10.15am	Emerging themes from 3 organisations working with CALD communities during COVID-19 - Discussion
10.15am to 10.25am	Family Life Video
10.25am to 10.45am	Practical approaches to support CALD community members - Discussion
10.45am to 10.55am	Q&A Session - review question and answers section
10.55am to 11am	Wrap Up & Close





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Amanda Morris
FAMILY LIFE



Ali Tausif
FAMILY LIFE



Christina Shi
AMES



Liz Perrin
SEMPHN



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Emerging themes from 3 organisations working in CALD communities during COVID-19



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The Emotional Trajectory of a Disaster



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Below is a map of the timeline of typical emotional trajectory through a disaster for a population.



Zunin & Myers as cited in DeWolfe, D.J. (2000). *Training manual for mental health and human service workers in major disasters* (2nd ed., HHS Publication No. ADM 90-538). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

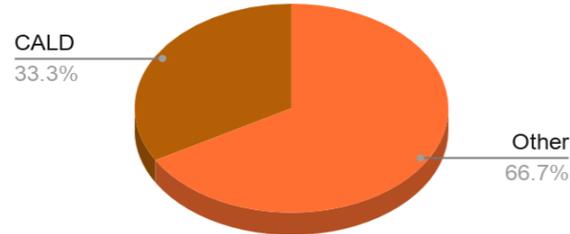
Australian Population



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- Australia's population was 25.36 million in 2019.
- 1/3 of the Australian population is culturally and linguistically diverse.

Australian Population





→ 50% of Australians have been born overseas or their parents have been born overseas.



Family Life's two Mental Health Programs



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SHINE - The Support, Help, Information Networks and Education program provides early intervention and preventative mental health support in universal and community settings in Casey and Greater Dandenong through both outreach and school-based activities designed to interrupt the progression of emerging and enduring mental illness for children and young people.

CONNECT - is a FREE peer support service that puts people who live, work or study in Victoria's Greater Dandenong community, in touch with mentors. The peer support model provides support to individuals whom they share similar experiences.



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Demographic data from SHINE Program



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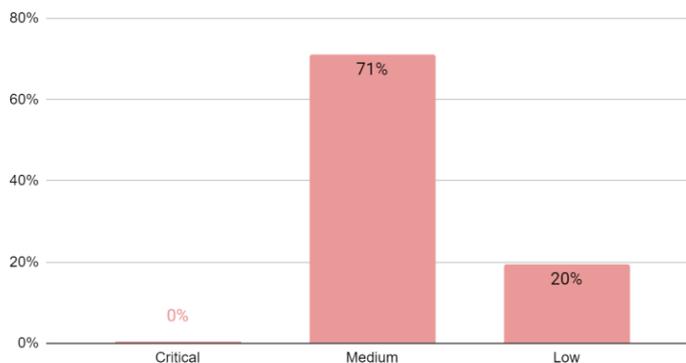
Identify as Culturally and Linguistically Diverse (CALD)?

3 (3.80%) individuals identified as CALD.

28 (35.44%) individuals did not identify as CALD.

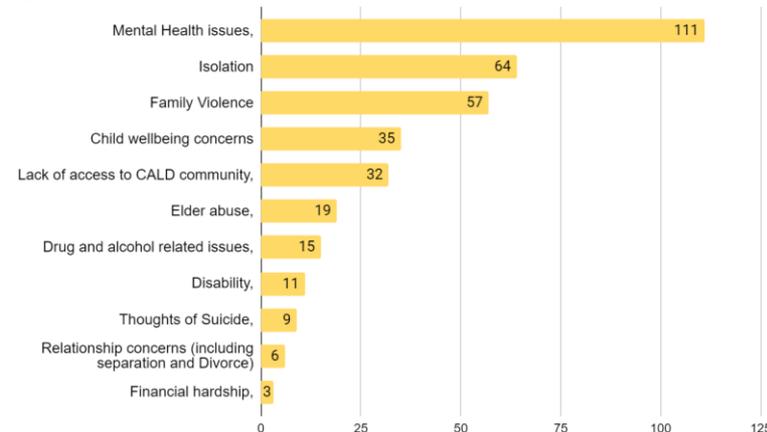
Safety Audit Risk Rating

SHINE



Safety Audit - Risk Safety Concerns identified

SHINE

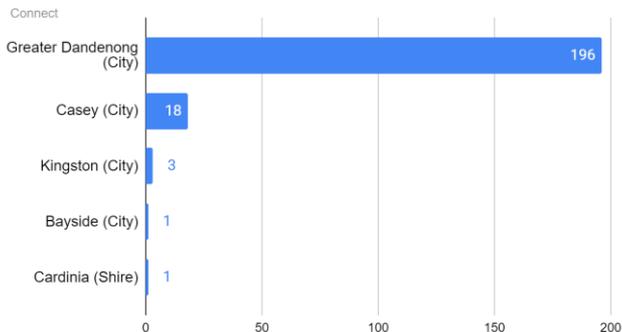


Demographic data from CONNECT Program



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Local Government Areas



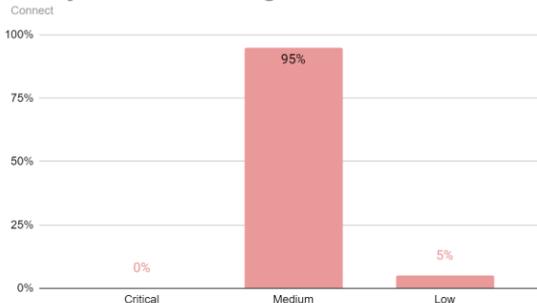
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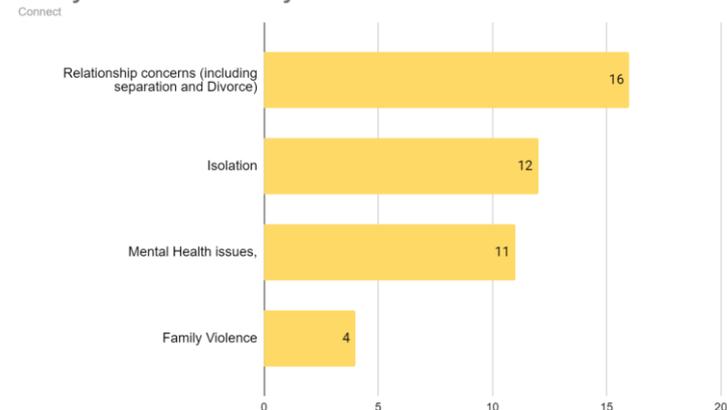
28 (35.44%) individuals did not identify as CALD.

This data represents 39.24% of the Connect participant population.

Safety Audit Risk Rating



Safety Audit - Risk Safety Concerns identified

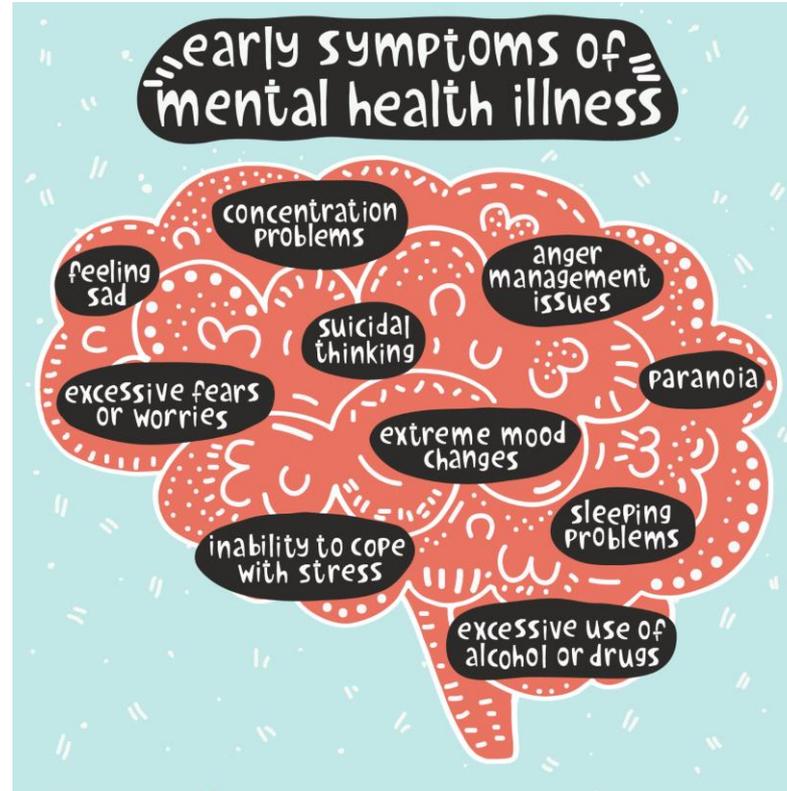


Mental Health in the CALD community

Pre- COVID-19 Pandemic



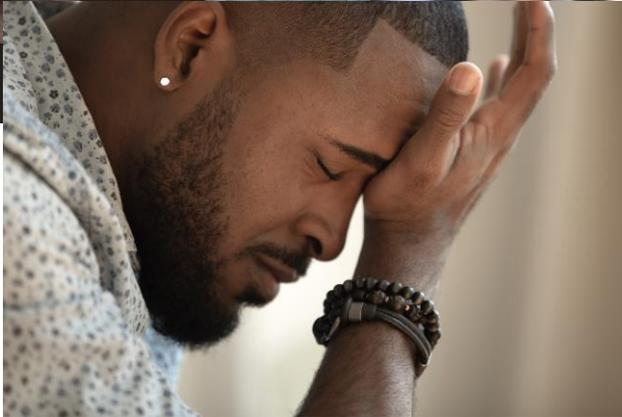
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Stigma & Mental Health in the CALD community



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Impacts of COVID-19 on Mental Health



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Christina Shi
Team Leader



AMES AUSTRALIA HUMANITARIAN SERVICES PROGRAM

Christina Shi – Team Leader

Overview

- AMES Australia has been providing settlement services to newly arrived refugees and humanitarian entrants since 2005.
- Between 2005 and 2011 AMES Australia delivered the Integrated Humanitarian Settlement Strategy (IHSS) and assisted almost 20,000 clients to settle across Victoria.
- From 2011 to July 2017 AMES Australia (alongside AMES Australia consortium partners and sub-contractors) began delivering the Humanitarian Settlement Services (HSS) program, funded by the Australian Government.
- The HSP has a particular focus on supporting Clients to achieve positive outcomes regarding Education, Employment and English language learning as key drivers of social and economic wellbeing. Reflecting this, the HSP Outcomes Framework incorporates Innovation Target Outcomes to encourage HSP Service Providers to develop new approaches in service delivery to enhance outcomes for humanitarian entrants.

Eligibility/Visas

- Clients holding the following visas (who have been referred directly through the Humanitarian Program by the Department of Immigration and Border Protection) are eligible for the HSP:
 - Refugee category (subclass 200, 201, 203 and 204) visas; and
 - Global Special Humanitarian (subclass 202) visa.

- Specialised and Intensive Services (Tier 3)
Subject to the Department's approval, Specialised and Intensive Services under the HSP are available to the following additional visa holders:
 - Protection (subclass 866) visa; and
 - Temporary Protection (subclass 785), Temporary Humanitarian Stay (subclass 449), Temporary Humanitarian Concern (subclass 786) and Safe Haven Enterprise (subclass 790) visas.

Client Cohort – South East Region

- Iran
- Afghanistan
- Burma
- Syria
- Myanmar
- Somalia
- Pakistan
- Iraq





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Liz Perrin
Access & Referral Lead

phn
SOUTH EASTERN
MELBOURNE

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Who we are

- South Eastern Melbourne PHN (SEMPHN) works with other organisations in the area of primary health.
- There are 31 PHNs across Australia,
- We are one of 6 Primary Health Networks (PHNs) in Victoria who looks after the south east Melbourne catchment
- We have around 1.5 million residents in our catchment.
- We are funded primarily by the Australian Government, we commission services to local community agencies and organisations to provide the services that 'best fit' their own, local community.

Our Objectives



Increase efficiency and effectiveness of services for patients, particularly those at risk of poor health outcomes



Improve coordination of care, to ensure patients receive the right care in the right place at the right time

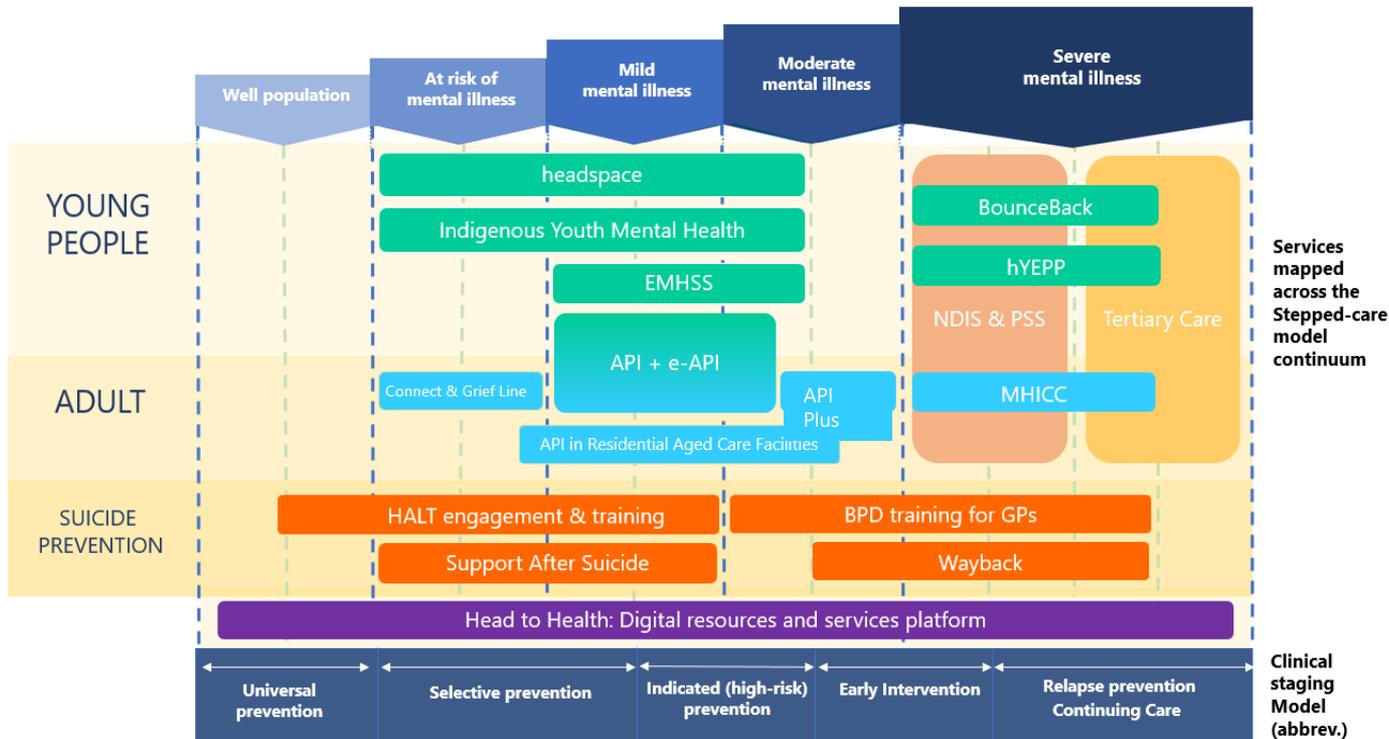
- Commissioning more after-hours services
- Supporting GP, practice manager and practice nurse networks
- Focus on working with general practice, allied health professionals, hospitals and community health organisations to better coordinate the management of chronic disease



We commission services and work in partnership with local stakeholders to help people in south east Melbourne get the health care they need, when and where they need it. We are leaders, facilitators and influencers in the shared goal of better primary health care. //



Stepped Care Model



API: Accessible Psychological Intervention; BPD: Borderline Personality Disorder; EMHSS: Enhancing Mental Health Supports in Schools; GP: General Practitioner; HALT: Hope Assistance Local Tradies; hYEPP: headspace Youth Early Psychosis Program; MHICC: Mental Health Integrated Complex Care; NDIS: National Disability Insurance Scheme; PSS: Psychosocial Support Services.

Access and Referral at SEMPHN

The basics:

- One point of call for all referrals to the Stepped Care Model within the 10 SEMPHN LGAs.
- Multi-disciplinary mental health team of clinicians
- Refer or link people with primary mental health services

The role of the A&R team:

- Acknowledges the receipt of the referrals
- Screens for eligibility of any SEMPHN commissioned services, when applicable
- Completes an initial risk assessment
- Helps consumers enter support services and receive the right care as their mental health needs change.

What are we seeing?

Patterns and themes in CALD Communities and During Post COVID-19

Anecdotally-

- A&R received an increase in calls from consumers with complex presentations, reporting increased feelings of anxiety as well as frustration due to the extended lockdown
- Often consumer's feelings were exacerbated by not being able to continue with work or study
- Concern for family members who were overseas and possible feelings of re-trauma could impact on existing anxiety levels and the complexity of issues for consumers presenting to our referral lines
- Sometimes consumers would decline Telehealth, which was often the only option during lockdown in some services
- The need for referrals to be processed quickly vs the increase in demand for service and ensuring A&R clinicians can take the time to refer to the right service for the consumer.

FamilyLife *Connect*



*Transforming
lives for stronger
communities*

Poll Questions



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Quick Poll





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Practical approaches to support CALD community members



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Christina Shi
Team Leader



Mental Health

Common mental health diagnoses associated with refugee populations include:

- Post-traumatic stress disorder (PTSD)
- Major depression
- Generalized anxiety
- Panic attacks
- Adjustment disorder
- Grief and loss

	<i>Presentation</i>	<i>Service options</i>	
IMMEDIATE RISK	Mental health crisis At risk of harm to self or others	Ambulance/ Police	
		Psychiatric Triage (24hrs/ 7 days week)	Adults 16+ yrs
			Youth 15-25 yrs
Children 0-15 yrs			
NOT AT IMMEDIATE RISK	Significant disturbance/ disruption to mental health to psychological/ social function	Psychiatric Triage	Adults 16+ yrs
			Youth 15-25 yrs
			Children 0-15 yrs
	to activities of daily living	Mental Health Community Support Services	Adults 16+ yrs
			Youth 15-25 yrs
	Moderate disturbance/disruption to mental health to psychological/ social function	Personal Helpers & Mentors (PhaMs)	Children 0-15 yrs
			Adults 16+ yrs
General Practitioner (GP)			
Refugee health nurse			All ages
Headspace			Youth 12-25yrs
Mild disturbance/disruption to mental health Depression, anxiety, grief and loss, journey and settlement issues	Mental Health Community Support Services	Children 0-15 yrs	
		Counselling	All ages



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Liz Perrin

Access & Referral Lead

phn
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Reflections on approaches and practices

Approaches and practice to support CALD Communities during and post COVID-19

- Awareness and empathy-continual reflection regarding how different consumers may define, recognise, acknowledge 'Mental Health'
- Reflection regarding acknowledging the consumer's current individual situation as well as normalisation, regarding COVID-19 and how many people are feeling this way too
- Building strong partnerships and connections with other services and supports
- Links to community members, leaders and groups to ensure we can let them know about services available
- Flexibility: in the time and modality - newer programs commenced during COVID-19 pandemic
- Referral form changed to support the consumer, make it as easy and as comfortable as possible



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Ali Tausif
Team Leader



FamilyLifeConnect





Overview of the Connect Program on a service level

- . Connect program model
- . Workers and their educational and cultural background
- . Approaches and modalities used pre pandemic
- . Approaches and modalities used during pandemic.

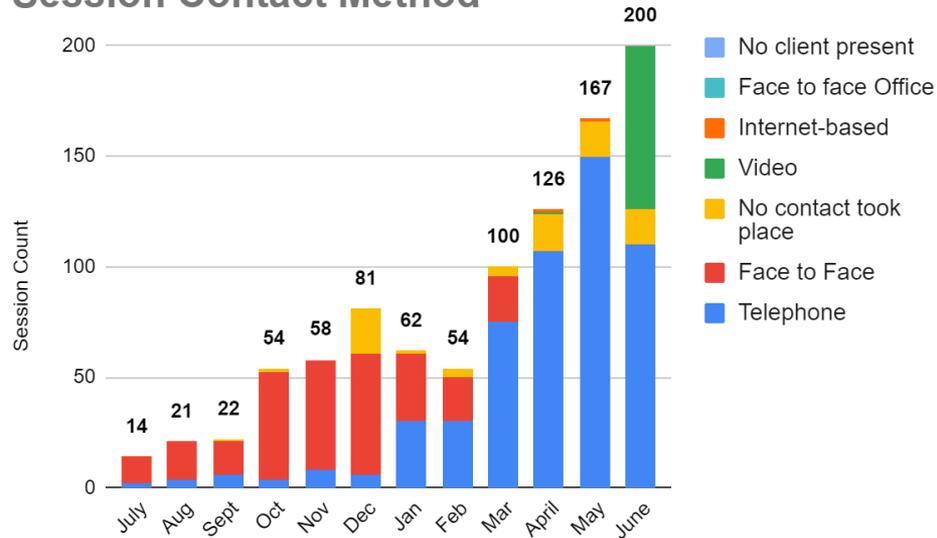


Connect Services modality from July 2019-June 2020



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Session Contact Method





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Question and Answers Section

Please note your questions in the Q&A Section



Summary



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SUMMARY



Resources & Links



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- AMES: 13 26 37
- Family Life: 0451 632 771
- SEMPHN:
 - Access & Referral 1800 862 363
 - Head to Help: 1800 595 212
- Slides from today will be located at <https://www.familylife.com.au/professional-community/community-of-practice/>





Connect Online

**Information Sessions for Professionals
and Clients**

Commencing: April, 2021

**If interested email
info@familylife.com.au**





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12th May 2021

ChangeMaker:

Professional Development Training

5 Sessions – 9.30am to 12.30pm

Including one small group coaching session

Cost: \$700 EARLY BIRD excl. GST





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Thank you!

We'll send you an email with a full recording of today's call, along with a collection of helpful links & resources

