

### Communique

#### **Updates:**

- Upcoming opportunity to participate in testimonial videos providing feedback and experience of SETS providers with e-Learning courses.
- Upcoming release of SPG Peak Body report on refugee trauma and recovery.

#### **Discussion points:**

- There are limited mental health service supports available to family and carers of people experiencing mental health conditions. SETS could improve their services to address this gap.
- Many SETS clients disengage from mental health services because of how time-consuming and complex the system is before seeing a specialist. The process usually involves SETS clients retelling their stories repeatedly to different people (SETS provider, GP, interpreters, specialists), made more challenging by the stigma associated with mental health. There is a need for more streamlined processes.
- Whilst some clients prefer practitioners who are from their same cultural background and speak their language, other clients prefer people from different backgrounds related to fears of exposure to the community, especially with small and close-knit communities.
- Mental health services are costly – many SETS clients are unable to cover gap fees to access a continuous mental health plan or continuous sessions.
- There is a limited number of mental health providers – there is often a 3-4 month wait to see Arabic-speaking psychologists for example. SETS providers and the CoP could advocate for more community members to be trained in mental health and pathways towards overseas skills recognition, education and specialisation.
- Hospitals and GPs can sometimes refer clients to public health networks which can support covering financial costs of mental health.
- SETS providers drew ideas from discussions in the CoP meeting to hold flu vaccination sessions that would also highlight COVID-19.

#### **Outcomes:**

- *Mental Health Referrals Resource* – A resource for SETS providers to use to support referrals to mental health services. This includes referrals to mental health practitioners who can provide in-language services.
  - Many SETS clients find using an interpreter in mental health sessions burdensome, taking up too much time and challenging to fully express themselves (in addition to issues of stigma)
  - Many mental health practitioners find engaging an interpreter time-consuming and often lack knowledge on how to use interpreters appropriately.
- The resource would outline trauma and recovery centres (FASSTT) in each state; public health networks; and various mental health directories. The subgroup and SETSCoP Secretariat would also work with mental health directories towards improvement to make them more usable.
- The resource could also feature in some form in the SETS Induction Package
- SETS providers expressed interest in learning more about the work trauma centres are doing (STARTTS, ASeTTS, QPASTT, Melaleuca, and non-SETS organisations such as Foundation House who many SETS providers in Victoria partner with).



**SETS CoP**

**Resources:**

FASST Network Members page: <https://www.fasstt.org.au/members/>

Mental health directories:

<https://cmw.org.au/professionals/>

<https://www.psychologytoday.com/au/counselling>

<https://psychology.org.au/>

<https://www.pacfa.org.au/>

<https://www.theaca.net.au/>

Resources in multiple languages regarding COVID19 and other health and mental health topics:

<https://www.refugeehealthnetworkqld.org.au/translated-resources/>

**Next meeting:** Monday 16 October 2023. Third and final meeting for 2023.

**Attendees (9 SETS staff):**

Nick Ross (SETSCoP Secretariat)

Maria Rosales (SETSCoP Secretariat)

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Vincent (Chinese Community Services -Victoria)

Maggie (Bundaberg House)

Hiyah (Whittlesea community)

Hiba (Whittlesea Community Connections)

Sana (Southeast Community Links)

Ruth (Multicultural Australia)

Julia (GSMS – Albany WA)

Kim (Jesuit Social Services)

Lydia (Southeast Community Links)

**Contact:**

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