Feedback on the Migrant Refugee Women’s Health Partnership

Scoping report of cultural competency policy and practice across Colleges with regards to education, training and standard setting.

Australian College of Mental Health Nurses
The Australian College of Mental Health Nurses (ACMHN) welcomes the opportunity to provide feedback on the Migrant and Refugee Women’s Health Partnership scoping report of cultural competency policy and practice across Colleges with regards to education, training and standard setting.

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Our Organisation

The Australian College of Mental Health Nurses (ACMHN) is the peak professional organisation representing mental health nurses in Australia. A primary objective of the ACMHN is to enhance the mental health of the community through the pursuit of efforts to improve service and care delivery to those affected by mental illness and disorder. The ACMHN also sets standards of practice for the profession and promotes best practice in mental health nursing.

The College welcomes the opportunity to provide feedback on the preliminary draft of the scoping report on cultural competency policy and practice across Colleges with regards to education, training and standard setting.

Summary of ACMHN involvement in policy and advocacy relating refugees and people seeking asylum

ACMHN has been actively involved in a number of activities as part of its advocacy\(^1\) to improve the mental health and wellbeing of refugees and people seeking asylum, including:

- A Submission to the Senate Legal and Constitutional Affairs Committee regarding its Inquiry into serious allegations of abuse, self-harm and neglect of asylum seekers in relation to the Nauru Regional Processing Centre, and any like allegations in relation to the Manus Regional Processing
- Member of the OPCAT Network, which involves advocacy and the development of position statements regarding the implementation of the OPCAT in the Australian context
- Various media appearances (e.g. Lateline, ABC, 1/12/2011; The Drum, ABC, 18/11/2011) and media releases\(^2\)
- Drafting and publishing a letter calling on the Government to Ratify the Optional Protocol to the Convention Against Torture (OPCAT) and amend the Border Force Act
- Supporting the position statements of Australian Health Professional Colleges around refugee health and mental health e.g. The Royal Australasian College of Physicians (RACP) Refugee and Asylum Seeker Health Position Statement (2015 Attached as an appendix); the Australian College of Nursing Quality Health Care for all Refugees and Asylum Seekers Position Statement (2015); the APS Position Statement on the Psychological Wellbeing of refugees and asylum seekers in Australia (2011); the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Position Statement 46 on the Provision of mental health services to asylum seekers and refugees.
- Sending an open letter to Prime Minister Malcolm Turnbull (dated 8 October 2015) regarding the prolonged detention of people seeking asylum, particularly children, in offshore processing centres on Nauru and Manus Island.
- Contributing to the development of a mental health screening tool for people being held in immigration detention.
- Contributing to the Immigration Detention Health Advisory Group which convened from 2006-2013, including this groups’ development of suicide and self-harm protocols and

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\(^1\) See Australian College of Mental Health Nurses webpage on Policy and Advocacy, available at http://www.acmhn.org/news-events/policy-and-advocacy

clinical reviews for designing new mental health clinical pathways for use in immigration detention across Australia.

1. General Feedback

The ACMHN wishes to note the efforts of the Migrant and Refugee Women’s Health Partnership in producing a comprehensive draft Scoping Report. It is clear from the contents of the draft Report that extensive consultation has taken place in producing the draft. The draft Scoping Report provides extensive information about the current policies and practices in clinical education, training and standards in Australia.

As outlined briefly in the summary above, in addition to endorsing the RACP Position Statement, the ACMHN has been and remains actively involved in advocating for and building workforce competency in the treatment and care of refugees and people seeking asylum – particularly around their mental health.

The recent ACMHN submission to the Senate Legal and Constitutional Affairs Committee Inquiry raised a number of relevant issues and some of the feedback provided by the ACMHN was referenced in the Senate Committee’s Final Report. In particular, the submission highlighted the challenges faced by health professionals, including mental health nurses, who are employed to treat and care for refugees and people seeking asylum. Perhaps of most relevance to the Scoping Report, the submission referred to the conflict that can be experienced between the policy environment that a health professional may find themselves working within, and their Professional Code of Ethics.

On this basis, the ACMHN wishes to note that training, education and clinical supervision is necessary, but that (as is the case with the provision of health treatment to refugees and people seeking asylum), the degree of its success is also to some extent dependent on the extent to which the broader policy environment and service system supports implementation by individual health professionals on the ground.

ACMHN Continuing Professional Development Portal: Mental health CPD for nurses, by nurses

The ACMHN aims to provide members and the broader nursing community with high quality Continuing Professional Development that is focused on the mental health needs of service users, their families and communities.

The College’s CPD portal is currently being redeveloped to include a wider selection of resources and materials, including a webcast series and eLearning modules focused on primary health care nurses ie. that relate to nurse-focused mental health triage, risk assessment, communication and referral. More information on the webcast series is available via http://www.acmhn.org/134-cpd/425-webcasts, however it is expected the series will include topics such as the mental health of refugees and asylum seekers and recovery oriented approaches.

Endorsement

The Australian College of Mental Health Nurses Accreditation Committee receives applications from providers of professional events, educational activities or products, to review and endorse their products. Applications are assessed against the guidelines established by the ACMHN - these include issues such as whether or not the organisation is a reputable provider, whether the program is of high quality and whether it is evidence based and consistent with contemporary mental health practice, issues and trends.4

2. Specific comments

The ACMHN sought input regarding the preliminary draft of the Scoping Report of Cultural Competency Policy and Practice from an ACMHN member, Professor Nicholas Procter RN, MBA, PhD, who is the Chair of Mental Health Nursing at the School of Nursing and Midwifery at the University of South Australia. ACMHN wishes to submit the following feedback from Prof. Procter:

“There are three key areas that are either missing altogether or require strengthening in terms of the education, training and standard setting for health professionals with respect to the treatment and care of refugees and people seeking asylum: the specific needs of asylum seekers, explanatory models of mental health and trauma-informed approaches.

Specific Needs of Asylum Seekers Living in the Australian Community

In some jurisdictions such as Australia, asylum seekers who are found to be refugees may be granted a visa that entitles them to temporary residency. This may be a Temporary Protection Visa (TPV) or a Safe Haven Enterprise Visa (SHEV). These visas are granted to people who arrived in an ‘unauthorised way’; that is, without a valid visa. TPVs were granted to people who arrived in Australia by boat between 1990 and 2001. They were abolished and then reintroduced in 2014. These temporary visas entitle a person to live in Australia for three to five years. For a TPV to be renewed, the applicant’s circumstances are re-assessed to determine whether it is safe enough for the person to return to her or his home country. People granted a SHEV who have lived in a designated ‘regional’ area may be entitled also to apply for a permanent work visa or partner visa in limited circumstances.

There are approximately 30,000 asylum seekers currently living in the Australian community who are in this category. The impermanent nature of these temporary visas and the processes associated with their renewal – such as the lack of certainty about when interviews to re-assess claims would occur and how the safety of the person’s homeland would be assessed, or whether they can apply for another visa – mean that TPV and SHEV holders face considerable anxiety; specifically, mental distress and uncertainty about their continuing personal circumstances. This uncertainty, coupled with strongly held beliefs that it is unsafe to return to their country of origin, results in substantial psychological and physical effects in some visa holders. There have been several suicides (including women) among this group.

4 Further information about ACMHN endorsement of professional events, educational activities and products is available at http://www.acmhn.org/images/stories/Resources/Endorsement_Application_Form_June_17.pdf
Explanatory Models of Physical and Mental Health

This document requires more emphasis being given to Explanatory Models of Physical and Mental Health. Explanatory Models in care are critically important. The combined elements of social, cultural, and interpersonal factors impacting on mental health, lead practitioners to consider the deeper meaning structures held by people of immigrant and refugee backgrounds. This means that practitioners must be open to the explanatory model used by a person in distress. This will involve looking beyond taken-for-granted assumptions associated with the way in which symptoms and experiences of health and illness are understood and presented, the way help is sought and the way care is evaluated by those who receive it.

The clinical work of any health professional – no matter how willing or keen to help – will be compromised if it does not consider the person’s understanding of health difficulties and what practitioners themselves consider to be perceived causes of illness, optimal care and culturally appropriate support and treatment. This is particularly so in the mental health arena. All consumers make interpretations of their health and well-being, the way in which their health is shaped by events and circumstances and the practical help they need to enable change or improve their situation. Cultural explanatory models attempt to answer these and related questions, such as what something is called, why it started when it did, as well as the severity and likely treatment outcome.

A Stronger Emphasis Needed on Trauma Informed Approaches

A trauma-informed approach is one that works from the fundamental principles of trauma awareness. That is, working to avoid re-traumatisation by empowering consumers and staff in decision making, safety, trustworthiness, choice and collaboration as well as building of strengths and skills. This is particularly the case with people of refugee background and asylum seekers living in the Australian community (refer to the article attached). Trauma-informed approaches are based on the understanding and belief that symptoms and experiences related to trauma are coping strategies developed to manage traumatic experiences.

The objective of education and training in trauma-informed approaches is to provide practitioners with knowledge to effectively work with people at the point of care who have been exposed to trauma and are at increased risk of exhibiting traumatic stress reactions. The specific key objectives are to:

- Share knowledge related to trauma-informed practice;
- Raise awareness and understanding of types of trauma and associated neurobiological and psychological effects;
- Increase awareness of specific trauma related events and experiences;
- Understand the importance of person-centred care in trauma-informed practice;
- Empower practitioners to engage with and contribute to trauma-informed services;
- Improve knowledge of chain of care associated with trauma-informed practice.

(Proctor et al, 2017)\(^5\)

If the Migrant and Refugee Women’s Health Partnership requires any further information regarding these comments, or would like to discuss any aspect of this feedback in more detail, including about endorsement of future training and educational products for CPD, please contact the ACMHN.

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