

CALD Mental Health Plans, Strategies and Policies 2012-2025

Summary Review

**Health Research Institute
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Key Findings

1. This summary review found almost 70 CALD-related policies and strategies released at federal, state and territories, and regional levels from 2012 to 2025
2. There is no overarching national policy framework or strategy in relation to CALD mental health.
3. Data to support policy development is poor.
4. There are few if any goals or targets set by any national or state jurisdiction in relation to CALD mental health.
5. Recent CALD-specific developments have focused on the development of tools and frameworks designed to build cultural competencies among services providers and staff.
6. The term 'diversity' has recently become much more general in nature, often referring to a range of groups outside of CALD communities.
7. Submissions in response to the Productivity Commission's Interim Report on the Bilateral Mental Health and Suicide Prevention Agreements could reinforce the importance of improving CALD data collection and accountability, along the lines already described for Aboriginal and Torres Strait Islander peoples.

Introduction

The need for Australia to properly understand and respond to the mental health needs of its considerable CALD population has been understood from the very beginning of its national mental health reform process.

Adequate resources must be made available to meet the needs of special 'at risk' groups, such as older people, children and adolescents, people from non-English speaking backgrounds.....

National Mental Health Policy 1992

Despite this commitment, our search for key documents pertaining to Culturally and Linguistically Diverse (CALD) mental health between 2012 and 2025 rendered a patchy and fragmented picture across the nine federal, state and territory jurisdictions in Australia.

A major finding is the absence of any overarching national plan or strategy specifically designed to improve CALD mental health in Australia.

Our research focused on policies or strategies that covered either CALD or mental health issues. On only a few occasions did we encounter relevant documents that covered both issues specifically.

Most jurisdictions have policies or plans that are relevant to CALD populations, however these are often about health or other topics generally, not mental health specifically. Many of these more general health policies indicate both that CALD populations may be more vulnerable to mental illness and suicide, and that for this reason their needs and services should be prioritised. Only in a few cases however, were specific CALD actions then identified.

The resources allocated to CALD mental health varies across Australia. [NSW](#), [Victoria](#), [Queensland](#) and [Tasmania](#) have dedicated Transcultural Mental Health Services. These are not all the same. The Tasmanian version, for example, focuses on building cultural competencies in the mental health workforce rather than providing services to consumers.

Since 2019, Mental Health Australia has been provided with Federal funding to run and manage the national [Embrace](#) Multicultural Mental Health Program. This Program provides a framework which also focuses on building the cultural competency of mental health service providers.

Primary Health Networks (PHNs) do offer some regional policy focus on CALD issues. The Federal Government continues to recommend that PHNs recognise CALD communities as a funding priority. PHNs have developed resources to facilitate this work – these are listed as part of the table provided at Attachment A.

It is reasonable, based on the work we have found, to suggest that structures to support CALD mental health policy are weak. Data on the changing mental health and wellbeing of CALD communities is very rare. Governments need to prioritise full implementation of data collection standards pertaining to CALD populations.

This situation means that effective planning to meet the mental health needs of around 8 million CALD Australians is problematic. It is true that not all these people will have mental health needs. However, assuming that prevalence of mental health problems is consistent across CALD and non-CALD populations, some 1.6m CALD Australians will experience some kind of mental disorder each year. Given the size of this population, as well as the fact that the CALD population has already been identified as a priority in

More research is needed to understand the specific mental health needs of different CALD groups and how these needs are influenced by social determinants of health. Engaging with CALD communities in this research and in improved processes of data collection is crucial.

Our search did not attempt to assess how many CALD-specific mental health services were available. It is worth considering the development of a CALD mental health service map, revealing these locations, where there are gaps and assisting future planning.

CALD People in Australia

Data from the Australian Bureau of Statistics shows Australia as an ethnically diverse nation. In 2020, an estimated 3 in 10 (30%, or 7.7 million) people living in Australia were born overseas. According to the 2016 Census of Population and Housing, almost half (49%) of Australians had been born overseas or had one or both parents born overseas.

People from some culturally and linguistically diverse (CALD) backgrounds can face greater challenges when navigating the health-care system than people who do not identify as CALD. These can include language and cultural barriers, such as not knowing where to seek help or how to access services. Understanding patterns of disease within

CALD populations is important to being able to address the health needs of the CALD population in Australia.

A Note about CALD Data Collection

In Australia, collecting data on the health of Culturally and Linguistically Diverse (CALD) populations is complex and often inadequate. While the Australian Bureau of Statistics (ABS) has developed standards for collecting this data, they are not consistently implemented, leading to gaps in understanding of CALD health needs. This lack of data hinders targeted health responses and investment in culturally appropriate services.

The Australian Bureau of Statistics (ABS) recommends a standardised set of CALD measures for data collection. This minimum core set includes the following variables:

- Country of Birth (COB): Identifying the birthplace of study participants.
- Main Language Spoken at Home (other than English): Assessing language preferences.
- Proficiency in Spoken English: Evaluating language skills.
- Indigenous Status: Recognising Indigenous heritage.

These variables serve as the foundation for determining an individual's CALD status. Additionally, researchers may collect optional variables such as COB of parents and year of arrival, as suggested by ABS in the standards.

Although being born overseas is only one aspect of CALD, it is one for which the most information is collected and reported. The Australian Bureau of Statistics compiles and reports information on overseas migration annually using data sourced from the Department of Home Affairs. Other information on the CALD population is sourced from the 5-yearly Census of Population and Housing.

Despite ABS recommendations, health datasets often omit certain CALD variables. Researchers may exclude variables that seem irrelevant or unnecessary for their specific study. Consequently, this approach leads to inconsistencies in CALD data collection across epidemiological studies and routinely collected datasets.

The use of linked data, which combines information from different datasets, is showing promise in overcoming some of the limitations of individual datasets. For example, the Multi-Agency Data Integration Project (MADIP) combines data from the Census, Medicare Benefits Schedule (MBS), and Pharmaceutical Benefits Scheme (PBS). The 2021 Census included a new question on long-term health conditions, allowing for analysis of chronic conditions among CALD populations based on factors like country of birth, language spoken at home, and English proficiency.

Unfortunately, currently many datasets in Australia do not collect any information on CALD populations, or they only collect information on one aspect of cultural or linguistic background.

The lack of data is a serious impediment to effective policy making, research, evaluation and systemic quality improvement.

A Note about Diversity

The term "CALD" can encompass various factors like country of birth, ancestry, language, and religion. However, it is also important to understand that CALD groups are not homogenous but contain differences, nuances and diversity in themselves. In using the term CALD, it is important to recognise this diversity and avoid generalizations.

It is also worth noting that of the policies and plans we have identified, it is rare to see specific reference to CALD issues alone. Rather, contemporary policies and plans often tend to use the term 'diversity' as an umbrella, covering indigenous, gender, sexuality and cultural issues and other groups. For example, the current Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan recommends that:

Service models must respond to the unique needs of people and the diverse Experiences and circumstances that drive those needs, including age, gender, sexuality, culture and neurodiversity.

This lumping together of sections of the community representing diversity risks failing to see important distinctions between them and failing to understand the resources required to meet their specific and different needs.

Key Issues Arising from this Search

What is a policy?

Perhaps this is obvious but governments develop policies and plans to take action on their intent, to achieve what they set out to do. The [Australian Policy Cycle](#) sets out several steps involved in policymaking, as follows:



Governments (and other organisations) often develop policies to organise how they wish to address key problems, or achieve desired change.

As stated, CALD mental health issues were mentioned back in 1992, at the very start of Australia's National Mental Health Strategy.

Bridgman and Davis (2018)

Policies at this level could expect to include some statement of the problem or issue, an estimation of the impact of the problem or statistical data to support or justify action, some listing of key actions to be taken and some indication as to how progress would be evaluated or assessed.

CALD Policies and Plans

By this quite broad definition of policymaking, it is reasonable to suggest that Australia lacks any overarching or national policy in relation to the mental health of CALD communities.

Oddly, while many existing policies, plans or reports make reference to some specific 'vulnerability' of these communities in relation to mental illness, very few provide much, if any, data justifying this claim.

FECCEA (2018) has [brought together some data](#), including that:

- Generally immigrants, refugees and asylum seekers have lower rates of mental health service utilisation than the Australian-born population.
- People from CALD backgrounds are overrepresented in involuntary admissions and acute inpatient units and are more likely to be exposed to quality and safety risks.
- Suicide rates for first generation immigrants generally reflect the rates in their country of birth while the rates for subsequent generations of immigrants tend to become more reflective of the rates for the Australian population.
- Refugees and asylum seekers are at greater risk of developing mental health problems and suicidal behaviours than the general Australian population. Prolonged detention is associated with poorer mental health in asylum seekers, particularly among children.

However, from a policymaking perspective, this kind of information rarely appears and has not been augmented in most current strategies or plans.

We could not find any policy or strategy that provided a clear articulation of measurable goals or targets in relation to CALD mental health care. The Bilateral Agreements on Mental Health and Suicide Prevention, signed between the Federal Government and each state/territory, contain few CALD specific actions. [Queensland's bilateral](#) provides that the Federal Government will fund early intervention programs, some of which may be directed towards “multicultural and refugees”. [The Victorian bilateral](#) promises to ensure the cultural appropriateness of the Distress Intervention Trial Program.

Failure to follow a policy cycle such as described above in relation to CALD mental health risks leaves large population at risk of underservice, perpetuating the vulnerabilities of these communities to mental illness and suicidality.

In Lieu of Policy

Based on our analysis, it often appears that in lieu of mental health specific CALD policies, organisations have tended to focus much more on the establishment of frameworks or guidelines aimed at making mental health services and programs more culturally appropriate. The national Embrace program is the clear example here, but there are others listed at Attachment A.

These kinds of frameworks include translated material for both community leaders aimed at awareness raising, dealing with stigma and promoting helpseeking. Material aimed at service providers focuses on increasing the cultural safety and appropriateness of mental health care.

This kind of practical action is both desirable and laudable. However, it does not represent the kind of systemic goal setting and quality improvement which is the aim of effective policy-making.

Useful Recommendations

Given the relative lack of CALD mental health-specific policy, another avenue for research to drive change is often statutory or parliamentary inquiries, such as those conducted by parliamentary committees or offices such as Auditors General or the Productivity Commission.

For example, below is an extract from a 2022 Queensland Parliamentary Inquiry into mental health. While this Inquiry covered all of mental health, not just CALD issues, specific findings and recommendations were made, as follows:

Committee comment

The committee acknowledges that people from CALD backgrounds are at risk of poorer mental health which can be exacerbated by disadvantages that are associated with language and cultural barriers, including housing stress, unemployment or insecure employment.³⁶⁷

The committee notes the high prevalence of significant trauma experienced by people from CALD backgrounds related to their migration journeys which can be compounded by post-settlement stressors.³⁶⁸ This trauma can be associated with a reluctance to engage with government services.³⁶⁹

The committee notes the work of the Queensland Transcultural Mental Health Centre and has heard evidence that this service could benefit from expansion. It is the committee's view that there is a need to better support people from CALD backgrounds to ensure they are connected with culturally appropriate services that meet their mental health and wellbeing needs.

Recommendation 10 – Improve health data for people from culturally and linguistically diverse communities

The committee recommends the Queensland Government re-convenes data roundtables with the World Wellness Group and other key stakeholders to capture health data for culturally and linguistically diverse communities to inform public health service delivery.

Recommendation 11 – State-wide service to support the health and wellbeing of people from culturally and linguistically diverse backgrounds

The committee recommends the Queensland Government reviews existing culturally and linguistically diverse health and wellbeing services, identifies opportunities for improvement and expands or establishes these services across the state to provide more support to culturally and linguistically diverse communities.

Another salient example of this kind of statutory inquiry is the recent [review](#) by the Productivity Commission into the Bilateral Agreements on Mental Health and Suicide Prevention signed by the Federal Government with each State and Territory. The Commission's Interim Report makes several references to the need for better planning and accountability in relation to CALD communities however no specific recommendations are made. This is in contrast to the report's devotion of a whole section to improving data collection and accountability in relation to Aboriginal and Torres Strait Islander mental health issues. In doing so, the report was able to draw on mechanisms established under the Closing the Gap accountability process. The final report of the Commission represents an opportunity to articulate and address the existing gap in relation to CALD issues.

Parliamentary and statutory inquiries can help drive and shape government policy. However, and as has been [recorded elsewhere](#), myriad recommendations from the many statutory inquiries and reports into mental health fail to be implemented. Opportunities for change and improvement are missed.

Other Documents

If national and state policy-making is hard to see, there has been some focus on CALD mental health at the regional level, where PHNs have produced material to guide their engagement with these communities. Borne out of Federal-funding directing PHNs to CALD populations as a priority area, they have developed some useful tools and frameworks (listed as part of Attachment A).

The 2024 PHN Multicultural Health

Framework for example includes a clear aim, principles and some objectives across five action areas. This Framework draws on earlier work both from within the CALD community and from the Australian Safety and Quality Commission.

This PHN work may be useful though it should be remembered that overall, PHNs account for quite a small fraction of total mental health spending, around 10%.

The National Disability Insurance Scheme (NDIS) is a much larger new funder of mental health care. The [NDIS provides \\$4.25bn](#) for psychosocial support services to just over 62,000 Australians, many of whom would be from CALD communities.

The NDIS has developed a [Cultural and Linguistic Diversity Strategy](#) designed to make it easier for CALD communities to participate in the Scheme. This Strategy highlights the need for better data to reflect the CALD NDIS experience.

Attachment A includes an assortment of other useful CALD material, for example the Australian Government's Multicultural Access and Equity Assessment Tool, designed to evaluate and improve the responsiveness of agencies to the needs of CALD communities.

Of the states and territories, it appears only WA has produced a CALD-specific multicultural mental health plan, with its Mental Health Commission producing a paper in 2022 which included a Charter, a Vision and several actions listed under three policy priority areas. This plan lapses in 2025. Other jurisdictions typically refer to CALD mental health as part of general health strategies and plans.

Recommendation 34 of the [Victorian Royal Commission](#) focused specifically in identifying issues and improving the experience of mental health care for diverse and CALD communities.

The Transcultural Mental Health Centres, where they exist, offer a rich repository of expertise, resources and links to CALD communities. However, these Centre have been [under pressure](#) for some time. They are largely focused with statewide service provision not with policy development.

Conclusion

This search quite quickly yielded a fair-sized library of CALD or mental health material. Documents specifically combining these two elements were rare. Documents with real data even rarer and policies and strategies rarer still.

Given the scale of the population and the prevalence of mental illness across the Australian community, the absence of CALD-specific mental health policies and plans is striking.

The mental health and wellbeing of CALD communities across Australia is surely one of the most significant gaps and pressing issues for the next round of national mental health reform.

Attachment A - Summary of policies, strategies and inquiries that address mental health in CALD communities, 2012-2025

This table provides a summary and links to the papers, policies and other documents found across Australia's nine jurisdictions. Some of these papers mention CALD issues as part of a more general focus on mental health, others are specifically targeting CALD communities.

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
NATIONAL					
PHN Multicultural Health Framework, February 2024	Ongoing	To improve health and wellbeing outcomes and experiences for multicultural communities across all Primary Health Network (PHN) regions.	Y	N	View Framework
Embrace Multicultural Mental Health	Ongoing	To strengthen the cultural responsiveness and inclusivity of Australia's mental health and suicide prevention services. To provide multicultural communities with access to resources, links to services and translated information on mental health.	Y	Y	View Framework
Multicultural Access and Equity Assessment Tool	Ongoing	Aiming to ensure that Australian Government programmes and services meet the needs of all Australians, regardless of their cultural and linguistic backgrounds. It seeks to remove barriers that people from different cultural and linguistic backgrounds can face in accessing government services and getting fair outcomes.	Y	N	View Tool

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
National Safety and Quality Health Service Standards: User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds, August 2021	Ongoing	This User Guide focuses on five actions from the NSQHS standards where specific efforts are required to meet the health care needs of people from migrant and refugee backgrounds.	Y	N	View Guide
Good Practice Approaches in Facilitating Primary Health Care Delivery to Migrants and Refugees: The Role of Primary Health Networks, September 2017	Ongoing	This report was prepared by the Secretariat of the Migrant and Refugee Women’s Health Partnership identifying good practice that supports cultural capability in health care and the provision of culturally appropriate care to migrants and refugees, with a particular focus on women.	Y	N	View Report
Australian Institute of Health and Welfare: Culturally and linguistically diverse Australians	Ongoing	AIHW provide core reports and other products with information about people from CALD backgrounds where data permits, e.g. use of hospital services, social determinants of CALD populations etc.	Y	N	View Data
NDIS Cultural and Linguistic Diversity Strategy	2024-2028	The Strategy aims to make it easier for CALD communities to participate in the NDIS; to improve how NDIS plans reflect the needs of CALD participants; and to improve the overall NDIS experience for CALD participants.	Y	N	View Strategy

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
5 th National Mental Health and Suicide Prevention Plan	2017-22	The last of its kind, with Australian national mental health reform having commenced in 1992 with a National Policy and then a succession of five-year plans beginning in 1993. This Plan made very significant reference to issues of culture, though almost exclusively as it pertains to Aboriginal and Torres Strait Islander mental health issues, rather than the multicultural community.	N	Y	View Plan
Fifth National Mental Health and Suicide Prevention Plan, 2021: Performance Indicators	2021	An agreed set of around 50 indicators reported nationally under the 5 th Plan. None referred to the experience of mental illness among CALD populations.	N	Y	View indicators
MHiMA Framework in Multicultural Australia: Towards culturally inclusive service delivery	2014	Developed to help services evaluate their cultural responsiveness and develop action plans to enhance their delivery of services to CALD communities as part of core business. Organisations develop and implement an action plan at their own pace and they can re-assess their progress at any stage using the Organisational Cultural Responsiveness Assessment Scale (OCRAS)	Y	Y	View Framework

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Bilateral Agreements on Mental Health and Suicide Prevention	2022-30 June 2026	<p>Federal government agreements will each state and territory, replacing the national strategy approach which had existed from 1992. Following on from the 2021-22 Federal Budget, these agreements laid out which investments were to be made by the respective governments in each jurisdiction. There are few if any specific investments directed towards CALD communities in these agreements, though all eight bilateral agreements include the following wording:</p> <p><i>18. The Parties agree that implementation of this Schedule will...ensure the particular needs of vulnerable population groups, including people in rural and remote locations, Aboriginal and Torres Strait Islander people, LGBTQ+ people and culturally and linguistically diverse communities, are addressed and services delivered in a culturally appropriate manner.</i></p> <p>Two specific CALD initiatives identified across these 8 Agreements were as follows:</p> <ul style="list-style-type: none"> a) Under the Queensland bilateral, the Federal Government agrees to provide funding to Queensland to deliver a range of early intervention community support programs in key areas including for perinatal mental health, family support, multicultural and refugees, eating disorders, and Clubhouses. b) The Victorian bilateral promises to ensure the cultural appropriateness of the Distress Intervention Trial Program. 	N	Y	View Agreements

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Access and equity in the context of the National Disability Insurance Scheme: Federation of Ethnic Communities' Councils of Australia (FECCA)	2015	FECCA recommends several broad actions as appropriate pathways for ensuring the equity of access and equity of experience with regards to the NDIS for people from CALD backgrounds, with a view to maximising their ability to participate fully in social, economic and cultural life.	Y	N	View Paper
Productivity Commission Inquiry into Mental Health	2020	Statutory exploration of mental health system reform options. The report listed CALD communities as “vulnerable” to suicide (p.420). It also canvassed the barriers experienced by help seekers and addressed the need for workforce competencies. No CALD specific recommendations were made.	N	Y	View Inquiry
Productivity Commission Interim Report, Review Mental Health and Suicide Prevention Bilateral Agreements	2025	There was a total of 274 submissions made to the Commission for this Review, of which 15 were from CALD groups. The Interim Report makes several references to these submissions, including in relation to improving in processes of co-design, to build trust and improve effectiveness of these kinds of Agreements among CALD communities.	N	Y	Read Report
Vision for Older CALD Australians: FECCA	2020	A framework for older CALD Australians that covers five broad action areas: Policy and Advocacy; Awareness Raising; Capacity Building; Leadership and Representation; and Partnerships.	Y	N	View Report
Review of Australian Research on Older People from Culturally and Linguistically Diverse Backgrounds, March 2015	2015	Consultations with CALD communities and service providers on ageing and aged care for older CALD Australians; and annual consultations on equitable access to, and experience of, government services and supports under the Multicultural Access and Equity Framework.	Y	N	View Review

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Actions to Support Older CALD People: a Guide for Aged Care Providers	2019	Federal Department of Health report into actions developed to inform everyone involved in aged care about the needs of older people from Culturally and Linguistically Diverse (CALD) backgrounds. The information is based on feedback through consultations with consumers, their families, carers, representatives and aged care providers.	Y	N	View paper
Gambling in culturally and linguistically diverse communities in Australia: Australian Gambling Research Centre discussion paper	2016	The evidence base about gambling within many Western cultures, including Australia, is now quite large and it suggests that gambling is a prevalent and culturally accepted activity in Australian culture as elsewhere. However, the evidence base about gambling in culturally and linguistically diverse (CALD) communities living in Australia, and other Western nations, remains limited. This paper examines the available literature about gambling participation within culturally and linguistically diverse (CALD) communities in Australia.	Y	N	View Paper
How the experiences and circumstances of culturally and linguistically diverse children and families influence child mental health. National Workforce Centre for Child Mental Health	2022	This resource draws from both Australian research and stakeholder consultations to explore the experiences and circumstances that contribute to child mental health outcomes and service access in CALD communities. It also provides practice ideas to consider when working with children and families from CALD backgrounds	Y	Y	View Resource
National Preventive Health Strategy	2021-2030	This plan recognises that health inequities can be particularly experienced by certain groups, including CALD communities. It places great store on partnerships and community engagement to surmount these inequities.	N	N	View Plan

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Reporting on the health of culturally and linguistically diverse populations in Australia: An exploratory paper. Australian Institute of Health and Welfare	2022	An overall examination of the current issues and challenges facing CALD health reporting, including demonstrating the use of some linked data to surmount these issues. Limitations with this approach are also canvassed.	Y	N	View Paper
NSW					
Strategic Plan for Multicultural NSW	2025-	New plan under development, consultations occurring statewide in June and July 2025.	Y	N	View Plan
Multicultural Policies and Services Program (MPSP)	Ongoing	NSW Government Framework consisting of Four Focus Areas: Service Delivery, Planning, Leadership and Engagement. There are nine outcomes in which agencies develop a set of specific targets against agreed focus areas. All agencies must prepare a multicultural plan incorporating the four Focus Areas and nine Outcomes, and report publicly on progress through agencies' annual reports.	Y	N	View Program
NSW Plan for Healthy Culturally and Linguistically Diverse Communities	2019-2023	Aims to improve systems and processes to promote better health for NSW residents from culturally and linguistically diverse backgrounds.	Y	N	View Plan
NSW Transcultural Mental Health Centre	Ongoing	Works with health professionals and communities across New South Wales to support positive mental health for people from culturally and linguistically diverse communities.	Y	Y	View Site

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
NSW Parliamentary Inquiry into CALD Crisis Communications	2023	Government response to this Inquiry drew on experiences arising during the pandemic, among others. It made several recommendations, including in relation to building or reinforcing networks, co-design, consultation and other matters.	Y	N	View Response
NSW Community Mental Health Services Priority Issues Paper. NSW Ministry of Health	December 2023	Sets platform for reform of community mental health services, referred to as part of NSW Mental Health Commission's current strategic planning process. No explicit mention of CALD communities is made.	Y	N	View Paper
VICTORIA					
Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability	2021	Issues Paper: The experiences of culturally and linguistically diverse people with disability Issues paper. The purpose of this paper was to invite the public to share information with the Commission so they might better understand violence against, and abuse, neglect, and exploitation of, people with disability from culturally and linguistically diverse background.	Y	Y	View Paper

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Diverse Communities Framework and Blueprint for Action. Victoria Department of Health	2023	The May 2023 Engage Victoria engagement process found the mental health system is not responsive to the needs of Victoria's multicultural, LGBTIQ+ and disability communities. In response, the Victorian Government developed a Diverse Communities Mental Health and Wellbeing Framework. The report highlights the importance of CALD communities in Victoria (50% of the population). The main areas outlined in the report are: 7.6 Services that lack inclusiveness ; 7.6.2 Stigma can deter help seeking; 7.6.3 Lack of accessible information (including difficulties in navigating the system); 8.5.2 Cultural and social inclusiveness; 11.1.4 Disproportionate impacts of MH problems in culturally diverse groups.	Y	Y	View Framework
An Integrated Approach to Diversity Equity and Inclusion in Mental Health Service Provision in Victoria: A Position Paper. Victorian Transcultural Mental Health	2021	This position paper proposes a high-level and integrated strategic approach that addresses Victoria's mental healthcare system as a whole, and outlines Victorian Transcultural Mental Health's (VTMH) strategy for engaging governments, lead agencies, service providers, and communities to embed diversity equity and inclusion (DEI) principles into mental health care, access and practice.	Y	Y	View Paper
Mental health impacts of racial discrimination in Victorian culturally and linguistically diverse communities. Victoria Health	2012	This research was conducted at the beginning of the LEAD program to ascertain the level of racism and its impacts on the mental health of CALD Victorians in these local government areas.	Y	Y	View Survey

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Briefing paper The impact of the COVID-19 pandemic on delivery of services to CALD communities in Australia. Deakin University	2021	<p>The pandemic exacerbated fault lines along social, economic and ethnicity divides and has uncovered structurally entrenched inequalities within and across societies. This policy briefing paper was developed as part of an Australian Research Linkage Project on mapping social services in multicultural communities, where one of its key objectives was to understand the experiences of service delivery and provision modes to culturally and linguistically diverse (CALD) communities in the areas of health, housing and employment (and job training) at different temporal junctures along their settlement journey.</p> <p>The paper makes the following policy recommendations:</p> <ul style="list-style-type: none"> • Improve access to online services • Increase number of bicultural workers • Reduce gaps in CALD data collection 	Y	N	View Paper
Engaging Culturally and Linguistically Diverse (CALD) communities in parliamentary inquiries, Research Paper Parliamentary Library and Information Service (Vic)	2018	Exploration of barriers and issues affecting CALD participation in parliamentary and related inquiries.	Y	N	View Report

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
QUEENSLAND					
Better Care Together	2022–2027	Strategic directions for state-funded mental health, alcohol, and other drug services, aiming to improve healthcare outcomes.	N	Y	View Strategy
Queensland Corrective Services Mental Health Strategy	2022–2027	The aim of the Strategy is to guide QCS from its current state to a desired end state in which people in our custody and care living with mental ill health are identified and assessed early, treated with dignity and respect, and have access to the supports and services they need.	N	Y	View Strategy
Achieving Balance: The Queensland Alcohol and Other Drugs Plan	2022–2027	Prevention and reduction of problematic alcohol and drug use through prevention, treatment, and recovery initiatives.	N	N	View Plan
Qld Parliament, Report No. 1, 57th Parliament	June 2022	Inquiry into the opportunities to improve mental health outcomes for Queenslanders. The Report acknowledges that “people from CALD backgrounds in Queensland, including refugees and people seeking asylum, are particularly vulnerable to poor mental health outcomes”. The Report also records the paucity of CALD data.	N	Y	View Inquiry
Every Life: The Queensland Suicide Prevention Plan	2019–2029	A whole-of-government approach to suicide prevention, promoting mental wellbeing and community resilience. This Plan notes vulnerability to suicide affecting CALD communities, particularly refugees and asylum seekers. It recommends strong partnerships with CALD groups to underpin prevention programs.	N	Y	View Plan
Mental Health and Wellbeing Strategy (Consultation Draft)	2024–2029	A population-based approach to mental health, emphasizing collective, community, and individual wellbeing. This Draft Strategy alludes to the need to respond to diversity in the Qld community.	N	Y	View Draft
Queensland Trauma Strategy	2024–2029	A whole-of-government, whole-of-community approach for integrating trauma-informed practice across Queensland.	N	N	View Strategy

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Media announcement of Inquiry into the Child Safety System	2025–Ongoing	Judicial-style inquiry into systemic failures within Queensland's child safety system, focusing on the care of vulnerable children.	N	N	View Article
Culturally and Linguistically Diverse (CALD) Review	2023	Identified barriers to mental health, alcohol, and other drug (MHAOD) services for CALD communities and recommended actions to improve service accessibility and cultural responsiveness. Some of these recommendations were about culturally appropriate services, others were about building more CALD resources into the MHAOD workforce.	Y	Y	View Review
Queensland Multicultural Policy: 'Our story, our future'	Ongoing	Promotes an inclusive and harmonious community, with action plans focusing on culturally responsive government services, including mental health initiatives.	Y	N	View Policy
Queensland Multicultural Health Policy and Action Plan	2022–2027	Aims to improve health outcomes for CALD populations through dedicated funding, workforce development, and culturally appropriate services.	Y	N	View Plan
Shifting Minds: The Queensland Mental Health, Alcohol and Other Drugs, and Suicide Prevention Strategic Plan	2023–2028	Provides a whole-of-government approach to improving mental health and wellbeing, with considerations for CALD communities. Priority Action 30 states: <i>Explore and expand service models that seek to address health inequity, including for people from culturally and linguistically diverse backgrounds, LGBTIQ+ people and in rural and remote areas.</i>	N	Y	View Plan
Queensland Transcultural Mental Health Centre (QTMHC)	Ongoing	Provides culturally responsive mental health care and support to CALD individuals and communities across Queensland.	Y	Y	View Centre
CALD Suicide Prevention Project	Ongoing	Develops resources and strategies to prevent suicide within CALD communities, emphasizing culturally appropriate interventions.	Y	Y	View Project

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
CALD Data Report	2016–2020	Analysed health disparities among CALD populations in Queensland to inform policy and service delivery improvements.	Y	N	View Report
Mental Health Lived Experience Peak Queensland Submission to the Queensland Parliament Mental Health Select Committee	February 2022	This submission included explicit reference to the need to properly understand and respond to the mental health needs of CALD populations, including through the establishment of CALD-specific peer workforces.	N	Y	View Submission
WESTERN AUSTRALIA					
Homelessness in culturally and linguistically diverse populations in Western Australia. Department of Communities (WA)	2019	This paper considers limitations in existing data sets but builds picture of homelessness and related issues affecting CALD communities in WA.	Y	N	View Report
Multicultural Plan. West Australian Mental Health Commission	2022-25	This Plan contains a vision for multiculturalism in WA, supported by three identified policy priorities: <ol style="list-style-type: none"> 1. Harmonious and Inclusive Communities 2. Culturally responsive policies, programs and services 3. Economic, social, cultural, civic and political participation 	Y	N	View Plan

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
WA Health Multicultural Health Initiatives	2015	A mapping of multicultural health initiatives undertaken by the Cultural Diversity Unit to identify health policies, programs and services offered by the WA Health system that directly address or are inclusive of the health needs of Western Australians from culturally and linguistically diverse backgrounds (CaLD).	Y	N	View Report
SOUTH AUSTRALIA					
Mental Health Services Plan	2020-2025	This broad mental health plan acknowledged the need to address cultural issues associated with stigma and discrimination in order to promote help-seeking that is not crisis-driven. The Plan quoted Minas (2013) in suggesting that CALD people often have low health literacy that impacts on their understanding of mental health issues and access to appropriate services. It The Plan called for services to provide culturally appropriate care that meets the diverse needs of CALD people.	N	Y	View Plan
TASMANIA					
Rethink 2020: A State Plan for Mental Health in Tasmania	2020–2025	Person-centred care and integration across services. CALD population noted as priority group though no specific actions are noted.	N	Y	View Plan

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
Rethink 2020 Implementation Plans	2021–2025	Yearly actions for Rethink 2020 implementation. One key action under the <i>Reform Direction 7: Responding to the needs of specific population groups</i> is to “Explore and develop ways to increase community awareness and understanding of virtual mental health support services, including mapping where these supports fit in the continuum of care and how we can measure increased uptake.” Several actions are directed toward Indigenous and LGBTQI groups. In relation to CALD communities, the only reference relates to the application of the EMBRACE framework.	N	Y	View Plan
Tasmanian Suicide Prevention Strategy	2023–2027	This Strategy suggests it builds on existing work, including “ <i>delivering early intervention programs for people in remote and rural parts of the state, as well as people from culturally and linguistically diverse backgrounds.</i> ” It reaffirms CALD groups as priority populations for “compassionate and connected services.” It suggests using ‘co-design’ as a way to connect to these groups.	N	Y	View Strategy
Embracing Diversity, Fostering Belonging: Tasmanian Multicultural Policy and Action Plan	2025-2029	Outlines commitments to improving access to culturally appropriate mental health services. Nine key actions are set out, including to improve representation of CALD issues to government, better data collection and cultural safety of government services.	Y	N	View Plan

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
ACT					
Charter for Multiculturalism	Ongoing	The ACT Multiculturalism Act (2023): establishes a Charter for Multiculturalism - the Charter sets out principles for supporting diversity, inclusion and belonging. It will guide the government when developing, delivering and evaluating policies, programs and services, formalises the Ministerial Advisory Council for Multiculturalism and requires ACT Government agencies to report on how they are promoting and implementing the Act.	Y	N	View Charter
ACT Wellbeing Framework	Ongoing	The ACT Wellbeing Framework provides high-level indicator outcomes for Canberra. The Framework currently reports diversity in the ACT Public Service and the SEIFI index of social disadvantage.	N	N	View Framework
ACT Health Services Plan	2022-30	Plan aims to address underrepresentation of Culturally and Linguistically Diverse peoples in the public health system in collaboration with key stakeholders including: <ul style="list-style-type: none"> • development of an ACT Health Directorate Languages Services Plan • report on work undertaken by the ACT Health Directorate with recommendations to Government for future consideration 	N	N	View Plan
ACT Health Directorate Language Services Plan		Explaining how the Directorate will deliver on the ACT Government's commitments to people who have limited English proficiency, and the actions it is taking and will take to fulfil its responsibilities under the ACT Language Services Policy.	Y	N	View Plan

Title	Duration	Focus	Specific?		Link
			To CALD	To MH	
ACT Multicultural Framework	2015-2020	Guidance to assist ACT Government agencies to: 1. effectively deliver their services to people from culturally and linguistically diverse backgrounds; 2. promote, through their respective programs and activities, an inclusive and harmonious community; and 3. provide genuine opportunities to assist Canberrans to reach their full potential.	Y	N	View Framework
NORTHERN TERRITORY					
NT Mental Health Strategic Plan	2019–2025	Makes reference to importance of recognising and responding to diversity, including CALD populations. No specific actions identified.	N	Y	View Plan
NT Mental Health Coalition Strategic Plan	2024–2029	This is the Plan devised by the community sector peak body for its future.	N	Y	View Plan
NT Suicide Prevention Implementation Plan	2023–2028	Actions for suicide prevention targeting priority groups. Specific mention made of diversity.	N	Y	View Plan
NT Mental Health and Suicide Prevention Foundation Plan	2021–2022	Service integration and workforce development. Impact of diversity on experiences of racism etc are acknowledged.	N	Y	View Plan

References

RELEVANT PAPERS

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- Program of Assistance for Survivors of Torture and Trauma (PASTT)
- Monash Health Refugee Health & Wellbeing program
- Victorian Refugee Health Network.
- Foundation House Victoria <https://foundationhouse.org.au/>