

DEPARTMENT OF HEALTH AND AGEING

REVIEW OF THE MULTICULTURAL MENTAL HEALTH AUSTRALIA (MMHA) PROJECT

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FINAL REPORT

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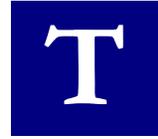
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GLOSSARY

ATMHN	Australian Transcultural Mental Health Network
CALD	Culturally and Linguistically Diverse
COAG	Council of Australian Governments
DHI	Diversity Health Institute
DoHA	Department of Health and Ageing
FECCA	Federation of Ethnic Communities Councils of Australia
HOI	Health Outcomes International
JOG	Joint Officers Group
KPIs	Key Performance Indicators
MMHA	Multicultural Mental Health Australia
NGO	Non Government Organisation
NMHS	National Mental Health Strategy
NSPS	National Suicide Prevention Strategy
NSW	New South Wales
NT	Northern Territory
QLD	Queensland
SA	South Australia
SBS	Special Broadcasting Service
SWAHS	Sydney West Area Health Service
TCMH	Transcultural Mental Health
VIC	Victoria
WA	Western Australia



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EXECUTIVE SUMMARY

E.1 OVERVIEW

Cultural diversity is an important aspect of Australia's community with over 40% of the population either born overseas or has a parent born overseas.¹ Burdekin (1993) identified that given the majority of people from non-English speaking backgrounds have come to Australia as migrants, the process of migration is a significant focus in considering prevalence, diagnosis and treatment of mental health problems, disorders, and illnesses in different ethnic groups.

Mental health issues can affect people of all ages and from different cultural and social groups.² In 2007, one in five Australians aged 16–85 years had a mental disorder,³ and many studies have highlighted that people from diverse backgrounds will face numerous barriers when accessing timely and appropriate mental health care. These barriers include:

- Language - reluctance to use services due to language and cultural differences, lack of interpreter use or misuse of interpreters; limited information available in community languages;
- Cultural differences between client and clinician - culturally insensitive attitudes of organisations and service providers, lack of appropriately trained staff to work with CALD consumers;
- Knowledge - limited of awareness/knowledge about available services and GP referral patterns;
- Experience - pre-migration experience and/or trauma experiences; and
- Stigma - differences in cultural explanations and perceptions surrounding mental health.^{4 5 6}

A transcultural mental health program has been funded since 1995 by the Commonwealth under the National Mental Health Strategy. The National Mental Health Strategy and the National Mental Health Plan 2003-08 identified the continued need for equitable access to mental health services for a range of population groups. In May 2003, Multicultural Mental Health Australia (MMHA), under the auspice of the Diversity in Health Institute were funded to provide a range of national activities designed to raise community and professional awareness that would support a national focus on the mental health issues specifically facing people from Australia's culturally and linguistically diverse (CALD) communities.

The work by the MMHA must support those objectives of the *National Mental Health Strategy* and the *National Suicide Prevention Strategy*, with consideration given to the *Council of Australian Governments' (COAG)*

1 Beyondblue. (2008). *Diversity, Multiculturalism and Mental Health*. URL: http://www.beyondblue.org.au/index.aspx?link_id=102

2 Australian Bureau of Statistics. (2008). Media Release: One in five Australians have a mental illness: ABS. URL: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Media%20Release12007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

3 Australian Bureau of Statistics. (2007). *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*. URL: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

4 Beyondblue. (2008) op.cit.

5 Multicultural Mental Health Australia, National Ethnic Disability Alliance, Australian Mental Health Consumer Network and the Australian Government Department of Health and Ageing.(2004). *Reality Check: culturally diverse mental health consumers speak out*. URL: <http://www.mmha.org.au/mmha-products/books-and-resources/reality-check/file>

6 Long, H., Pirkis, J., Mihalopoulos, C., Naccarella, I., Summers, M., & Dent, D. (1999). *Evaluating Mental Health Services for Non-English Speaking Communities*. Australian Transcultural Mental Health Network.

National Action Plan on Mental Health (2006-2011) and other relevant national plans/initiatives. To achieve this, the MMHA project has five priority work areas in the current Funding Agreement:

- Policy / Secretariat;
- Community Capacity Building and Development;
- Communication, Education and Information Dissemination;
- Consumer and Carer Support and Representation; and
- Workforce.⁷

Sydney West Area Health Service (SWAHS) is the fundholder for MMHA. The most recent funding agreement was completed on 30 June 2008. The Department and SWAHS have recently entered into a new three year funding agreement which is due for completion on 30 June 2011.

E.2 MMHA REVIEW

MMHA has been reviewed on two previous occasions: in 2001 when MMHA was formally known as the Australian Transcultural Mental Health Network; and in 2006 as MMHA. The findings and recommendations have been considered in the conduct of the current review.

This review has been commissioned nearly one year into the new Funding Agreement (2009-11). Stakeholders were informed by DoHA in November 2008 that this review (to be finalised in 2008-09) would identify priorities and future scope of work. The review outcomes and recommendations are intended to be considered in the implementation of the project during the remainder of the current funding period.

E.3 REVIEW OBJECTIVES AND SCOPE

The overall aim of the review is to determine the appropriateness, effectiveness and efficiency of the Project. In doing so, the review aims to determine whether MMHA is:

- Achieving the outcomes that were originally identified;
- Internally structured in a manner whereby the responsibilities and decision making process is clear, ethical and transparent;
- Operating appropriately, effectively and is sustainable under the current model; and
- Identifying appropriate priorities and scope of work for future consideration.

The specific objectives of the review include the provision of analysis and recommendations with regard to:

- Effectiveness, suitability and sustainability of the current program model including;
 - Implementation and impact of previous evaluation recommendations.
 - Instances where there have been delays in implementation of the project and reasons for those delays.
- Effectiveness, representation and suitability of the governance and accountability model of MMHA, including decision making processes and identification of any areas requiring improvement including:
 - Impact of previous evaluation recommendations;
 - Identifying whether clear ethical and transparent decision making processes exist.

⁷ Standard Funding Agreement between Department of Health and Ageing and Sydney West Area Health Service, July 2008 to 30 June 2011.

- Effectiveness of the financial and service management structures and identification of any areas requiring improvement including:
 - The extent to which the project's inputs have been minimised, or outputs maximised, in achieving the project's intended products and services;
 - Trends over time in the ratio of administrative to program costs;
 - Under or overspends in years to date.
- Review of program planning and needs analysis design and processes:
 - Extent to which the project is currently consistent with Australian Government priorities;
 - The nature and extent of continuing community need;
 - Alternative strategies available to address the need, and any implications for future delivery of the project.
- Identification of priorities and scope of work for future consideration; and
- Current reporting requirements including identification of clear and meaningful performance measures for future consideration and implementation.

E.4 EVALUATION METHODOLOGY

The review involved confirmation of a project plan with the Department which provided an overview of the methodology to be employed throughout the conduct of the study and the purposes and expected outcomes for each stage.

The review process was underpinned by the following key approaches:

- comprehensive review of all available relevant documentation and data, including financial information
- consultations with key internal and external stakeholders
- synthesis and analysis of information obtained from the documentation review, financial assessment and stakeholder consultations in order to inform conclusions regarding the efficacy and effectiveness of the project and formulation of recommendations regarding the future viability of the project.

In undertaking the findings of the documentation review, we gave due reference to commentary on best practice sourced from respected authorities on public sector operations (e.g. The Australian National Audit Office, Australian Public Service Commission).

E.5 KEY FINDINGS

The review is to determine the effectiveness and efficiency of the MMHA project and identify future direction. As with other reports, this report was commissioned to inform the thinking of the Department in the development of possible strategies for the support and development of addressing the needs of the transcultural community of Australia with respect to mental health issues and suicide prevention. Accordingly the project is intended to support national strategies and actions plans developed by the Department addressing mental health and suicide prevention respectively. The project provides the conduit to inform policy direction in these respective portfolios specific to the transcultural community as well as providing a means of trialling projects and ensuring that the transcultural community and service sector supporting this community have an effective voice in the development and implementation of said national strategies. Accordingly it is critical that the MMHA is able to readily identify and reflect the transcultural mental health and suicide prevention environment today.

The review findings are presented in five parts:

- Project governance and accountability
- Project model
- Project planning

- Project financial and service management
- Project reporting and performance measures.

E.5.1 PROJECT GOVERNANCE AND ACCOUNTABILITY

- The governance arrangements for the MMHA appear to be ineffective and undermine the projects ability to achieve its objectives in an efficient manner.
- Documentation pertaining to governance of the project does not clearly identify the accountability lines and lines of communication between all parties making up the MMHA project.
- An inconsistent use of terminology (MMHA referred to as project, program, peak body) only serves to foster confusion among stakeholders as to MMHA's role and function (discussed further in the Chapters 4 and 5).
- Confusion exists amongst stakeholders as to who is responsible for driving the MMHA project and there is a lack of transparency associated with the decision making processes occurring throughout the life cycle of the project.
- Communication appears to be poor within the project. Examples include minutes of meetings not being made available in a timely fashion, stakeholders being unaware of the disbanding of the Consortium in November 2008.
- Disillusionment exists amongst some stakeholders as to the effectiveness of the MMHA project due to a lack of clear direction, competing stakeholder agenda, poor governance and management processes.

E.5.2 PROGRAM MODEL

- The MMHA model is based on a highly collaborative and partnership engendering philosophy which is appropriate for the issues of the transcultural mental health and suicide prevention. However the model has not been effectively implemented.
- MMHA has established various forums with which to engage with these stakeholders however these forums have not worked effectively for a range of reasons. The key issues relate to the size of some of the forums, the lack of transparency and clear role delineations as well as overall management of the project.
- The current form of the MMHA model is not sustainable. Clearer reporting lines need to be established, greater clarity in the respective roles and responsibilities of the respective stakeholders of the MMHA project need to be defined and stronger governance arrangements need to be implemented.

E.5.3 PROJECT PLANNING

- The MMHA planning processes are ineffective. Evidence of strategic planning specifying the direction of the MMHA project had not been undertaken.
- While different planning mechanisms and processes have been established over the course of the project's life, overall their effectiveness has been undermined. This applies in particular to the Consortium. While an appropriate forum at the onset for planning, it has become less effective for a number of reasons, including:
 - the multicultural mental health landscape changed
 - was not inclusive of newer players
 - was seen as having somewhat tokenistic representation of carers and consumers
 - was increasingly costly to run
 - had poor governance
 - too complex in composition (diversity in membership, competing agendas, size, etc.) to enable effective decision making to occur.

- In the absence of the Consortium, there is a question as to whether the JOG in conjunction with the MMHA secretariat have sufficient knowledge or understanding of the “on the ground” issues important to the transcultural sector in the areas of mental health and suicide prevention. Accordingly there is a question as to whether these two bodies will adequately replace or compensate for the role and function initially intended to be covered by the Consortium. Stakeholders have also asked under this new structure how relevant representatives of the transcultural community and service/support sector are to have effective input into the direction and achievements of the MMHA project.
- The majority of stakeholders felt that the MMHA lacked strategic focus and input into policy development. The greater focus of planning activities was seen to be on the development of products and services.
- There is a bias in the focus of activities undertaken to MMHA toward addressing mental health issues and less on suicide prevention.
- There is a current lack of baseline data from which to undertake effective strategic and project planning and this will need to be addressed in the immediate future.

E.5.4 PROJECT FINANCIAL MANAGEMENT

- The project’s ratio of administrative to program costs are within the expected benchmarks established in the evidence.
- The review team questions whether the level of funding currently provided to the project is warranted given a three year history of carry over of significant funds.
- It is difficult to reconcile a view expressed by stakeholders that the level of funding of the MMHA is insufficient to enable the MMHA to undertake a range of projects given the significant carry over of funds for the last three consecutive years.
- The project in its current form is not sustainable.

E.5.5 PROJECT REPORTING & PERFORMANCE MEASURES

- MMHA project has met its reporting requirements from a process perspective but current performance measures do not adequately inform the Government about the quality or value of the project.
- The current suite of performance indicators are relevant in respect to the objectives of the project however they are highly quantitative and process output focussed.

E.6 CONCLUSIONS

This review has been conducted in a dynamic environment: one which is characterised by an increasingly more diverse and complex multicultural mental health landscape, both in terms of the primary target audience (i.e. individuals from CALD communities) and the service providers that support them.

Based on the review teams’ review and analysis of project documentation, financial assessment and stakeholder consultations, we conclude that the MMHA project has to undergo significant changes in order to be efficacious and effective. The findings of this review indicate that the Project has become ‘out of step’ with the reality of recent changes in the multicultural mental health landscape. It is vital that this mechanism is able to remain aligned with this landscape. This is even more important in view of the markedly different profiles of newer immigrants to Australia. It is acknowledged that the ability to do so is somewhat hampered by a general paucity of baseline data on the mental health needs of CALD communities.

Further the review has highlighted that the project portfolio pertaining to suicide prevention has maintained a lesser profile and it is unclear whether this reflects a lack of priority on behalf of the stakeholders, a lack of resources or skill set within MMHA or a lack of need within this cohort. This is partly driven by the lack of baseline data in this area.

The findings of this review reveal that the effectiveness and efficiency of the Project has been undermined by a lack of alignment with the changing multicultural mental health landscape. Moreover, deficiencies in the Project's planning processes, governance and accountability arrangements and financial/service management structure have also served to undermine the potential impact of the Project.

Whether funded in the future as a project, program or some other entity, the findings of this review point to some key changes that must be considered with respect to its operation and management.

It must be:

- underpinned by appropriate and sound planning processes, including the development of a strategic plan in consultation with all relevant key stakeholders
- capable of effectively engaging all relevant key stakeholders to assist in the identification and setting of work priorities and strategic directions in a manner that is appropriate to their respective knowledge, expertise, and capacity to contribute
- capable of ongoing effective monitoring of target group need and able to identify and respond to changes in need in an appropriate and timely manner
- supported by appropriate and sound governance structures to ensure clear accountability, transparent decision making, and effective stakeholder communication.

Going forward then, the critical task for the DoHA is to reaffirm/determine the fit of the MMHA with its longer term vision for transcultural mental health and suicide prevention. Part of the DoHA's deliberations about the future of the MMHA project should involve consideration of how the MMHA could be modified and applied longitudinally so as to ensure a clear alignment with its policy objectives and the establishment of appropriate baseline data that will inform the ongoing direction and workstreams pursued by the project.



INTRODUCTION

1.1 BACKGROUND

Cultural diversity is an important aspect of Australia's community with over 40% of the population either born overseas or has a parent born overseas.⁸ Migrants and their descendants have played an important role in shaping Australia's history and the nation today, in terms of population and workforce growth, and in contributing to Australia's culture and society.⁹

Mental health issues can affect people of all ages and from different cultural and social groups.¹⁰ In 2007, one in five Australians aged 16–85 years had a mental disorder,¹¹ and many studies have highlighted that people from diverse backgrounds will face numerous barriers when accessing timely and appropriate mental health care. These barriers include:

- Language - reluctance to use services due to language and cultural differences, lack of interpreter use or misuse of interpreters; limited information available in community languages;
- Cultural differences between client and clinician - culturally insensitive attitudes of organisations and service providers, lack of appropriately trained staff to work with CALD consumers;
- Knowledge - limited of awareness/knowledge about available services and GP referral patterns,
- Experience - pre-migration experience and/or trauma experiences; and
- Stigma - differences in cultural explanations and perceptions surrounding mental health.^{12 13 14}

National mental health policy, through the National Action Plan on Mental Health 2006-2011 and other documents recognises the need for culturally relevant services. For example, the Mental Health Promotion and Prevention National Action Plan identifies people from diverse CALD backgrounds as a priority population group; and the implementation framework for the Plan specifically focuses on the needs of the Australian CALD communities.¹⁵

⁸ Beyondblue. (2008). *Diversity, Multiculturalism and Mental Health*. URL: http://www.beyondblue.org.au/index.aspx?link_id=102

⁹ Australian Bureau of Statistics. (2008). Themes - Migrant and Ethnicity. URL: <http://www.abs.gov.au/Websitedbs/c311215.nsf/20564c23f3183fdaca25672100813ef1/7a0ffb23a90a813eca2571de0017d7ed1OpenDocument>

¹⁰ Australian Bureau of Statistics. (2008). Media Release: One in five Australians have a mental illness: ABS. URL: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Media%20Release12007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

¹¹ Australian Bureau of Statistics. (2007). *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*. URL: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

¹² Beyondblue. (2008) op.cit.

¹³ Multicultural Mental Health Australia, National Ethnic Disability Alliance, Australian Mental Health Consumer Network and the Australian Government Department of Health and Ageing. (2004). *Reality Check: culturally diverse mental health consumers speak out*. URL: <http://www.mmha.org.au/mmha-products/books-and-resources/reality-check/file>

¹⁴ Long, H., Pirkis, J., Mihalopoulos, C., Naccarella, I., Summers, M., & Dent, D. (1999). *Evaluating Mental Health Services for Non-English Speaking Communities*. Australian Transcultural Mental Health Network.

¹⁵ Australian Health Ministers (2004). *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*, Department of Health and Ageing, Canberra.

1.2 THE MULTICULTURAL MENTAL HEALTH AUSTRALIA PROJECT

The national *Multicultural Mental Health Australia* (MMHA) project (hereafter referred to as the Project) is targeted towards providing leadership and direction in transcultural mental health and suicide prevention. It is one of a number of national projects targeting the needs of specific population groups, and aims to raise community and professional awareness to support a national focus on the mental health issues faced by Australia's CALD communities.

The work by the MMHA must support those objectives of the *National Mental Health Strategy* and the *National Suicide Prevention Strategy*, with consideration given to the *Council of Australian Governments' (COAG) National Action Plan on Mental Health (2006-2011)* and other relevant national plans/initiatives. To achieve this, the MMHA project has five priority work areas in the current Funding Agreement:

- Policy / Secretariat;
- Community Capacity Building and Development;
- Communication, Education and Information Dissemination;
- Consumer and Carer Support and Representation; and
- Workforce.¹⁶

A transcultural mental health program has been funded since 1995 by the Commonwealth under the National Mental Health Strategy. However, *Multicultural Mental Health Australia* has specifically been funded since May 2003. Sydney West Area Health Service (SWAHS) is the fund-holder (i.e. contractor) for the Project. SWAHS auspices the Project and reports to DoHA on achievements against the Funding Agreement. SWAHS and DoHA have recently entered into a new three year Funding Agreement to end 30 June 2011.

MMHA has been reviewed on two previous occasions: in 2001 when MMHA was formally known as the Australian Transcultural Mental Health Network; and in 2006 as MMHA. The findings and recommendations have been considered in the conduct of the current review.

1.3 THIS REVIEW

As part of the current Funding Agreement, the Department of Health and Ageing (DoHA) engaged Health Outcomes International (HOI) to undertake a review of the MMHA project. This review has been commissioned nearly one year into the new Funding Agreement. Stakeholders were informed by DoHA in November 2008 that this review (to be finalised in 2008-09) would identify priorities and future scope of work. The review outcomes and recommendations are intended to be considered in the implementation of the project during the remainder of the current funding period.

1.3.1 REVIEW AIM AND OBJECTIVES

The overall aim of the review is to determine the appropriateness, effectiveness and efficiency of the Project. In doing so, the review aims to determine whether MMHA is:

- Achieving the outcomes that were originally identified;
- Internally structured in a manner whereby the responsibilities and decision making process is clear, ethical and transparent;
- Operating appropriately, effectively and is sustainable under the current model; and
- Identifying appropriate priorities and scope of work for future consideration.

¹⁶ Standard Funding Agreement between Department of Health and Ageing and Sydney West Area Health Service, July 2008 to 30 June 2011.

The specific objectives of the review include the provision of analysis and recommendations with regard to:

- Effectiveness, suitability and sustainability of the current program model including:
 - Implementation and impact of previous evaluation recommendations.
 - Instances where there have been delays in implementation of the project and reasons for those delays.
- Effectiveness, representation and suitability of the governance and accountability model of MMHA, including decision making processes and identification of any areas requiring improvement including:
 - Impact of previous evaluation recommendations;
 - Identifying whether clear ethical and transparent decision making processes exist.
- Effectiveness of the financial and service management structures and identification of any areas requiring improvement including:
 - The extent to which the project's inputs have been minimised, or outputs maximised, in achieving the project's intended products and services;
 - Trends over time in the ratio of administrative to program costs;
 - Under or overspends in years to date.
- Review of program planning and needs analysis design and processes:
 - Extent to which the project is currently consistent with Australian Government priorities;
 - The nature and extent of continuing community need;
 - Alternative strategies available to address the need, and any implications for future delivery of the project.
- Identification of priorities and scope of work for future consideration; and
- Current reporting requirements including identification of clear and meaningful performance measures for future consideration and implementation.

1.4 REVIEW METHODOLOGY

The review was undertaken in three stages, each comprising distinct tasks as described below.

STAGE 1: REVIEW DESIGN AND DOCUMENTATION REVIEW

Stage 1 involved various planning activities in preparation for fieldwork. A range of relevant documentation pertaining to the Project was provided to the review team by DoHA and MMHA (see Appendix A). A list of relevant stakeholders to be consulted in the course of the review was provided by MMHA and finalised in consultation with DoHA (See Appendix B). These included representatives of:

- Department of Health and Ageing (as project funder)
- Sydney West Area Health Service Management (as contract holder)
- MMHA staff (as funding recipient)
- CALD consumers and carers (as project stakeholders)
- MMHA National Partner agencies/organisations such as *Beyondblue*, Mental Health Council of Australia, National Ethnic Disabilities Association, SBS and the Migrant Resource Services Council of Australia (as project stakeholders)
- State and Territory Partners such as state health departments, Migrant Resource Centres, Transcultural Mental Health Centres, former Consortium members, Ethnic Communities Councils and the University of South Australia (as project stakeholders).

The other key task for this stage involved the development of the review framework detailing the review methodology and data collection tools to be used to answer the review objectives. In doing so, the review objectives were categorised according to the following broad domains:

- Project governance and accountability;
- Project planning;

- Project model;
- Project financial and service management; and
- Future Considerations.

These domains were then used to inform the development of research questions. Table 1.1 shows the review matrix which sets out the review objectives, domains, specific research questions and data sources.

Table 1.1 - Review Matrix

Domain (based on review objective)	Research Question	Data Source							
		Consultations					Reports	Financial Records	Other Documents
		MMHA Management & Staff	SWAHS	Former Consortium	DoHA	Other Stakeholders			
MMHA Governance and Accountability									
Appropriateness	Is the MMHA governance model documented and agreed?						✓		✓
	Are the roles and responsibilities of all stakeholders clear and appropriate to the project?	✓	✓	✓	✓	✓			✓
	What are the powers of delegation and decision-making within MMHA. Are these transparent?	✓	✓	✓	✓	✓	✓		✓
	Are there alternative governance models that should be considered?	✓	✓	✓	✓				
	Are there agreed performance indicators and are they appropriate?	✓		✓	✓	✓			
Effectiveness	Is the governance model workable for this type of project?	✓	✓	✓			✓		✓
	Is there sufficient and timely communication between all stakeholders to ensure effective & efficient management of MMHA?	✓	✓	✓	✓		✓		
	What opportunities are there for improving the governance and accountability of MMHA?	✓	✓	✓	✓	✓	✓		✓
MMHA Planning									
Appropriateness	Is there a clear program logic to MMHA? Is it evidence based? Is it documented?	✓		✓	✓	✓	✓		
	Who is MMHA's target group?	✓		✓		✓	✓		✓
	How are consumer needs identified and planned for (i.e. needs analysis)?	✓	✓	✓	✓				
	Have recommendations from previous reviews been implemented? What has been the impact of these?	✓	✓				✓		✓

Domain (based on review objective)	Research Question	Data Source							
		Consultations					Reports	Financial Records	Other Documents
		MMHA Management & Staff	SWAHS	Former Consortium	DoHA	Other Stakeholders			
Effectiveness	How does MMHA planning align with current Government mental health policies and priorities?	✓	✓				✓		✓
	Have future priorities been planned for the program? If so what are they?	✓	✓	✓	✓		✓		✓
	What opportunities are there for improving MMHA planning?	✓	✓	✓	✓	✓			
Suitability and Sustainability of MMHA Model									
Appropriateness	Is there agreement that current program logic is addressing needs? Is the current model the best fit?	✓	✓	✓	✓	✓			
	What are the linkages with the National Mental Health Strategy and other related policies?	✓	✓		✓		✓		✓
	Do other Commonwealth or health jurisdiction programs overlap/duplicate MMHA or are the programs complementary? Are the programs well coordinated?	✓	✓	✓	✓	✓	✓		✓
Effectiveness	What has been the result against the performance indicators (e.g. are the objectives being met?) Have the results met or exceeded expectations?	✓	✓	✓		✓	✓		✓
	What have been the short and medium term impacts and outcomes from MMHA activities? Have they been reported?	✓		✓	✓	✓	✓		
	Have some MMHA activities worked well more than others?	✓		✓		✓	✓		
	To what extent has the project facilitated the establishment, expansion or support of complementary services?	✓		✓		✓	✓		✓
	Have there been any unintended consequences (positive or negative)?	✓	✓	✓	✓				
	What opportunities do you see for improving the a) suitability and b) sustainability of MMHA?	✓	✓	✓	✓	✓	✓		
Efficiency	Is the funding level adequate to make a realistic contribution towards achieving the objectives of MMHA?	✓	✓		✓		✓	✓	

Domain (based on review objective)	Research Question	Data Source							
		Consultations					Reports	Financial Records	Other Documents
		MMHA Management & Staff	SWAHS	Former Consortium	DoHA	Other Stakeholders			
MMHA financial and service management									
Appropriateness	What are the financial and service arrangements? Are they documented?	✓	✓		✓		✓	✓	
Effectiveness	Are financial reports provided on a timely-basis that allows the program to be managed?	✓	✓		✓		✓	✓	
	Do service and governance arrangements enhance or impede the program operation?	✓	✓				✓	✓	
	What opportunities are there for improvement in MMHA's financial and service management?	✓	✓	✓	✓	✓			
Efficiency	What are the trends over time in the ratio of administrative to project costs?							✓	
	Has any thought been given to how MMHA may be continued without DoHA funding?	✓	✓		✓				
	What is the reason for MMHA's request to DoHA in January 2009 to carryover funds totalling \$644,744	✓	✓				✓	✓	✓
Future Considerations									
Appropriateness Effectiveness Efficiency	What is the nature and extent of continuing/future community need? How can MMHA meet these needs?								
	If MMHA was re-established, what (if anything) would be done differently?	✓	✓	✓	✓				
	What lessons can be learnt if other similar projects are implemented in the future?	✓	✓	✓	✓	✓			
	Is there a mechanism for inter jurisdictional learning (i.e. can we learn from what has or is happening on other projects) and is this appropriate?	✓		✓		✓			

The research questions included in the Review matrix served to inform the development of more detailed lines of enquiry with each of the stakeholder groups. Appendix C provides the lines of enquiry explored with representatives of DoHA, SWAHS management and MMHA management and staff. All other stakeholders completed either a telephone interview (see Appendix D) or a written survey questionnaire (see Appendix E). The content of the telephone interview and written survey questionnaire was identical.

STAGE 2: FIELD WORK

This stage involved two major tasks – documentation review and stakeholder consultations. A comprehensive and objective review and assessment of all provided documentation against the review objectives was undertaken by the review team. In addition, all nominated stakeholders were contacted and invited to participate in the review. With the exception of one SWAHS representative who was interviewed by telephone, all interviews with representatives of DoHA (n=4), SWAHS (n=1) and MMHA

(n=4) were conducted face-to-face on site. All other stakeholders were invited to participate in the review either via a telephone interview or a written survey questionnaire. All respondents were emailed the interview questions prior to the scheduled interview to ensure they were well prepared. Of the total number (70) of stakeholders invited to take part in the review, 36 agreed. This represents a response rate of 51.4%. Of the 36 participants, 23 completed an interview (21 via telephone, 2 via face-to-face) and 10 completed the survey questionnaire.

STAGE 3: ANALYSIS AND REPORTING

The final stage of the review involved collation and analysis of the data collected during stage 2 in order to answer the review objectives and inform conclusions against the objectives and formulation of recommendations. This work in turn informed the preparation of the draft report on the review findings. Following review of the Draft report by DoHA, all feedback received was incorporated into the development of the final report.

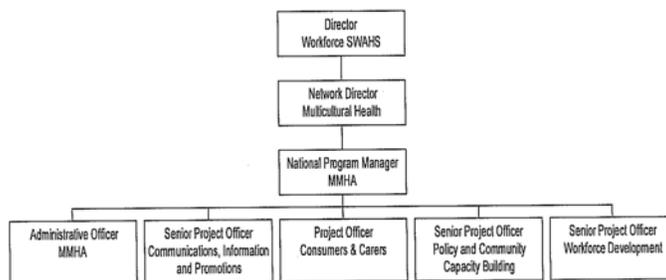
2

ABOUT THE MMHA

As identified in the previous chapter, MMHA is funded by the Department of Health and Ageing (DoHA) to provide a range of services in relation to the development and management of a comprehensive implementation plan for the *Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*, addressing the Framework’s priority areas for national action.

The contract to manage the MMHA project is held by the Sydney West Area Health Service. A secretariat has been established, (also referred to as the MMHA) whose reporting and organisational structure is depicted in Figure 2.1.

Figure 2.1: Reporting Structure for the MMHA



According to information contained in the governance materials provided to the review team, the MMHA is based on a model of collaboration and partnership to address issues of transcultural mental health and suicide prevention, building strategic alliances and networks which focus on national mainstream programs, State and Territory Mental Health Services, state-wide specialist transcultural, refugee and torture and trauma services, consumers, carers and the community sector and the ethnic media.

The project represents an alliance of consumers, carers, the community, state-wide specialist services in multicultural mental health and suicide prevention, population and public health and the tertiary sector.

Underpinning this alliance are two key national governance structures which are embedded within the overall MMHA project namely the Consortium and the Joint Officers Group (JOG). The relationship between the MMHA, Consortium and JOG in terms of an organisation chart, reporting framework or lines of accountability is not represented diagrammatically in any of the available documentation.

It is worth noting at this point that the Consortium was disbanded in November 2008.

The Consortium's membership included:

State-wide specialist service providers

This cohort represented service providers concerned specifically with advancing the mental health of people from culturally and linguistically diverse backgrounds.

- NSW Transcultural Mental Health Centre (NSW TMHC)
- Queensland Transcultural Mental Health Centre (QTMHC)
- West Australian Transcultural Mental Health Centre (WA TMHC)
- Victoria Transcultural Psychiatry Unit (VIC VTPU)

National Peak Consumer, carer, disability & community organisations and other national bodies

This cohort was concerned with the rights and well being of culturally and linguistically diverse individuals, their families carers and communities.

- Australian Mental Health Consumer Network (AMHCN)
- Federation of Ethnic Communities' Councils of Australia (FECCA)
- National Ethnic Disability Alliance (NEDA)
- Australian Institute for Suicide Research and Prevention [Griffith University]
- National Forum of Services for Survivors of Torture & Trauma (FASSTI).

The role of the Consortium as identified in the MMHA Consortium Governance 2006-2008 document was to “ensure equity and priority setting, to foster collaboration between members and to ensure equitable representation of the needs of all members. It provided the MMHA with the conduit to identify the needs of the CALD community in the area of mental health services and acted in an advisory capacity. The rationale for the disbanding of the Consortium is discussed further in Chapters 4 and 5.

In order to formalise MMHA's linkages with States and Territories it was agreed, in conjunction with DoHA, to create a Joint Officers Group consisting of State and Territory representatives and the Australian Government, to facilitate implementation of the *Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* nation-wide.

The interdependencies between these respective groups and stakeholders and the overall impact upon the MMHA project are described in subsequent chapters.

REVIEW CONTEXT

This chapter provides a brief discussion of a number of factors which serve to set the broader context of the review. It is important that the findings of this review are interpreted in light of these factors.

Key contextual factors include:

- The MMHA journey
- Transcultural mental health and national mental health policy and planning
- Baseline data on transcultural mental health
- The modern multicultural mental health landscape

Each of these factors is discussed below.

3.1 THE MMHA JOURNEY

The history of the MMHA project can be traced back some 14 years. Since that time, the Commonwealth government has funded a transcultural mental health program as part of the National Mental Health Strategy. In 1995, the Australian Transcultural Mental Health Network (ATMHN) was established as an initiative funded under the National Mental Health Strategy. Auspiced by the Victorian Transcultural Psychiatry Unit (VTU), the ATMHN operated through an Advisory Group and associated sub-committees and through two organisational units – the Management Unit (MU) and the National Information Service (NIS). In 1999, the Management Unit was transferred to the auspice of the NSW Transcultural Mental Health Centre, while the NIS remained with the VTU.

In response to a recommendation in the 2001 Evaluation of the ATMHN to ‘restructure the ATMHN management and delivery arrangements’, DoHA called for tenders in June 2002 to administer the program. In 2003, an alliance of organisations (CALD mental health service providers, peak bodies, academics, and consumers and carers), auspiced by the Diversity Health Institute in Western Sydney Area Health Service, was awarded the tender. MMHA was subsequently established in March 2003.

MMHA (including in its former existence as ATMHN) has been subject to considerable external scrutiny. The current review is the third in eight years. It is noted that many of the findings and recommendations in the 2001 evaluation (of MMHA’s predecessor, the ATMHN) and the 2006 evaluation (of MMHA) are reminiscent of current problems and issues. These include, among other things, the impact of the auspice arrangement on the independence of project operations, the lack of a strategic approach/plan and ineffective governance arrangements. It will be important that the Department is mindful of this history when considering the findings of the current review and what action it takes in response to the recommendations.

3.2 TRANSCULTURAL MENTAL HEALTH & NATIONAL MENTAL HEALTH POLICY

While mainstream mental health issues are firmly on the national agenda, transcultural mental health does not receive the attention it should in the context of national mental health policy and planning. This task is made all the more challenging due to the increasing diversity of CALD communities and the stigma that still surrounds mental illness.

The CALD agenda has fallen off in the last 10 years. There is a need for good strategic ways of getting diversity issues back on the agenda. The political environment and attitudes have changed, but we are still working in the old way...we are out of step with political reality and the increasing diversity of Australia. Used to be one or two CALD communities. Now there are multiple communities and multiple social issues...we are still stuck in the 80's'

In many instances Government mental health policies and plans do not capture or consider, as a priority, the unique and special needs of people from CALD backgrounds with a mental illness and their families. In other instances the mental health policies and priorities are way ahead of the base needs of CALD communities. The CALD mental health sector is at its infancy stage, while the mainstream is far more advanced'

Addressing this issue is recognised not to be an easy task. It requires considerable work to close the gap both at a system level and at a service provider level.

Multicultural issues – they're not the sexiest topic in bureaucracy...we need to spend a lot of time to get it embedded across things, needs to be integrated'

The whole CALD area needs to get out of its cocoon and get more involved in mainstream because the issues are so diverse in the population'

'A lot of CALD organisations tend to be isolationist, they think 'we are expert specialists'

Given this context, the need to ensure that mental health issues of CALD communities in Australia are identified and appropriately addressed remains strong.

3.3 BASELINE DATA ON TRANSCULTURAL MENTAL HEALTH

There is poor baseline data on transcultural mental health and the needs of different CALD communities. The lack of funded research on mental illness in CALD communities, means that little is known even about the basic profile of different CALD communities, such as whether particular mental illnesses are more prevalent in certain ethnic groups. Major data collection opportunities, such as the National Survey of Mental Health and Wellbeing of Adults, do not cater for respondents who are non English speaking due to logistics and cost. The demand for this data continues to grow with the arrival of newer immigrants with markedly different backgrounds and experiences likely to impact on their mental health and wellbeing.

'...the evidence base is not there for a lot of what we do...we don't have the ability to collect data'

The minimal data that is available does however indicate that the migration experience can impact negatively on an individual's mental health and wellbeing. Individuals from CALD backgrounds with a mental illness are also known not to access mental health services at the same rates as their English speaking counterparts.

The absence of national ethnicity data has a number of flow-on effects. First, it impacts on the ability to design appropriate workforce training in cultural competency. Second, it limits the ability to develop appropriate preventative initiatives and supportive interventions. Third, there is limited ability to evaluate the effectiveness and impact of these initiatives and interventions on the mental health and wellbeing of individuals from CALD backgrounds. The ability to access baseline data and benchmark is an important aspect of effective service delivery. It is important that the impact of this current gap/problem on progressing the transcultural mental health agenda is acknowledged in the context of this review.

3.4 THE MODERN MULTICULTURAL MENTAL HEALTH LANDSCAPE

Over the last decade the multicultural mental health landscape in Australia has changed and expanded considerably. In the main, this reflects changes in the profile of:

- Individuals from CALD backgrounds – not only is the number of different CALD communities increasing, but newer arrivals to Australia have very different backgrounds to earlier and now

more established CALD communities. Many of the newer arrivals have experienced displacement, detention, torture and trauma and as a consequence, have complex additional needs. Little is known however about even the basic mental health profile of these groups. This impacts on the ability of the service system and service providers to develop appropriate and targeted services for these individuals

- service providers – both the number of mainstream and CALD specific providers is increasing, with an greater involvement of non-government organisations. This in turn increases the need to ensure that these providers are adequately supported and educated about multicultural mental health issues. It is critical that both the design and delivery of preventative and intervention services and support are underpinned by a sound understanding of the specific needs of different CALD communities. The ability to do this however is currently hampered by a lack of baseline data on transcultural mental health.

The ability of the mental health service system to remain in step with these changes presents an ongoing challenge. It heightens the need for a dedicated entity to progress the transcultural mental health agenda. Moreover, and of critical importance to this review is that it reinforces the need for the operation of this entity to be underpinned by appropriate, sound and effective planning, governance and reporting processes.

4

DOCUMENTATION REVIEW

This chapter presents the findings of the documentation review against the broad domains covered by the review objectives. The results of the documentation review were later re-examined alongside the findings of the stakeholder consultations (reported in the next chapter) to inform the formulation of conclusions against the review objectives.

4.1 DOCUMENTATION REVIEW PURPOSE

Both DoHA and MMHA provided the review team with a range of relevant documentation pertaining to the Project. Broadly this encompassed:

- Administrative and general/background information
- Previous reviews of MMHA
- Funding Agreements and variations
- Planning processes
- Project management and operations
- Project achievements.

The review and analysis of available documentation served to assist in:

- Familiarisation with the background, establishment and achievements of the Project
- Identification of any gaps in information that needed to be accessed in order to address the review objectives
- Development and formulation of the lines of enquiry/questions to be explored in the course of the required stakeholder consultations.

4.2 DOCUMENTATION REVIEW PROCESS

Initial review of the documentation served to ensure that the review team had a sound understanding of the history and establishment of the Project. Of particular relevance were documents covering the background to the Project, past reviews of MMHA, and the current Funding Agreement. This ensured that initial consultations with DoHA, MMHA and SWAHS were underpinned by a good understanding of their respective roles in the management and operation of the Project.

During the course of concurrent stakeholder consultations, the need to examine additional documentation related to the review objectives became evident. Following submission of requests for additional documentation to MMHA and DoHA, this was provided (where available) to the review team. An objective review of all documentation was subsequently undertaken against the review objectives.

As evident from Appendix A, a considerable volume of documentation was acquired by the review team over the course of the review. It is not intended that this chapter present a detailed account or summary of all the material provided and reviewed. Some material served primarily as background/context to the project. Not all documentation provided proved to be relevant or central to answering the review objectives.

The approach taken with respect to this component of the review, and what this chapter aims to establish, is:

- whether documentation exists in relation to procedures, processes and mechanisms related to the broad domains explored in this review; and
- the degree to which this documentation contributes to an objective evidence base to inform conclusions against the review objectives. This judgment is based on an assessment of the quality of the documentation. Specifically, its clarity, relevance, appropriateness and completeness/comprehensiveness.

Where the review team has been provided with, or requested specific feedback/advice from stakeholders in relation to particular documentation, this is included in this chapter.

4.3 DOCUMENTATION REVIEW FINDINGS

4.3.1 MMHA IDENTITY AND CONSISTENCY OF TERMINOLOGY

Across the documentation reviewed in the course of this review (as in our stakeholder consultations) there was considerable variability in how MMHA was described. To illustrate, the following extracts are taken from several key documents:

- The MMHA Consortium Governance document (2007) states that:
The program [MMHA] represents an alliance of consumers, carers, the community, statewide specialist services in multicultural mental health and suicide prevention,
- Schedule A of the current Funding Agreement describes MMHA as:
*'...the **national project** under the National Mental Health Strategy by the Australian Government..'*
- The following paragraph in the current Funding Agreement however refers to MMHA as
*'...the Australian Government funded **peak body** established to undertake **the Project** and to represent and promote the interests of the mental health sector in CALD communities'*
- The Schedule further states the principles on which the Funding Agreement is based, one of which is:
*'recognition of the role of **peak advocacy organisations** on contributing to the development of responsive and well-informed policy'*

This inconsistent use of terminology only serves to foster confusion among stakeholders as to MMHA's role and function (discussed further in the next chapter). It is in the opinion of the reviewers this represents one of the key if not focal issues that needs to be addressed particularly if ongoing public monies is continued to be invested in such an entity. Specifically it has implications for the project going forward, with respect to the extent to which the current governance and accountability arrangements are changed.

The remaining sections summarise the key findings of the documentation review are presented against the following broad domains:

- Project governance
- Program model
- Project planning
- Project financial and service management
- Project reporting and performance measures.

It is important to note that there is a high degree of interdependence between these domains and accordingly some of the observations made in the documentation review have been highlighted in more than one area.

Questions related to project financial and service management, and to project reporting and performance measures were asked of only the small number of respondents who were sufficiently informed to comment. These included representatives of DoHA, SWAHS and MMHA. Therefore for the results of responses obtained in relation to these areas are incorporated into this chapter (rather than in the following chapter).

In presenting the findings of the documentation review, we include commentary on best practice sourced from respected authorities on public sector operations (e.g. The Australian National Audit Office, Australian Public Service Commission).

4.3.2 PROJECT GOVERNANCE AND ACCOUNTABILITY

Governance refers to the processes, policies and procedures whereby entities/organisations are directed, controlled and held to account. The exercise of governance arrangements provide strategic direction, ensure objectives are achieved, assist in risk management and responsible use of resources. It provides the framework within which managers make decisions and take actions to optimise outcomes. Governance arrangements should include at least the roles and responsibilities of those involved, rules and procedures for decision making and integration of the project/program/initiative governance arrangements within the agency's broader governance framework.¹⁷

The principles of good governance are accountability, transparency, integrity, stewardship, leadership and efficiency. Accountability is the process whereby entities/public sector organisations and the individuals within them, are responsible for their decisions and actions. It is achieved by all parties having a clear understanding of those responsibilities and having clearly defined roles through a robust structure.¹⁸

Sound governance arrangements are critical to the successful implementation of programs, projects, initiatives and policy. They serve to strengthen community confidence in a public entity, and help ensure entities' reputations are maintained and enhanced. Good governance enables entities to perform efficiently and effectively, and to respond strategically to changing demands.¹⁹

GOVERNANCE STRUCTURES

Review of key documentation shows two key national governance structures: the Consortium and the Joint Officers Group (JOG).

The MMHA Consortium Governance Document describes MMHA as 'the program representing an alliance of consumers, carers, the community, state-wide specialist services in multicultural mental health and suicide prevention, population and public health and the tertiary sector operating as Consortium'. This document sets out the purpose, objectives, structure and membership of the Consortium including MMHA members (state-wide specialist service providers, national peak consumer/carer and community organisations and founder organisations); MMHA Advisors (mental health experts) and Associate Organisations. It further defines the roles and relationships between the three key parties: DoHA, SWAHS and MMHA. The financial and service management arrangements between these parties are discussed further in section 4.3.5.

As discussed in Chapter 2, the Consortium was the forum through which MMHAs policy priorities and strategic directions were set and monitored. We requested and reviewed all available records of Consortium meetings between 2003 and the 2008 to gain some insight into the effectiveness of its operation. Overall, the level of record keeping was poor, particularly prior to 2006. There was one meeting

¹⁷ Australian National Audit Office and Department of the Prime Minister and Cabinet (2006) Implementation of Programme and Policy Initiatives: Making Implementation Matter, Better Practice Guide. Commonwealth of Australia Canberra.

¹⁸ Australian National Audit Office (2003) Public Sector Governance, Volumes 1 & 2: Better Practice Guide. Commonwealth of Australia, Canberra.

¹⁹ Australian Public Service Commission (2007) Building Better Governance. Commonwealth of Australia, Canberra.

in 2003, two in 2004 and three in the remaining years. Meetings in early years have agendas but no minutes or record of attendance. Meetings in later years however (2007-2008) showed improved records with agenda, a record of minutes, actions taken and a record of attendance. In the absence of good recordkeeping the transparency of its operations is compromised. Without good records of these meetings, it is difficult to assess the effectiveness of the meetings and the basis on which decisions were made.

The MMHA Consortium has operated since 2003. The documentation provided to the review team show that up until 2007, there were *three* different documents regarding the Consortium's governance arrangements – MMHA Terms of Reference, MMHA Operating Guidelines and a Memorandum of Understanding. The review team has been informed that members did not sign up to the MOU. In January 2007, it was decided to combine these documents into one document (the current *MMHA Consortium Governance* document). This document was not endorsed by the members until six months later (June 2007).

Review of a range of additional documentation over this period (e.g. internal memos, electronic and written correspondence between Consortium members and DoHA, and between MMHA/SWAHS and DoHA) reveal less than satisfactory adherence to these governance arrangements by some Consortium members. This resulted in increasing dissatisfaction with the Consortium operation among members. This is supported by the findings of our stakeholder consultations presented in the next chapter.

In 2005, MMHA underwent a review to assess its performance and achievements against the Funding Agreement for the period 2003-05. One of the recommendations was that MMHA should establish the JOG in conjunction with DoHA as an annual forum for State and Territory representatives to meet with DoHA and the Consortium. The purpose of this forum was to review priority issues for the Program, discuss plans for mental health reform in each jurisdiction, identify opportunities for collaboration and determine priorities for Projects of National significance.

Following the 2005 evaluation of MMHA, the Joint Officer Group (JOG) was established. According to the Terms of Reference, the JOGs role is to 'facilitate nation-wide implementation of the *Framework for Implementation of the National Mental Health Plan 2003-06 in Multicultural Australia*'. Its membership (to meet bi-annually) comprises state and Territory Mental Health Directors. Its specific responsibilities are to:

- Provide a formal mechanism to ensure all states and territories have an opportunity to contribute to priority setting within MMHA and to the development of MMHAs national program and work plan, particularly where MMHA has responsibility for driving or facilitating national action on the service responsiveness of the Framework
- Act as a forum for state and territory representatives to meet with DoHA and the MMHA consortium to:
 - Review priority issue for the program
 - Discuss plans for multicultural mental health reform in each jurisdiction
 - Identify opportunities for collaboration
 - Determine priorities for projects of national significance
 - Make recommendations on program development to the Mental Health Standing Committee (formerly the National Mental Health Working Group) and facilitate practical partnerships between MMHA and each jurisdiction.

We reviewed the entire set of available minutes for the JOG meetings between 2006 and 2009. Overall, we consider they are a good record of these meeting, with records of agenda, minutes, actions arising and attendance. It is noted however that with the exception of the first and most recent (May 2009) meetings, many Directors did not attend the meetings, instead delegating to officer level in most instances. While they may have better specific knowledge, they do not have the decision making power. The recommendation to strengthen the JOG was aimed at securing commitment by the State Directors to attend and bring their jurisdictional issues to the table. It sought to encourage their consultation with local CALD stakeholders and to get exposure 'on the ground' on initiatives. If the JOG is to fulfil its intended

purpose then it will be important that it is capable of attracting the high-level representation of decision makers.

In mid 2008, SWAHS put forward a proposal to DoHA to implement an alternative model to the Consortium. The rationale was that MMHA had “become out of step with recent changes in the mental health sector” and that the Consortium model was ‘limited and outdated’. This was mainly attributed to the ‘inequitable representation and exclusion of important stakeholders’ to date and significant running costs. It was argued that a more democratic, participatory and considerate structure with better consultation and communication processes was required. It was proposed that a better model would include, among other things, ‘a strengthening of the Joint Officers Group’ through limiting the membership to State Mental Health Directors and MMHA, and the conduct of regular state/territory based consultations (for needs identification and priority setting) involving all key stakeholders (not just the select few that are currently on the Consortium’) and establishment of the Carer and Consumer Reference Groups. This proposal was accepted by DoHA without consultation with members of the Consortium. The last meeting of the Consortium was held in November 2008.

4.3.3 PROJECT MODEL

The MMHA Consortium document describes the MMHA model as one of collaboration and partnership aimed at addressing issues of transcultural mental health and suicide prevention. This is achieved by building strategic alliances and networks which focus on national mainstream programs, state and territory mental health services, specialist transcultural, refugee and torture and trauma services, consumers, carers and community sector and the ethnic media.

The model further involves engagement with the community, State and territory specialist and mainstream services, other relevant government agencies and the tertiary sector to improve access, responsiveness and quality of services and to facilitate access to information about services, mental health and mental illness, and to promote good mental health in diverse communities.

A group of Advisors who are expert in the multicultural mental health arena are also part of the MMHA model. These individuals provide strategic advice to the project on particular issues and projects. MMHA also undertakes particular projects as well as working collaboratively with partner organisations in order to achieve specific project objectives. In addition, MMHA has strong affiliations with organisations who share a similar interest in promoting the mental health and wellbeing of Australians from a CALD background.

The model is driven by an alliance of individuals and organisations including consumers and carers, statewide specialist multicultural mental health and suicide prevention services, population and public health and the tertiary sector operating as a Consortium.

It works to:

- Develop new and improved partnerships
- More firmly embed transcultural mental health and suicide prevention in the broader mental health reform agenda through formal relationships with generic programs funded under the NMHS and NSPS
- Enhance the profile of the issues nationally.

It also provides a range of services including policy development, advice and consultancy, management of special projects, resources and publications development, information and communication strategies and training.

Given the complex nature of multicultural mental health service delivery in Australia, to better enable CALD communities to access quality services MMHA had established a formal system of collaboration (i.e. the Consortium) that aims to:

- Facilitate national implementation of activity based on identified priorities
- Facilitate and market the imperatives of providing culturally competent services in a diverse range of settings

- Support small states and territories to develop adequate levels of service delivery for CALD communities
- Take into account the needs of CALD consumers, their families and communities and engage with key stakeholders to acknowledge and meet those needs
- Be stable, flexible and able to transcend jurisdictional-specific boundaries to consider issues of national significance.

MANAGEMENT STRUCTURE & RESPONSIBILITIES

MMHA is funded under the National Mental Health Strategy and National Suicide Prevention Strategy by DoHA. The 2007 MMHA Consortium Governance document sets out the service and financial management structure as follows:

- **DoHA** determines the overall role and functions of MMHA via the Funding Agreement it puts into place during a given funding period.
- **SWAHS** (a division of the NSW Department of Health and a body corporate) is the contract holder with responsibility to manage the MMHA program. As the contract Holder/Leading Agency, it bears all legal and financial liability and obligations to deliver the agreed program outcomes under the contract with DoHA. It also receives and reports to DoHA for all MMHA funds. SWAHS is further required to ensure that:
 - The MMHA Secretariat submits acceptable reports to DHA in line with contract obligations
 - The MMHAs finances are managed in a manner acceptable to the requirements of SWAHSs Internal Audit Department and so as not to expose SWAHS to risk
 - It provides a safe and healthy working environment for MMHA program staff
 - It undertakes recruitment and management of all MMHA staff in compliance with a range of NSW public sector regulations, policies and procedures.
- **MMHA** operates as a national program (fully funded by the Commonwealth) and implemented by SWAHS. It is required to prepare and provide comprehensive program reports, and to have its finances audited annually. Continued funding is contingent upon meeting these requirements.

The review team considers that one aspect of these structural arrangements serves to undermine the effective operation and management of the Project. Specifically, this relates to:

- **Line of reporting** – under the terms of the contract, MMHA is accountable to DOHA through SWAHS. The MMHA National Program Manager (NPM) reports to the SWAHS Multicultural Health Network Director on operational matters. For all strategic and policy matters the NPM reports to the SWAHS Executive Director (SWAHS's delegate responsible for the overall management of MMHA). We consider that having the line of reporting outside of MMHA does not promote accountability and transparency and impacts on its ability to be independent

In the course of the documentation review, we cited records of Consortium meetings in 2004 and 2005.

In light of the above comments, it is of concern that these very issues had been discussed by the Consortium 4-5 years ago yet with no apparent successful resolution. Of note are the following extracts:

- Members expressed concerns in October 2004 that MMHA needed to *'do some work in relation to governance...including cohesion of the management group, decision making communication, strategic decision making and program capacity'*.
- In April 2005 MMHA formally began the process of reviewing and re-designing its governance practices. This decision is recorded as being made in view of the upcoming evaluation of MMHA and the new funding round. Issues noted at that meeting included:
 - *'There is a lot of informality about decision-making; worked so far but won't work forever'*
 - *'Contract is managed by SWAHS. This makes accountability difficult'*. Options considered were an NGO community-based structure or Management Committee Structure

- *‘MMHA is a virtual organisation that sits within a structure that manages it’*
- in June 2005 the Consortium met for full day discussion on Governance issues including its membership/MMHA role, MMHA structure, decision making and sustainability. Records indicate that agreement was reached on, among other things a re-design of the management structure and an updated policies and procedure manual. At the time of preparing this report it was unclear whether these activities had been effectively undertaken or completed.
 - With respect to **MMHA’s role**, we note that consortium members indicated they were comfortable with MMHA claiming peak body status with the roles of advocacy, representation, advice, education and information and community service.
 - With respect to **decision making**, it is noted that Consortium members indicated that it is *‘not an ideal situation (among other things because of limited accountability) that MMHA currently employs a national coordinator who reports directly to a line manager [in the Diversity Health Institute of SWAHS] who has no connection to MMHA’*.

Despite the advantages of the auspice arrangement (e.g. resource/infrastructure sharing), it is apparent that SWAHS’s role as fund holder and its reporting responsibilities have contributed to a ‘blurring of lines’, and confusion around roles and responsibilities. Our consultations revealed that (particularly during 2006-08 funding period) SWAHS increasingly ‘stepped outside its role’ having to be reminded about its role as contract holder and not project management.

The current structural and functional status of MMHA is, in part, a legacy of its past. It is of some concern however that despite issues around the transparency and accountability of this auspice arrangement being raised (even internally) during the 2003-2005 Funding Agreement, MMHA was re-funded in 2006-08 and again recently for a further three years with the same auspicings and management structure in place.

ADMINISTRATION

MMHA uses operational policies of the Sydney West Area Health Service (SWAHS) in its day-to-day operations with specific ones being developed and implemented to meet the unique needs of the MMHA program. SWAHS’ operational policies and guidelines are those set by the New South Wales Department of Health, which is a body incorporated under the Health Services Act 1997 (NSW).

MMHA uses the SWAHS financial systems to record and report on its finances, and the SWAHS policies and procedures to guide and ensure accurate recording and reporting which is in line with the Australian Accounting Standards. MMHA uses an access database program that had been designed to incorporate MMHA’s reporting requirements to DOHA by program area and by item type. As information is entered into this database on a daily basis, reports can be generated on income and expenditure at any given time. Ad hoc reports can also be generated as needed by MMHA.

SWAHS advised that common expenditure items (such as telephone, cleaning, security, salaries, superannuation) are programmed to be paid via the SWAHS systems, rather than through processing of invoices by the MMHA Administration Officer. There is however provision for these to be provided to MMHA on a monthly basis by SWAHS. This assists the National Program Manager in monitoring expenditure and income against funding allocations.

4.3.4 PROJECT PLANNING

STRATEGIC AND BUSINESS/OPERATIONAL PLAN

Sound planning processes incorporate the development of a strategic plan for a project/program/initiative. Key components include the mission statement or long term vision, objectives and expected outcomes; strategic directions that prioritise the work areas; and a work plan that outlines how the desired outcomes will be achieved. A strategic plan should be developed in consultation with key stakeholders, be supported by a detailed implementation plan, and be regularly reviewed in consultation with stakeholders.

A strategic plan enables 4 key questions to be answered:

- Where are we now
- Where do we want to be
- How do we get there
- How do we measure our progress.²⁰

Given the increasing complexity of the multicultural mental health landscape we would expect that the operation and management of the project be underpinned by a strategic plan. This establishes a systematic process for identifying intended outcomes, how outcomes are to be achieved and how success will be measured. In fulfilling its intended role to provide national leadership in mental health and suicide prevention for Australians from CALD backgrounds the development of a strategic plan would provide a clear statement of the project aims, objectives and expected outcomes, and assist in strengthening stakeholder engagement and support. Moreover, it would serve as a framework for monitoring and evaluating the progress and effectiveness of the work program. Finally, it would promote collaboration between the various stakeholder groups so that the needs of the target groups are better met.

The MMHA Project does not have a current strategic plan, nor has a previous strategic plan been developed for the project since its implementation six years ago. The review team was advised that ‘A strategic plan has not been developed for the term of the new funding period due to DOHA’s request of a review of MMHA in early 2009 and finalised within the 2008-09 financial year, the aim of which was to identify priorities and scope of work for future consideration’. We consider that the development of a strategic plan is a key component of sound planning for the implementation of a program/project and its development should be independent of any external evaluation.

As part of good business practice, agencies generally develop annual business/operational plans. Business planning should take place within an integrated framework which cascades from strategic priorities to divisional priorities and activities. These goals are then distilled into individual performance and development plans. This allows every employee to see exactly how their individual work affects their team goals, their division’s goals and their agency’s goals. It also shows how working towards these goals helps achieve the agency’s overall priorities²¹

Copies of the current (2008-11) and previous (2006-08) Operational Plans for the Project were provided to the review team together with corresponding work/project plans. For each of the five priority areas in the current Funding Agreement, the plan sets out the “strategy”, “activity”, ‘output and outcome’ and “timeframe”.

With the commencement of the new funding period, an operational plan was developed and submitted with the funding proposal to DoHA in July 2008. Work plans (some of which were sighted) have also been developed for each of the five priority areas. Individual work plans have also been developed by respective staff for: the Carers & Consumer’s Priority Area, the Communications, Information & Promotions area, and for Policy & Community Capacity Building area. An action plan has also been developed by the national CALD Consumer Reference Group based on the DOHA-defined Carers & Consumer’s Priority Area. The emphasis in each of these areas is predominantly on mental health issues with suicide prevention being less evident.

Based on our review of the 06-08 and 08-11 Operational plans, we conclude that both meet the expected good practice.

A draft copy of the *MMHA Communication Consultation & Promotional Plan 2008-11* was also reviewed. This plan presents the communication consultation and promotion framework and strategies for the next three-year period. It identifies a total of 14 key strategies to be implemented over this period. We were advised that this is the strategic plan for this area of operations and that finalisation of this document has

²⁰ Hill CW and Jones GR (2004) Strategic Management. Houghton Mifflin. 6th edition. New York.

²¹ Australian Public Service Commission (2007) Building Better Governance. Commonwealth of Australia, Canberra.

been deferred pending the outcomes of this review. The Plan includes a description of MMHA's services, products and publications, analysis of its customers and stakeholders, a description of its proposed stakeholder management processes, a description of its communication and promotional strategies and activities, and communication, information and promotion management via the development of a database. Attached to this document is an Action Plan which sets out for each of the five priority areas: the strategies, associated activities, outputs and outcomes, and timeframe.

NEEDS IDENTIFICATION

Review of relevant documentation confirms that since its establishment in 2003, the MMHA Consortium was the primary vehicle for MMHA planning processes (including needs identification and analysis). With expansion of the MMHA program in 2006 from one program area (communication and information) to five, MMHA has undertaken a needs identification and analysis process on a state-by-state basis. In addition, it has conducted needs identification at a national level through discussions with the Consortium (until late 2008 when it was disbanded), JOG, and other stakeholder groups like Federation of Ethnic Communities Councils of Australia (FECCA). To date four state-based consultation forums have been held - Tasmania (July 2007), South Australia (March 2008), Northern Territory (May 2008) and Western Australia (March 2009). All stakeholders were invited to participate in needs identification and priority setting and experts permitted to contribute and comment on multicultural mental health issues in their state. Reports on these forums document the program, what was discussed, recommendations, listing of participants and documentation of the recommendations raised by the smaller discussion groups. MMHA has then mapped out stakeholder needs into an action plan with the collaboration of the state mental health branches

With the establishment of the MMHA National CALD Consumer Reference Group, this Group serves as a forum to identify the specific needs of this target group. This reference group also advises on relevant and suitable action to be taken by MMHA to address the needs and they are then built into the Action Plan designed and determined by the reference group members with the assistance of the Consumer and Carers Project Officer.

WORK PRIORITISATION

The MMHA Consortium Governance (2007) document sets out the objectives of the Consortium, one of which is 'to set and monitor the MMHA program's Policy Priorities and Strategic directions...' The MMHA Consortium is identified as 'the forum through which Consortium members set and monitor program priorities for and during the funding period...'. Its role is defined as 'ensuring equity in priority setting, to foster collaboration between members and to ensure equitable representation of the needs of all members'. The review team was provided with documentation that confirms this process and that Consortium input was sought on draft priorities prior to submission to DoHA.

The priorities put forward to DOHA for the last funding round were generated from a number of sources. These included the Carers and Consumers Scoping Study, the MMHA CALD Consumer Reference Group, the Consortium, the Joint Officers Group, and the various consultations and forums that MMHA ran, from information received from the public and/or presented at conferences and forums and that documented in the literature.

A comparison of the priorities as set by DoHA were strongly informed by MMHAs funding proposal.

4.3.5 PROJECT FINANCIAL MANAGEMENT

Information contained in the Funding Agreements covering the 2003-05, 2006-08 and 2009-11 respectively were reviewed. The financial allocation to the project based on these funding agreements is presented in Table 4.1 overleaf.

Table 4.1: Financial Allocations to MMHA 2003-11

Area of Funding	Expenditure Period							Total
	2003-05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	
Salaries & Wages	\$555,000	\$161,214	\$462,793	\$462,793	\$240,000	\$360,000	\$380,000	\$2,621,800
% increase			187.07%	0.00%	-48.14%	50.00%	5.56%	
Expenses	\$695,700	\$117,243	\$402,979	\$392,979	\$740,000	\$974,000	\$986,000	\$4,308,900
% increase			243.71%	-2.48%	88.31%	31.62%	1.23%	
Total Allocation	\$1,250,700	\$278,457	\$865,772	\$855,772	\$980,000	\$1,334,000	\$1,366,000	\$6,930,700
% increase			210.92%	-1.16%	14.52%	36.12%	2.40%	

Since the inception of the MMHA project the Federal Government has committed over \$6.9million dollars to the promotion of transcultural mental health agenda supporting the overarching National Mental Health Strategy. The allocation of funds is based on a 37.8% commitment to salary and wages costs and 62.2% on expenses. The expenses typically relate to:

- Production of magazines
- Conferences
- Committee work (JOG, Consortium, Carers & Consumers Reference & Working Groups)
- Workforce capacity building and development through the conduct of clinical symposiums, workshops, seminars
- Community capacity building and development through individual projects, training, education, etc.
- Website, clearing house, e-bulletins, media – development and maintenance activities
- General goods and services.

During the 2006-08 funding period, there were 2 contract variations. One related to an additional \$650K for MMHA to deliver two more projects (development of multilingual resources for CALD communities, for the print challenged community, and for World Mental Health Day). A second variation for \$24,000 was to enable the CALD Consumer Reference Group members to attend the 2008 national Diversity in Health Conference in Sydney. Separate reports were provided by MMHA on these two projects.

The proportion of funds allocated on committee activity, general goods and services and other expenses have been aggregated and are summarised in Table 4.2. Overall the general goods and services expense line represents 10.87% of the overall project budget which is considered within accepted benchmarks quoted in the literature^{22,23} of between 7.5 and 15%. Based on the information contained in Table 4.2 there has been a significant redistribution of the expense budget for the MMHA project with a decrease in the general goods and services budget and a corresponding increase in capacity building, website maintenance and other such activities.

²² <http://www.ucalgary.ca/research/compliance/policies/14/>

²³ Australian Research Council, Submission to the Higher Education Review, July 2002

Table 4.2: Expense Budget Distribution MMHA 2003-11

Area of Funding	Expenditure Period							Total
	2003-05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	
Committee Activity	\$60,000	\$5,000	\$5,000	\$5,000	\$60,000	\$70,000	\$80,000	\$285,000
% of Expense budget	8.62%	4.26%	1.24%	1.27%	8.11%	7.19%	8.11%	6.61%
% of Overall Projects Budget	4.80%	1.80%	0.58%	0.58%	6.12%	5.25%	5.86%	4.11%
Goods and Services	\$150,000	\$47,243	\$202,979	\$202,979	\$45,000	\$50,000	\$55,000	\$753,200
% of Expense budget	21.56%	40.29%	50.37%	51.65%	6.08%	5.13%	5.58%	17.48%
% of Overall Projects Budget	11.99%	16.97%	23.44%	23.72%	4.59%	3.75%	4.03%	10.87%
Other expense - capacity building, website, magazine etc.	\$485,700	\$65,000	\$195,000	\$185,000	\$635,000	\$854,000	\$851,000	\$3,270,700
% of Expense budget	69.81%	55.44%	48.39%	47.08%	85.81%	87.68%	86.31%	75.91%
% of Overall Projects Budget	38.83%	23.34%	22.52%	21.62%	64.80%	64.02%	62.30%	47.19%
Total Expense Budget	\$695,700	\$117,243	\$402,979	\$392,979	\$740,000	\$974,000	\$986,000	\$4,308,900
Overall budget	\$1,250,700	\$278,457	\$865,772	\$855,772	\$980,000	\$1,334,000	\$1,366,000	\$6,930,700

Over the 2005/06 to 2007/08 period the allocation of funds to Committee activity – namely the support of the Consortium, Consortium sub-committees and interest groups was low in comparison to allocations made in previous and subsequent years. Given the size of the Consortium relative to the newly constituted JOG the disparity in allocations is incongruous.

The sizeable shifts in allocation of funds in these three categories of expenses raises questions as to whether consistent and valid comparisons can be made in terms of the projects expense expenditure between the Funding Agreements and more importantly whether consistent chart of accounts and methods of accounting were adhered to between the respective funding agreement periods.

Part of the Funding Agreement between the DoHA and SWAHS required the submission of fully audited financial statements at the end of each fiscal period. This was not adhered to, with the argument being made that funds were not made available within the project budget to engage an auditor. Further it was argued by the Director of MMHA in April 2004 that if the SWAHS were to comply with the conditions regarding external auditing, given the financial implications of engaging an external auditor there would be substantial impact on the capacity of the program, to meet its obligation both financially and within specified timeframes. Accordingly, the Department issued a variation to the contract in late April 2004 which stated that the Department would accept financial reports that have been audited by the Area Health Services Internal Audit Department. This practice is considered to be highly irregular and a

deviation from normal practice executed by the Department on similar funded projects. The review team questions the financial impact the engagement of an external auditor would have on the project, specifically in light of the fact that it has not been able to expend its funds on a regular basis. Further the engagement of an external auditor should have no impact upon the projects capacity to deliver and perform as per the timelines stipulated in the Funding Agreement. The provision of financial reports and statements that have been audited by an external third party with no vested interest in the project, funding body or funding agency is critical in terms of maintaining public accountability of tax payers' funds. This impartiality is at risk of being compromised in the opinion of the review team, as the financial reports are prepared by a division of the fund holder.

The review team considers that this aspect of the structural arrangements relating to financial and service management contributes to the undermining of the potential perspectives held in terms of the effective operation and transparent management of the Project. Specifically, this relates to:

- **Internal auditing of finances** - We consider that this arrangement does not reflect transparency and accountability of operations and management and impacts on the independence of MMHA (as a fully funded Commonwealth project).

A full set of audited financial statements were not made available to the review team. However based upon correspondence and financial statements for 2006/07 and 2007/08 the review team noted the trend to carry over funds which represent a significant proportion of the allocated budget (refer Table 4.3).

Table 4.3: Funds carried over MMHA 2006/07 to 2008/09

Funds requested to be carried over	Fiscal Period Ending		
	2006/07	2007/08	2008/09
	\$546,478.34	\$683,110.81*	\$644,744.92**

* Includes \$281,834.50 from special grant of \$650,000 made in 2007

** Includes \$196,437.42 from special grants/funds

The question arises as to whether the project a) requires the level of funding currently allocated given this trend to carry forward such significant funds and b) whether the project is equipped to expend the funds in an appropriate manner to meet the intended objectives of the project. The feedback from stakeholders presented in Chapter 5 indicates that one of the barriers to the MMHA project's effectiveness is the limited budget that is currently available to address the needs of the transcultural sector. The figures contained in Table 4.3 do not support this argument, and make it increasingly difficult to justify allocating further or increased public funds to a project and program area that currently cannot expedite its existing funds. It must be noted that the review team are not advocating the expenditure of funds for the sake of acquitting allocated resources, and note the responsible manner in which MMHA has informed DoHA of its inability to fully expend funds each year. What is of concern is whether the project is effectively achieving its objectives in a timely manner, whether with appropriate reconfiguration it could achieve more given the available resources the project has currently available to it.

UNDER-EXPENDITURE

We note that a request was made to DoHA in January 2009 to carry over funds from the 2006-08 Funding Agreement totalling \$644,744. This comprised approximately two-thirds of the total Project budget. MMHA has advised that this request was due to items not being paid for in the last phase of the 06-08 Funding Agreement. The primary reason for this request was related to very short delivery time frame (6 weeks) for an additional grant (\$650K) from DoHA for the development of multilingual resources in 21 different languages. The demand of this project (together with some staff vacancies) impacted on its ability to meet the requirements of a number of other concurrent projects, resulting in an under-expenditure.

This inability to expend funds however is not restricted to a single fiscal period but is a re-occurring event and cannot be solely attributed to delays in transference of funds from DoHA accounts to SWAHS accounts. Based on annual reports provided to DoHA that indicate that the MMHA is meeting its obligations in terms of deliverables specified in the Funding Agreement the alternate question arises, namely given the inability to expend funds, whether MMHA can meet its specified obligations on a reduced budget. This is discussed further in Chapter 5 where stakeholder feedback regarding funding implications of the project are presented.

IN KIND SUPPORT

The Funding Agreements, variations and financial statements provide evidence of the funding allocated to the project by DoHA. In addition, MMHA/SWAHS provided the review team with details of its estimation of 'in-kind' support which has been made available to the project since 2003 through SWAHS. Broadly this support includes assistance/support with:

- financial management, payment of accounts, invoices, assistance with audit processes, access to finance data base
- payment to staff and contractors, payroll services, management of superannuation
- HR support and advice for managers and staff, access to learning and development courses, orientation for staff, leadership development, OHS support and structures
- rent free accommodation and overheads associated with accommodation
- access to motor vehicle pool
- IT and communication support and infrastructure
- the organisation of travel for staff, carers and consumers
- line management to the National Program Manager (e.g. proportion of Service Director's time in providing input on management and supervision of program personnel and assistance with recruitment and selection of personnel for the program)
- Sharing of networks and linkages within multicultural mental health fields (access to SWAHS multicultural personnel, health care interpreters and translator expertise)
- Diversity in Health Conferences.

MMHA secretariat/SWAHS advised that the level of this support has remained similar since the establishment of MMHA (i.e. approximately 10-15% of the total grant exclusive of GST). The basis for this estimate could not be provided. Accordingly, for the period March 2003 to February 2006 (total grant of \$1.25M), it is estimated that SWAHS in-kind contribution totalled between \$125,070 and \$187,605. For the period March 2006 to June 2008 (total grant \$2.0M), the in-kind contribution is estimated to be between \$200,000 and \$300,000.

MANAGEMENT PROCESS

Documentation review and stakeholder consultations revealed several issues in relation to the project management and communication processes between DoHA and MMHA/SWAHS. It is evident that funding has not always been allocated to SWAHS in a timely manner which has impacted on recruitment of staff, and ultimately on ability to meet funding requirements

There are issues with the timely receipt of funds from DOHA for new funding period for the continuation of meeting outputs for the program. The agreement period has in the past commenced on July 1 of a financial year with funds not arriving to the project (ie SWAHS) until the end of the same calendar year. This impedes engagement of staff and commencement of project work'

The review team was also advised that on expiry of the 2006-08 Funding Agreement, there was a considerable delay (4 months) in confirmation of a new three-year Funding Agreement by DoHA. This impacted on its ability to recruit suitable staff in a timely manner (yet the Funding Agreement was backdated to commence 1 July 2008). At the time of our consultations (May 2009), almost one year into the funding period, only 50% of the required project staff had been employed. Such delays add to the existing challenge of finding suitably skilled staff from a limited workforce pool for whom only short term/temporary employment contracts can be offered.

Stakeholder consultations also revealed that project management and communications were not as effective as they could be at times. This was attributed to a relatively high turnover of DoHA staff across earlier funding periods. This resulted in some frustration as it created difficulties in building rapport and effective working relationships.

SUSTAINABILITY OF THE PROJECT

We note that Schedule A of the current Funding Agreement states ‘**the Project** will build upon the outcomes and learnings of **the 2006-08 project**’. It is this approach to funding allocation – a project with a limited life cycle and no certainty of continued funding, that undermines its sustainability.

The model underpinning the MMHA project requires building relationships, alliances and networks to support collaborative partnerships aimed at addressing issues of transcultural mental health. This needs adequate time if transcultural mental health and suicide prevention are to become embedded in the broader mental health reform agenda.

If MMHA is indeed ‘the Australian Government funded peak body’ (as stated in Schedule A of the Funding Agreement) whose purpose is to drive the multicultural mental health agenda, then a longer funding cycle is needed. This would allow MMHA to build upon its work, and assist in the recruitment and retention of suitably qualified personnel. More importantly, it would support much needed longer-term planning.

4.3.6 PROJECT REPORTING & PERFORMANCE MEASURES

Ongoing monitoring and reporting on performance is an important component of any program or project. It is the means by which a program is able to assess its success in meeting its stated objectives; drive performance improvement and provide accountability to the community for its activities.

A sound performance management system can be expected to involve:

- Development of performance indicators to measure the achievement of the programs objectives;
- Reporting internally and externally on the programs performance against the established indicators and providing explanation for poor performance
- Reviewing performance and taking appropriate action to address poor performance

In this section we present our findings on the adequacy of the Project’s current reporting requirements and performance measures.

REPORTING ON PERFORMANCE

We examined the current and previous Funding Agreements together with supporting funding proposals and external progress reports submitted to DoHA. A range of other documentation related to reporting on the Project’s performance and achievements was also reviewed (e.g. presentations and reports to the Consortium and JOG, MMHA website, e-Bulletin and the Synergy Magazine).

MMHAs performance measures and its performance against these are reported to DoHA. The reporting requirements are clearly set out in the Funding Agreement between DoHA and MMHA. These include submission of interim progress reports (with unaudited financial statements) and final reports at the end of each financial year (with audited financial statements). Schedule A sets out the outputs, activities and performance measures for each of the work areas. Expenditure by Activities for each financial year are set out in Schedule B. The Reporting Schedule and Payment Schedule are provided in Schedules D and E respectively.

MMHA’s performance is measured by DOHA upon the periodic delivery of its funded outputs. Payment is made on receipt and acceptance of required deliverables denoting satisfactory progress on the Project’s performance. Up to the 30 June 2008, MMHA was required by DOHA to provide quarterly progress reports and it was only upon their acceptance that DOHA then released the next progress payment to SWAHS. For the current funding period (2008-2011) progress reports are required twice a year.

Documentation reviewed indicates that all progress payments were made to SWAHS for the MMHA program during the 2006-08 funding period, and two to date for the current period 2008-2011. All

financial reporting requirements and obligations to DOHA were also met through the provision of regular financial reports and certified audited financial statements as required.

Aside from the formal reporting requirements to DoHA, some stakeholders believed that there would be merit in additional reporting on the Project's achievements. This would serve to enhance accountability and transparency and better inform stakeholders and the general community on the projects outcomes. One such example is the development of a communication tool or report card to stakeholders on the project's achievements. This could be published in MMHAs publication, Synergy. While the Funding Agreement sets out particular reporting requirements, we do not consider that this constrains MMHA from reporting on additional aspects of performance in order to better inform the community and stakeholders on the Project's achievement and outcomes.

PERFORMANCE MEASURES AND QUALITY

Ongoing monitoring of performance is an important component of sound program management and operation. Performance measures should cover the effective and efficient delivery of Government policy and program objectives, as well as the internal management of the agency/program.

Key performance indicators (KPIs) can benefit an entity/organisation in a number of ways. These include making performance more transparent allowing assessment of whether program objectives have been met; helping clarify government objectives and responsibilities; informing the community about performance; encouraging ongoing performance improvement and encouraging efficient service delivery²⁴

Key characteristics of useful KPIs include that they are:

- Relevant – have a logical and consistent relationship to the agency/program objectives and is linked to government desired outcomes
- Appropriate – gives sufficient info to assess the extent to which the agency/program has achieved a target, goal outcome (e.g. trend over time, performance related to the performance of other similar agencies, performance relative to predetermined benchmarks); and
- Fair – information must be capable of measurement, represent what it purports to indicate and be accurate and auditable.

Performance information is most useful when it provides a comprehensive and balanced coverage of a given program through a mix of quantitative and qualitative performance indicators which can be understood and are well defined^{25,26}

We examined the key performance indicators as set out in the current and previous Funding Agreement order to assess their adequacy and usefulness.

As a suite of KPIs, we consider they are relevant, appropriate and fair. However, across the 5 priority work areas, they largely focus on activities or delivery of outputs. Examples include number of national programs MMHA have implemented, number of presentations to conferences, number of participants at national workshops; monthly use of MMHA website. They do not address outcomes and how MMHAs products and services contributed to better mental health among CALD communities. There are few indicators that assess the achievement of MMHA objectives (effectiveness) or efficiency of its operations.

Further the reporting and KPIs mandated through the Funding Agreement do not require MMHA to provide any evidence as to the quality of the products produced by the project. The KPIs and reporting focus on provision of evidence to support a process evaluation and little else.

²⁴ Steering Committee for the Review of Government Service Provision (2008) Approach to Performance Measurement, Chapter 1 in Report on Government Services. Productivity Commission, Canberra.

²⁵ Victorian Auditor General's Office (2002) Measuring the Effectiveness of Mental Health Service in Mental Health Services for People in Crisis, Performance Audit Report. Chapter 7. Auditor General Victoria, Melbourne.

²⁶ Steering Committee for the Review of Government Service Provision (2008) Approach to Performance Measurement, Chapter 1 in Report on Government Services. Productivity Commission, Canberra.

It is noted that the current quantitative/process focus of the KPIs is acknowledged by SWAHS/MMHA, together with the importance of being able to measure outcomes...to establish that the project has had a positive impact on CALD communities and service providers.

'A lot of our performance measures are process measures/indicators We need to improve the knowledge base...5 years from now, where do we want to be re CALD mental health? What will be the evidence of change?'

We consider the current performance measures could be improved through the development of more qualitative KPIs to better assess program effectiveness, (in particular quality) so as to provide a more balanced mix of quantitative and qualitative measures.

Other KPIs that MMHA could consider related to effectiveness include: 'waiting times for services' such as workforce training (KPI: access); 'extent to which services meet need' (KPI: appropriateness); 'stakeholder satisfaction with products/services' (KPI: quality). With respect to Efficiency, it could consider 'average cost and time to provide products and service' (KPI: quality).

In relation to MMHA products and services, the review team was advised that MMHA monitors stakeholder requests for its products and services (e.g. reports, books, fact sheets). It does not however have a process in place to assess stakeholder satisfaction and views on the appropriateness, quality and usefulness of this material. MMHA acknowledges that this is a current gap in quality control. To address this MMHA is planning to develop an online survey as a means of monitoring stakeholder satisfaction with its products and services. It will be important that MMHA regularly reviews this feedback and uses it for continuous improvement purposes.

It is acknowledged that the paucity of baseline data on the mental health needs of individuals from CALD backgrounds impacts on its ability to develop more appropriate and relevant performance measures. Further, the difficulties in measuring outcomes is noted particularly when operating within a relatively short-term funding cycle.

During the conduct of the evaluation the review team were made aware of some concerns expressed by the public about the quality of some of the translated materials recently produced by MMHA. Whilst quality assurance processes exist within MMHA there is a query as to whether this has been effectively implemented or adhered if such instances can arise. It is the evaluation teams understanding that the Department of Health and Ageing has instigated a separate investigation to address this issue.

A general observation of the materials produced through the MMHA is that currently it has a strong bias to mental health resources and there is less emphasis currently on addressing the other element of the project's portfolio, namely suicide prevention. A more even balancing of proposed work priorities may be worthy of consideration by MMHA in its development of a new strategic plan.

5

STAKEHOLDER CONSULTATIONS

This chapter presents key findings from the stakeholder consultations undertaken as part of the review. Chapter 6 then draws together the findings of the stakeholder consultations and documentation review in order to inform conclusions against the review objectives.

5.1 OVERVIEW

One of the striking findings of this review was the variability across stakeholders groups in their perceptions and attitudes about the operation, management and achievements of the Project. This is noteworthy given the diversity of the stakeholder audiences ranging from the funder of the project (DoHA), contract holder (SWAHS), recipient of the funding (MMHA), CALD consumers and carers, national partner agencies/organisations, and various state and territory partners.

While the findings of the stakeholder consultations represent *subjective* opinion, they nevertheless reflect the reality of stakeholders experience, and must be understood and interpreted as such. Perhaps more telling in the context of this review is the degree to which stakeholder perceptions support (or otherwise) the documentation review findings. It should not be assumed, for example, that the documentation of a process/procedure necessarily means there is high awareness and comprehension among relevant stakeholders, nor that these processes/procedures are appropriately and consistently adhered to or applied.

As with the findings of the documentation review, it is not intended for this chapter to provide an exhaustive account of all of the stakeholder consultations. Such an approach would not yield useful/representative data rather this chapter does provide the results of a considered review and synthesis of all stakeholder consultations aimed at elucidating and highlighting the key findings related to the review objectives.

5.2 STAKEHOLDER CONSULTATION FINDINGS

As noted in the previous chapter, questions related to project financial and service management, as well as project reporting and performance measures, were asked of only a small number of respondents (i.e. respondents representative of DoHA, SWAHS and MMHA). Given this, their responses were incorporated with the findings of the documentation review in the previous chapter. This chapter presents the key findings from the broader stakeholder consultations in line with the following broad review domains:

- Project planning
- Project governance
- Project model.

In addition to these broad domains, stakeholder views on the value of the Project are also presented. Specifically, this includes consideration of the continuing need/role for a project like MMHA, and the major learning's from the implementation of the project to date.

Where relevant, quotations from stakeholder consultations are included to illustrate/support the findings. In line with the confidentiality provisions for participation in the review, quotations are not attributed to any individual participant or particular stakeholder sub-group.

5.2.1 PROJECT PLANNING

With respect to MMHA's **target groups**, many stakeholders held the view that individuals from CALD communities with mental health issues and their carers/family were the key target group. Most stakeholders however identified two broad target groups. The primary target audience was seen as individuals from CALD communities with mental health issues together with their family and carers and mainstream, as well as service providers/workforce (both mainstream and CALD specific) that work directly with CALD communities. A secondary target audience comprised those organisations/entities that supported these activities such as consumer and carer advocates, researchers and academics, and state/federal governments. It was noted that the focus of consulted stakeholders was on primarily addressing mental health issues and less so on addressing issues around suicide prevention. Whether this reflects the existing work program embraced by MMHA (i.e. the project work focus steering the expectations of stakeholders) or the needs of the CALD community (i.e. the stakeholder needs shaping the priority and emphasis of the MMHA work program) is unclear.

FOCUS OF PROJECT

For those stakeholders sufficiently informed to comment on the MMHA's planning processes, it is true to say that overall, most felt that there was **insufficient strategic focus** and input into policy development. The greater focus of planning activities was seen to be on the development of products and services. That is not to say that stakeholders did not see this focus as an appropriate and important component of the Project. Rather, there was a sense that this was overshadowing its equally important strategic and policy input role.

'Seems to have been poor responsiveness in relation to strategic policy development. Despite a very strong environment on reform after the 2007 Federal election MMHA seem to have not adequately impacted on the policy environment'

The review team were however informed by MMHA that it 'takes every opportunity to influence mental health policy either through reviews, consultations or discussions, as well as ongoing advocacy for the needs of its target group'. Since 2007, MMHA has responded to over 30 reviews, enquiries, and policy and plan developments and attended a high number of consultations and discussions held by Government to reform the mental health agenda. It is unclear then why many stakeholders are unaware of MMHA's policy input, or hold the view that it does little in this area. This may reflect the degree of stakeholder involvement with MMHA, or the adequacy of the existing stakeholder communication and engagement processes.

There was a general perception among the broader stakeholder audience that MMHA is good at the practical, tangible, 'on the ground activities' such as organising interpreters, developing resources and fact sheets, delivering training (i.e. tasks with an immediate outcome). It is not however seen to be as effective (as it could be) at providing input/influencing at a strategic national policy level (i.e. task with a long term outcome)...*"MMHA has evolved into a clearinghouse", "a conveyor belt for products"*.

The sense among some stakeholders that MMHA is involved in a number of disparate projects (*"it's just a bunch of projects"*) underscores the lack of a clearly articulated **strategic plan**. Moreover, there was a general view that MMHA's planning activities had become too localised and needed to take on more of a national approach. Numerous stakeholders felt that there was an inequitable allocation of projects across the states and territories, noting that this process had become 'too NSW centred'.

Our consultations revealed a general perception across stakeholder groups that **the work program of MMHA** may in fact be too broad/too big. There is for some, a sense that the project is trying to do too much. This is not helped by resourcing problems driven in large part by the 'project time limited' funding. This means that it faces an ongoing challenge to recruit and retain suitably qualified and skilled staff since no certainty of ongoing employment can be offered beyond the current project funding period. There is a view among some stakeholders that one way of addressing this issue would be provision for greater flexibility in achievement of its work program. Rather than undertake this work in collaboration with partner organisations for example, MMHA could commission experts to undertake particular projects on its behalf. In this way, MMHA takes on a greater role as facilitator and supporter and less of a role as a 'doer'.

Most stakeholders identified one or more **mechanisms (both formal and informal)** through which they or their organisation/agency could contribute to MMHA's planning activities. Most commonly these included:

- The Consortium
- The JOG
- The National CALD Consumer Reference Group
- State based transcultural mental health networks
- Informal discussions with MMHA
- Conferences, seminars.

It is true to say that the Consortium underpinned most discussion around planning activities. Stakeholders generally agreed that the Consortium was/is an appropriate forum or model through which to engage the relevant state/territory stakeholders in the Project's planning activities including need identification and setting of work priorities. Its diverse membership is seen as one of its strengths.

The Consortium had representatives from Transcultural Mental Health Services where they were in existence, consumer groups, universities, clinicians and most significantly, peak CALD organisations who were able to steer the project to this kind of stability. I see the Consortium as having been a key driver in bringing together a range of stakeholders from states around Australia to assist in advancing the implementation of the National Mental Health Strategy for CALD communities'

It is apparent from our discussions with stakeholders, that in earlier times (pre 2005), the Consortium functioned effectively. This is primarily attributed to a smaller membership, a perceived stronger commitment among the membership to work together collaboratively, and a less complex and diverse transcultural mental health landscape.

Since around 2005/06 however, the view of most respondents supports available documentation: the Consortium became increasingly dysfunctional and ineffective. This is reported to be reflected in limited ability for equitable input by Consortium members into decision-making, little ability of the members to reach consensus/make decisions on issues in a timely manner, poor communication among Consortium members, poor awareness of activities; allocation of projects to a smaller circle of stakeholders (states with transcultural mental health networks/NSW) and dissatisfaction with the quality of some of the work undertaken.

They [MMHA] need to be a lead body and strategic, to push for community development in mental health. They do this, but most is centred in NSW...it's not a national approach'

They need to be more focused beyond NSW. Regional and rural areas need drastic attention'

Working on a national basis...there are so many competing priorities and agendas. It's hard to get things done'

MMHA should either be funded to carry out actual projects/initiatives in conjunction and consultation with individual States/Territories priorities as there is huge variation in not only available funding but also resources and infrastructure or there should be a needs assessment with a population health focus to ensure that the jurisdictions that need assistance to 'come up to speed' can be targeted'

The ineffectiveness of the Consortium as a forum for planning, informing and monitoring the work program is clearly evident in stakeholder descriptions of the Consortium such as... 'a forum for bickering and divisive behaviours, 'destructive', 'a lot of egos', 'dog fights', a battle ground' 'more of a talk fest; 'it became elitist'.

Perceived contributing factors to the Consortium's ineffectiveness include an increase in the number and diversity of members, competing agendas among members, increased running costs, domination by particular members/strong personalities, ongoing tensions between members (some of which is acknowledged to be a carry-over/residual from earlier times); inequitable allocation of projects,

limited participation by smaller states, insufficient acknowledgement of the changing multicultural mental health landscape.

Some stakeholders saw the strong connection that members have with local state government together with local reporting responsibilities as impeding their ability to have a national focus. Meeting the local needs is focused (as it should) on 'doing' something about local need and is seen to be more about producing services...tangibles. This is viewed as somewhat easier. Seeing immediate results for effort as opposed to adopting a national and more strategic approach/policy input which by its nature is less tangible and does not produce immediate results for effort.

A small number of respondents (both government and non-government) in fact learnt about the cessation of the Consortium in the course of this review. For the majority of stakeholders who were aware of the disbanding of the Consortium in late-2008, it was not unexpected given its history of increasing dysfunction and ineffectiveness.

'I'm not surprised that the Consortium no longer operates...based on meetings attended...did not appear to be constructive, seemed to be factions, not co-operative...'

'The Consortium was destructive, dysfunctional and very expensive. It had outlived its usefulness and was not at all representative of all key stakeholders within their states and territories'

Notwithstanding, stakeholders acknowledged that, with such a diverse membership, and the constant tension between the pressure exerted by local needs and those that represented national level priorities, reaching agreement would not be an easy task. There is also an acknowledgment among stakeholders of logistical aspects and associated costs in operating the Consortium.

Many respondents have been left wondering what forum will 'replace' the Consortium to ensure ongoing engagement of the states/territories in planning activities. There is somewhat of a sense of being 'left out in the cold' ('Is it now up to the states and territories to meet on their own?')

'I'm surprised that something wasn't put in place (after the Consortium ceased operation) to continue to involve the states...it was the one forum with a sense of involvement. It now feels like MMHLA is up there and the states are not part of it anymore'

'It now feels like the states don't have any real control over what happens at MMHLA and we should because it is representative of the national level...we should have input into policy design and strategy and what is represented to government'

Many respondents are unclear how needs analysis and priority setting is being undertaken in the absence of the Consortium since this was their link to the Project.

In absence of the Consortium, most stakeholders identified three key forums to facilitate planning activities:

- the **JOG** – with its membership restricted to state directors of mental health, many respondents were of the view that it did not provide adequate provision for the involvement of all key stakeholders. Its inclusion of a carer and consumer representative is regarded by many as tokenistic
- The **large state based annual forums** - implemented to facilitate involvement of *all* stakeholders. Four such forums have now been held (July 2007 – Tasmania, March 2008 –SA, May 2008 – NT and March 2009 –WA). These 4 states have been targeted first in line with one of the current FA requirements to address needs of CALD communities in smaller under resourced states. There is a view among some stakeholders that these large forums have raised community expectations that may not be able to be met due to inadequate resources. This has the likelihood of creating dissatisfaction among the CALD community and may impact negatively on the relationship with the state providers
- **MMHA national CALD Consumer Reference group** – established as a forum to ensure the needs of this target group are identified. The group advises on relevant and suitable action to be taken by MMHA and these are then built into an action plan.

For a small number of respondents, the Consortium was considered as having ‘*outlived its usefulness*’, ‘*it’s job was done*’. For these respondents, the strengthening of the existing JOG by limiting the membership to state Directors of mental health and MMHA was seen as ‘*an evolution*’, a ‘*natural progression*’.

The role of the Consortium had to be reviewed in light of the large number of new stakeholders that are now in existence in the mental health sector and in light of the creation of the JOG as a key stakeholder group with state and territory jurisdictional decision-making powers for MMHA

This however was the view of the minority of stakeholders. **Although an effective forum with decision making power and ability to feed up into government policy, most stakeholders do not see the JOG as a natural ‘replacement’ for the Consortium.** The JOG is viewed as encompassing a different level of “stakeholder”. While across a whole range of issues pertinent to their portfolio, JOG members do not necessarily possess specific knowledge on CALD mental health issues. This forum is generally regarded as lacking input from experts in the transcultural mental health field. I

What is the purpose of JOG? Look at the current membership. Sharing State activities is good, but what else? ‘

Ex-members need to be kept in the loop. Don’t want to see the hard work of the Consortium wasted.’

For the majority stakeholders, opportunities for improvement in planning processes centred around three areas:

- **Planning focus** – a need for a greater focus and influence on strategic policy development
- **Stakeholder engagement** – a need for a forum to adequately engage key state/territory stakeholders in planning activities (given the disbanding of the Consortium)
- **Building the evidence base** - a need for collection of data on the mental health needs of CALD communities to inform planning activities, education of service providers and development of culturally appropriate support services and interventions for these individuals.

5.2.2 PROJECT GOVERNANCE AND ACCOUNTABILITY

MMHA ROLE

In general, stakeholders saw the Project as having two broad roles: to advise and support policy development for diverse cultural communities and to provide leadership in the field of mental health service provision, prevention and early intervention. This applied to both people from CALD backgrounds and the different service providers that work with and support these individuals. Many stakeholders expressed a multi-faceted role for MMHA.

To provide resources and expert information to mental health and allied health professionals so that they can better meet the needs of CALD client; to undertake advocacy on a range of mental health issues on behalf of CALD communities to services, policy departments and to communities themselves; to promote the benefits of cultural diversity including the various health-protecting aspects of belonging to CALD communities and to promote access and equity principle

Part of the role of MMHA is the development and management of a comprehensive implementation plan for the Framework for the Implementation of the National Mental Health Plan in Multicultural Australia

To educate CALD communities about mental health issues, reduce the stigma surrounding mental health, influence public policy on issues to do with CALD mental health and develop and distribute resources for sectoral capacity development

As noted in the previous chapter, available documentation refers to MMHA as ‘a national program’...that ‘provides national leadership in mental health and suicide prevention for CALD communities’. As such it would seem fair to interpret MMHA’s role as being one of a ‘facilitator’, ‘supporter’, ‘advisor’, ‘influencer’

and ‘persuader’. In assuming a leadership role, it should adopt a strategic focus, be proactive and be seen to value-add. Many stakeholders however believed that MMHA had taken on too much of a local/ground level focus. In doing so, it was seen as taking on more of a role as a ‘doer’ or ‘implementor’ of projects: a role that most believed should be assumed by the states and territories.

‘Local agencies have to show leadership/excellence in CALD mental health issues... they need national support and advice to do this’

‘To act as a national peak organisation representing multicultural mental health providers in Australia’

Given this view, and the fact that MMHA receives national funding, some stakeholders questioned whether the funding was actually being spent at a national level. There was some concern whether MMHA could meet its objective as a peak body, but also influence states and territories at a local level.

‘The role is shifting...they are running projects. If they are funded for priority areas, what are these - capacity building? How can they influence this at the local state/territory level? Are they the right body to do it?’

As evident from the documentation review, stakeholder consultations revealed inconsistencies and a lack of clarity and confusion with regard to **what MMHA represented**. Stakeholder views ranged from a ‘working group’, ‘project’, ‘alliance of organisations with an interest in multicultural communities’ ‘a national program’, ‘peak body’, a consortium’. This is perpetuated by the MMHA Consortium Governance document (2007) which refers to MMHA as a ‘program’ comprising an alliance of consumers, carers, the community, statewide specialist services in multicultural mental health and suicide prevention, population and public health and the tertiary sector operating as a Consortium’. This issue is discussed further in Chapter 6.

As to whether the project was **actually fulfilling its role**, most stakeholders believed it was not with respect to strategic policy input, or at least there was insufficient focus.

‘I think it is clear that MMHA has not been as effective as it could have been in relation to raising the profile of issues, making changes at a strategic level, or representing the needs of key stakeholders’

‘I would like MMHA to be more upfront about its relationship with the National Mental Health Strategy, and make known to the public and stakeholders the policy and strategic advice that MMHA gives’

STAKEHOLDER ROLES AND RESPONSIBILITIES

As with the question of what MMHA represented, there was some confusion and diverse opinion among respondents as to **who constituted MMHA ‘stakeholders’**. Responses ranged from state and federal governments, CALD communities, general public, mainstream and CALD specific service providers and peak bodies.

‘What is meant by MMHA stakeholders? Are you talking about DoHA, Consortium, JOG, SWAHS?’

‘Are stakeholders the same as MMHAs target groups?’

Many stakeholders referred to the 2007 Consortium governance document, while some were unclear whether stakeholder roles and responsibilities were actually documented. Despite the existence of the Governance document (which aims to define the Consortium’s membership, roles and responsibilities and operation), there is a broad respondent view that the roles and responsibilities of SWAHS, MMHA, and the Consortium are unclear and not well understood. Our consultations (as did particular documentation that was reviewed) revealed in recent years SWAHS has increasingly become too involved in the management and decision-making processes of MMHA. The reported ongoing need for DoHA to clarify their role as a fund holder and not decision maker supports this view.

DECISION-MAKING AND POWERS OF DELEGATION

This was an area which many of the broader stakeholder audience indicated they were not sufficiently well enough informed to comment upon. Those that were, most often identified the Consortium and the JOG as the decision making forums, as well as the broader consultative mechanisms.

'In relation to strategic directions for the project, since the establishment of the JOG, strong links have been made with the Directors of Mental Health in each of the states and with the Commonwealth and this has had quite and immediate impact on advancing CALD issues quite effectively across Australia and in the different states'

In light of the current auspice arrangements, a small number of stakeholders believed that decision making power and project management rests with the contract holder.

'The Consortium's role was to set priorities re issues for MMHA. Decision making sat with the MMHA Secretariat and SWAHS'

There is a minority view that the MMHA project is 'one of SWAHS's many projects and so falls under its management practices'. This is in conflict with its intended operation as an independent Commonwealth funded project.

'I guess the issue is whether MMHA is an organisation with a constitution, governance structure or a government program...it should be treated as a service. Given that, responsibility lies with the provider who has a contract with the Department, thus they carry the risk and should be able to manage the project as they see fit, but with advice from invited experts'

'MMHA is located within the Multicultural Health Network and the Diversity Health Institute (DHI) of SWAHS. This 'service' is placed on the third tier of the organization'. MMHA complies with policies and procedures of SWAHS that have clear guidelines in relation to delegation and decision making re the day to day operations of MMHA. These are transparent and have been reported on regularly to DoHA in compliance with the reporting requirements.'

The current auspice arrangements are considered by many stakeholders to have contributed to a 'blurring of the lines of accountability', with SWAHS becoming involved in management of the Project. There is also some concern that in the absence of the Consortium the Project will be detracted from its intended focus, and that decision making power will become increasingly centralised within a single organisation.

'...The disbanding of the Consortium has created a real challenge for MMHA with little formalised process to provide strategic directions for the organisation. One concern I have is that MMHA will become even more focused on representing public health agencies rather than the diversity of multicultural mental health issues, including consumer and NGO concerns. The fact that more power appears to have been centralised within a single state based agency (NSW Health) is a further concern'

Only a small number of stakeholders believed that the current governance arrangements were working well.

'This is quite an effective model in that it provides effective operational support for the project with strong strategic leadership across the states via the JOG. Each state representative has local networks with mental health and transcultural services. Issues of a strategic nature are raised at the JOG and can also be taken up with the Commonwealth in this forum'

'The current governance model of SWAHS suits and greatly supports MMHA. The only other alternate model could be the NGO community-based structure but is not deemed as successful as the SWAHS one, for common reasons such as poor accountability mechanisms, conflicting interests of a select few, lack of support structures and inadequate infrastructures. Many of the consortium organisations operate under the same governance models and structures as MMHA, through their stage and territory government jurisdictions. As do many national and state-based services and programs funded by the Commonwealth or State governments across Australia'

Not surprisingly, given the eventual widespread dissatisfaction with the Consortium's operation, the majority of stakeholders who felt well enough informed about the Project's current governance arrangements believed that changes were required. Interestingly, consideration of alternative governance models raised the need to distinguish between 'governance' and 'accountability'. This issue has clear implications for the future of the project and is discussed in further detail later in the report.

'If MMHA wants to go to an organisational model, then it must consider its revenue source. I do not think it has the capacity to be a stand-alone body with independent or self-sustaining funding. The simpler the arrangements, therefore, probably the better. An advisory committee may be helpful, including to establish networks but steering structures should depend upon more tangible partnerships. For example, other funding agencies which gives them a direct accountability for how monies are acquitted'

Whatever the alternative options, the ability of the 'project' to be able to meet its national goals and objectives effectively and efficiently was considered vital. Potential alternative governance arrangements ranged from continuing the current auspice arrangement, but with another agency, to establishment of a national advisory group or adoption of a board model.

'MMHA seems to operate as an industry body for public health multicultural agencies managed through a single state based public health agency'

'The available funding could be allocated to States/Territories. The advantage of this is to smaller jurisdictions would be that it might be able to fund dedicated, recurrent CALD resources. The current approach has not attracted the high level representation of decision makers it had hoped to have at JOG'

'As a national body there could be a range of options for consideration including an independently incorporated board/committee model, or auspicing by another national or state agency (other than SWAHS)...it is important that MMHA can act autonomously from the auspice body both in terms of strategic directions, priorities and management of funding'

'It could be a Board model or national advisory group linked to a national advisory committee set up by government on mental health'

IMPROVING GOVERNANCE/ACCOUNTABILITY

Achievement of enhanced governance and accountability arrangements for the project were seen by most to require a simplification of the management/governance structure and provision for adequate stakeholder engagement and involvement.

'Unclutter the management – keep it simple. Focus with a work program agreeable to the funding body and that is appropriate for the target audiences, based on consultation. Don't forget, the program is for the target audiences, not the personalities who attend consortium meetings'

'Clearly a fundamental reorganisation of MMHAs governance structure is required to address the centralisation of power within a single state based agency. Government must be clear who they are funding through, and what outcomes are desirable – this involves a clear view of stakeholders'

5.2.3 PROJECT MODEL

The MMHA model is widely regarded as unique, both nationally and internationally. There is strong consensus across stakeholder groups with respect to the ongoing need for such a program/model to drive the transcultural mental health agenda in line with the National Mental Health Strategy.

'There's nothing like MMHA, situated with the Diversity Health Institute and the Transcultural Mental Health Centre. It's a unique model, including internationally'

'It has been the critical program that provides access, equity and resources to CALD communities, especially given the rather mono-cultural approach to the National Mental Health Strategy but increasingly government incapacity to recognise the cultural dimensions of health'

While the service model is seen as appropriate, there is a view among some stakeholders that its potential effectiveness in meeting the mental health needs of CALD communities is being undermined by two key factors. First, compared with the structure of other specialist services, there is a perceived mismatch between the level of funding and the level of target audience need.

The level of funding is not adequate to meet and address the range and size of the mental health needs of this sizable proportion of the Australian population. The mental health needs of CALD consumers and carers are far greater than those of the mainstream community. Only half of the nation has some sort of transcultural mental health service, and the four that exist differ significantly in size, scope and service type, for example, some provide clinical services others only education. Yet there are torture and trauma services in every state and territory of Australia despite the fact that this group is only a fraction of the size of the CALD population who have a mental illness.'

The issue of funding raised above goes beyond this issue of adequacy of funding of the MMHA and raises more systemic issues regarding service capacity across the jurisdictions, one which should be raised within a policy context by MMHA. Moreover, the low levels of funding and the lack of funding continuity restrict MMHAs ability to build on and develop the priority areas, projects and personnel. These factors impact greatly on MMHA's ability to address the needs of its target groups on a long-term basis (*No sooner has a project or person commenced; it is time to resubmit for funding*). Having reported this feedback, the evaluation team notes that the project funds for MMHA were unable to be fully expended in two concurrent years.

Second, the National Mental Health Strategy is perceived to assume a basic level of mental health literacy among CALD communities. According to some stakeholders, the reality is that awareness and basic understanding about mental illness among CALD communities are still to be adequately addressed. **The review team was advised that it was not until 2007** that the Commonwealth provided specific resources to MMHA to produce basic information on mental health topics in a variety of community languages. Prior to this, no language specific written material about mental illness and available services was available.

Aside from supportive written material for CALD communities, the degree to which the model meets the needs of CALD communities and service providers is further seen to be impeded by the lack of:

- standardised cultural competencies developed for the mental health workforce to complement and equip themselves to better support people from CALD backgrounds.
- multicultural health or mental health plans in the majority of the states and territories to address the needs of their constituents from CALD backgrounds.
- multilingual mental health counselling help-lines or mental health interpreting services for people who cannot speak English.
- multilingual advertising material (e.g. billboards) promoting the importance of mental wellbeing and where to go for help (as for Beyondblue).

There is a need to improve the education of clinicians, particularly in learning and understanding cultural diversity and improving how they communicate with CALD families

Need to improve awareness of mental health in ethnic communities through strategic campaigns/ strategies and look at models to reduce stigma and shame associated with mental illness in ethnic communities. There is also an added need to develop service models which meet specific cultural needs of CALD communities and improved access and quality of interpreting and translation services'

ALIGNMENT WITH POLICY

The National Mental Health Strategy (NMHS) and the National Mental Health Plan 2003-08 identifies the continued need for equitable access to mental health services for a range of population groups. There were mixed views among stakeholders with respect to the extent to which they perceived MMHAs activities were aligned/linked with government policy and related initiatives.

Because MMHA is seen as the expert then it should be working with the Commonwealth in a complimentary way about how to build into the National Mental Health Strategy resolution of issues facing people from diverse cultural backgrounds'

While there is a clear link (as reflected in the conditions of the Funding Agreement), some stakeholders believe that the NMHS is ahead of the reality of the multicultural mental health landscape.

MMHA's need identification and planning processes do not always align with current Government mental health policies and priorities simply because in many instances Government mental health policies and plans do not capture or consider, as a priority, the unique and special needs of people from CALD backgrounds with a mental illness and their families. In other instances the mental health policies and priorities are way ahead of the base needs of CALD communities. The CALD mental health sector is at its infancy stage, while the mainstream is far more advanced'

SUSTAINABILITY OF THE MODEL

Given the issues outlined above, it is not surprising that many stakeholders do not consider the model (as it is) to be sustainable. For this to be achieved, the most commonly identified areas for change/improvement were the need to:

- Increase general awareness of the Project and its role and objectives. This calls for a marketing/branding approach
- Secure a greater involvement and integration between mainstream and CALD specific service providers
- Secure buy-in from the states and territories. The challenges of this task are acknowledged given the current differences in mental health funding and resources across Australia
- Secure both an adequate level of funding for the Project together with a longer funding cycle to assist in embedding the model.

'Ensuring grassroots awareness of MMHA and mainstream services commitment to its mission and valuing its expertise – look at how Beyondblue is invited everywhere to comment on mental health for mainstream. MMHA needs this sort of exposure and acknowledgement'

'The fact that take up of any of MMHA products/services is voluntary and dependent upon state based policies. For any project to be successful, there has to be buy in from state based providers, either mainstream or multicultural, and this is extremely difficult'

FACILITATORS TO SUCCESSFUL IMPLEMENTATION

Stakeholder consultations revealed a number of factors that acted to assist the successful implementation of the Project. The major facilitators include:

Dedication of staff – nearly all stakeholders we talked to spoke about the passion, commitment and enthusiasm of the project staff.

'Quality of service and staff at MMHA, excellence in contracted work, its promotional activities and the strong professional networks...'

Co-location of MMHA - having MMHA physically located with other transcultural and mainstream services at Cumberland hospital campus has been advantageous both in terms of cost saving through resource sharing and greater ease of collaboration

'Infrastructure support from being part of the DHI and SWAHS which understand the required work program, strong links with ethno specific and CALD organizations, strong links with CALD carer and consumer networks and peak mental health agencies.'

'Being part of the Diversity Health Institute (mainstream multicultural institute), the model is very good as it allows information flow between mental health and multicultural mental health'

MMHA Products and services – the number and extent of resources produced and distributed by MMHA was highly valued by most stakeholders, however complaints received by DoHA about inaccuracies in the production of some translated material (including during the course of this review raises concerns about the application of quality assurance processes within MMHA.

'Immediate and accessible resources that are relevant, culturally and linguistically appropriate and we have had input into their development'

BARRIERS TO SUCCESSFUL IMPLEMENTATION / AREAS FOR IMPROVEMENT

Stakeholder consultations also explored the challenges and barriers to the successful implementation of the project. Notably, many more barriers were raised than facilitators. The most commonly reported barriers included:

Funding cycle – the relatively short-term funding cycle has several implications for the Project. First, it has made it difficult to engage in long term planning (beyond 3 years) and adopt a more responsive and strategic response. Second, staff can only be offered contract positions, often resulting in difficulty recruiting suitable staff in a timely manner and in retaining good staff. This presents potential negative impact on achievement of the work program.

'A longer funding cycle is seen as preferable (3-5 years) this would allow MMHA to recruit suitable staff and importantly, to build organisational capacity: something it has struggled to do to date. Importantly, a longer funding cycle allows the project to be responsive and strategic rather than reactive'

'You need a minimum of 5 years with annual performance reviews so you can recruit staff otherwise it's reactive, not planned and strategic. We need to be more proactive re issues'

'Funding is allocated in a short term time frame. For a national organisation to make long term changes it is hard to do if staff don't know if their job will exist after 3 years...so end up with a high staff turn over'

Funding level – compared with similar programs, the funding level is not considered to be adequate given its workload and size of its target audience.

'Funding should be equitable and on par with the other national peaks like Beyondblue, the Mental Health Council of Australia etc. MMHA deals with a quarter of Australia's population, yet gets a fraction of the funding of similar mainstream programs and services'

'MMHA is expected to work with all mainstream national mental health agencies and government departments to advocate for the needs of the CALD communities. However, the same obligations are not required from them to work with MMHA and include cultural considerations in their policies, practices and programs, thus unfairly increasing MMHA's work volume and complexity. This relationship must be two-directional for it to be effective, and DoHA and the state and territory jurisdictions have a responsibility to make sure this occurs when funding mainstream mental health programs and services'

The evaluation team notes these comments however expresses reservations that an increase in funding will address project barriers given the inability of the project to fully utilise existing funds over the last two to three years.

Model flexibility and responsiveness – in recent years the multicultural mental health landscape has changed considerably. It is recognised that this has the potential for the program model to become 'out of step' with the needs of its target group. It is important that the model provides for ongoing monitoring of target audience need and timely and appropriate response to identified changes. The ability to do so is currently hampered by a lack of data on the specific mental health issues (and other associated needs) for these new arrivals.

'Ensuring it is a flexible, responsive model because of the changes in recent CALD communities. We need to identify their issues. This is a challenge because they are so diverse. To keep up to date is a real challenge'

Lack of strategic focus – the majority of stakeholders perceived that the project had become too focussed on the generation of products and services rather than on strategy and policy input. The danger of this is a negative impact on the impetus for keeping MC MH issues 'on the table' and of achievement of the Project objectives

'Need to work more at a strategic and policy level and get multicultural mental health back on the agenda'

Poor evidence base – while the evidence base for more settled immigrants is poor, there is little (if any) data on the mental health issues of the newer arrivals to Australia, many of whom have varied additional needs due to the nature of their background. Attention to the current lack of baseline data is urgently needed. This information is vital to ensuring that service providers communicate and support these individuals appropriately, and to determining the effectiveness of support and interventions.

'Need to get the states involved, get solid information on what's happening in CALD communities at local/state level and assist with research and get information fed back into policy areas. The evidence base is not there for a lot of what we do...we do not have the ability to collect data'

'There has been too much focus on products and not enough on the underlying strategy. Needs to be greater involvement in getting good information, doing good research'

'Data collection, we need good data collection system. MMHA could advance national working parties. Need to make sure ethnicity data is considered, such as the National Survey for Mental Health and Wellbeing. Currently it excludes CALD communities, and all major policy decisions are based on this data...'

Inherent state/national tension – one of the Project's key consultation/planning forums (the Consortium) became ineffective at least in part because of the competing demands on members to meet the demands of their local constituents and the demands of their role at a national level. A major challenge in going forward will be the effective management of this inherent tension.

'Working on a national basis...there are so many competing priorities and agendas. It's hard to get things done'

Systemic commitment to multiculturalism – it is recognised that the MMHA project on its own cannot adequately address cultural diversity issues and the needs of CALD clients. What is also needed is a greater commitment across the health sector in general.

'A lack of interest and commitment to multiculturalism – it needs more than just MMHA. There is a systemic failure across the health sector to deal with cultural diversity issues'

It must be acknowledged that there is limited ability for MMHA to address some of these barriers, such as the funding cycle/level and systemic commitment to multiculturalism). Other barriers however, are within its remit to address, and in fact serve to highlight current gaps/deficiencies in its operation/focus.

5.2.4 FUTURE CONSIDERATIONS

MAJOR LEARNINGS FROM IMPLEMENTATION OF PROJECT

Not surprisingly stakeholders reported a wide range of learnings from implementation of the project. The most commonly reported learning's include:

- **Visibility of MMHA** – many stakeholders believe that MMHA needs to be more visible and see a role for marketing/branding. Numerous stakeholders would like to see MMHA have the level of recognition that Beyondblue does.

'Need to improve awareness of mental health in ethnic communities through strategic campaigns/strategies and look at models to reduce stigma and shame associated with mental illness in ethnic communities.'

- **Project focus** - it is true to say that in recent years, many stakeholders see that the project's focus has shifted away from a **strategic** one to become much more involved in the delivery of projects and development of products and services. That is not to say that these are not important. Indeed these products and services are an equally important part of its role...but it must maintain its national leadership role and be more representative of the states and territories.

'A body that has a greater strategic focus; is more representative, is more research oriented'

- **Evidence base - one** of the most striking aspects of the multicultural mental health area is the paucity of data on the mental health needs of CALD communities. This is an urgent need and a recognised gap by all stakeholders and one which is seen as appropriately being taken up by MMHA.

MMHA should be pushing the CALD agenda but struggles with poor resource to engage in tenational reform debate. MMHA should also lead new applied research in Australia to evaluate effectiveness of CALD specific MH services and promulgate effective practice'

- **Planning** – is considered an important component of the project. It means ensuring the project is aligned with target audience need, and that changes in need can be readily identified and responded to in a timely manner.

Planning component...it's important to regroup...look back and look forward. It's important because the environment is always changing, so we need to be able to reposition ourselves. We need to make sure we keep our important stakeholders and engage with new and emerging stakeholders...that's a sign of how well we are doing...we can't alienate key stakeholders'

- **Clarification of roles and responsibilities** – most stakeholders believed there was a need for greater delineation/clarification of the direction of MMHA, of the roles and responsibilities of players/key stakeholders, and what is expected of them.

Needs to be a clear direction of the purpose of MMHA, the roles and responsibilities of players and what is expected of the players. We need to be able to establish consensus on what the organisation is there for. This is not clearly articulated so a lot of meetings got into dog fights as people pushed their idea of the role of MMHA'

'Should MMHA be funded to deliver programs nationally or provide money to other bodies to support their objectives would help sustainability?'

- **Governance arrangements** - Getting governance right....needs to be clear accountability and reporting and decision making processes in place.

The major learning has to be the challenges posed in getting the governance right. Unfortunately, at least from the outside, MMHA has some serious problems in relation to representing its constituents'

'...the funding and admin structure of SWAHS has posed problems as well as created great benefits and savings. If there was some way of maintaining the function in its current location, but increase the flexibility and independence of the program to recruit and spend resources, that would aid the efficiency and quality of MMHA...'

While the current auspice arrangement provides obvious cost savings and resource/infrastructure sharing, it is apparent that this has contributed to a 'blurring of the lines'

- **Funding** -The allocation of time-limited funding for the project to date has potential to negatively impact on the achievement of the project's aims. The project has faced, and continues to face, ongoing challenges in recruiting and retaining suitably qualified and experienced staff. This is primarily due to an inability to offer ongoing employment made more difficult by a relatively small workforce pool

MMHA should be pushing the CALD agenda more but struggles with poor resources to engage in the national reform debate. It should also lead new applied research in Australia to evaluate the effectiveness of CALD specific mental health services and promulgate effective practice'

The main issue with the current situation are the low levels of funding and the lack of funding continuity to build on and develop the priority areas, projects and personnel. These factors impact

greatly on MMHAs ability to address the needs of its target groups on a long-term basis. No sooner has a project or person commenced, it's time to resubmit for funding'

A longer funding timeframe (e.g. five years) would not only assist with staff recruitment and retention, but would also facilitate more strategic, proactive and long term planning processes. [We note that a longer funding cycle was one of the recommendations of the 2001 Evaluation]

- **Time frame** – for some stakeholders there is a lag between the National Mental Health Strategy and reality of multicultural mental health landscape. What is first needed is to profile the needs of CALD communities and then to educate/train the workforce to deliver culturally appropriate services. It takes time for culturally appropriate practices to become embedded in organisational operations.

'We cannot ignore pressing health issues such as mental health and try and educate the community as a homogenous block and expect positive outcomes. The work is slow and painful and will need patience to reach a reasonable outcome for CALD communities'

CONTINUING NEED FOR THE PROJECT

Despite diverse stakeholder opinion on the various issues explored in the review, stakeholders were united with respect to the continuing need and role for a project like MMHA, or at least some sort of dedicated structure/body to lead and drive the multicultural mental health agenda. The increasing multicultural nature of Australian society only serves to heighten this need.

'We need a body at a national level because we need to get Australian diversity issues back on the agenda...need to take practical steps to make Australian institutes diverse. How? A greater strategic focus, a more representative body, and more research oriented'

'MMHA is unique as the only national body to address mental health in ethnic communities and importantly at a national level. This provides an opportunity to have a national approach to resource the project and research development'

'The level of services available to CALD people with mental illness is pathetic. Language services are almost non-existent. MMHA plays a critical role and its cessation would be a significant blow to advocacy in this area'

It is true to say, that for the majority of stakeholders that took part in this review, the potential effectiveness and impact of the project has to date been undermined. This is primarily attributable to an inability of planning processes to adequately engage all stakeholders; deficiencies in project governance; and a lack of baseline data/insufficient research focus on the mental health of CALD communities.

Critical to the sustainability of the project is the level and term of funding. Short-term project based funding is not regarded as the right fit for achievement of MMHAs objectives. Longer term funding is required to progress MMHA's efforts to more firmly embed transcultural mental health and suicide prevention in the broader mental health reform agenda. This in turn will help to drive more strategic long term planning and contribute to cost savings for government.

'There is a continuing need for specialised services for CALD clients, and health professionals in this area. This need is not something that is addressed through short, time-limited program. In a continuing globalised world, these needs will not go away. Effective services, information resources and early intervention programs can help save government revenues in the long term... this is a key message about long-term sustainability'

6

CONCLUSIONS AGAINST REVIEW OBJECTIVES

In Chapters 4 and 5 respectively, we presented the key findings from the documentation review and our consultations with the key stakeholders. This chapter presents our conclusions against the review objectives centred around five broad domains. These include MMHA governance and accountability; planning processes; sustainability and sustainability of the service model, financial and service management and future considerations.

The conclusions are grounded in a comprehensive and objective review and analysis of all documentation provided to the review team. The results of this work have then been reviewed alongside our analysis of the findings of all stakeholder consultations. A final analysis of this collective body of work has informed the formulation of conclusions against the review objectives.

The following sections present our conclusions with respect to the suitability, effectiveness, efficiency and sustainability of the project. For consistency with the reported findings, conclusions are presented in line with the four broad domains explored in the review

- Project governance and accountability
- Project model
- Project planning
- Project financial and service management
- Project reporting and performance measures.

6.1 PROJECT GOVERNANCE AND ACCOUNTABILITY

The criteria used to assess this objective included the:

- Governance documentation outlining decision making processes, committee structures, lines of accountability, etc.
- Organisational charts
- Minutes of meetings of Consortium, JOG and other relevant committees or forums
- Best practice in management of public organisations as identified in the literature and by such bodies as The Australian National Audit Office, Australian Public Service Commission
- Progress reports from MMHA to DoHA as specified in Funding Agreements.

6.1.1 CONCLUSION

We conclude that the governance arrangements for the MMHA are ineffective and undermine the projects ability to achieve its objectives in an efficient manner.

MMHA is funded by the Department of Health and Ageing (DoHA) with the contract to manage the MMHA project being held by the Sydney West Area Health Service. A secretariat to the project has been established and resides within the Sydney West Area Health Service. The role of the Consortium as identified in the MMHA Consortium Governance 2006-2008 document is to “ensure equity and priority setting, to foster collaboration between members and to ensure equitable representation of the needs of all

members. It provides the MMHA with the conduit to identify the needs of the CALD community in the area of mental health services and acts in an advisory capacity. This group was disbanded in November 2008. In order to formalise MMHA's linkages with States and Territories it was agreed, in conjunction with DoHA, to create a Joint Officers Group consisting of State and Territory representatives and the Australian Government, to facilitate implementation of the *Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* nation-wide.

The reporting and accountability lines for the MMHA depict only the relationship between the Sydney West Area Health Service and the secretariat of the MMHA. It does not acknowledge the roles, responsibilities or the relationships between the Consortium, JOG, the secretariat, Sydney West Area Health Service and DoHA. There is a lack of clarity of the respective roles and responsibilities in the minds of nearly all stakeholders and this has caused significant disruption and inertia in the project.

While the auspice arrangements provide certain benefits/cost savings (utilisation of existing infrastructure etc.) in this case it has served (in the eyes of most stakeholders and as evidenced by documentation reviewed to undermine the effective operation of the project.

At least one of the previous reviews (2001) identified these same issues, namely that the project is not driven by strong strategic planning and is not underpinned by sound governance and accountability arrangements. Irrespective of the fact that the management structure and auspice body has changed since this review, it is of concern that these issues remain significant impediments to the projects ability to achieve its objectives eight years later.

6.2 PROGRAM MODEL

The criteria used to assess this objective included the:

- Alignment with the National Mental Health Strategy, National Suicide Prevention Strategy and other related Government policies;
- Extent to which model addresses the needs of CALD communities and service providers;
- Nature and extent of continuing need and unmet need;
- Drivers and barriers to project success;
- Processes to facilitate stakeholder communication;
- Project has achieved its objectives
- Best practice in management of public organisations as identified in the literature and by such bodies as The Australian National Audit Office, Australian Public Service Commission.

6.2.1 CONCLUSION

We conclude that the MMHA model is based on a highly collaborative and partnership engendering philosophy which is appropriate for the issues of the transcultural mental health and suicide prevention. However the model has not been effectively implemented.

The MMHA model as one of collaboration and partnership aimed at addressing issues of transcultural mental health and suicide prevention and is appropriate to the needs of this sector. The MMHA model has taken into account the appropriate key stakeholders within the transcultural mental health and suicide prevention arena.

It has established various forums with which to engage with these stakeholders however these forums have not worked effectively for a range of reasons. The key issues relate to the size of some of the forums, the lack of transparency and clear role delineations as well as overall management of the project (discussed in Chapter 5 and Section 6.1 above). For example, the Consortium was charged with needs

identification analysis and priority setting for the project. As such the Consortium should have an established mechanism of monitoring the project. No reporting lines were identified between the Consortium and the MMHA secretariat in the organisational and reporting structure chart provided to the review team by MMHA.

In its current form the MMHA model is not sustainable. Clearer reporting lines need to be established, greater clarity in the respective roles and responsibilities of the respective stakeholders of the MMHA project need to be defined and stronger governance arrangements need to be implemented.

6.3 PROJECT PLANNING

The criteria used to assess the effectiveness of planning processes within the MMHA project included:

- The quality of previous and existing strategic plans for MMHA
- The alignment of these plans with the NMHS objectives, community needs as articulated by stakeholder views
- The quality of previous and existing operational plans for MMHA
- Stakeholder acceptance of the planning processes
- Best practice in management of public organisations as identified in the literature and by such bodies as The Australian National Audit Office, Australian Public Service Commission
- Likely consequences of not having in place appropriate strategic and project planning processes and the subsequent capacity for MMHA to address community need.

6.3.1 CONCLUSION

We conclude that the MMHA planning processes are ineffective.

Evidence of strategic planning specifying the direction of the MMHA project had not been undertaken for the current funding round at the time at which the review was undertaken. Not with standing that the review team were advised that there was an intention to do so once the review was completed we do not believe that the development of a strategic plan should be contingent on the outcomes of a review. It forms part of a sound business management and this deficit, namely the absence of a strategic plan and only working from an operational plan has been commented upon in previous evaluations.

While different planning mechanisms and processes have been established over the course of the project's life, overall their effectiveness has been undermined. This applies in particular to the Consortium. While an appropriate forum at the onset for planning it has become less effective for a number of reasons, including:

- the multicultural mental health landscape changed
- was not inclusive of newer players,
- was seen as having somewhat tokenistic representation of carers and consumers
- was increasingly costly to run
- had poor governance
- too complex in composition (diversity in membership, competing agendas, size, etc.) to enable effective decision making to occur. In turn this resulted in the operation became increasingly dysfunctional/mostly related to the nature of the diverse membership. Tensions between progressing local/state needs and driving the national agenda, dominant personalities etc.

While the JOG is a smaller focused group with decision making power and ability to input into government policy, it has had poor attendance by the state Directors of Mental Health. In the absence of the Consortium, there is a question as to whether the JOG in conjunction with the MMHA secretariat have sufficient knowledge or understanding of the "on the ground" issues important to transcultural sector in the areas of mental health and suicide prevention. In the absence of such knowledge questions

arise as to whether this group can develop a strategic plan that adequately addresses the needs of this community and would ultimately be accepted by the community and service providers working with them.

There is a role for the inclusion of a broader stakeholder audience who are best informed about multicultural mental health needs at the local level. The current MMHA structure in our opinion does not provide the appropriate expertise from which to develop a comprehensive strategic plan. There are no obvious committee structures present in the MMHA organisational chart and documentation. The establishment of a Strategic Planning Committee with the specific role of developing the project's strategic plan, reviewing and updating that plan is one possible mechanism that could be instigated to progress this work. Caution needs to be extended that in establishing such a committee the MMHA does not end up reconstituting the Consortium or a group similar in nature. The Strategic Planning Committee should be small in numbers (thereby ensuring it is manageable) and its scope should be limited to that outlined above.

There is a current lack of baseline data from which to undertake effective strategic and project planning and this will need to be addressed in the immediate future.

6.4 PROJECT FINANCIAL MANAGEMENT

The criteria specified in the tender brief to assess/determine the efficiency of the Initiative includes:

- The extent to which the Project inputs have been minimised, or outputs maximised, in achieving the Project's intended products and services;
- The impact of the Project on costs borne by the community, clients and other Governments;
- Trends over time in the ratio of administrative to program costs;
- Instances where there have been delays in implementation of the Project and reasons for those delays. Explanation of under or overspends in the years to date and
- Identification of areas for improvement.

6.4.1 CONCLUSION

We conclude that the project's ratio of administrative to program costs are within the expected benchmarks established in the evidence.

We currently question whether the level of funding currently provided to the project is warranted given a three year history of carry over of significant funds.

We conclude that the project in its current form is not sustainable.

The evidence collected in the review points to a need for better monitoring and management of the contract. The MMHA project has requested to carry over funds for the last three years. This inability to expend funds on designated activities does not reconcile with the views expressed by stakeholders that the funding levels for the project are inadequate.

The issue of timely distribution of funds from DoHA accounts to SWAHS accounts attributing to this carry over is questioned given that the carry over is not a one off phenomenon. The question arises as to whether the current MMHA is equipped in its current format to utilise the existing funds.

The transparency of the project in terms of consistency in which budgets are established and funds acquitted is questioned given the significant differences in budgeted funds for expenses such as Committee Activities. This transparency is further at risk when the audited financial statements are prepared by a division within the fund holder organisation. The perception of having audited financial statements prepared by an external auditor, one independent from the project, fund holder and funder – a

requirement for the majority if not all projects funded by DoHA is difficult to maintain under the current circumstances.

6.5 PROJECT REPORTING & PERFORMANCE MEASURES

The criteria used to assess this objective includes the:

- Progress reports provided submitted by MMHA to DoHA as part of the Funding Agreements
- Identification of existing performance measures contained within the Funding Agreements.

6.5.1 CONCLUSION

We conclude that the MMHA project has met its reporting requirements from a process perspective but current performance measures do not adequately inform the Government about the quality or value of the project.

The Funding Agreement between DoHA and MMHA provides for regular monitoring and reporting of agreed work priorities. The MMHA has met its reporting requirements as set out in the Funding Agreement.

The current suite of performance indicators are relevant in respect to the objectives of the project however they are highly quantitative and process output focussed. The existing key performance indicators do not adequately inform the Government about the effectiveness and quality of the project. To do so requires the development of more qualitative and outcome focussed indicators.



MOVING FORWARD

It is now six years since the MMHA Project was established. The collective body of work undertaken in the course of this review clearly shows the need for some sort of driver (whether a project or some other entity) to progress the multicultural mental health agenda in Australia remains.

In that time the multicultural mental health landscape in Australia has shown considerable change, and continues to do so. There are now a greater number of more diverse CALD communities in Australia, many of whom have complex needs. Very little is known about the mental health needs of CALD communities.

The service provider profile similarly has changed: not only is there an increasing number of providers but there is a greater involvement by the NGO sector. This in turn has increased the work required to educate/train these providers in the delivery of culturally appropriate services and support for individuals from CALD backgrounds with mental health issues.

The findings of this review indicate that the Project has become 'out of step' with the reality of recent changes in the multicultural mental health landscape. It is vital that this mechanism is able to remain aligned with this landscape. This is even more important in view of the markedly different profiles of newer immigrants to Australia. It is acknowledged that the ability to do so is somewhat hampered by a general paucity of baseline data on the mental health needs of CALD communities.

Further the review has highlighted that the project portfolio pertaining to suicide prevention has maintained a lesser profile and it is unclear whether this reflects a lack of priority on behalf of the stakeholders, a lack of resources or skill set within MMHA or a lack of need within this cohort. This is partly driven by the lack of baseline data in this area.

The findings of this review reveal that the effectiveness and efficiency of the Project has been undermined by a lack of alignment with the changing multicultural mental health landscape. Moreover, deficiencies in the Project's planning processes, governance and accountability arrangements and financial/service management structure have also served to undermine the potential impact of the Project

Whether funded in the future as a project, program or some other entity, the findings of this review point to some key changes that must be considered with respect to its operation and management.

It must be:

- underpinned by appropriate and sound planning processes, including the development of a strategic plan in consultation with all relevant key stakeholders
- capable of effectively engaging all relevant key stakeholders to assist in the identification and setting of work priorities and strategic directions in a manner that is appropriate to their respective knowledge, expertise, and capacity to contribute
- capable of ongoing effective monitoring of target group need and able to identify and respond to changes in need in an appropriate and timely manner.
- supported by appropriate and sound governance structures to ensure clear accountability, transparent decision making, and effective stakeholder communication.

The outcome of this review has also highlighted a number of important contextual issues that merit consideration going forward since they underpin the views and experiences of the key stakeholders involved in the implementation of the Initiative.

This review has been conducted in a dynamic environment: one which is characterised by an increasingly more diverse and complex multicultural mental health landscape, both in terms of the primary target audience (i.e. individuals from CALD communities) and the service providers that support them. Against this backdrop governments face increasingly more stringent community expectations with respect to the transparency and accountability of funded initiatives, programs and services.

Accordingly the review has with respect to the original terms of reference concluded:

- MMHA is achieving to a limited extent the outcomes that were originally identified, with work in suicide prevention being less apparent and providing limited strategic/policy input at a national level.
- The internal structure and decision making processes of MMHA are not clear, transparent and are less than effective in its current form.
- As a consequence, the current model of the MMHA project is not structured to operate effectively nor is it sustainable.
- Evidence to underpin the development of appropriate preventative and intervention based services for the CALD community in the area of mental health services and suicide prevention has been identified as a significant deficit in Australia. Addressing this aspect via appropriate studies and research should be a priority for the MMHA project. A lifting of the profile of the project is warranted and greater focus on national strategic policy development by the MMHA is warranted.

There is clear evidence from the sector that there is a need to have a central mechanism through to drive the transcultural mental health and suicide prevention agenda.

In order to achieve this either a re-constituted entity needs to be considered, or significant changes need to be made to the MMHA project and management of the project.

If the latter is to occur, then a number of aspects of the operation and management of the Project will require change if the suitability/appropriateness, effectiveness and efficiency of the Project is to be maximised/fully realised. These include the:

- Planning processes – must ensure appropriate and effective engagement of all relevant stakeholders; ability to be flexible and responsive changing need
- Governance arrangements/structures – must ensure clear and transparent lines of accountability, clear delineation of roles and responsibilities, decision making processes
- Project model – must ensure that it is appropriate, flexible, responsive and sustainable
- Financial and service management – clear roles and responsibilities, clear lines of accountability, transparency, ability of project to operate independently
- Performance measures – that are relevant, appropriate and have an outcomes and quality focus.



RECOMMENDATIONS

This chapter sets out the recommendations based on the findings of this review. They are grounded in a comprehensive and objective review and synthesis of all available documentation together with a thorough assessment of the findings of all stakeholder consultations conducted in the course of this review.

In light of the review findings, careful consideration has been given to ensuring that the recommendations are realistic, achievable, time specific and capable of achieving the required changes to the project. A number of high level options are offered for the Department's consideration, one set relating to the re-constitution of the MMHA project via an alternate existing infrastructure, the other relates to major management changes within the existing project model underpinning the MMHA. In order to address the concerns of the sector these changes need to be effected in a short time period, namely within the next 3 months. Any extension to this will result in a loss of momentum and the continuation of a project that is not necessarily meeting the needs of the stakeholders and the transcultural community.

The preferred option put forward by the review team is to re-constitute the MMHA project via an alternate existing infrastructure. Recommendations relevant to this option include:

RECOMMENDATION 1

That the DoHA reaffirm and determine the alignment of the MMHA project with its longer term strategic directions for transcultural mental health *and* suicide prevention. This includes consideration of the MMHA's ability to measure longer term change in the target groups mental health needs, behaviours and health/support services, and its contribution to building the evidence base on efficacious and effective transcultural mental health and suicide prevention programs and initiatives. It is this determination that should drive the future of the MMHA project.

RECOMMENDATION 2

That the DoHA give urgent attention to ensuring that the critical service support arm of the MMHA project continues to meet the needs of current users, new/potential users and the transcultural community in general. It will be critical that responsibility for this support mechanism is clearly assigned to an appropriate party, its role and functions are clearly defined, and adequate resourcing is provided to ensure its effective operation and ongoing maintenance. The MMHA project should not proceed until an appropriate support service is in place. This support service may be achieved through the re-specification of desired objectives of the project and the tendering of the project.

RECOMMENDATION 3

If a re-specified MMHA project is tendered the process should be restricted to those organisations with existing infrastructure that would be able to adequately support the project.

RECOMMENDATION 4

Any re-defining of the MMHA project and objectives and ensuing tendering process should be undertaken within a 6 month period in order to ensure the project is able to respond to the needs of the transcultural community in a timely manner.

The alternate option put forward by the review team relates to instituting a range of changes within the current infrastructure defining the MMHA. These changes need to be made within the next six months in order for the project to maintain credibility with the transcultural community and those providing input into this review. Accordingly recommendations relevant to this option include the following which are presented against the major domains covered in the review.

Recommendations pertaining to planning processes, need identification, work prioritisation:

RECOMMENDATION 5

MMHA be required to develop a strategic plan in collaboration with all key stakeholders including establishment of processes to facilitate its regular review.

RECOMMENDATION 6

MMHA give priority to ensuring that appropriate processes are in place to ensure ongoing, adequate and comprehensive consultation with all key stakeholders in needs identification/analysis and prioritisation of work.

RECOMMENDATION 7

MMHA establish and document clear delineation of target audience and stakeholders.

RECOMMENDATION 8

DoHA in collaboration with MMHA ensure that the project's planning processes are flexible to allow continual monitoring of need, identification of changes in transcultural mental health and suicide prevention need and the ability to respond appropriately and in a timely manner.

RECOMMENDATION 9

DoHA in collaboration with MMHA re-examine work priorities (i.e. perception that current work program is too broad, difficult to achieve given resourcing problems) including adequate representation and emphasis on suicide prevention.

Recommendations pertaining to governance and accountability

RECOMMENDATION 10

DoHA in conjunction with MMHA consider the implementation of a revised structure which facilitates the effective and efficient management and operation of the project. Possible structures include the introduction of a Board of Management, Executive Committee with representation from the previous Consortium and existing JOG, reinstatement of the Consortium but with revised membership/Provision for a Consortium like structure that allows for effective engagement of relevant state and territory jurisdictions which reports back through JOG, etc.

RECOMMENDATION 11

The MMHA governance documentation be revised to reflect this changed structure and clear delineation of roles and responsibilities be identified in the document. Reporting lines and responsibilities of all entities, committees, sub-committees and groups involved in the MMHA need to be identified and clearly defined including the relationship with funder, fund holder and secretariat. The governance document should also clearly define the membership of each entity, identify clear terms of reference for respective entities together with a clearly defined mandate (e.g. Working Group to drive improved data collection/building the evidence base).

Recommendations pertaining to financial and service management

RECOMMENDATION 12

DoHA needs to improve its contract monitoring and management processes of MMHA activities and operation in order to minimise/ prevent under/over spends.

RECOMMENDATION 13

DoHA reinstate requirement for auditing by external auditor to enhance accountability and transparency.

Recommendation pertaining to reporting and performance measurement

RECOMMENDATION 14

MMHA in collaboration with DoHA develop a broader suite of performance indicators covering the effectiveness and efficiency of MMHA's operations.

Irrespective of the option ultimately employed by the Department, it is strongly recommended that DoHA revisit the project overall within two years. This will enable the Department to determine the extent to which the recommendations have been implemented and whether they have contributed to improved effectiveness, efficiency and sustainability of the project.



APPENDIX A: DOCUMENTATION LISTING

SOURCE: DEPARTMENT OF HEALTH AND AGEING

Communication

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Consortium

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Multicultural Mental Health Australia Financial Summary 2003-2006.

Multicultural Mental Health Australia Revised Interim Reporting Schedule (Appendix A Funding Agreement (2002/240)).

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Multicultural Mental Health Australia. (2007). Consortium Governance: Multicultural Mental Health Australia 2006-2008.

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Multicultural Mental Health Australia Joint Officers Group Terms of Reference.

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Synergies between the Commonwealth Initiatives of the COAG Implementation Plan on Mental Health and the Implementation Plan for the Framework for implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia.

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5th Progress Report to the Department of Health & Ageing. Reporting Period 1st October 2007 - 28 February 2008.
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Project Period 2006-2008. Fourth Progress Report - September 2007.
Third Report - September 2004.
Final Report - February 2006.

SOURCE: MMHA

Communication

DOHA corrections to Minutes 161107
Draft ideas regarding communication with Consortium members by MMHA staff.
Introduction of new national program manager.
JOG meeting preparation.
Memo regarding governance.
Report regarding Consortium members input.
Review of Multicultural Mental Health Australia (MMHA) Program May 2009 Terms of Reference [to MMHA from DoHA November 2008].

Consortium

Brief to Consortium re: funding priorities 2008.
Consortium Attendance 2006 - 2008.
MMHA Consortium & JOG Meeting Attendance List 15&16 November 2007.
Consortium decisions request from MMHA staff by consortium from 29 June 2007 meeting.
Consortium Governance 2006 - 2008 Draft & Final.
Consortium Guidelines June 2006.
Consortium Operations Group Operating Guidelines June 2006
Consortium Meeting Agendas: 28 August 2003, 19 March 2004, 22 July 2004, 3 December 2004, 25 July 2006 (draft), 13 November 2008.
Consortium Meeting Minutes 18 March 2008, 12 June 2008 (unconfirmed).
Consortium Operations Group Meeting - February 2007. Multicultural Mental Health Australia Report on Actions Arising from Consortium Operations Group Meeting Wednesday 25 October 2006 - Attachment 1.
Consortium Meeting - 23 March 2007. Minutes & Action Arising from Consortium Meeting held 25 October 2006 - Attachment 1.
Consortium Meeting - 28 June 2007. Minutes & Action Arising from Consortium Meeting of 23 March 2007 - Attachment 1.
Consortium Meeting - 28 June 2007. Report by National Program Manager - Attachment 2, Staff Reports by Program Area - Attachment 3 and Suicide Issues in CALD Communities - Attachment 6.

Consortium Operations Group Meeting - October 2006. Multicultural Mental Health Australia Report on Actions Arising from Consortium Operations Group Meeting Tuesday 25 July 2006 - Attachment 1.

Consortium Partners Meeting - Thursday 22 July 2004 - Agenda Item 4.1. Feedback from Mental Health Promotion & Stigma Reduction Teleconference, Agenda Item 4.4 Attachment 3. Possible National Suicide Prevention Initiatives for CALD Communities.

Deliverables by DoHA - Agreed Performance Measures [Consortium member feedback].

Draft Funding Schedule 2008+ [discussed at Consortium Meeting 12 June 2008].

Draft Funding Schedule 2008+ [discussed at Consortium Meeting 12 June 2008]. Consortium member feedback.

List of Databases compiled July 2007.

List of Key Areas Supported by Consortium Members [draft]. MMHA Consortium Meeting - 28 June 2007.

Matters and actions arising from the MMHA Consortium Meeting October 19 & 20, 2004.

Matters to follow up and attach to consortium minutes from 28 June 2007 meeting.

Memorandum of Understanding Multicultural Mental Health Australia. MMHA Consortium 2006 - 2008.

MMHA Executive Committee - December 2006. Multicultural Mental Health Australia Minutes from Executive Committee Meeting Friday 2 February 2007.

Multicultural Mental Health Australia Item 6 Review of 2008+ Priorities Funding Period 2006 - 2008. Consortium Meeting 23 June 2008.

Minutes from Executive Committee Meeting Monday 11 December 2006.

Policy Presentation to Consortium Members March 2004.

Report on Actions Arising from Consortium Partners Meeting - December 9 2005.

Requests for Agenda Items Consortium Meeting 23 March 2007.

Response to Consortium members comments on MMHA Capacity Building Fact Sheets 23 November 2007.

NSW Transcultural Mental Health Centre. Report for MMHA Consortium Meeting 25/26 July 2006.

Funding

Deed Variation Resources Funds June 2007.

Multicultural Mental Health Australia Financial Report 1 July to 31 December 2008.

MMHA Funding Agreement 2006 - 2008 [template used to draft 2008 - 2011 schedule]

MMHA Funding Agreement - Schedule for 2008 - 2011 from DoHA.

Governance / Management

Governance reform presentation.

MMHA reporting structure [flowchart]

Multicultural Mental Health Australia Code of Conduct.

Multicultural Mental Health Australia Operational Plan 2006 - 2008.

Multicultural Mental Health Australia Operational Plan 2008-11. [draft to be finalised after review].

SWAHS structure for MMHA [flowchart].

Joint Officers Group

Actions Arising From Joint Officers Group Meeting 180308.

Attachment 2: Multicultural Mental Health Australia JOG Meeting 20 February 2009. Reports from State & Territory Representatives.

Attendance Lists - 26 July 2006, 29 June 2007, 16 November 2007, since June 2007, 20 February 2009.

Audit: Needs of CALD communities- Review of priorities by states & territories. Responses/issues raised from ACT, NSW, NT, SA, TAS, VIC, WA

Australian Government Mental Health Package. Department of Health and Ageing (DoHA) Progress Report August 2007.

Background Paper for JOG Issues/Matters for JOG Meeting 29 June 2007.

CALD Older People Issues. For discussion at JOG Meeting Friday 16 November 2007.

Communication, Partnerships & Consultative Processes 2008-2011 A Summary. Handout for JOG meeting February 2009.

Cover letter and questionnaire for CALD mental health providers.

Discussion Paper. For discussion at JOG Meeting 16 November 2007.

Draft Advocacy and Support to Smaller States & Territories by MMHA.

Draft Terms of Reference of Joint Officers Group. Updated April 2007.

Joint Officers Group Attachment 1 Detailed Plan for Distribution & Dissemination of MMHA written Resources - Fact Sheets and Brochures. For Meeting 13 June 2008.

Joint Officers Group Fri 29 June 2007. Amendments to previous minutes [260606] provided by [member] 020707.

Joint Officers Group Meeting Agendas - July 26 2006, 29 June 2007, 16 November 2007, 13 June 2008, 19 March 2008, 20 February 2009, 14 May 2009.

Joint Officers Group Meeting Minutes - July 26 2006 (Minutes & Notes), 29 June 2007, 16 November 2007, 19 March 2008, 13 June 2008, 20 February 2009, 14 May 2009 (draft).

Joint Officers Group Meeting Friday 29 June 2007 - SA update.

Joint Officers Group Meeting Friday 16 November 2007 - ACT update.

Joint Officers Group Meeting February 2009 - updates and minutes from FaHCSIA, NSCMH, NSW, NT, QLD, SA, TAS, WA.

Joint Officers Group Meeting May 2009 - updates/CALD mental health provider questionnaire responses from ACT, DoHA, SA, TAS, VIC, WA.

JOG Actions for DoHA from the 2Feb 2009 JOG meeting.

JOG Actions from 20 Feb 2009 Meeting.

JOG Members as at July 2006.

JOG & SCMH 2009 Meeting List.

MMHA Achievements this year - 2007. Presentation to JOG July 2007

MMHA Major Achievements. Last 4 Months by New Team as 29 June 2007

MMHA Priorities and Projects 2006-2008 Presentation to JOG July 2006.

MMHA Priority Areas 2008 – 2011- Handout for JOG meeting February 2009

MMHA Update to JOG Meeting Period: Mar- May 2009. Thu 14 May 2009.

Multicultural Mental Health Australia Funding 2008-2011 Overview. A/Prof. Abd Malak SWAHS 13th November 2008.

Response from DoHA received 10 February 2009 on the Minutes of the last Joint Officers Group Meeting held 13 June 2008.

Review of Multicultural Mental Health Australia (MMHA) Program Information Sheet for JOG Meeting 20 February 2009 (and updated version).

SA's report to Multicultural Mental Health Australia Joint Officers Group on 13 June 2008. Minutes of 9 March 2008.

State & Territory TCMH stakeholder contact lists.

Stepping Out of the Shadows Multicultural Mental Health Australia National CALD Mental Health Stigma Reduction Project - Notes for JOG meeting June 2009.

Terms of Reference of Joint Officers Group 2006.

Transcultural-related initiatives within the mental health sector in Western Australia.

Update on DoHA Specified Outputs – 2007 For JOG meeting 16 Nov 2007.

MMHA Activities

1st Draft Work Plan 2008 - 2011. Carers and Consumer Priority Area.

Achievements at a glance 2007 - 2008.

Activities for 2006 - 2009 Resource development, capacity building and communications.

Checklist for MMHA's Translations Fact Sheets/Brochures/Booklet 2007.

Concurrent Projects by MMHA staff as at 14 January 2008.

Cultural Considerations resources.

Deliverables by DoHA - Agreed Performance Measures 150607 from planning day from Consortium Input 200407.

Draft Priorities for MMHA from June 2008+

Distribution of Duties/Projects by MMHA Staff 2007.

Draft MMHA Policies and Procedures for Synergy Magazine.

"Expert trainers" who were trained to run training sessions for Community Workers in their states & territories on the Stepping out of the Shadows: Stigma Reduction In Multicultural Communities Training Package.

Guidelines for Health Staff Checking Translations July 2001.

Launch of MMHA project and new funding.

Mental Health Translated Materials Review Report.

MMHA CALD Consumer Evaluation Report. From Participation in Diversity in Health Conference 2008.

MMHA Priorities from Planning Workshop 20 April 2007 with consortium members.

MMHA Work Plan Communications, Information & Promotions Project.

Modified Guidelines & Protocols Worksheet for the Evaluating & Benchmarking of Translated & Non-Translated Mental Health Resources 2007.

Multicultural Mental Health Australia Achievements at a glance. Funding Period: 2006 - 2008 For Consortium & JOG meetings 12 and 3 June 2008.

Multicultural Mental Health Australia 2003 - 2005 at a glance.

Multicultural Mental Health Australia Work Plan 2008. Workforce and Community Development Project.

Project Planning 2008 - 2011 Discussion Paper / Action Plan. National CALD Consumer Reference Group.

The Framework for Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia. Implementation Plan for National and State Priorities Draft. July 2006.

Translation Flowchart.

Previous Reviews

2001 review

Review of Multicultural Mental Health Australia Executive Summary & Recommendations February 2006 by Carla Cranny & Associates.

Reports [chronological order]

Account Type Summary with Description for Cost Centre for Transactions between: 1/07/2006 and 30/06/2007.

Information and Communications Report: October 2003 to February 2004, February 2005, February 2006, February 2007 (including website data), March to September 2007

Training and Workforce Development October 2006 - February 2007.

First Report – September 2003.

Second Report – February 2004.

Third Report - September 2004.

Second Report – February 2004.

Third Interim Report on Multicultural Mental Health Australia covering the period 1 March 2004 to 31 August 2004.

Fourth Report – February 2005.

Fifth Report – September 2005 including MMHA resource sales 09/05

Final Report – February 2006.

First Progress Report – May 2006. Project Period 2006 – 2008.

Progress Report on the variation of the MMHA Funding Agreement Dated 24 May 2006 For the “Translations’ Project. Reporting Period June 2007 to February 2008.

Second Progress Report – September 2006. Project Period 2006 – 2008 with Attachment: Synergies between the Commonwealth Initiatives of the COAG Implementation Plan on Mental Health and the Implementation Plan for the Framework for implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia.

Third Progress Report – February 2007. Project Period 2006 – 2008. Including Attachment 1 MMHA Capacity Building Project Draft Project Plan 2 February 2007; and Attachment 3 MHA Workforce Development Project Draft Project Plan.

Fourth Progress Report – September 2007. Project Period 2006 – 2008 with Attachments.

2005-2006 MMHA Web Site Statistics for DoHA.

2006-2008 MMHA Web Site Statistics for DoHA Feb07.

2007 MMHA Conference Resources Usage Statistics.

Information service enquiries 2006.

Fifth Progress Report. Reporting Period 1st October 2007 - 28 February 2008. Including Additional information to support MMHA’s 5th Progress Report. As requested on 16 April 2008.

Deliverables by DoHA - Agreed Performance Measures 150607 from planning day consortium input 200407.

Site visit to MMHA by DoHA representative 9 November 2007.

MMHA Proposal on Improving Links between MMHA, NPMHCN and the BOMHC Program. Submitted 28 February 2008.

MMHA project staff reports to February/March 2008.

Response to further questions from DoHA April 2008.

Sixth Progress Report Reporting Period 1 March - 15 May 2008 with Attachments and Statistics.

First Progress Report Reporting Period 1 July – 31 December 2008 with Attachments and Statistics.

Quality Assurance for Translations

Checklist Production & Review of Resources for Translation.

Checklist for MMHA’s Translations Fact Sheets/Brochures/Booklet.

Final Draft MMHA policies and procedures for Synergy Magazine 2008.

How to use...Interpreting Services.

MHCS Guidelines for health staff checking translations July 2001 & August 2004.

Modified Guidelines & Protocols Worksheet for the Evaluating & Benchmarking of Translated & Non-Translated Mental Health Resources.

Quality Control Checklist for MMHA Translations.

Suicide Prevention

Possible National Suicide Prevention Initiatives for CALD Communities. Consortium Partners Meeting – Thursday, 22 July 2004.

Suicide Issues in CALD Communities. Draft -Not for Distribution (Sourced from proposals prepared by AISR&P & QTMHC). For discussion at Consortium Meeting 28/06/07.

Suicide Planning Day Presentation August 2004.

Suicide Prevention for Australian Immigrants. Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia.



APPENDIX B: LIST OF STAKEHOLDERS

NAME	Role & Organisation
A/ Prof. Sundram Sivamalai	School of Medicine & Dentistry, James Cook University
A/Prof Abd Malak	MMHA Chair Executive Director, Workforce and Organisational Development & MMHA Chair
Aine Tierney-	ACT rep on MMHA national CALD Consumer Reference Group
Anne Ryan	Section Manger Mental Health Branch, FAHCSIA
Beryl Mulder	Committee member MCC & Dep. Chair of FECCA NT Multicultural Communities Council (MCC)
Bronwyn Hendry	Director Mental Health, NT Department of Health
Carly Dolinski	Senior Portfolio Officer Mental Health, Mental Health Branch, WA Dept Health
Carol Joseph	Manager, MAITRI- Multicultural Mental Health Service WA
Cedric Manen	Manager, TAS Migrant Resource Centre- South
Clarissa Mulas	Director, Multicultural health Network, SWAHS
Conrad Gershevitch	Director, Education & Partnerships Unit, Human Rights Equal Opportunity Commission (HREOC)
Daryl Oehm	Manager, Victorian Transcultural Psychiatry Unit
David McGrath	Director MH & Drug and Alcohol programs, NSW Health
Demos Krouskos	Director, Centre for Culture Ethnicity & Health
Diahann Lombardozzi	VIC rep on MMHA national CALD Consumer Reference Group
Dinesh Wadiwel	Executive Officer, National Ethnic Disabilities Assoc. NEDA
Dr Farvardin Daliri	Executive Officer, Migrant Resource Centre Townsville
Dr Aaron Groves	Director of Mental Health QLD Health
Dr Adelle	Multicultural Centre for Women's Health
Dr Anthony Cochiaro	FECCA Exec Committee & President ECC-SA
Dr Bernadette Wright	Transcultural Mental Health Services WA
Dr Salvatore Febbo	Consultant Psychiatrist and Head of Program, Transcultural Mental Health Services
Echo Morgan	Manager, NSW CALD Co-morbidity Service "Co-Exist" and CALD Gambling Service
Emanuela D'Urso	Manager CALD Unit, Dept Ageing, Disability & Home Care (DADHC)
Eugene Tsoulis	Executive Director, SA Migrant Resource Services Council of Australia
Evan Bichara	VIC rep on MMHA national CALD Consumer Reference Group
Georgia Zogalis	MMHA National Program Manager
Harinder Singh	MMHA Administrative Officer
Hass Dellal	Executive Director, Australian Multicultural Foundation (AMF)
Helen Stathis	NT rep on MMHA national CALD Consumer Reference Group

NAME	Role & Organisation
Ian Watson	Manager, Community Broadcasting Association of Australia
Jacinta Hawgood	AISRAP & MMHA
Jaele Skealan	Program Manager, Mindframe - Hunter Institute of Mental Health
Jorge Aroche	Chair, National Association of Torture & Trauma Services
Kaliopi Paxinos	Carer
Kevin Kellehear	Senior Lecturer, School of Nursing University of Technology Sydney
Kim Koop	CEO, Psychiatric Disability Services of Victoria (VICserve)
Leonie Young	CEO, Beyondblue
Licia Kokocinski	Executive Officer, Action on Disability in CALD communities
Lynn Cain	Project Officer, Australian Multicultural Foundation (AMF)
Magdalena Madden	Manager Legislation and Policy, SA Health
Margaret Honeyman	Chief Psychiatrist/Director Mental Health Policy, SA Health
Maria Cassaniti	Co-ordinator, NSW Transcultural Mental Health Centre
Miriam Segon	Manager PDRS Programs, Mental Health Branch, VIC DHS
Mohamad Omari	ACT Multicultural Council Incorporated
Nick Goddard	A/Mgr Coordination & Innovation, Mental Health Service, Dept Health & Human Services TAS
Nick Xynias	MC member
Paula Masselos	National Director SBS Radio
Peggy Brown	Director , Mental Health ACT, ACT Health
Pino Migliorino	Executive Director, Cultural Perspectives
Prof Amareswar Galla	School of Medicine & Dentistry, James Cook University
Prof Diego De Leo	Director, Australian Institute for Suicide Research and Prevention
Prof Steven Boyages	Chief Executive, SWAHS
Prof. Beverly Raphael	Professor, Australian National University
Prof. Mohan Gilhotra	Chief Psychiatrist, QLD Health
Prof Nicholas Procter	University of South Australia
Rajiv Ramanathan	MMHA Policy & Community Capacity Building Snr Project Officer
Ramdas Sankaran	Executive Officer - Multicultural Services Centre of WA Inc FECCA Exec Committee & President ECC WA
Regina Osten	Manager, Prevention & Community Partnerships, NSW Health
Rita Butera	Research Director, BeyondBlue
Rita Prasad-Isles	Manager, QLD Transcultural Mental Health Centre
Scott Burcham	Senior Project Officer - Mental health and Drug & Alcohol, NSW Health
Sebastian Rosenberg	Dep. Chief Executive Officer, Mental Health Council of Australia
Serge Voloschenko	Executive Officer, Ethnic Communities Council
Simon Tatz	Director Communications, Mental Health Council of Australia
Stella Savoudakis	SA rep on MMHA national CALD Consumer Reference Group
Suresh Rajan	Executive Officer, Ethnic Communities Council WA
Tricia Cooney	Business Manager, Vision Australia
Vicki Katsifis	MMHA Carers & Consumers Project Officer
Voula Messimeris	Chair, Federation of Ethnic Communities Council Aust. (FECCA)



APPENDIX C: STAKEHOLDER LINES OF ENQUIRY

SYDNEY WEST AREA HEALTH SERVICE

Name & Title: _____

MMHA Governance and Accountability

Appropriateness

Is there a strategic or business plan for MMHA?

Are the roles and responsibilities of all stakeholders clear and appropriate to the project? Has there been a shift?

Can you describe the powers of delegation and decision-making within MMHA? Are these transparent and appropriate?
Who is MMHA accountable to?

What are the agreed performance indicators to measure MMHA activities? If yes, are they agreed and appropriate? If no, why?

Effectiveness

Does the governance model work for this type of project?

Is there sufficient communication between MMHA and SWAHS to ensure effective and efficient management of MMHA?

What opportunities are there for improving the governance and accountability of MMHA?

MMHA Planning

Appropriateness

Have recommendations from previous reviews been implemented? What has been the impact of these?

Effectiveness

Are you aware of MMHA planning for future priorities?

What opportunities do you see for improving MMHA planning?

Suitability and Sustainability of MMHA Model

Appropriateness

Is the current service model addressing needs? Is it the “best fit”?

What are the linkages with the National Mental Health Strategy and other related policies? Do other Commonwealth or health jurisdiction programs overlap/duplicate MMHA or are the programs complementary? Are the programs well coordinated?

Effectiveness

Can you comment on any results against the performance indicators e.g. are the objectives being met? Have the results met or exceeded expectations?

In your view, what have been the facilitators/drivers of success of MMHA? Conversely, what have been some of the barriers/impediments to success?

Have there been any unintended consequences (positive or negative) resulting from MMHA activities?

What opportunities do you see for improving the a) suitability; and b) sustainability of MMHA?

Efficiency

Is the funding level adequate to make a realistic contribution towards achieving the objectives of MMHA?

MMHA financial and service management

Appropriateness

What are the financial and service arrangements? Are they documented?

What is the purpose of not having audited financial statements?

Effectiveness

Are financial reports provided on a timely-basis that allow the program to be managed?

Do service and governance arrangements enhance or impede MMHA operation?

What opportunities do you see for improving MMHA's financial and service management?

Efficiency

To what extent do you believe MMHA has delivered value for money?

Has any thought been given to how MMHA may be continued without DoHA funding?

What is the reason for MMHA's inability to spend allocated funds? What is the rationale for requesting additional funds?

Future Considerations

If MMHA was re-established, what (if anything) would be done differently?

What have been the major learnings from the implementation of MMHA? Can success be replicated elsewhere?

MULTICULTURAL MENTAL HEALTH AUSTRALIA - MANAGEMENT

Name & Title: _____

MMHA Governance and Accountability

Appropriateness

Is there a strategic or business plan for MMHA?

Are the roles and responsibilities of all stakeholders clear and appropriate to the project? Has there been a shift?

Can you describe the powers of delegation and decision-making within MMHA? Are these transparent and appropriate?
Who is MMHA accountable to?

What are the performance indicators to measure MMHA activities? Are they agreed and appropriate? If no, why?

Effectiveness

Does the current governance model work for this type of project?

Is there sufficient communication between MMHA, SWAHS, DoHA and other bodies to ensure effective and efficient management of MMHA?

What is the rationale for disbanding the Consortium?

What opportunities are there for improving the governance and accountability of MMHA?

MMHA Planning

Appropriateness

Is there a clear program logic to MMHA? Is it evidence based? Is it documented?

Who is the target group for MMHA's activities/services?

How do you identify and plan for target group needs? Is a needs analysis conducted? How often are needs identified? How does this link into strategic planning?

Have recommendations from previous reviews been implemented? What has been the impact of these? If no, why?

Effectiveness

How does MMHA planning align with current Government mental health policies and priorities?

Have future priorities been planned for?

What feedback do you receive from the target group(s)? What is the forum for this?

What opportunities do you see for improving MMHA planning?

Suitability and Sustainability of MMHA Model

Appropriateness

Is the current service model addressing needs? Is it the “best fit”?

What are the linkages with the National Mental Health Strategy and other related policies? Do other Commonwealth or health jurisdiction programs overlap/duplicate MMHA or are the programs complementary? Are the programs well coordinated?

Effectiveness

What has been the result against the performance indicators (i.e. are the objectives being met? Have the results met or exceeded expectations? What have been the short and medium term impacts and outcomes from MMHA activities? Have they been reported?

Have some MMHA activities/services worked well more than others? In your view, what have been the facilitators/drivers of success of MMHA? Conversely, what have been some of the barriers/impediments to success?

Have there been any unintended consequences (positive or negative) resulting from MMHA activities?

What opportunities do you see for improving the a) suitability; and b) sustainability of MMHA?

Efficiency

Is the funding level adequate to make a realistic contribution towards achieving the objectives of MMHA?

MMHA financial and service management

Appropriateness

What are the financial and service arrangements? Are they documented?

What is the purpose of not having audited financial statements?

Effectiveness

Are financial reports provided on a timely-basis that allow the program to be managed?

Do service and governance arrangements enhance or impede MMHA operation?

What opportunities do you see for improving MMHA’s financial and service management?

Efficiency

To what extent do you believe MMHA has delivered value for money?

Has any thought been given to how MMHA may be continued without DoHA funding?

What is the reason for MMHA’s inability to spend allocated funds? What is the rationale for requesting additional funds?

Future Considerations

If MMHA was re-established, what (if anything) would be done differently?

What have been the major learnings from the implementation of MMHA? Can success be replicated elsewhere?

MULTICULTURAL MENTAL HEALTH AUSTRALIA - STAFF

Name & Title: _____

MMHA Governance and Accountability

Appropriateness

Are the roles and responsibilities of all stakeholders clear and appropriate? Are these documented? Has there been a shift?

Can you describe the powers of delegation and decision-making within MMHA? Are these transparent and appropriate? Who do you think MMHA is accountable to?

How do you measure success or effectiveness of MMHA activities?

Effectiveness

Is there sufficient communication between all stakeholders to ensure effective and efficient management of MMHA?

What is your perspective on the disbanding of the Consortium?

What opportunities are there for improving the governance and accountability of MMHA?

MMHA Planning

Appropriateness

Who is the target group for MMHA's activities/services? How do you identify needs e.g. is a needs analysis conducted?
How often are needs identified? How does this link into strategic planning?

How are MMHA activities planned? Are there feedback forums?

Have recommendations from previous reviews been implemented? What has been the impact of these?

Effectiveness

Are future priorities planned for?

What opportunities do you see for improving MMHA planning?

Suitability and Sustainability of MMHA Model

Appropriateness

Is the current service model addressing needs? Is it the "best fit"? Is there unmet need?

What are the linkages with the National Mental Health Strategy and other related policies? Do other Commonwealth or health jurisdiction programs overlap/duplicate MMHA or are the programs complementary? Are the programs well coordinated?

Effectiveness

What have been the short and medium term impacts and outcomes from MMHA activities? Have they been reported?

From your experience, what are some of the factors which have resulted in successful implementation of MMHA activities?

What are some of the barriers/impediments to successful implementation of MMHA activities? How do you think these problems could be overcome?

Have some MMHA activities/services worked well more than others? Have there been any unintended consequences (positive or negative) resulting from MMHA activities?

What opportunities do you see for improving the a) suitability; and b) sustainability of MMHA?

Future Considerations

What have been the major learnings from the implementation of MMHA? Can success be replicated elsewhere?



APPENDIX D: STAKEHOLDER INTERVIEW SCHEDULE

INTRODUCTION

The *Multicultural Mental Health Australia* (MMHA) project is targeted towards transcultural mental health and suicide prevention, and is one of a number of national projects which centres on the needs of specific population groups. The project aims to raise community and professional awareness to support a national focus on the mental health issues faced by Australia's culturally and linguistically diverse (CALD) communities.

The Department of Health and Ageing (DoHA), through the Mental Health and Workforce Division has engaged Health Outcomes International (HOI) to review the MMHA project. A telephone interview schedule has been designed for completion by MMHA stakeholders who are in a position to answer a range of questions examining the appropriateness, effectiveness and efficiency of the MMHA service model. You have been identified a key stakeholder to inform the review.

INTERVIEW GUIDE

Thank you for agreeing to participate in the review via this telephone interview.

Please note that the interview questions are directed to you as **a representative of your organisation/agency – you should answer the questions in this capacity**. Depending on your involvement with MMHA, there may be some questions that you are unable to answer. There are no right or wrong answers. The focus is on determining what has worked well, what can be improved during the life of the project and issues for future consideration.

All responses will be held in confidence and will only be used for the purposes of this review. The review will report only on key themes that the evaluation team finds, and so no information about any one individual or organisation/agency will be identified.

INQUIRIES ABOUT THE REVIEW OR INTERVIEW

Should you have any queries related to the review and/or your participation in the review, please do not hesitate to contact:

Lorraine Scorsonelli - Project Manager

Phone 08 8363 3699

Email lorraine@hoi.com.au

On behalf of the Department of Health and Ageing, we thank you for participating in the Review.

Yours sincerely,

Lorraine Scorsonelli

Senior Consultant

6 May 2009

CONTACT DETAILS

Name of organisation	
Your name and title	
Contact telephone number	
Contact email address	
What is/was the nature of your involvement with the Multicultural Mental Health Australia (MMHA) Project?	

SECTION ONE: MMHA GOVERNANCE AND ACCOUNTABILITY

a) What do you identify as the role of MMHA?

b) Are the roles and responsibilities of MMHA stakeholders clear and appropriate? **Yes / No**

Please explain: _____

c) Are the roles and responsibilities of MMHA stakeholders documented? **Yes / No**

If yes, in which document(s)? _____

Any comments? _____

a) Can you describe the powers of delegation and decision-making within MMHA? Are these transparent and appropriate?

b) Who do you think MMHA is accountable to?

c) Are there alternative governance models which could be considered? **Yes / No**

Please explain: _____

Do you feel there is sufficient communication between your organisation/agency and MMHA?

Yes / No

Please explain: _____

What is your view on the disbanding of the MMHA Consortium?

What opportunities (if any) do you see for improving the governance and accountability of MMHA?

SECTION TWO: MMHA PLANNING

a) Who do you identify as MMHA's target group(s)?

b) In what way does/can your organisation/agency contribute to MMHA's planning activities aimed at identifying and addressing the mental health needs of CALD communities?

Yes / No

Please explain: _____

What opportunities (if any) do you see for improving how MMHA plans its activities/services?

SECTION THREE: SUITABILITY AND SUSTAINABILITY OF MMHA MODEL

a) Is the current MMHA service model adequately addressing the needs of:

6.6 CALD communities **Yes / No**

6.7 CALD-specific service providers **Yes / No**

6.8 Mainstream providers? **Yes / No**

Please explain: _____

b) Are there any areas of unmet need? **Yes / No**

Please explain: _____

a) What are MMHA's linkages with the National Mental Health Strategy and other related Government policies?

b) What is your view of other Commonwealth or health jurisdiction programs with respect to MMHA?

- Programs overlap with MMHA
- Programs duplicate MMHA
- Programs are complimentary to MMHA
- Other: _____

Any comments? _____

c) Are those concurrent programs well coordinated by MMHA? **Yes / No**

Please explain: _____

a) What are the things you like/find most helpful about the activities/services that have been made available by MMHA?

b) Is there anything that you don't like or find that is not helpful? **Yes / No**

Please explain: _____

c) Are there any activities, services that you feel would help address needs that are NOT currently available? **Yes / No**

If yes, what are they and how do you think they would help? _____

a) Have some MMHA activities/services worked better than others? **Yes / No**

Please explain: _____

b) In your view, what have been the facilitators or drivers of success for MMHA?

c) What have been some of the barriers or impediments to success for MMHA?

Is there a formalised method (e.g. a forum) for you to provide any feedback/comments to MMHA?

Yes / No

a) If yes: please describe _____

b) If no, how have you provided any feedback? _____

c) If you have offered feedback, was it addressed to your satisfaction? **Yes / No**

Comments? _____

a) Can you identify any areas for improvement (i.e. the suitability of the model) in how MMHA addresses the mental health needs of CALD communities?

b) What opportunities (if any) do you see for improving the sustainability of MMHA?

SECTION FOUR: FUTURE CONSIDERATIONS

What have been the major learnings (both positive and negative) from the implementation of MMHA?

Is there a continuing need and role for a project such as MMHA? **Yes / No**

a) If yes: describe what form it should take _____

b) If no: why not? _____

Do you have any other comments in relation to MMHA?

Thank you for participating in the review



APPENDIX E: STAKEHOLDER SURVEY QUESTIONNAIRE

INTRODUCTION

The *Multicultural Mental Health Australia* (MMHA) project is targeted towards transcultural mental health and suicide prevention, and is one of a number of national projects which centres on the needs of specific population groups. The project aims to raise community and professional awareness to support a national focus on the mental health issues faced by Australia's culturally and linguistically diverse (CALD) communities.

The Department of Health and Ageing (DoHA), through the Mental Health and Workforce Division has engaged Health Outcomes International (HOI) to review the MMHA project. A survey instrument has been designed for completion by MMHA stakeholders who are in a position to answer a range of questions examining the appropriateness, effectiveness and efficiency of the MMHA service model. You have been identified a key stakeholder to inform the review.

INSTRUCTIONS FOR SURVEY COMPLETION

Thank you for agreeing to participate in the review via this survey. Provision has been made in each section of the survey for you to answer the question or provide the information required. Feel free to type your answers into this document, using as much space as required.

Please note that the survey questions are directed to you as a **representative of your organisation/agency – you should answer the questions in this capacity**. Depending on your involvement with MMHA, there may be some questions that you are unable to answer. There are no right or wrong answers. The focus is on determining what has worked well, what can be improved during the life of the project and issues for future consideration.

Please return your completed response by **COB Wednesday 13 May 2009** via one of the following methods:

- 1) Email: lorraine@hoi.com.au
- 2) Fax: 08 8363 9011 - Attention: Lorraine Scorsonelli; or
- 3) Post: Attention: Lorraine Scorsonelli. Health Outcomes International. PO Box 1038 Kent Town SA 5071.

All responses will be held in confidence and will only be used for the purposes of this review. The review will report only on key themes that the evaluation team finds, and so no information about any one individual or organisation/agency will be identified.

INQUIRIES ABOUT THE STUDY OR SURVEY

Should you have any queries related to the review and/or the completion of this survey, please do not hesitate to contact me:

Lorraine Scorsonelli - Project Manager
Phone 08 8363 3699
Email lorraine@hoi.com.au

On behalf of the Department of Health and Ageing, we thank you for participating in the Review.

Yours sincerely,

Lorraine Scorsonelli
Senior Consultant
6 May 2009

CONTACT DETAILS

Name of organisation	
Your name and title	
Contact telephone number	
Contact email address	
What is/was the nature of your involvement with the Multicultural Mental Health Australia (MMHA) Project?	

SECTION ONE: MMHA GOVERNANCE AND ACCOUNTABILITY

a) What do you identify as the role of MMHA?

b) Are the roles and responsibilities of MMHA stakeholders clear and appropriate? **Yes / No**

Please explain: _____

c) Are the roles and responsibilities of MMHA stakeholders documented? **Yes / No**

If yes, in which document(s)? _____

Any comments? _____

a) Can you describe the powers of delegation and decision-making within MMHA? Are these transparent and appropriate?

b) Who do you think MMHA is accountable to?

c) Are there alternative governance models which could be considered? **Yes / No**

Please explain: _____

Do you feel there is sufficient communication between your organisation/agency and MMHA?
Yes / No

Please explain: _____

What is your view on the disbanding of the MMHA Consortium?

What opportunities (if any) do you see for improving the governance and accountability of MMHA?

SECTION TWO: MMHA PLANNING

a) Who do you identify as MMHA's target group(s)?

b) In what way does/can your organisation/agency contribute to MMHA's planning activities aimed at identifying and addressing the mental health needs of CALD communities?
Yes / No

Please explain: _____

What opportunities (if any) do you see for improving how MMHA plans its activities/services?

SECTION THREE: SUITABILITY AND SUSTAINABILITY OF MMHA MODEL

a) Is the current MMHA service model adequately addressing the needs of:

1.1 CALD communities **Yes / No**

1.2 CALD-specific service providers **Yes / No**

1.3 Mainstream providers? **Yes / No**

Please explain: _____

b) Are there any areas of unmet need? **Yes / No**

Please explain: _____

a) What are MMHA's linkages with the National Mental Health Strategy and other related Government policies?

b) What is your view of other Commonwealth or health jurisdiction programs with respect to MMHA?

- Programs overlap with MMHA
- Programs duplicate MMHA
- Programs are complimentary to MMHA
- Other: _____

Any comments? _____

c) Are those concurrent programs well coordinated by MMHA? **Yes / No**

Please explain: _____

a) What are the things you like/find most helpful about the activities/services that have been made available by MMHA?

b) Is there anything that you don't like or find that is not helpful? **Yes / No**

Please explain: _____

c) Are there any activities, services that you feel would help address needs that are NOT currently available? **Yes / No**

If yes, what are they and how do you think they would help? _____

a) Have some MMHA activities/services worked better than others? **Yes / No**

Please explain: _____

b) In your view, what have been the facilitators or drivers of success for MMHA?

c) What have been some of the barriers or impediments to success for MMHA?

Is there a formalised method (e.g. a forum) for you to provide any feedback/comments to MMHA?

Yes / No

a) If yes: please describe _____

b) If no, how have you provided any feedback? _____

c) If you have offered feedback, was it addressed to your satisfaction? **Yes / No**

Comments? _____

a) Can you identify any areas for improvement (i.e. the **suitability** of the model) in how MMHA addresses the mental health needs of CALD communities?

b) What opportunities (if any) do you see for improving the **sustainability** of MMHA?

SECTION FOUR: FUTURE CONSIDERATIONS

What have been the major learnings (both positive and negative) from the implementation of MMHA?

Is there a continuing need and role for a project such as MMHA? **Yes / No**

a) If yes: describe what form it should take _____

b) If no: why not? _____

Do you have any other comments in relation to MMHA?

Thank you for participating in the review