



UNSW
SYDNEY

Australia's
Global
University

Centre for Primary Health Care and Equity



SESLHD Mongolian Community Needs and Assets Assessment Report 2022



Health
South Eastern Sydney
Local Health District

This report was prepared for Multicultural Health Service (MHS), South Eastern Sydney Local Health District (SESLHD) in 2022.

Project contacts

Research consultant

Dr Cathy O’Callaghan, Research Fellow, Centre for Primary Health Care and Equity (CPHCE), University of New South Wales (UNSW)

Project managers

Ms Lisa Woodland, Manager, Priority Populations Unit, SESLHD

Ms Joanne Corcoran, Manager, Multicultural Health Service (MHS), SESLHD

Ms Gaya Dharmagesan, Multicultural Health Projects Officer, MHS, SESLHD

Ms Khanddorj Uranchimeg (Hannah), Bilingual Research Assistant (BRA), MHS, SESLHD

Ms Milica Mihajlovic, Program Manager, Multicultural Health Service, MHS, SESLHD

Acknowledgements

Thank you to all who have participated in the project including the Steering Committee members, Mongolian community workers, and Mongolian community members. Thanks also to Vesna Dragoje from Sydney Health Care Interpreter Service.

About CPHCE and SESLHD

CPHCE is a research centre within the Faculty of Medicine, UNSW Sydney that has undertaken primary health care research in health equity since 1996. SESLHD is a statutory authority responsible for 8 public hospitals and a range of community-based health services covering a culturally and linguistically diverse population of over 830,000 people.

Contents

Executive Summary.....	4
Background	5
Methodology.....	6
Findings	7
3.1 Accessing health care.....	7
3.2 Language support	9
3.3 Maternal, Child and Family health.....	13
3.4 Emotional well-being and mental health.....	17
3.5 Women’s Health	19
3.6 Hepatitis testing and treatment	21
3.7 Other health concerns: work related injuries and environmental irritants	22
Summary of recommendations	23
References	25
Appendix 1: Consultation with community workers	26
Appendix 2: Consultations with service providers	27
Appendix 3: Online survey with Mongolian community	28
Appendix 4: Focus groups with community	30
Appendix 5: Mongolian health translations	31
Appendix 6: Project Steering Committee	34

Executive Summary

The Mongolian community is a new and emerging community in South Eastern Sydney who have been identified as needing assistance since increased numbers were noted in the 2016 Census. The Multicultural Health Service in South Eastern Sydney Local Health District (SESLHD) commissioned the Centre for Primary Health Care and Equity (CPHCE) at UNSW to conduct a needs and assets assessment of the Mongolian community living in the SESLHD area in 2021. This report outlines the project background, aims, methodology, findings and recommendations.

The project assessed the needs and assets as well as the health literacy, health beliefs and cultural social issues affecting access to health care for the community. It involved gathering qualitative data including interviews with service providers, consultations with community workers and focus groups/surveys with the community (in Mongolian) with the support of a Bilingual Research Assistant (BRA).

Findings reveal a vibrant and resilient small community who have mainly come to Australia as international students and young families. They are highly skilled, tertiary educated residents who predominantly reported working in construction and service industries. During the COVID-19 pandemic they faced very challenging times. As international students to Australia, they are required to get health insurance to live in Australia and are therefore Medicare ineligible. This has meant barriers to accessing health care depending on costs and insurance eligibility. Other factors impacting on health care include a lack of infrastructure including insufficient interpreters and bilingual health professionals. This project identified that there are more interpreters being employed and growing support for the community. The community has shown strength managing with available affordable health care and assisting each other with English language support.

The research demonstrates the community are usually late presenters to maternity, early childhood and mental health services. Some hesitancy is drawn from fears of affecting visa status and the cost of accessing health services. Even using interpreters and discussing certain health conditions raised fears of stigma and potentially impacting on visas.

Recommendations for health care support to the community include increasing the understanding about:

- The Australian health care system including accessing general practitioners (GPs), specialists, women's health and sexual health clinics
- The cost of health services and eligibility with health insurance
- Early access to pregnancy, child and family, early childhood and mental health services
- Access to hepatitis screening and treatment
- Treating and minimising work-related injuries and environmental irritants.

Health service understanding of how to access and use interpreters for members of new and emerging communities such as the Mongolian community could also be enhanced.

This is a short-term project, and further work will be developed based on project findings. It reflects research conducted in SESLHD, but the findings may also affect service provision in other Local Health Districts and organisations such as Primary Health Networks who work with GPs.

Background

The Mongolian community were first identified as a new and emerging community in the 2016 Census and are predominantly located in South Eastern Sydney [1]. Of the 1,560 Mongolian population living in NSW, 974 live in the SESLHD area (ibid). This community was identified as the fastest growing in the area with a tenfold increase since the 2011 Census, while in Rockdale there has been a 25-fold increase in the same period [2]. The community have mixed English proficiency with 97% stating Mongolian as their preferred language at home with 98% literacy in this language. Most of the community are aged between 20-39 (ibid) and are predominantly international tertiary students with their partners and families. Most are young families with one or two children. As a recently arrived community, health concerns that are in Mongolia may affect this community in Australia including high rates of liver cancer, hepatitis and breast cancer [2, 3].

SESLHD work

The Mongolian community first came to the attention of SESLHD in a project to identify new and emerging communities in SESLHD in 2016 [4, 5]. Further investigations were undertaken to get additional information on what was a new community. This included reviewing data available within SESLHD, including analysing patients attending SESLHD facilities with preferred language of Mongolian and examining interpreter use statistics. In 2018 MHS in SESLHD conducted a consultation with Mongolian community workers and health services which raised the need for more interpreters and translators. Low socio-economic conditions and the high cost of housing were identified as barriers to seeking and accessing health services. High rates of hepatitis were also noted in this community [2].

As the community is predominantly of childbearing age, child and family issues were also raised including potential attachment issues with mothers sending children back to Mongolia and grandparents being primary caregivers to children while parents work and/or attend university/tertiary education. While the migration of grandparents has slowed with the COVID-19 pandemic, the community need for child and family support remains.

Initiatives in the District to support the community prior to this current project included promotion of women's health clinics; antenatal groups; and cancer screening programs [6]. During 2018-2020 key health activities were reflected in translated health resources concerning antenatal and early childhood; cervical screening; and COVID-19 (Appendix 5). The Cultural Support Program, an initiative shared with SESLHD, Sydney Local Health District (SLHD) and Central and Eastern Sydney Primary Health Network (CESPHN), recruited a number of Mongolian Cultural Support Workers (CSWs) including some participating in parts of this project. During the growth of the community, the Mongolian community organisation Aus-Mon Community Services and Development Inc. emerged as an important support organisation and a significant community asset. Support has included commitment from their executive and frequent use of their social media platforms to conduct research and publicise events. They have greatly contributed to this project and have provided information on health strategies and advice on the health issues experienced by the community including how these relate to health issues experienced in Mongolia.

Methodology

Aims

The project sought to gain a deeper understanding of the Mongolian community in South Eastern Sydney in relation to:

- their needs, assets (resources) and underlying cultural and social issues which interact with accessing health care
- their experiences of health care across the continuum of care
- the range of health literacy and health beliefs which interact with the provision of health care
- the range of health-related projects and initiatives that have been undertaken with and by the community to identify key success factors in improving health and well-being
- issues that intersect with the international student status of many in the community.

Research design

A needs assessment design takes a systematic evidence-informed approach to gather information from a range of sources including practical service expertise, current research and lived experience [7]. Rather than just focus on needs, assets are also addressed to build the capacity of the community to meet the identified needs [8]. A qualitative research design was conducted to fully understand the needs and assets of the community. A Research Consultant from CPHCE worked with MHS to coordinate the following:

- Consult with Mongolian community health workers to understand needs (Appendix 1)
- Undertake consultations with health services and key stakeholders in SESLHD to identify the perceived health needs and barriers in the community (Appendix 2)
- Work with a BRA to conduct consultations (surveys and focus groups) with the community in their own language (Appendix 3 and 4)
- Analyse a range of data sources to identify the health service usage and needs in the Mongolian community in South Eastern Sydney.
- Conduct a mapping exercise of current translated health resources (Appendix 5).

A Steering Committee consisting of representatives from various program areas in SESLHD and the BRA was established to oversee the project (Appendix 6). This Committee met regularly throughout the project and due to identified needs of the community, some projects were initiated as the project progressed.

Analysis

The transcripts from the health service consultations and report notes from the community survey and focus groups [9, 10] were analysed using an open coding approach. The codes were analysed further to identify broad themes based on study aims and patterns in the research [11, 12]. Findings were then presented to the Steering Committee and further refined to enhance validity and transparency.

Findings

The following health issues were raised through community worker consultations, Steering Committee meetings, service provider consultations, and survey and focus groups with the community. Priority areas of concern identified included: accessing health care; language support; maternal, child and family health; emotional well-being and mental health; hepatitis testing and treatment; women's health; and other health concerns such as work-related injuries and environmental irritants.

3.1 Accessing health care

The community and service providers highlighted barriers to accessing health care such as high costs and insurance eligibility combined with a lack of understanding of the health system in Australia. Avoiding costly health care sometimes meant seeking access to health care in other geographical areas which raised additional barriers. Community expectations also differed of what health services could be provided.

High cost of health care and health insurance complexities

Community worker consultations revealed more than 70% of the Mongolian population have come to Australia as international students on temporary visas so they are not eligible for Medicare. A requirement for entry for overseas students is Overseas Student Health Cover (OSHC). As the community continue to stay in Australia, they may switch from student visas to temporary work visas to reduce expenses. Most do not have scholarships to study and therefore pay their own fees. During the COVID-19 pandemic, many remained in Australia as Mongolia had closed its borders. Many experienced financial distress and may have lost work in Australia. The community were heavily affected with the stopping of construction and limits on hospitality and other industries. It was reported that some families were even keeping children home from school as they could not afford education.

In the community health survey conducted as part of this project, the highest barriers to accessing health care were cost followed by health insurance eligibility. Most participants (87%) have private health insurance (see Appendix 3). Major concerns in relation to health insurance include knowing what is covered and what requires additional expenditure.

The cost of the health service is very expensive; it tends to increase a lot more if I go to the specialist (Participant, Mongolian survey)

[I have] no knowledge or information about how much I can claim back with private insurance (Participant, Mongolian survey)

The community focus groups revealed uncertainty with private health care costs and difficulty paying upfront costs. Participants discussed not being able to get emergency services despite having full health insurance coverage. For example, one person reported he went to the hospital Emergency Department (ED) with a hurt finger but only had his insurance card with him. Unfortunately, the cashier at the hospital asked him to pay full costs first (consultation fee \$300, x-ray, other diagnosis, and treatment costs) and then asked him to claim the remaining money back through the health insurance company. As he came to the ED with no money, he returned home with a broken finger and received no

treatment. However, another community participant was satisfied with her ED experiences as she could pay the \$800 upfront fee then claim the money back.

The cost of insurance plans has also affected access to dental and optical health care. The cost of dental care was ranked as the highest health concern in the community survey. This has meant a lot of the community have dental checks when they go back to Mongolia during holidays. The cost of eye treatment combined with a lack of interpreters was reported to affect access to medical treatment for the husband of one of the participants in a focus group. It was reported by the participant that her husband, who suffers from a genetic eye condition, frequently needed to see an eye doctor at Sydney Eye Hospital. His treatment is not covered by his health insurance, and it was reported he also found health staff had difficulties in getting an interpreter and so he was frustrated about continuing his treatment and examination.

Access to General Practitioners (GPs), specialists, and hospitals

Limited and costly insurance plans affected the extent and type of primary health care sought and thus created further barriers to accessing health care. Some insurance plans did not cover ambulance and so the community often delayed seeking medical help. A lack of understanding of what was covered by insurance meant some hesitancy to go to the GP and access referrals to specialists. The community's choice of doctor was determined by cost and insurance payment systems rather than health need. This was demonstrated in the community survey which outlined that while most participants live in South Eastern Sydney, more than half see GPs outside this area such as Earlwood, Strathfield, Chatswood, Burwood, Canterbury, or Parramatta.

It's hard to find Bupa friendly specialised hospital or doctors (Participant, Mongolian survey)

Seems a bit complicated and hard to reach out to correct specialists (Participant, Mongolian survey)

Doctor examinations and tests covered by student health insurance are limited (Participant, Mongolian focus group)

The focus group consultations demonstrated the experiences the community had with GPs were mixed due to different expectations and understanding of the Australian health care system. While some people felt general practice provided excellent services as they used interpreters and assisted with follow up bookings, others had negative experiences. One person hurt her back and went to a general practice instead of the hospital. On that day she waited a long time, as the practice did not triage patients by need, nor did they refer her to x-ray or ultrasound. In other cases, some felt some GPs could not accurately diagnose their condition which made them hesitant to approach GPs, preferring to go to specialists. This indicated a lack of understanding of the health system and that GPs are the access point to see specialists as a referral is required.

It is difficult to transfer through the GP to access any health service. The GP just writes a reference letter and charges a consultation payment. There is not much information about how we can connect directly to specialised doctors.

(Participant, Mongolian survey)

While the community were reluctant to access GPs, there were people in the community who were doctors in Mongolia and who provide informal support to family and friends. Mongolian CSWs explained people often ask each other informally about the use of medication.

Experiences with hospitals were also mixed. The community described having difficulty accessing hospitals and understanding waiting lists. This revealed different understanding of the health system in Australia compared to the health system in Mongolia. The BRA also explained in Mongolia, you just get medicine and antibiotics from the pharmacy and without a prescription from a doctor.

*I don't have enough information; I do not know how I can receive health services
(Participant, Mongolian survey)*

*They know things are available, they just don't know how to get them ...what the pathway is ... So, they don't know where they should go to get referrals
(Family Support and Development Worker)*

Recommendations

1. *Increase the community's understanding of the Australian health care system and how to access doctors, specialists and emergency care.*
2. *Increase the community understanding of services covered by private health insurance schemes such as Overseas Student Health Cover – information should be obtained from their insurance company and for their individual policies.*

3.2 Language support

There was a high need for interpreting services, but a lack of access meant people often managed without an interpreter or used other community members. The SESLHD preferred provider is the Sydney Health Care Interpreter Service (SHCIS) with a backup service provided from the Translating and Interpreting Service TIS National (TIS). GPs and specialists are eligible to use free interpreting services through the Doctors Priority Line via TIS. However, the patient/client must be eligible for Medicare for use of the Doctors Priority Line; a barrier for people from the Mongolian community who are not eligible for Medicare.

Need for language assistance

Although most of the Mongolian community have come to Australia as international students and have basic English proficiency, they may lack the required vocabulary to discuss health issues, and so struggle to communicate with health professionals. Family members may not have any English proficiency and also need interpreter services.

Health service experiences

At SHCIS there is currently only one face-to-face Mongolian interpreter and five phone contract interpreters. In addition to this service, TIS has two Mongolian interpreters. As TIS interpreters are employed as contractors, they are not logged onto the system all the time, so they are often unavailable and can only 'pick up' calls if they are online. SHCIS

interpreters have also been re-deployed to assist with COVID-19 vaccination clinics which affects their availability.

In the project consultations, the community workers and service providers highlighted there are a lack of interpreters when accessing health services. A review of SHCIS interpreter data confirmed a high demand for Mongolian language interpreters which could not be adequately met. Interpreter usage occurred (in decreasing order) at St George Hospital (SGH), Royal Hospital for Women (RHW), Population and Community Health, Prince of Wales Hospital (POWH), Sydney/Sydney Eye Hospital (SSEH) and in Mental Health reflecting the location and demand of the community. Consultations with different SESLHD departments confirmed a need for more interpreters.

- In Maternity, SHCIS interpreter service appointment data showed there has been an increasing demand for Mongolian interpreters which has not been adequately filled. Some providers explained that this unmet need for interpreters has meant barriers to good antenatal care.
- In the St George Hospital Liver Clinic, service providers stated there was poor interpreter access and no confirmation of bookings of Mongolian interpreters. On investigation, the SHCIS identified that no appointment bookings have been made for Mongolian interpreters through SHCIS from July 2020 until the end of October 2021, but the bookings may have been made for TIS. Use of interpreters via telehealth (over the phone) during the COVID-19 pandemic was very difficult to negotiate for both staff and patients.
- In Mental Health acute care, access to interpreters was reported to be the most challenging aspect of providing care. Patients often try to express themselves in English but do not have the required vocabulary and often use family members or friends to aid in communication. The need for interpreters is high as loss of English proficiency can occur when distressed. Despite these needs, clinicians reported that there may be community resistance to using interpreters due to stigma and confidentiality in a small community. A lack of interpreters in the past has affected health outcomes, where health professionals and the patient have continued with an appointment but without the support of a professional interpreter. However, when an interpreter was used, service providers perceived better health outcomes. Even with an interpreter, there may be different understandings of mental health issues by patients as there are no direct translations for some mental health concerns. Clinicians also reported the understanding of mental health issues by Mongolian interpreters seemed uncertain.
- In Child, Youth and Family Services (CY&FS), Child and Family Health Nurses have had good experiences with interpreters both face to face and during telehealth with families who were technologically proficient. For group information sessions, an interpreter was often not available and community workers were often used to provide communication assistance.

[The community] would rely on each other a lot. The one member of the

community who did speak English, you'd find [that person] around everywhere. Every family would speak with them (Child Development Worker).

- In Women's Health, nurses reported some difficulties in contacting women who required the support of an interpreter to organise appointments. Several women were lost to follow up because they were unable to be contacted and did not return the Women's Health Nurses call. The Women's Health Nurses report they were able to successfully engage with women during appointments when an interpreter was used.

Community access to language support

Community consultations revealed the main barriers to accessing health services were language support (second highest barrier) and interpreter access (fourth highest barrier) (see Appendix 3). Participants said that they found it difficult, if not impossible to find interpreters. One person tried to access an interpreter at TIS for an entire day without success.

Interpreters are very rare; and every time, my doctor and I fail to find one (Participant, Mongolian focus group)

Due to a lack of interpreters, I could not even tell my symptoms and my needs to the GP (Participant, Mongolian focus group)

Once I visited the GP, we could not reach the interpreter service. I tried my best to explain my needs, but [the GP] was angry with me, ignored me and did not even try to understand me (Participant, Mongolian focus group)

Within NSW Health services and facilities it is not the responsibility of the patient to find the interpreter as it is the responsibility of the health professional.

Interpreter availability affecting health outcomes and cost of care

The community had many experiences of interpreters not being available, not picking up the phone or cancelling. This meant appointments had to be cancelled and rebooked incurring more health care costs for the community in consultation fees and transport.

Once my doctor successfully made an appointment with an interpreter, but the interpreter did not pick up the phone on the appointment day (Participant, Mongolian focus group)

When the interpreter is not picking up her/his phone, the doctor needed to postpone my appointment and it costs me to book another appointment with the GP. Then I spend [money] on transportation fees again and again (Participant, Mongolian focus group)

One person in the focus group explained that due to the language barrier and the unavailability of the interpreter service every time she visited the GP, she could not tell the GP that she wanted a screening test. This confirms other Aus-Mon consultations with community workers stating the community are reluctant to go to GPs because of language barriers and high costs.

I also tried my best to communicate with my GP in English by myself because I had difficulty finding an interpreter and did not even try in the last years. I surely do not understand 100% of what my GP said, but I nod my head, assume and guess what he says (Participant, Mongolian focus group)

The community have felt discrimination by services in relation to their language proficiency. A member of the community concluded that for two people with the same health insurance, there is also discrimination based on language ability, so the person with limited English proficiency feels like they do not receive the same standard of health care as the person proficient in English.

I felt discrimination when I visited the hospital. Due to language barriers, health workers look down on me and ignore me when I try my best to explain my needs (Participant, Mongolian focus group)

With no Mongolian speaking doctors in general practices and a lack of specialists, some have resorted to using another language with GPs which was not ideal. A woman said that she had trouble finding a Mongolian interpreter when she went to hospital even though she called the entire day. As she also speaks Korean, she used the Korean interpreter who was available as soon as they were requested.

Finding a Mongolian interpreter is an impossible thing in Australia. ...If I had chance, I prefer to talk with Mongolian interpreter, because Mongolian is my native language (Participant, Mongolian focus group)

I also had a hard time finding a Mongolian interpreter and tried to call the interpreter all day and failed every time when my doctor and I needed them. Even my Russian is not good, I try to talk in English and Russian to my Russian GP (Participant, Mongolian focus group)

The community revealed a lack of awareness of the availability of interpreters in public NSW Health facilities and that these are free services regardless of Medicare eligibility. Not knowing that these services exist, that they are free in public services and that the responsibility for finding the interpreter rests with the health professional may have created further barriers to access.

I do not even know there is free interpreter service (Participant, Mongolian survey)

Until today, I used to think that interpreter services were not free (Participant, Mongolian survey)

Using the community to interpret

Consultations with the BRA revealed that patients, carers and hospital departments such as EDs and health clinics are constantly contacting community workers to act as interpreters as they were unable to access the official interpreter service. On further investigation of SHCIS records, there were no logged calls requesting a Mongolian interpreter for some of the incidents identified (although the service provider may have attempted to contact TIS). The BRA also described instances of TIS interpreters having to leave a health consultation before

it was finished as it went beyond the allocated time. In these situations, the patient/client had contacted community workers for support to continue the consultation.

Community experiences of using interpreting and translating services

Community focus groups also revealed that there were some concerns about the quality of the interpreter and translating service. Being part of a small community meant that people often knew the interpreter. Some people who have used the interpreter service believed that some Mongolian interpreter workers have acted unethically. One woman requested an interpreter for a hospital appointment outside SESLHD in another LHD but when the interpreter arrived, she realised she knew her from her past. For the following 8 hospital appointments to discuss her condition, an interpreter was booked but cancelled at the last moment. She believed the interpreter did this on purpose. As the patient needed an interpreter for medical consent, the procedure was postponed by one month. She said finally a new interpreter accepted the request and came to the hospital to enable consent to occur.

There was also discussion about the quality of Mongolian translations of health material.

I am Mongolian language teacher back in Mongolia. I do not know who translated it, but I found many mistakes from Mongolian translated brochures (Participant, Mongolian focus group)

Recommendations

- *MHS work with SHCIS to advocate for the training and employment of additional health care interpreters for the Mongolian community.*
- *Increase community understanding of the role of health care accredited interpreters including how they are accessed, limitations, confidentiality, location, patient rights in using interpreters and the two types of services (SHCIS and TIS) available. Information should also be provided about why it is not recommended that community workers are used as interpreters.*
- *Increase the understanding and proficiency of health service providers in using and pre-booking face to face and phone SHCIS and TIS interpreters including that:*
 - *it is their responsibility to source interpreters, not the patient's responsibility*
 - *if there are any difficulties in access, the interpreter service should be informed and can assist to resolve the issue.*

3.3 Maternal, Child and Family health

Service providers had concerns about the community's delayed access to maternity and child and family care due to costs and limited knowledge of services. The community also wanted to understand more about the health of their children.

Pregnancy

Service providers reported 80-90% of Mongolian born women birthing in SESLHD are Medicare ineligible which affects the timing of hospital presentations. Women were found to delay presentation until after 20 weeks gestation. Service providers felt that the high cost

of health care and private health care eligibility affected pregnant women's access to antenatal care and could have implications for health outcomes. Late presentation for antenatal care is common with Medicare ineligible women as they are unaware of when they should engage with maternity services, particularly if this has not been discussed with their regular GP.

Anyone who's Medicare ineligible, they do hold off a bit longer. Also, just an understanding of the health system when you're pregnant [and] what you should be doing especially if the GP they are going to doesn't speak their language, then [the GP] may not make it very clear that they need to engage with the hospital and at what stage (Maternity clinician)

Midwives reported that they would normally advise women to have shared antenatal care with a GP and the hospital. However, for some women they had concerns that GPs were not using interpreters, and felt it was better for women to come to the hospital for all their care so that staff could ensure an interpreter was available for all appointments.

Hospital data for ED presentations for those under 40 years has also showed that, compared to the overall population in SESLHD, there was more vaginal bleeding and pregnancy related problems for the Mongolian population in the period 2016-2020 [13]. Midwives advised that for any maternity related bleeding, women should go emergency at their hospital.

Service providers reported limited health literacy in the community in relation to pregnancy and breastfeeding. However, once health information and recommendations were provided, women were very receptive. In postnatal care, they felt women could be assisted with a healthier diet straight after pregnancy. It was reported that some women may prefer a traditional Mongolian diet, which is high in carbohydrates, while the health providers recommended a more balanced diet with higher fibre after childbirth. A lack of extended familial support after the baby was born could have an influence on post-natal depression (see Section 3.4 regarding emotional well-being and mental health).

Community experiences

The community workers explained women try to look after themselves in pregnancy and save money by not attending medical consultations until 4 or 5 months gestation.

In the focus groups, the community raised some dissatisfaction with maternity services. A woman participant had a caesarean outside the SESLHD and expressed dissatisfaction with the quality of pain relief provided and with the skills of the surgeon. She did, however, report the care provided by the midwives was very skilful.

Another participant reported that, when she was pregnant, she met with a health worker (at a hospital outside SESLHD) to discuss her requests regarding traditional cultural practices. The woman reported she requested that she give birth by caesarean on a specific day due to the importance of the day and time of birth in the Mongolian culture. This request was however not able to be met. On further analysis, maternity services have reported that public health does not support choosing a day for birth or an elective caesarean.

Strengths and supports

To provide support for pregnant Mongolian women and their families, a Mongolian antenatal care group ran at St. George Hospital during 2018-2021. The group was facilitated

by a midwife with the support of an interpreter to assist women and their partners to connect with one another, seek antenatal care advice and to link with social media groups for ongoing connection. The Mongolian group has now ceased due to reduced numbers; however women have the option of attending a mixed multicultural group.

In SESLHD maternity services, Medicare ineligible women have free access to a cross-cultural worker. The cross-cultural worker provides support to navigate maternity and child and family services. This service is available for women and families from migrant and refugee backgrounds and international students birthing or using child and family health services in SESLHD. This role also provides referrals to SESLHD's women's health and child/ family services and other support services the woman may require regarding their financial situation or domestic violence issues.

Recommendations

1. *Increase the community's understanding of maternity services in Australia, the health system, and client's rights.*
2. *Increase community understanding of the importance of antenatal care and when to seek support during pregnancy especially if bleeding occurs. Bleeding is addressed in the Mongolian translation, "When to come to hospital in labour" (see Appendix 5)*
3. *Translate the following resources in Mongolian*
 - *'Blue Book' and 'Having a Baby' (or abridged versions)*
 - *Edinburgh Postnatal Depression Scale (EPDS) - will need to be revalidated*

Early childhood

Service providers reported that there was a lack of awareness in the community about the availability and cost of child and family health services, playgroups, and preschools, as well as child development milestones.

Service experiences

Barriers to access for the community included no Medicare and financial constraints. Developmental issues that are not detected and addressed within the early years may affect child development and learning. Sometimes awareness of issues and appropriate services were not identified until children reached school age which may mean early intervention may be missed. If children are not going to early learning activities or school, they may miss out on developing social, emotional and developmental milestones. It was reported from child and development workers that there were a high number of children with additional developmental needs, hearing and speech issues. There was also concern with the amount of screen time consumed by children.

I had a few families [that] came to me with a child that was 2, then we put them in touch with speech, early dental, whether it be supportive playgroup, Child and Family Health Nurse ... we all know the benefits of early intervention. ... It wasn't as much as a massive diagnosis required, as opposed to that support to get to the point where they are now ... For the others who came at 4, due to the lack of support of medical support or attention, ... there was quite a delay, whether it be in behavioral speech, emotional regulation ... [They often say,] 'He will be fine, everything will be okay', it's just getting over that stigma

(Family Support and Development Worker)

While mainstream child and family health services are free, specialist child family health services may be a barrier if there are further health issues to investigate and address.

Community consultations

Community focus groups revealed Mongolian community members were worried about their children's development including their diet, growth and dental issues. Service providers reported they do not readily access doctors or dentists for these issues due to limited health insurance cover / the cost of services.

*I find that they just don't go [to dentists] because it's through their private health insurance, and they have very limited cover that usually doesn't cover it
(Child and Family Health Nurse)*

*Most of the children that I know have some oral disease and dental problem
(Participant, Mongolian focus group)*

There was also concern about children having too much screen time which parents feel has caused a loss of appetite, face and eyelid twitches, and mental health issues in children.

Strengths and supports

In 2018, the establishment of the Rockdale Children and Families Hub has meant that the community have access to a Child and Family Health Nurse, development paediatric clinic, allied health pathway and to social care services, including a family support and development worker and provided an entry point to other parts of the health system.

I have families that I've never met before who called, 'Please, can I come and see the dentist?' ... We were able to have a chat about, "Okay, I know you're here for the dentist but while you're waiting, what else can I help you with?" And they would start sharing the situation. "Okay, based on this, have you considered going to speech ...?" ... That was a big eye opener for them. Just having that one person tell them all these things that were available (Family Support and Development Worker)

The family support worker reported that engaging with the community is critical to building trust in using services that may normally hold stigma e.g. domestic violence services and developmental services.

The new Wolli Creek Child and Family Hub will also provide all services including child and family health nursing, women's health, and maternity services.

A 20-week well-being mother's group supported by Kogarah Community Services, Aus-Mon Community Services, St George Mental Health and MHS commenced in 2022 at the Kogarah Storehouse. The group aimed to improve the mental health, well-being and social connectedness of Mongolian women during pregnancy and early parenthood (see Section 3.4 regarding emotional well-being and mental health).

Recommendations

1. *Increase community understanding of the services provided by child and family health nurses and how to access them.*
2. *Translate the following resources into Mongolian*
 - *'What is the difference between a GP and a child and family health nurse?' (their role)*
 - *'Learn the Signs, Act Early' (developmental milestones 0-5 years)*

3.4 Emotional well-being and mental health

The consultations revealed the emotional well-being and mental health needs of the community were high but there was different levels of awareness and stigma in the community about mental health.

High needs of young families

Community workers indicated that mental health issues are of great concern for the community. Results of an Aus-Mon mental health survey found that 70% had high levels of psychological distress and almost 1/5 of respondents reported feeling suicidal. Many respondents were not sure how to access mental health services and/or if they were eligible. Most people who completed the survey were women. They reported that issues faced by the community include visa pressures, having young children, excessive costs, prioritisation of family rather than self and post-natal mental health issues. There were also domestic violence issues with some men drinking and gaming during the COVID-19 pandemic. A community worker reported that some members of the community experience 'culture shock' in adapting to the new environment in Australia. As a small community, they do not have Mongolian speaking health professionals, experience language barriers and financial distress, and are away from the support of their extended family.

In the community survey for this project, 27% of the community rated emotional health as the third highest issue of concern (see Appendix 3). In the focus group consultation, mental health issues were also raised. One woman reported she felt very sensitive to hormones and distracted by daily noises and children. She is now connected to a psychologist and has found her emotions are related to her menstrual cycle. The women were interested in the mothers' group to discuss mental health issues.

Different understandings and stigma about mental health

Service providers explained that the understanding of mental health issues in the community is limited and there is a need for more information about mental health and how to access services. The level of mental health distress was mainly mild to moderate with some pockets of high-level distress for those who have been unable to access services earlier. It was reported the Mongolian community do not really go to the GP for mental health assistance but prefer to stay alone and talk to friends, family, access websites or seek overseas assistance.

There's a lot of kind of superstition around mental distress as they don't label it very well, in Mongolia. Because there's no services, they just don't really talk about it. And cultural, ingrained cultural processes of dealing with mental

*distress is just to dust yourself off and keep going and get on with things
(Community Development Officer, Mental Health).*

Community focus groups conducted by SESLHD perinatal services around disclosure of a mental illness revealed a lot of stigma in the community even when disclosing to partners. The community development officer, St George Mental Health reported men keep to themselves and do not talk to other men about mental health, as it is seen as women's business.

Language barriers were the most challenging aspect of providing mental health care. While there was difficulty in accessing interpreters, their use also caused concern for some community members due to confidentiality issues and everyone knowing each other in a small community.

There was different understanding about the term 'mental health' which was associated with severe mental illness. Raising awareness around mental health is challenging without bilingual mental health workers to advise on appropriate terminology.

Mental health is like you're crazy. If you ring up [a patient] and say ... "I'm from the perinatal mental health team", it's going to be very off putting ... It would be better to use terms like 'emotional well-being' (Clinical Nurse Consultant, Mental Health)

Health insurance for mental illness is not thought about before having a baby and there was a fear that mental health status may affect permanent residency.

You may jeopardise [visas] by disclosing that you have a health issue and that then affects your views ... There are huge amounts of things at stake... (Clinical Nurse Consultant, Mental Health)

Having a baby could also put some at higher risk of mental health issues.

If you've got a community that doesn't recognise mental illness, then that's not something that they're necessarily going to be cognizant of, and they don't know that having a baby puts you at higher risk of mental health issues. You're certainly not going to think, "Okay, if I've got a family history of something, my mother was a bit anxious as well, or my aunty went a bit strange". They're just not engaging in that screening process. The first thing you know about it is when they become very unwell (Clinical Nurse Consultant, Mental Health)

Service and community responses

The community have been attentive to attending mental health information sessions. In November 2019, Australian volunteers from a Mongolian organisation 'Lantuun Dohio' organised an event and brought a well-known psychologist from Mongolia to conduct family mental health information sessions on postnatal depression as well as run private sessions. More than 500 families participated in a two day event.

St George Community Mental Health (SGCMH) in consultation with the community, have developed Mongolian mental health resources and community education programs, including the following:

- SGCMH with MHS have worked with Wayahead to translate existing mental health fact sheets into Mongolian (Appendix 5).
- During 2020 *Understanding Well-being Distress* information sessions were facilitated by SGCMH for 7 Aus-Mon volunteers and community members to enhance their skills in recognising and responding to people in distress.
- Supported mothers' groups for Mongolian women commenced in 2022. This is an initiative between SGCMH, CY&FS, MHS and Aus-Mon.

Recommendations

1. *Develop community awareness about mental health screening, importance of emotional well-being for the family, availability of services and costs.*
2. *MHS to develop information in Mongolian about the Mental Health Line and accessing interpreters.*

3.5 Women's Health

There was a moderate amount of health literacy within the community about women's health but differing expectations and understanding of the scope and availability of services within SESLHD.

Women's health needs and knowledge

In the community survey, 67% of people rated women's health as the second highest issue of concern (see Appendix 3). Women's Health Nurses felt there was a moderate level of understanding about pelvic floor issues, cancer screening and contraceptives in the community, with an interest in learning more.

Most of the information we have for contraception, we've got information in Mongolian, it is just a fact sheet. ... it gives you all the types of contraception.... But as far as health literacy, they're pretty good. Most of the women are very good with their understanding, grasp of things, once you start talking ... they're really keen to be provided as much information as possible (Women's Health Nurse)

Women generally knew if they have had cervical screening in Mongolia but not whether their screening was up to date.

Women's Health Nurses reported difficulty contacting women by phone to advise them of the results of their cervical screening test. As part of the project, a Low-Risk Screening (normal results letter) has been translated into Mongolian for Women's Health Nurses to send to patients when they cannot be reached by phone.

Community focus groups revealed understanding about the range and suitability of contraceptives, but participants also expressed concerns about patient rights and consent to treatment. Several participants reported that their doctors in Australia had strongly

recommended surgery such as their fallopian tubes be tied. Another participant in her early 30's said her doctor recommended the Mirena contraceptive, but she was concerned that she had not menstruated for 3 years which was a side effect that had not been explained to her. She said her GP did not check anything, and she was afraid about the link of this device with breast cancer. All her Mongolian friends in Australia who have this contraceptive also reported not having a regular menstrual cycle. When she contacted a woman's doctor in Mongolia about this contraceptive, the information that she was given was that this brand was not appropriate and recommended for older women with heavy periods. Now she wants to see another woman's doctor and for the Mirena to be removed as soon as possible. However, information from [Family Planning website](#) has indicated that this device can be used for most women of any age.

Information from the Mongolian women's doctor and the Australian GP are not matching. We need more information about women's health (Participant, Mongolian focus group)

Access to women's health clinics

SESLHD provides several free women's health clinics, including at the Rockdale Community Health Centre. A Medicare card is not required. In 2019, there was an increase in number of women from the Mongolian community referred to this service. However, in 2020 service delivery changed to predominantly telehealth due to the COVID-19 pandemic. The service was also moved from Rockdale to Hurstville for a short period due to renovation work.

It appears that these changes led to a misunderstanding in the community that the Women's Health Clinics were no longer available. To address this misunderstanding, the Women's Health team are developing resources to provide information to the community about the services that are provided by women's health nurses and location of clinics.

Consultations with Women's Health Nurses revealed there were several women attending clinics wanting to be tested for vaginal infections even when asymptomatic and with normal vaginal discharge. Consultations with the community and BRA revealed that while some parts of the community felt stigma discussing women's sexual health issues, others were used to regular check-ups and clinics. The requests for regular check-ups may also be influenced by a high incidence of syphilis in Mongolia and as well as concerns about cystitis, as discussed with the BRA.

Recommendations

- *Translate the following resource into Mongolian*
'A guide to understanding your cervical screening test results' for abnormal results
(National Cervical Screening program)
- *Raise women's health awareness and availability of services in the community including*
 - *Women's health and nurse led services in Australia.*
 - *The availability of the SESLHD women's health clinics and the services they provide.*
- *More information could be provided about the use of contraceptives after giving birth*
(see Appendix 5). See <https://www.fpnsw.org.au/health-information/individuals/contraception/contraception-choices> (not in Mongolian)
- *Provide information about free sexual health services in SESLHD*
<https://www.seslhd.health.nsw.gov.au/free-hiv-and-sti-testing-locations>

and at universities including the UNSW International Student Health Hub
www.student.unsw.edu.au/notices/2021/12/international-student-health-hub.

3.6 Hepatitis testing and treatment

The consultations revealed that there was a lack of knowledge in the community about hepatitis diagnosis, testing and treatment. Access to services and treatment was especially difficult for those with limited English proficiency and in financial distress.

Community health needs

A major health concern affecting the community is the high incidence of hepatitis in both Australia and Mongolia. The community worker consultation provided insight into some of the reasons why hepatitis incidence in Mongolia was the highest in the world including that i) immunisation was not effective until after 2000; ii) a campaign to address syphilis allegedly involved multiple use of single use syringes which caused contamination / spread of disease; and iii) people do not know they have hepatitis. New migrants to Australia, including students, have a urine test and a chest x-ray as part of their health screening. This screening process does not include a blood test which is needed to detect hepatitis.

CSWs employed in the state-wide Multicultural HIV and Hepatitis Service (MHAHS) program have been involved in increasing the community's understanding about hepatitis. A survey with the community revealed that people did not know if they have hepatitis or where to go for testing and treatment. It was reported that one out of five people have hepatitis B or C and /or do not have protection against hepatitis B. Other consultations indicated that migrants do not know where to go to get information, how to get tested and how to access hepatitis services.

Service providers reported that once someone is diagnosed with hepatitis, there may be a fear that this will affect their visa status in Australia and applications for extensions to stay.

Service access and treatment

Staff at the St George Hospital Liver Clinic revealed a proportion of Mongolian patients have both hepatitis B and D. Mongolian patients without a Medicare card struggle to afford treatment for hepatitis B which is lifelong while the treatment in Australia for hepatitis D is for 12 months with a low success rate.

While hepatitis is being managed, regular blood tests and liver scan tests are needed which can be expensive. However, Overseas Student Health Cover does cover some scans and blood tests. A test can be provided through a GP or through the Liver Clinic with a referral to Pathology for blood tests and Radiology for liver scans. While there have been some health promotion campaigns in the community that allow people to have fibroscans to assess liver damage, these were stopped during the COVID-19 pandemic and are mainly for communities that have Medicare. If the tests show no hepatitis B, and no protection against the virus, a vaccination can be given to prevent it.

For hepatitis B, there is a vaccine that aims to prevent the virus. The first dose is recommended within 24 hours of birth with either two or three more doses given after that. Consultations with hospital maternity services revealed that women are screened for hepatitis in antenatal care. If women test positive, they are referred to St George Hospital

(STH) Liver Clinic specialists and their partners are also screened. When home visits occur, midwives also check that follow up has occurred.

Service providers explained that long-term liver damage caused by untreated hepatitis puts individuals at a much greater risk of developing liver cancer. Hepatitis C is curable but access to treatment is restricted due to high costs for those without Medicare. This restriction puts those with the virus at a completely avoidable risk of significantly worse health outcomes if they cannot afford treatment.

As hepatitis medication is expensive some people have been getting medication from Mongolia instead. The Liver Clinic has assisted some people with compassionate access to medication from a pharmaceutical company.

The St George Liver Clinic reported that they have experienced challenges in accessing Mongolian interpreters in their clinic. St George Hospital performance data indicated there were high rates of 'failure to attend' appointments by Mongolian patients in the Liver Clinic during 2020/21, with 29% "of appointments not attended. Staff at the clinic discussed that some of the factors contributing to low attendance could include difficulty in using phone interpreters during telehealth appointments, the extent of intense treatment required early on in management of the disease, lack of knowledge of treatment schedules, and cost of tests/treatment. When patients do not have a regular GP, it can affect management of the condition and contribute to a lack of screening, compliance and follow up.

Service responses

- SLHD have developed hepatitis translations through the MHAHS (see Appendix 5).
- SGH Liver Clinic would like to increase screening promotion and awareness. Plans are underway to utilise the new Wolli Creek Child and Family Hub to provide outreach services.

Recommendations

1. *Provide people diagnosed with hepatitis with a case worker or a CSW to assist them with their appointments and follow up appointments.*
2. *Promote awareness about hepatitis (A, B, C and D) in the community including how to be screened and what treatment is available at what cost.*

3.7 Other health concerns: work related injuries and environmental irritants

While there were a range of other health concerns, the main ones were related to allergies and work-related injuries.

Mongolian focus group attendees reported that most Mongolian men work in construction and most women work in hospitality; both involve physical work, hazardous conditions and can result in back pain and/or allergies. Some attendees also believe they had allergies (sneezing, itchy noses, throats, and eyes) because of the environment in which they live including near busy roads. Maternity services reported that respiratory issues and asthma were commonly discussed by women when they started to engage with the health system during pregnancy. Possible causes could be pre-existing exposure to pollutants in Mongolia

[14]. While the Chest Clinic was approached about these issues, they were overwhelmed by the current COVID-19 pandemic so was unable to participate in these consultations.

Recommendations

1. *MHS investigate if there is any health promotion/prevention information about eye injuries, allergies and back pain that could be translated for the Mongolian community.*

Summary of recommendations

Accessing health care

- Increase the community's understanding of the Australian health care system, how to access services and the range of services covered by Overseas Student Health Cover.

Language support

- Increase the availability of translated information into Mongolian in key subject areas.
- MHS work with SHCIS to advocate for the training and employment of additional health care interpreters.
- Increase the community's understanding of the role of health care accredited interpreters, when to request them and why they should be used rather than a community worker.
- Increase the proficiency of health service to use SHCIS and TIS interpreters so they are aware that:
 - it is their responsibility to source interpreters, not the patient's responsibility.
 - if there are any difficulties in access, the interpreter service should be informed and can assist in resolving the issue.

Maternal, Child and family health

- Increase the community's understanding of maternity services in Australia, the health system, and client's rights.
- Increase community understanding of the importance of antenatal care during pregnancy and when to seek support.
- Increasing the community's understanding of Child and Family Health Services and child development

Emotional well-being and mental health

- Develop community awareness about mental health screening, the importance of emotional well-being for the family, availability of services and costs.
- MHS to develop information about the Mental Health Line and accessing interpreters.

Women's health

- Enhance community understanding about the availability of the SESLHD women's health clinics and sexual health services, their cost, and the services they provide.

Hepatitis

- Promote awareness about hepatitis (A, B, C and D) in the community including how to be screened and what treatment is available at what cost.

Other health concerns

- Investigate if there is any health promotion/prevention information about eye injuries, allergies and back pain that could be translated into Mongolian.

References

1. Australian Bureau of Statistics, *3412.0 - Migration, Australia, 2014-15* 2016. 2016.
2. Multicultural Health Service, *Profile of the Mongolian Community in SESLHD, powerpoint presentation for a stakeholder consultation*. 2018.
3. The Institute for Health Metrics and Evaluation (IHME). *Mongolia*. 2018 [cited 2018; Available from: <https://www.healthdata.org/mongolia>].
4. Diverseworks, *New and Emerging Communities Needs Assessment, prepared for the South Eastern Sydney Local Health District and partners including Central and Eastern Sydney PHN, Advance Diversity Services, Sydney Multicultural Community Services, and Gynea Community Aid and Information Centre*. 2016.
5. SESLHD, *Review of project outcomes Evaluation of the New and Emerging Communities Needs and Assets Assessment* 2018.
6. SESLHD CESP HN and Cancer Institute NSW, *Cervical screening saves lives: increasing cervical screening during the antenatal and postnatal periods, for never screened and under screened Aboriginal women and women from culturally and linguistically diverse (CALD) backgrounds*. 2020.
7. Smart, J., *Needs assessment: Families and Children Expert Panel practice resource*. 2019, Australian Institute of Family Studies, Australian Government.
8. Altschuld, J.W., H. Hung, and Y. Lee, *Needs Assessment and Asset/Capacity Building: A Promising Development in Practice*. Needs assessment: Trends and a view toward the future. New Directions for Evaluation, , 2014. **144**, : p. 89–103.
9. SESLHD, *Mongolian Health Needs Survey Report: Mongolian Community in South Eastern Sydney*. 2021.
10. SESLHD, *Focus Group Report: Mongolian Community in South Eastern Sydney*. 2021.
11. Liamputtong Rice, P. and D. Ezzy, *Qualitative Research Methods: A Health Focus*. 1999, Melbourne: Oxford University Press.
12. Thorne, S., *Interpretative Description: Qualitative Research for Applied Practice*. 2016, New York: Routledge.
13. SESLHD, *Mongolian Preferred Language Data Dive June 2020, in Commissioned by Lisa Woodland, Health care Improvement Analytics, Editor*. 2020.
14. World Health Organisation. *Environment and Air Pollution*. Mongolia 2022; Available from: <https://www.unicef.org/mongolia/environment-air-pollution#:~:text=Ulaanbaatar%20%E2%80%93%20home%20to%20half%20of,level%20WHO%20recommends%20as%20safe>. .

Appendix 1: Consultation with community workers

Consultation with Cultural Support Workers, Community Workers and Leaders

Zoom Meeting Invite

The Multicultural Health Service in SESLHD is working with the South Eastern Sydney Research Collaboration Hub (SEaRCH) at the University of New South Wales on a short project to identify the health needs and assets of the community.

The aim of the consultation is for you to be informed about the project, discuss some of the current health issues for the community and for us to find out about useful projects or initiatives and resources that have recently been developed. We would also like to discuss how you would like to be involved in the project and in future project Steering Committees.

Agenda
New project
Needs and Assets assessment
Key people to be involved
Current concerns and resources for the Mongolian community
Health issues of concern to the community / segments of the population.
Any initiatives / new projects in relation to their health and well-being
How best to be involved
Contacting community members
Representation on the Project Steering Committee

Attendance	
Organisation	Details
Aus-Mon Community Services & Development Inc	3 workers
Community Support Worker (CSW) Program, SLHD	2 workers
Multicultural Health Service (MHS), SESLHD	Manager
	Project Officer
SEaRCH, UNSW	Cathy O'Callaghan

Appendix 2: Consultations with service providers

Service provider question themes

1. The Mongolian community are increasingly presenting to health services in South Eastern Sydney Local Health District. Are you seeing more people of Mongolian background presenting to your services?
2. What are health needs and/or barriers of the community (interpreter access, language support, stigma etc)
3. Are there certain segments of the population affected more than others? (eg. international students, men, women, young families)
4. What is the health literacy (knowledge, skills and support of individuals, families and friends) of the community in accessing and using health services and information to improve health?
5. Are there any cultural or social issues or health beliefs which interact with the provision of health care (beliefs in understanding and treating illnesses and improving well-being)?
6. What are the community assets (resources) including a range of health-related projects and initiatives that have been undertaken? What have been the key success factors in improving health and well-being?
7. Would you like to be involved further?
8. Could you recommend anyone for us to talk to about the issues we have discussed?

Category of consultations in SESLHD	People
Child and family	
Early Parenting Program Manager and Cross-Cultural Worker (Maternity and Child and Family)	2
Nurse Unit Manager, Maternity, St George Hospital, SESLHD	1
Family Support and Development Worker, Rockdale Hub	1
Child and Family Health Nurse, Rockdale Hub	1
Women's Health	
Women's health nurse	1
Women's health nurse	1
Diversity Health Coordinator and midwives at the Royal Hospital for Women	5
Interpreters	
Director, Sydney Health Care Interpreter Service	1
Hepatitis	
Hepatitis and Harm Minimisation Program Manager	1
Clinical Nurse Consultant at Liver Clinic	1
Mental health	
Community Development Officer, St George Mental Health	1
Clinical Nurse Consultant and Clinical Manager Safe Start/Eastern Suburbs Mental Health Perinatal and Infant Mental Health Clinical Manager	1
Total	18

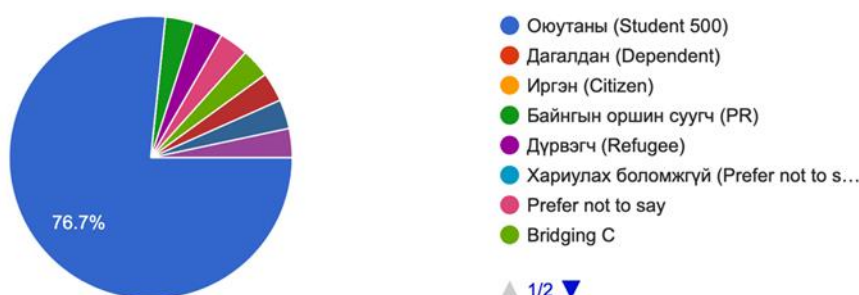
Appendix 3: Online survey with Mongolian community

The BRA conducted a survey with participants living in SESLHD indicating the major health issues of concern and the barriers to access. Demographic data was also collected but represents only a small segment of the population (n=30).

Visa category

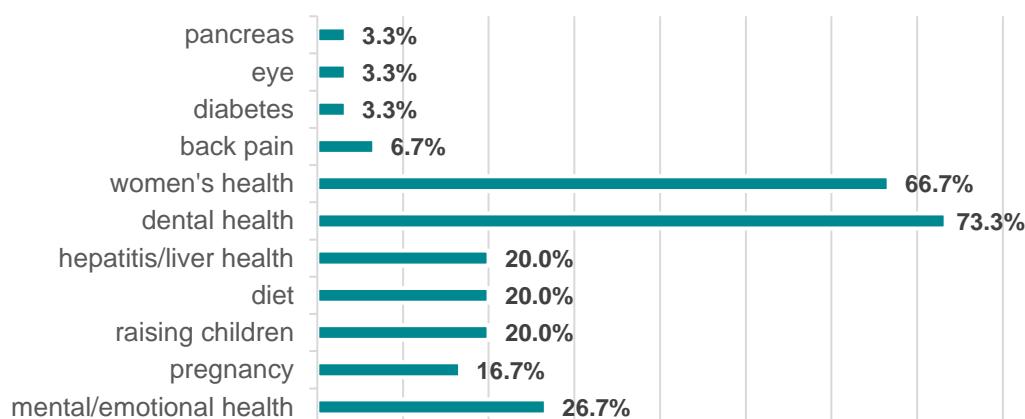
Та ямар төрлийн визаны ангилалд хамрагддаг вэ? What visa you are on?

30 responses



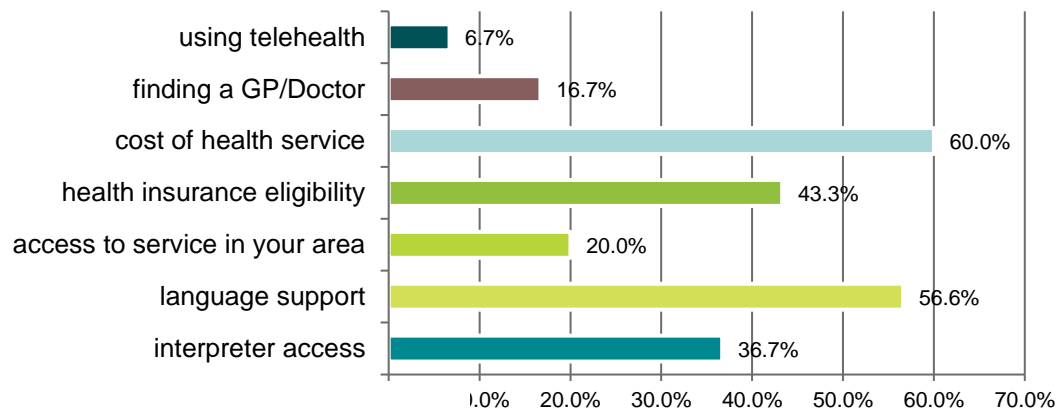
Health needs

What are some of the health needs or concerns currently affecting you and your family?



Accessing care

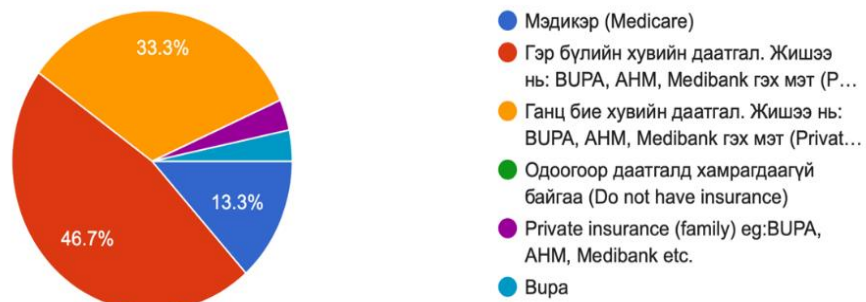
What are the barriers for you to accessing health services?



Health insurance

Та ямар төрлийн эрүүл мэндийн даатгал ашигладаг вэ? What type of insurance do you have?

30 responses



Appendix 4: Focus groups with community

Questions for community focus group 1 – women and children

1. What are some of the health needs or concerns currently affecting you and your family? (eg women's health, cancer screening, mental health, pregnancy, raising children, diet, preventing illness)
2. Are there any barriers to accessing health services (eg interpreter access, language support, access to services in your area, health insurance eligibility, cost of health services, finding a general practitioner/doctor)?
3. Is there any information/support you and your family need/s? How could this be provided? Who should be involved?
4. What are some health-related projects and initiatives that have been undertaken with and by the community?

Question for community focus group 2 - all

1. What are some of the health needs or concerns currently affecting you and your family? (eg mental health, diet, family health, liver health, dental health, preventing illness)
2. Are there any barriers to accessing health services (eg interpreter access, language support, access to services in your area, health insurance eligibility, cost of health services, finding a general practitioner/doctor, using tele health)?
3. Are there certain people in the community affected by access issues more than others? (eg. international students, men, women, young families)?
4. Is there any information/ support you and your family need/s? How could this be provided? Who should be involved?
5. What are some of the health-related projects and initiatives that have been undertaken with and by the community?

Appendix 5: Mongolian health translations

Existing health resources translated into Mongolian @ 010622

Topic		Resource name	Description	Link
Accessing health care	1.	<i>Access to Health Care in Australia</i>	This 9-minute video provides information on the Australian health care system including how to access routine and emergency care, the role of health care interpreters and services for children and families.	https://www.youtube.com/watch?v=Oy032hM81Fk https://www.mhcs.health.nsw.gov.au/events/multicultural-health-week/access-to-health-care-in-australia
	2.	<i>Safe Use of Medicines</i>	Fact sheet about how to use your medicines safely	https://www.mhcs.health.nsw.gov.au/publications/safe-use-of-medicines/mongolian/@display-file/file/Mongolian.pdf
	3.	<i>Appointment tool</i>	This online Tool allows you to translate appointment details into your client's language. Type in the details, then save the PDF for printing or send the translated appointment directly to your client. Your form is generated immediately so you can give it to your client at the time you make the appointment. For best results, print it on your organisation's letterhead.	https://www.mhcs.health.nsw.gov.au/publications/appointment-reminder-translation-tool/create_an_appointment
Child and family: pregnancy / prenatal	4.	<i>Baby's movements: what is normal?</i>	This factsheet provides information for pregnant women on the type of movements they should expect from the foetus during pregnancy.	https://www.mhcs.health.nsw.gov.au/publications/ahs-10105/AHS-10105-MON.pdf/@display-file/file/AHS-10105-MON.pdf
	5.	<i>When to come to hospital in labour</i>	This factsheet is essential to ensure women are aware in advance of who to contact, when and why to come to hospital, and what would be alert and their partner / support person to the signs of labour. It also provides women with information to ensure early and timely access, especially if complications arise.	https://www.mhcs.health.nsw.gov.au/publications/ahs-10100/ahs-10100-when-to-come-to-hospital-in-labour-mongolian/@display-file/file/Mongolian.pdf
	6.	<i>What to Bring to Hospital when Having a Baby</i>	This factsheet summarises what to bring to hospital when having a baby. This is essential to ensure women are prepared in advance of what they need to organise, so they and their partner/support person feel prepared and that their hospital stay is as comfortable as possible.	https://www.mhcs.health.nsw.gov.au/publications/what-to-bring-to-hospital-when-having-a-baby/mongolian-what-to-bring-to-hospital-when-having-a-baby/@display-file/file/Mongolian.pdf
	7.	<i>Reducing third and fourth degree perineal tears</i>	The factsheet aims to encourage shared decision making, informing women about their risk of a tear and what can be done to reduce their chance of experiencing a third- or fourth-degree tear. It is designed to be given to women at an antenatal appointment 30-36 weeks.	https://www.mhcs.health.nsw.gov.au/publications/reducing-the-third-and-fourth-degree-perineal-tears/mongolian/@display-file/file/Mongolian.pdf
Child and family: post-natal	8.	<i>Preparing formula and sterilising bottles</i>	This factsheet on preparing formula and sterilising bottles provides important information for mothers who choose to formula feed	https://www.mhcs.health.nsw.gov.au/publications/preparing-formula-and-sterilising-bottles/mongolian/@display-file/file/Mongolian.pdf
	9.	<i>Contraception After You Have Had a Baby</i>	This factsheet summarises options for suitable contraception after giving birth, including suitable options for breastfeeding mothers.	https://www.mhcs.health.nsw.gov.au/publications/contraception-after-you-have-had-a-baby/mongolian-contraception-after-you-have-had-a-baby/@display-file/file/Mongolian.pdf
	10.	<i>Information for parents after a stillbirth</i>	This factsheet developed by the social work team at St George Hospital, Kogarah to provide practical and emotional support after the stillbirth of a baby.	https://www.mhcs.health.nsw.gov.au/publications/information-for-parents-after-a-stillbirth/mongolian/@display-file/file/Mongolian.pdf

	11	<i>Information for parents after a miscarriage</i>	This factsheet developed by the social work team at St George Hospital, Kogarah to provide practical and emotional support to parents after a miscarriage.	https://www.mhcs.health.nsw.gov.au/publications/information-for-parents-after-a-miscarriage/mongolian/@display-file/file/Mongolian.pdf
	12	<i>Breastfeeding tips for new mothers</i>	This factsheet covers the basics of breastfeeding, how and when to feed the baby, explains the normal breast changes and what is not normal when breastfeeding. The resource also provides the contact numbers on where to get help when needed.	https://www.mhcs.health.nsw.gov.au/publications/breastfeeding-tips-for-new-mothers/mongolian/@display-file/file/Mongolian.pdf
Child and family: early childhood	13	<i>Love, Talk, Sing, Read Play (LTSRP) smart phone app and website</i>	This app and website has been developed by parents who are health workers, for parents who want to have the latest evidence-based information on children's emotional and social development.	Насны бүлэг Хайртай яриа дуулж уншина уу (nsw.gov.au)
	14	<i>Calling all 4 year olds!</i>	This video provides information about the free 4-year-old blue book growth and development checks provided by Child & Family Health Nurses. These checks are one way that parents can ensure children have the best start to school and learning. (SESLHD specific information)	https://www.youtube.com/watch?v=QSWfPinzFVM https://www.mhcs.health.nsw.gov.au/publications/calling-all-4-year-olds-children-for-health-check
	15	<i>Milestones Matter (0-5 year olds)</i>	The Milestones Matter brochure helps parents keep track of their child's developmental milestones and has information on where to seek help early if parents have concerns about how their child is growing, developing or behaving.	https://www.mhcs.health.nsw.gov.au/publications/milestones-matter-brochure
COVID-19	16	<i>Wearing a mask can help stop the spread of COVID-19</i>	2-page fact sheet about how to wear a mask	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/wearing-mask-mongolian.pdf
	17	<i>How to Wear a Mask</i>	Video - Wearing a mask can help stop the spread of COVID-19	https://www.mhcs.health.nsw.gov.au/publications/how-to-wear-a-mask/mongolian
	18	<i>Physical distancing</i>	Poster – outlining how to practise physical distancing	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/poster-distancing-mongolian.pdf
	19	<i>Information about COVID-19 testing clinics</i>	This factsheet shows not enough people in the community are getting tested for COVID-19.	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/testing-clinics-mongolian.pdf
	20	<i>COVID-19 - Hygiene etiquette – help us stop the spread</i>	(Poster) Stop the spread	https://www.health.nsw.gov.au/Infectious/diseases/Documents/stop-the-spread-mongolian.pdf
	21	<i>COVID-19 testing</i>	Factsheet containing information about COVID-19 testing - who should get tested and what to expect.	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/testing-mongolian.pdf
	22	<i>COVID-19 symptoms</i>	Poster - Information about COVID-19 symptoms	https://www.health.nsw.gov.au/Infectious/diseases/Documents/covid-19-look-for-help-mongolian.pdf
	23	<i>Look after your mental health during COVID-19</i>	Poster - Look after your mental health during the COVID-19 (coronavirus) pandemic	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/poster-mental-health-mongolian.pdf
	24	<i>Who to call</i>	Poster - outlining what to do if you have COVID-19 symptoms	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/poster-call-mongolian.pdf

	25	<i>NSW Health strongly recommends you wear a mask</i>	This factsheet shows wearing a mask can help stop the spread of COVID-19	https://www.health.nsw.gov.au/Infectious/covid-19/Documents/wear-a-mask-mongolian.pdf
	26	<i>COVID-19</i>	Poster - for patient waiting room COVID-19 Information for patient.	https://www.health.nsw.gov.au/Infectious/diseases/Documents/covid-19-ed-poster-mongolian.pdf
Emotional well-being / mental health	27	Anxiety	These factsheets provide information about a range of mental health topics and to assist in emotional well-being.	Anxiety Сэтгэл түгшилт - WayAhead
	28	Depression		Depression Сэтгэл гутрал - WayAhead
	29	Domestic And Family Violence		Domestic and Family Violence Гэр Бүлийн Хүчирхийлэл - WayAhead
	30	Loss And Grief		Loss and Grief Харацал ба Гаууудал - WayAhead
	31	Mental Health Care for Immigrants		Mental Health Care for Immigrants ЦАГААЧИД, ДҮРВЭГСЭД БОЛОН ТҮР АЯЛАГЧДАД ЗОРИУЛСАН СЭТГЭЦИЙН ЭРҮҮЛ МЭНДИЙН ТУСЛАМЖ - WayAhead
	32	Mindfulness		Mindfulness Төвлөрөл - WayAhead
	33	Perinatal Depression and Anxiety		Perinatal Depression and Anxiety Перинаталь үеийн сэтгэл гутрал болон сэтгэл түгшилт (PNDA) - WayAhead
	34	Recognising And Managing Stress		Recognising and Managing Stress Стрессийг таних болон удирдах - WayAhead
	35	Release, Respond, Rethink		Release, Respond, Rethink Чөлөөлөх, Хариу Үйлдэл Үзүүлэх, Эргэцүүлэх - WayAhead
	36	Self-Harm		Self Harm ӨӨРИЙГӨӨ ГЭМТЭЭХ - WayAhead
	37	Sleep And Health		Sleep and Health НОЙР БА ЭРҮҮЛ МЭНД - WayAhead
Hepatitis	38	<i>Hepatitis B testing</i>	Translated webpage and factsheet	https://www.mhahs.org.au/ind ex.php/mn/hepatitis/hepatitis-b-testing-mongolian
	39	<i>Hepatitis B: It's Family Business</i>	Translated webpage and factsheet	https://www.mhahs.org.au/ind ex.php/mn/hepatitis/hepatitis-b-mongolian
Women's health	40	<i>Cervical Screening Test is safe at any time during pregnancy</i>	A poster - promoting the safety of screening during pregnancy was developed for display in GP clinics, maternity services and other services.	https://www.mhcs.health.nsw.gov.au/publications/cervical-screening-test-is-safe-at-anytime-during-cervical-screening-test-is-safe-at-anytime-during-pregnancy/mongolian/@@display-file/file/English.pdf
	41	<i>You can have a cervical screening test at any time during pregnancy</i>	Video - for women aged 25 years and over who are due for a cervical screening test. Cervical screening saves lives! Talk with your doctor, midwife or nurse if you are due for your cervical screening test.	https://www.mhcs.health.nsw.gov.au/publications/you-can-have-a-cervical-screening-test-at-any-time-during-pregnancy/mongolian
	42	<i>What is the best way to look after your family</i>	Written resources promoting national Cervical Screening programs, co-designed with Mongolian community members.	https://www.mhcs.health.nsw.gov.au/publications/what-is-the-best-way-to-look-after-your-family/mongolian/@@display-file/file/Mongolian.pdf

Appendix 6: Project Steering Committee

Terms of Reference 2021

Purpose To provide advice and leadership for the SESLHD Mongolian Needs and Assets assessment project

Functions To provide overall governance and support in the following areas:

- advise on key stakeholders to involve within the health system in relation to the project
- provide information about identified needs of the community, health care usage data and any barriers in access
- provide information about any resources developed or previous work undertaken with community
- advise on strategies to address health needs, facilitate equitable health care and promote the capacity building and well-being of the community
- Ensure research follows aims and objectives and proceeds in an ethically responsive way in accordance with the principle of collaboration and co-production, capacity development and shared ownership
- Endorse and approve project documentation

Steering Committee membership

SESLHD organisational representative	Name
Director, Priority Populations Unit (PPU)	Lisa Woodland
Manager, Multicultural Health Service (MHS), PPU	Joanne Corcoran
Multicultural Project Officer, MHS, PPU	Gaya Dharmagesan / Yu Dai
Program Manager, Women's Health Service	Chris Gallant
Coordinator, Early Parenting Program, Child, Youth & Family Services (CY&FS)	Helen Rogers
Coordinator, Children and Communities Program Child, CY&FS	Tania Rimes
Manager, Priority Populations, SESLHD	Amanda Webster
Coordinator, Munch and Move Program, Health Promotion	Linda Trotter
Coordinator, Early Parenting Program, CY&FS, SESLHD	Helen Rogers
Bilingual Research Assistant	Hannah Khanddorj Uranchimeg
Manager, Viral Hepatitis and Harm Minimisation projects HARP	Sarah Smith
Community Development Officer, St George Mental Health	Angela Crow
Community Nurse Consultant, St George Hospital Liver Clinic	Lisa Dowdell/Nathan McGarry
Royal Hospital for Women, CMC, Diversity Health	Dr Jane Svensson
Research Fellow, SEaRCH, University of New South Wales	Cathy O'Callaghan
Other services which provide health support to the Mongolian community in SESLHD	
Cultural Support Workers	

Chair Manager, Multicultural Health Service

Minutes Multicultural Health Service

Frequency Seven monthly meetings held during 2021