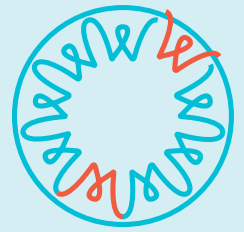
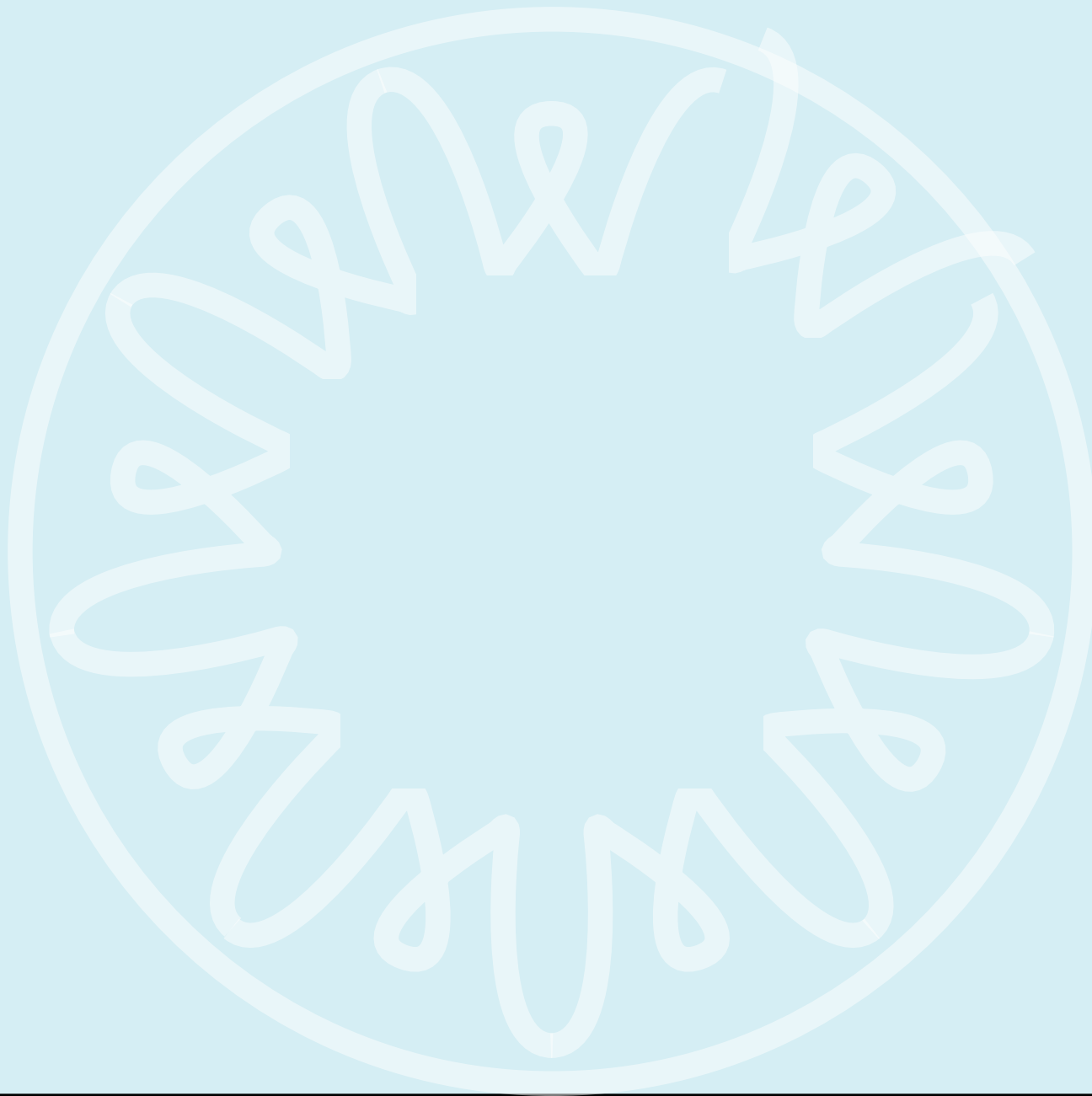


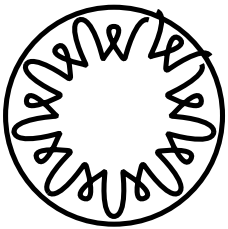
An evidence based centre for
Muslim Wellbeing



BUSINESS CASE

January 2021





Centre for
Muslim
Wellbeing

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Table of contents

Executive Summary	4
1. Current State of Play	6
1.1 The need in Muslim communities	6
2 The Centre for Muslim Wellbeing’s Strategic Response	10
3 Centre for Muslim Wellbeing - Service Model	14
3.1 Guiding principles in service design	14
3.2 High-level service offerings	14
3.3 Partnerships and Collaboration	17
3.4 Integrated service offering	19
4 Governance Model	21
4.1 Governance and oversight	21
5 Appendix	24
5.1 Detailed service design	24
5.2 Detailed outcomes	27

Executive summary

This business case presents a proposal to further establish and grow the Centre for Muslim Wellbeing ('CMW'). CMW aims to increase the wellbeing of Muslim communities, starting with a focus on mental health and social connection and ultimately building flourishing individuals and vibrant communities across Victoria. CMW will achieve this through focusing on prevention and early intervention, raising awareness around the issues of mental health and social isolation within community and ensuring community members have the support they need before they get to crisis.

The Current Need in Muslim Communities

Across Australia, Muslim communities face a number of challenges that impact their wellbeing, including:

- Social exclusion and isolation as a result of language barriers, racism, and anti-Muslim sentiment
- Higher rates of mental ill health
- Stigma within community around seeking external supports
- Lack of culturally responsive support services

In addition to these challenges, there is very limited research on mental health and/or wellbeing within Muslim communities across Australia, making it difficult to accurately size the problem and inform better practice, funding decisions and inclusive policy.

The cost of mental ill-health in Muslim communities is also significant. According to the Productivity Commission, it is estimated that mental ill health costs the government between \$237 billion and \$290 billion every year. Working to conservative assumptions, it is estimated that mental ill health in the Muslim community could end up costing between \$232.1-\$284.8 million annually.

CMW's Strategic Response

The Centre for Muslim Wellbeing ('CMW') has a vision of being a leading provider of services that builds flourishing individuals and vibrant communities in Victoria. It will do this by creating bridges that connect individuals to their neighbours, their community, and society. CMW will focus on prevention and early intervention, raising awareness of the issues of mental health and social isolation within community and ensuring community members have the support they need before they get to crisis.

CMW's approach to achieving wellbeing is threefold:

- Building awareness and capacity within community
- Strengthening the capacity of mental health providers
- Conducting research and sharing evidence of "what works"

CMW's Proposed Services

CMW plans to offer seven services to deliver against our proposed approach to achieving wellbeing for individuals and communities. These seven services include:

1. Community outreach to raise awareness of social isolation and mental health within community
2. A service navigator to support community members in finding the necessary support services
3. Community building activities such as hosting events in partnership with local council
4. Training and capacity building for mental health providers to build their cultural intelligence
5. Creating and consolidating research around mental health and wellbeing in Muslim communities
6. Advocacy to local, state and federal government based on research findings
7. Creation of a digital information hub to provide key information to community, providers and government

All of CMW's proposed service offerings are also in alignment with a number of recommendations in the Royal Commission into Mental Health (see high level service offerings for more detail)

Expected Outcomes of CMW's Proposed Services

CMW's proposed services will deliver a range of outcomes to each of the participating stakeholder groups as well as strengthening the connections between these key stakeholders. Over the longer-term, CMW's work will lead to:

- More Muslims being able to better manage and maintain their wellbeing
- Muslims having a stronger sense of belonging in community
- An eco-system made up of stronger and more collaborative organisations focused on mental health and wellbeing
- Strengthened wellbeing and resilience across the community

Investment Required

In order to deliver these services, CMW is seeking investment to support the first five years of service delivery. The total cost to deliver these services for five year is approximately \$4Million. The Victorian government provided CMW with \$400k in seed capital to support the establishment of the organisation. Based on CMW's five-year operating costs, a further investment of \$3.6 M over five years is required to support CMW to deliver its intended impact.

There is significant potential economic benefits created by CMW's services. Assuming CMW reaches 30-50% of Muslims in Greater Melbourne, it is estimated that there is potential for the service to reach between 6,720 and 11,200 Muslims. Effective prevention could therefore result in between \$13.7 and \$22.9 million in economic benefit over the next 25 years based on recent figures published by the Productivity Commission.

1. Current state of play

1.1 The need in Muslim communities

Muslims face a number of challenges in managing their wellbeing – both within the community as well as within the broader service landscape.

Across Australia, Muslim communities face a number of challenges that impact their wellbeing. Like other culturally and linguistically diverse (CALD) groups, many experience social exclusion as a result of language barriers, racism and anti-Muslim sentiment and fragmentation within the community and service landscape.¹

Mental ill health is a key factor influencing wellbeing in Muslim communities. Though there is little formal research on the prevalence of mental health across these communities, anecdotal evidence tells us that Muslims experience mental illness at the same rate or higher than the broader Australian community.

As has been the case in many communities, the rate of people experiencing mental health issues has been amplified by COVID-19 and this is expected to continue well into the future. For example:

- Calls to Beyond Blue doubled between June to July 2020 as the second lockdown was introduced, and Victorians now account for half of all calls to the mental health organisation.²
- Mental health amongst young people (18-25 years) has been disproportionately affected by COVID-19. Headspace saw a 30-40% increase in demand for online or phone services during the period February to July 2020.³
- The University of Sydney forecasts that suicide rates in Australia could rise by more than 13.7% over the next five years as a result of COVID-19 impacts.⁴

In spite of the Muslim community being more likely to experience incidences of mental ill health, there is a strong stigma associated with seeking support within the community which means that Muslims tend to only access services at points of crisis.

In addition, many mental health providers in Australia lack the cultural intelligence to deliver culturally responsive supports to the Muslim community. This means that there is less incentive for Muslims to access support through these services. Table 1 below from CMW's submission to Victoria's Royal Commission into the mental health system highlights the barriers within the community, as well as disparities within the service and policy landscapes that the community faces:

¹ <https://pubmed.ncbi.nlm.nih.gov/27002625/>

² ABC News, <https://www.abc.net.au/news/2020-07-06/generation-covid-faces-an-uncertain-future/12388308?nw=0>

³ As above

⁴ University of Sydney, Brain and Mind Centre; Road to Recovery: Restoring Australia's Mental Wealth 2020
page 6

Barriers within the community	
Religious and cultural beliefs, lack of understanding and stigma around mental health	<ul style="list-style-type: none"> • There are low levels of mental health literacy across Muslim communities • There is denial and stigma around mental health across Muslim communities from various cultural backgrounds • Explanatory models of mental illness do not necessarily conform to Western concepts • There is also fear and stigma around seeking out professional support services
Lack of knowledge of and/or trust in support services	<ul style="list-style-type: none"> • Many Muslims lack an understanding of the support services available in the community and where to find them • There is a lack of respect for psychiatrists and psychologists, and a lack of trust in mainstream mental health services • There is a preference for traditional and cultural sources of help, including family, religious leaders and traditional healers
Disparities within the service and policy landscapes	
Challenges navigating the system and accessing services	<ul style="list-style-type: none"> • For some Muslims, language barriers prevent them from finding information on mental health and available support services • In addition, there is a lack of information on Muslim mental health and mental health services available • The cost of private services, lack of private health insurance and the cost of interpreters create financial barriers to accessing services • There are long waiting lists and delays in accessing public support services and specialists
Lack of availability of culturally responsive services	<ul style="list-style-type: none"> • The service system has not evolved and adapted to meet the diverse needs of multicultural Australia – including the diverse needs of Muslims from various cultural backgrounds • Mainstream service providers lack the language and/or cultural competency to deliver culturally responsive mental health services • The Western model of wellbeing does not address the religio-cultural aspects of Muslim wellbeing and identity • There is an under supply of bilingual / bicultural service providers – For example, there are less than 20 qualified psychologists working in private practice in Melbourne, and there are no Muslim psychologists working in regional areas
Lack of research to understand the size and scale of the issue or ‘what works’	<ul style="list-style-type: none"> • There is a lack of research on the issues that contribute to poor wellbeing for Muslims in Australia – because these issues are poorly understood, they therefore remain largely under-addressed • There is a lack of research on the risk and protective factors for Muslim wellbeing • There is lack of evidence for ‘what works’ to improve the wellbeing of Muslims in Australia

Table 1: Barriers to accessing and utilising mental health services in the Muslim community

These barriers can often inhibit help-seeking and uptake of early intervention support services. Again, using the CALD community as a proxy for the experience of Muslims in Australia, research on the utilisation of mental health services in CALD communities indicates that people from CALD backgrounds:⁵

- Are under-represented in mental health service access and utilisation figures, for both community and voluntary inpatient services
- Typically present late to mental health services and are therefore generally more unwell and have longer inpatient stays than the mainstream population
- Are over-represented in involuntary admissions to mental health services, indicating a delay in accessing services until crisis point

In addition to mental health challenges, social isolation is a growing challenge facing Muslims across the country. A recent report mapping social cohesion indicates that the level of negative sentiment towards those of the Muslim faith and by extension to immigrants from Muslim countries, remains a factor of significance in contemporary Australian society.⁶ This entrenched climate of anti-Muslim sentiment, can isolate Muslims from the broader Australian community. Such social isolation and loneliness can impact a person's physical and mental health and has been linked to mental illness, emotional distress, and suicide.⁷

Unfortunately, there is very little research on Muslim wellbeing in Australia, making it difficult to accurately size the problem and inform better practice, funding decisions and inclusive policy

As highlighted above, there is a lack of research on Muslim wellbeing in the Australian context, including information around mental ill health and social isolation; therefore, very little is known about the incidence and prevalence of mental health issues and/or isolation in the Australian Muslim community. Without this data, service providers and government are unable to effectively respond to these largely unaddressed issues, leading to decreased individual and community wellbeing.

This lack of data also makes it difficult to accurately state the true size of the problem. In the general Australian population, it is estimated that 1 in 5 (20%) of people (aged 18-65) will experience a common mental health disorder in any one year.⁸ There are currently over 600,000 Muslims living in Australia. If we assume that the prevalence of mental health issues in Muslim Australians is similar to that of the broader Australian population, it is estimated that around 85,000 Muslims (aged 16-85) will experience a mental health issue in any one year.

If, however, we assume the prevalence of mental health issues in Muslim Australians is similar to other vulnerable populations (for example, the prevalence for Aboriginal and Torres Strait Islander communities stands at 30% in any one year), this could mean up to 130,000 Muslims are likely to experience mental health issues in any one year.⁹

⁵ Multicultural Mental Health Australia (2014) *The State of Play: Key Mental Health Policy Implications for CALD communities*

⁶ Scanlon Institute (2019) *Mapping Social Cohesion*

⁷ <https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness>

⁸ <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/summary-of-mental-health-services-in-australia/prevalence-impact-and-burden>

⁹ <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>

Currently, Muslims make up 2.6% of the Australian population. This population is expected to grow at a faster rate than that of the broader Australian population due to higher birth rates and recent immigration patterns.¹⁰ There is therefore a recognition of the growing need to ensure these communities are able to access the culturally responsive support they need to maintain strong mental health and wellbeing.

The potential cost of not focusing on improving mental health and wellbeing to the economy is significant

Delayed treatment can not only delay recovery rates and worsen prognosis, but it can also significantly increase the social and economic costs to individuals, their families and the broader health system, as longer and involuntary hospital stays increase the cost of care that may have been prevented through earlier intervention and prevention.¹¹

According to the Productivity Commission, it is estimated that mental ill health costs the government between **\$237 billion and \$290 billion** every year. These costs fall into five main groups: loss of participation and productivity in the workplace; cost of health services and informal care; costs to the economy; and cost of disability and death.

Working to the conservative assumption made earlier, whereby one in five Muslims experience mental ill health, it is estimated that mental ill health in the Muslim community could end up costing between **\$232.1-\$284.8 million** annually.

Cost of Muslim mental health in Victoria			
		Min range	Max range
Total cost of Muslim mental ill health in Victoria (all ages)	\$M	232.1	284.8
Loss of participation and productivity	\$M	12.0	38.3
Cost of health services	\$M	15.2	15.2
Cost of informal care	\$M	15.0	15.0
Cost to economy	\$M	42.1	68.4
Cost of disability and premature death	\$M	147.9	147.9

Assumptions: *The above calculations assume that the mental ill health prevalence rates were equivalent to the broader Australian population (20%) to calculate the proportion of Muslims living in Victoria with a mental health issue in any one year. This figure was then used to calculate the total cost of Muslim mental ill health in Australia, based on total estimated costs of mental illness and suicide outlined in the Productivity Commission Inquiry report¹²*

Table 2: Cost of mental ill health in the Muslim community in Victoria

¹⁰The Muslim population increased by 56% between 2006 and 2016, while the Australian population increased by 17% in the same period. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Religion%20Article~80>

¹¹ Multicultural Mental Health Australia (2014) The State of Play: Key Mental Health Policy Implications for CALD communities

¹² Productivity Commission Inquiry Report, Mental Health (June 2020), ABS population data (2016 Census)

2. CMW Strategic Response

The Centre for Muslim Wellbeing aims to increase the wellbeing of Muslim communities across Victoria, focusing on mental health and social connection in the first instance

The Centre for Muslim Wellbeing ('CMW') has a vision of being a leading provider of services that builds flourishing individuals and vibrant communities in Victoria. It will do this by creating bridges that connect individuals to their neighbours, their community, society and ultimately to their full potential and purpose.

CMW will achieve this through focusing on prevention and early intervention, raising awareness of the issues of mental health and social isolation within community and ensuring community members have the support they need before they get to crisis.

The unique nature of CMW's offering in the mental health and wellbeing space comes, however, not only from what it offers, but also from the approach it takes to how its services are provided:

- We recognise the important role that spiritual wellbeing plays for Muslim communities in achieving mental wellness – as a result, CMW will focus on creating more culturally responsive services and support to ensure this spiritual wellbeing is front-of mind
- It acknowledges the importance of Ummah, or 'community' – this is its driving force and will ensure that its services are appropriate to all Muslim communities regardless of background or origin and moves away from just considering the individual to looking at the community that surrounds them
- It is run by Muslims, for Muslims, and will therefore act as a bridge into communities which would otherwise not be accessible to providers of mental health and wellbeing services

Whilst wellbeing is multifaceted, as a starting point CMW will focus on addressing mental health and social isolation based on where there is greatest need and opportunity for impact. Figure 1 below highlights CMW's emerging view of what wellbeing might look like for Muslims in the Australian context.

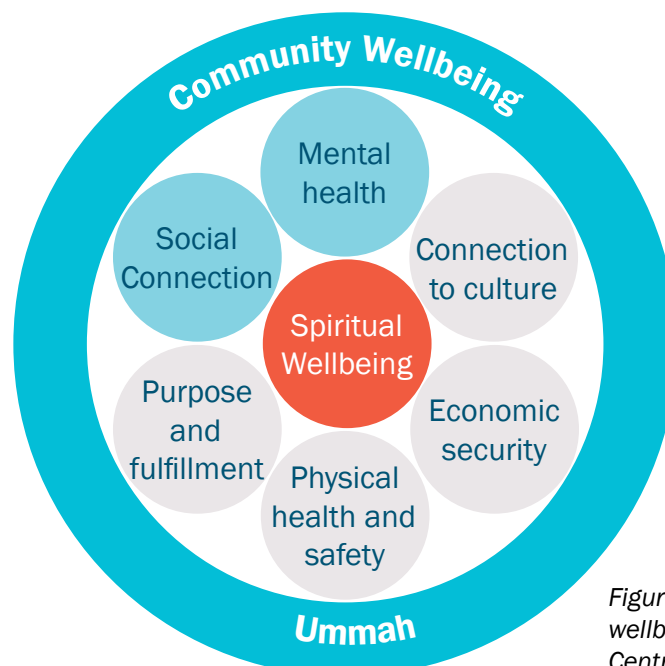


Figure 1: Working definition of Muslim wellbeing in Australia, developed by Centre for Muslim Wellbeing

CMW’s approach to achieving wellbeing is threefold:

1. Building awareness and capacity within community
2. Strengthening the capacity of mental health providers
3. Conducting Research and sharing evidence of “what works”

1. Building awareness and capacity within community

Through working with community members, community organisations and community leaders, CMW will focus on creating networks where individuals can access information and culturally responsive support that will allow them to manage their wellbeing. Figure 2 shows the expected impact of focusing on these areas



Figure 2: Focus of community engagement

2. Strengthening the capacity of mental health providers

Ensuring as many Muslims as possible can access culturally responsive services requires an increase in the number of providers who can deliver these services.

The second element of CMW's offering therefore will focus on building the capacity of mainstream mental health providers through training, providing them with access to supporting materials and establishing connections with community members who require support. By acting as the bridge between service providers and community, CMW supports improved access, inclusion and understanding between stakeholder groups. Figure 3 demonstrates the expected impact of this second element.

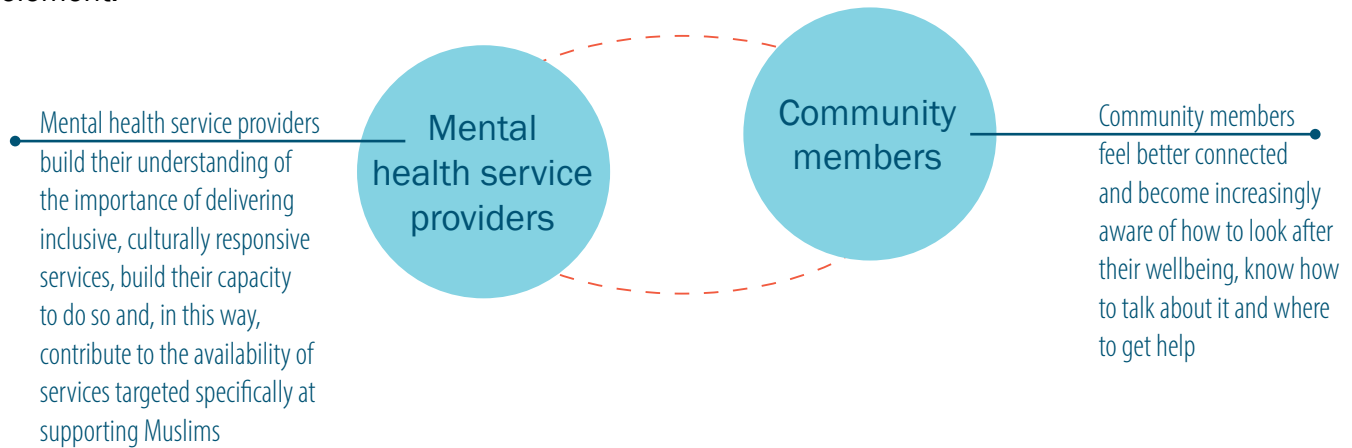


Figure 3: Focus of building capacity of mental health service providers

3. Conducting Research and sharing evidence of “what works”

The third element of CMW's response to addressing gaps in the mental health and wellbeing space is a focus on conducting or commissioning research to understand the size and nature of the issue and building an evidence base for 'what works' to improve Muslim wellbeing. CMW will use this growing body of research to raise awareness of and advocate to government for more inclusive policies and greater investment in Muslim mental health and wellbeing.

This third element will work with government at local, state and federal levels to inform policy, run community events and ensure community can access relevant information about the service offering. Figure 4 shows the value to government of this element.

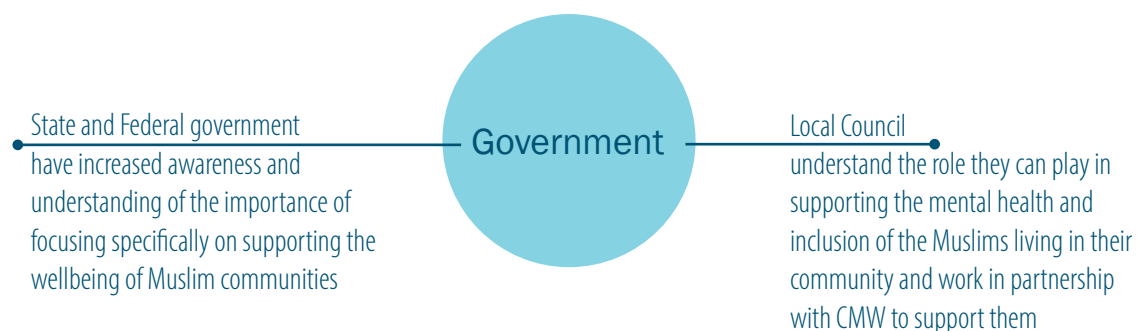


Figure 4: Focus on supporting government

Overall, when considered together, these three elements will complement each other to enhance community wellbeing and resilience.

Overtime, CMW will strengthen existing community assets, collaborations and networks, and it will create role models within the community who can drive behaviour change. It will focus on creating opportunities for the organisations and leaders in Muslim communities to connect and build partnerships with other mental health and wellbeing providers directly allowing them to grow organically. And it will work with these communities to capture data on ‘what works’ and build up an evidence base that they can subsequently use to inform program design and advocacy efforts.

Figure 5 lays out the change that CMW will look to achieve through the delivery and interaction of these three elements.

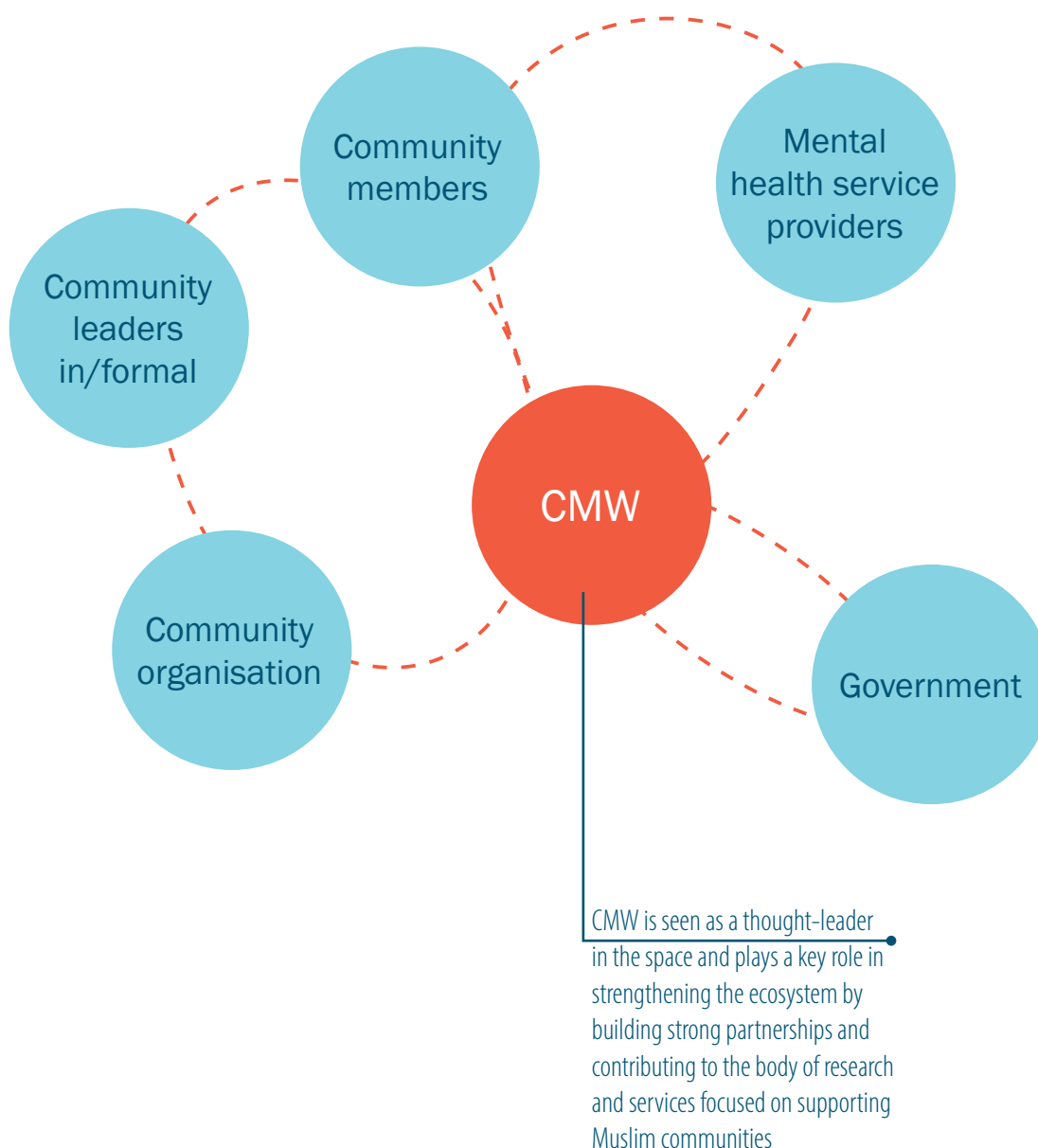


Figure 5: Ecosystem of support and the resulting impact for all players

3. CMW - Service Model

3.1 Guiding principles in service design

CMW was designed based on the principles of inclusion, participation, self-determination, evidence and building a sense of belonging

CMW's services have been conceived and designed by representatives of the Muslim communities, to respond to needs identified within those communities. There is an acknowledgment that the Muslim communities in Australia are incredibly diverse, speak different languages and also have different needs.

To that end, we have developed a set of global principles which will inform how we deliver our services to ensure they are respectful and inclusive of the broad range of backgrounds, cultural and religious identities of the Muslim community within Australia (see Figure 6). All of CMW's proposed service offerings are also in alignment with a number of recommendations in the Royal Commission into Mental Health.



Figure 6: CMW's guiding principles

3.2 High level service offerings

CMW's services seek to build understanding and capacity within community, as well as support key stakeholders serving the community to improve access, inclusion and delivery of services

As noted above, CMW is setting out to create an ecosystem of culturally responsive mental health and well-being services within the community with a view to normalising the conversation in the longer-term. It will achieve this objective through an integrated service offering that focuses on education, capacity building and awareness raising. As CMW's role in the ecosystem evolves and strengthens over time, it will adapt these services to meet the changing needs of the community.

Promoting awareness and building capacity within community



1. Community outreach:

CMW to deliver training to formal and informal community leaders around mental health and wellbeing.

Aligns with **Recommendation 34** - Royal Commission into Mental Health: Working in partnership with and improving accessibility for diverse communities.

- Makes sure that Victorians, no matter what their first or preferred language, hearing, literacy or neurocognitive ability is, have access to mental health and wellbeing information. As well as support and ways they can communicate throughout the mental health and wellbeing system



2. A service navigator:

A CMW staff qualified to deliver mental health and wellbeing services, the 'navigator', will answer key questions and refer community members on to appropriate and accredited service providers.

Aligns with **Recommendation 7** - Royal Commission into Mental Health: Identifying needs and providing initial support in mental health and wellbeing services.

Health and wellbeing services provide three 'needs identification and initial support' functions: including provide three 'needs identification and initial support' functions: a. access and navigation support b. first support discussions c. full needs assessment and planning discussions.

It also compliments **recommendation 34**.

- Makes sure that Victorians, no matter what their first or preferred language, hearing, literacy or neurocognitive ability is, have access to mental health and wellbeing information.
- Support ways they can communicate throughout the mental health and wellbeing system.
- Supports Victoria's diverse communities to navigate the mental health and wellbeing system



3. Community building activities:

CMW will partner with local council and community organisations to either run or participate in community events with the broader Australian community to raise awareness of the topic.

Aligns with **Recommendation 15** - Royal Commission into Mental Health: Supporting good mental health and wellbeing in local communities

Building the capacity of mental health providers



4. Training and capacity building:

CMW to deliver capacity building training to mainstream mental health service providers in the areas of clinical and organisational cultural intelligence. In addition, CMW will act as a bridge, connecting service providers with community members and community organisations to increase access and inclusion and understanding.



Aligns with **Recommendation 52** - Royal Commission into Mental Health: Improving the quality and safety of mental health and wellbeing services.

- promote awareness and understanding of high-quality service delivery across the mental health and wellbeing system
- work with people with lived experience to design programs to improve quality and safety
- produce practice guidelines and frameworks.

Building and sharing the growing evidence base of “what works”

5. **Research and evidence building:**

CMW will partner with Universities to conduct research around the experience of mental health in Muslim communities, contributing to the existing evidence base.

Aligns with **Recommendation 34** - Royal Commission into Mental Health: Working in partnership with and improving accessibility for diverse communities

6. **Policy and advocacy:**

Based on research findings and a growing evidence base of what contributes to wellbeing in Muslim communities, CMW will advocate to local and state and federal government.

Aligns with **Recommendation 34** - Royal Commission into Mental Health: Working in partnership with and improving accessibility for diverse communities

In addition to the service offerings listed above, CMW also offers a digital hub, where any individual can access relevant information on mental health and wellbeing.

7. **Digital information hub:**

An online information hub providing information on mental health and wellbeing for community members, community organisations, mental health providers, and government. The hub represents an important building block that will enable CMW to leverage new ways of supporting the community in line with the anticipated digitisation of mental health services in the future.

Aligns with Recommendation 34- Royal Commission into Mental Health: Working in partnership with and improving accessibility for diverse communities.

- Develop digital technologies to deliver language services that help people access and engage with mental health and wellbeing services

In the longer-term, CMW’s services will lead to:

- More Muslims being able to better manage and maintain their wellbeing;
- Muslims having a stronger sense of belonging in community;
- An eco-system made up of stronger and more collaborative organisations focused on mental health and wellbeing; and
- Strengthened wellbeing and resilience across the community.

Further detail on each of these services can be found in Appendix 1.

3.3 Partnerships and Collaboration

CMW will adopt a partnership approach to create a more collaborative eco-system that supports the wellbeing of Muslim people and communities in Victoria

The team at CMW acknowledge that working with communities to strengthen their approach to mental health and wellbeing is complex and believes in the value of collaborating for more impact. To that end, CMW will be responsible for the direct delivery of specific services whilst other services will be delivered in collaboration with partners.

The key partners CMW will collaborate with in delivering the services in the first instance are outlined in Figure 7 below.

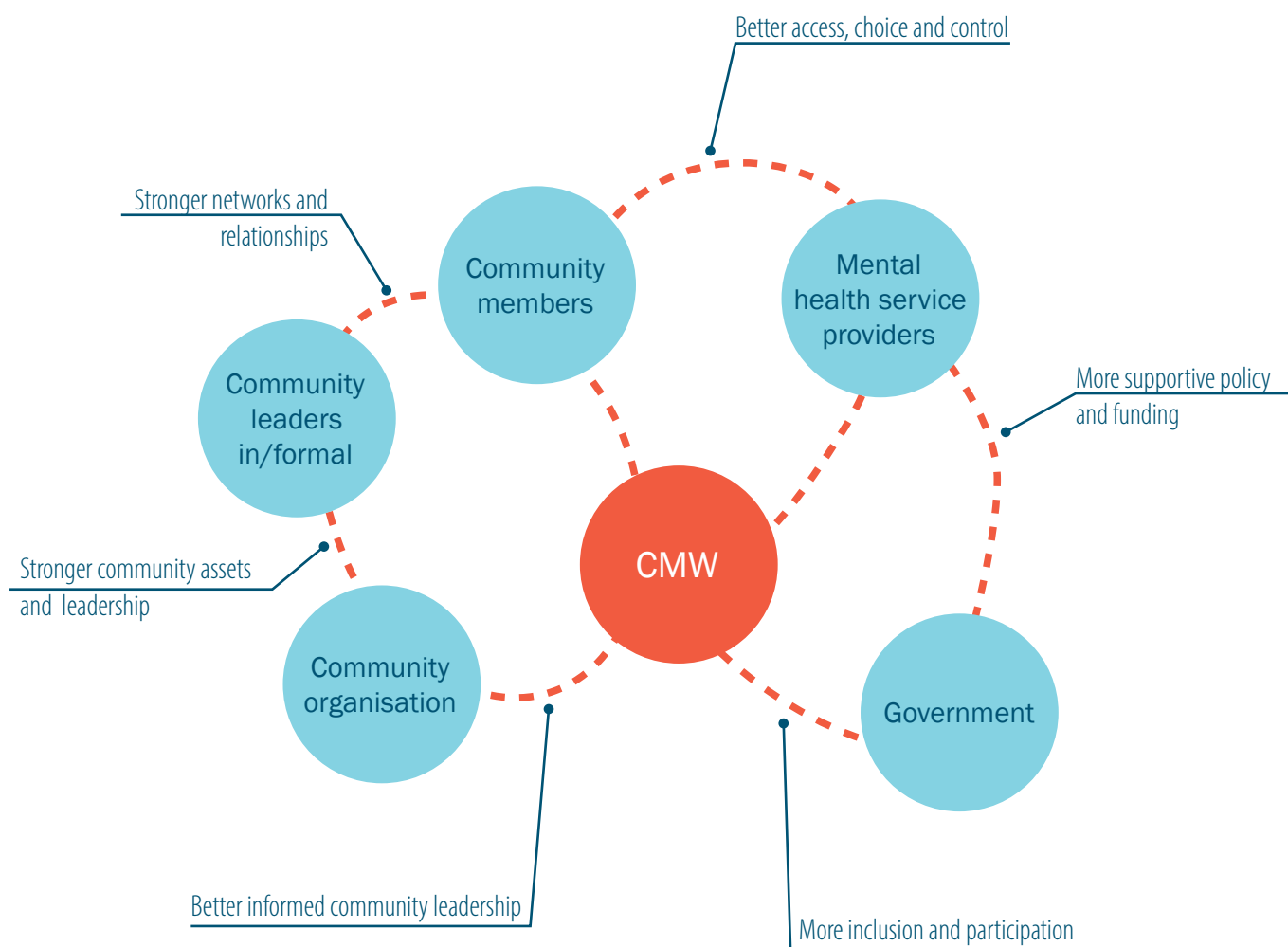


Figure 7: Connections the Centre will develop and/or strengthen

Community Leaders:

Formal and informal leaders have an influential voice in the community; people listen to them, and they have the ability to drive change. Formal leaders who will have an important role in changing the conversation around mental health and wellbeing include Imams and teachers. Informal leaders are more difficult to identify as they are dependent on the community context. These will be identified on an ongoing basis.

Community Organisations:

These organisations may not provide mental health services but are often the first point of contact when community members look for support. This might include the local library or community centres.

Community Members:

This would include friends, family and individuals who will either access the services or encourage others to access the services. Some community members will also be formal or informal leaders.

Mental Health Service Providers:

Mainstream providers have an important role to play in delivering mental health support services – the focus needs to be on building service providers' cultural intelligence by adapting their information and service offering for Muslim communities. The specific organisations with whom CMW will want to partner will depend on the level of interest and capacity of the organisations but target partners might include Lifeline, Movember, Beyond Blue, and Embrace Multicultural Mental Health.

Local Government:

At the local level, many councils with diverse populations have Multicultural Action Plans (eg. Whittlesea City Council) focused on celebrating diversity, encouraging open dialogue about important community topics and bringing community together. Partners at the local council level will provide CMW with a voice-piece to share our messages with the broader community.

State and Federal Government:

At the state level, the focus will be on raising awareness of the importance of Muslim wellbeing through policy submissions and building relations with departments such as Dept. of Justice & Community Services. At the federal level, the focus will be on the Multicultural Affairs and Social Cohesion Division.

3.4 Integrated service offerings

User journey maps help illustrate how community members might engage with the Centre and highlight the synergies across CMW's service offering

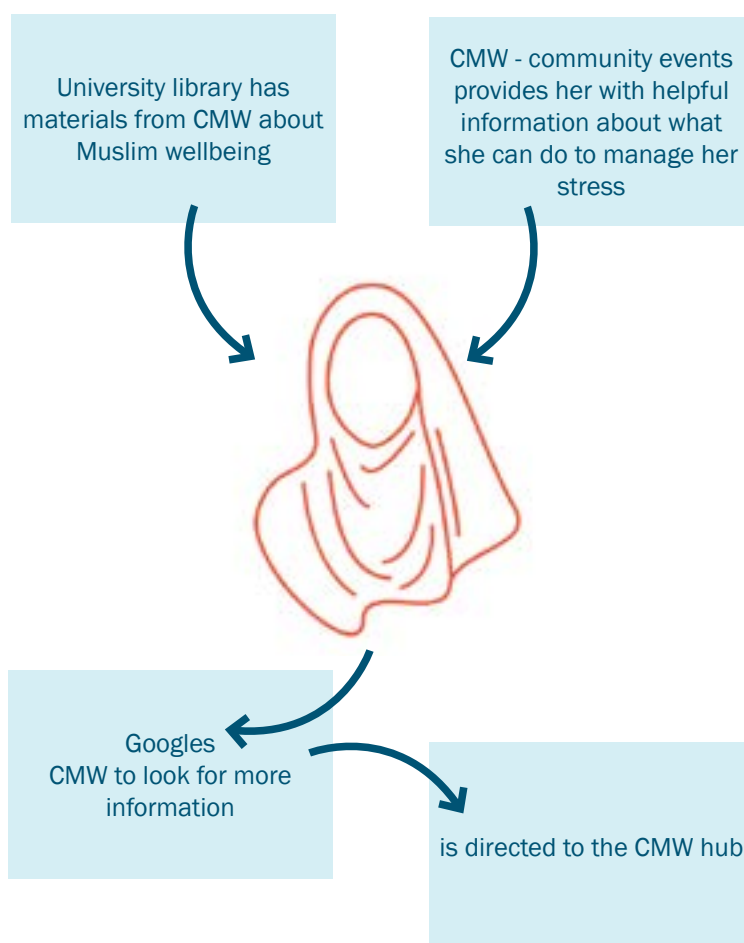
The CMW has a vision of providing support to all Muslims. To achieve this, the service offering of the CMW has to be agile and flexible to adapt to different needs and differing levels of capabilities, digital literacy and a grasp of the English language.

To test the service offering and bring it to life, we have developed a set of 'personas' to illustrate how community members from different backgrounds and with different needs might engage with the Centre.

Persona 1: Sarah

- Twenty four year old Australian born Indonesian
- Very ambitious and focused on her growth and development, loves learning and attending seminars
- She is also trying to navigate her friendship circles and maintain relationships
- She finds herself stressed at university and wants to know what she can do to better manage her stress.

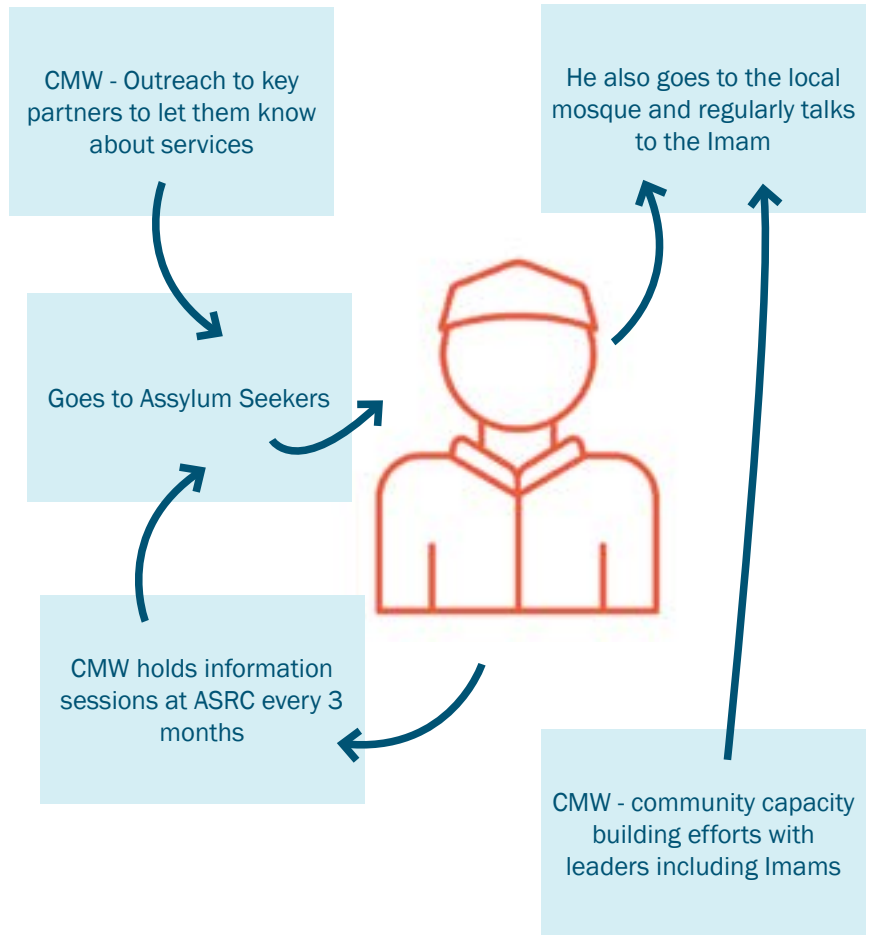
Outcome: Sarah develops a set of coping mechanisms for how she is able to manage her stress and is feeling much more comfortable with her workload and getting a better balance between her studies and her personal life



Persona 2: Ibrahim

- Refugee from Eritrea in his 30s. Had a long journey with his family to live with his family
- Came with his wife and 2 young children
- Is unemployed but wife has found work in the community more readily

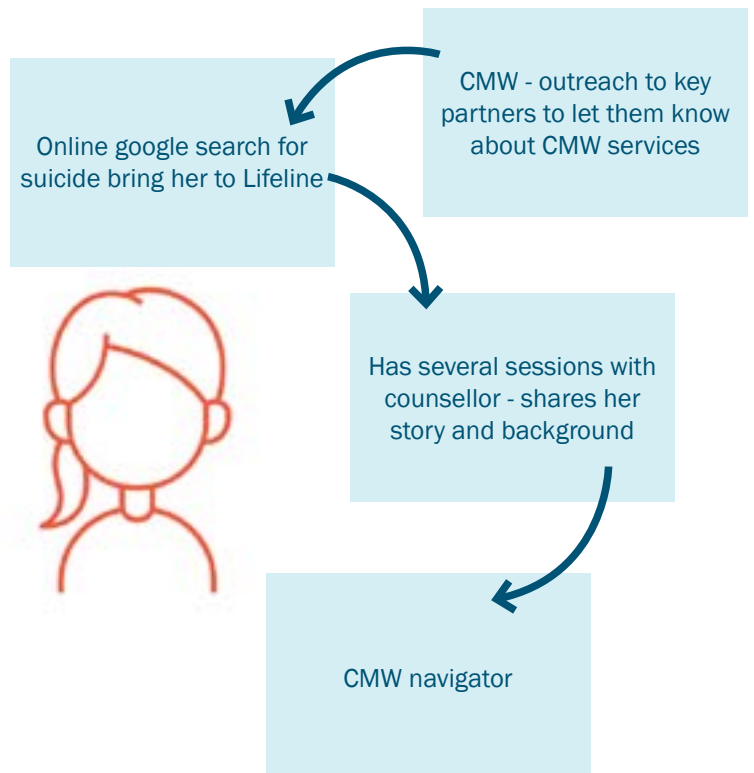
Outcome: Ibrahim is still working up the courage to talk to someone about his situation but is aware of the Centre for Muslim Wellbeing



Persona 3: Iman

- Second generation born Muslim of Pakistani culture. Lives with divorced mother and has eating disorders
- Wants to feel part of a social group that revolves around social media
- Can't speak to her mum about her feelings
- Iman is struggling to live in two worlds

Outcome: Iman feels less alone and knows who she can contact if she needs it



4. Governance and oversight

CMW is governed by community leaders with deep governance experience, expertise in wellbeing and strong connections to community

CMW's Board is comprised of outstanding community leaders with extensive experience in governance, as well as mental health and wellbeing.

The Board will have a key role to play in the roll-out and scale-up of the Centre both through drawing on their subject matter expertise and their connections into Muslim communities across Victoria. More specifically, the Board will have an important role to play in both the set up and ongoing operations of CMW:

- Leverage their networks and reputation within the sector to identify key community organisations with whom to partner and potential candidates for all new roles
- Raise the profile of the CMW and its specific offering across communities
- Provide input into the development of the organisation's strategy, supporting the Executive Officer to define a clear set of manageable goals
- Oversee management, performance, strategic direction and financial position on an ongoing basis, providing guidance as required
- Support with fundraising efforts, including engaging with philanthropy and identifying potential funding sources

Sherene Hassan, Chair



Sherene Hassan is the Director of Education and Community Engagement at the Islamic Museum of Australia. She served as vice president, and executive committee member of the Islamic Council of Victoria for eight years.

To date she has conducted over 1000 information sessions on Islam to diverse audiences ranging from the Flying Fruit Fly Circus School to the Australian Federal Police. Sherene has been involved in interfaith dialogue since 2001 and is passionate about building bridges with the wider community.

In December 2007, Sherene was selected by the Age newspaper as one of Melbourne's 100 Most Influential people. In 2016, Sherene was selected as 'Muslim Woman of the Year' at the Australian Muslim Achievement Awards (AMAA). In January 2018 Sherene was awarded a Medal of the Order of Australia (OAM). Formerly a chemistry and physics teacher, Sherene is married with four children.

Figure 11: CMW staff's roles and responsibility

Maryum Chaudhry, Deputy Chair



Maryum is Deputy Chair of the Board of the Centre for Muslim Wellbeing, General Manager at the Islamic Museum of Australia and President of the Sanad Foundation. She believes education is our greatest asset to create positive societal change and meaningful connections.

She was previously a Commissioner for the Victorian Multicultural Commission, Vice President of Islamic Council of Victoria (ICV) and CARE With ME (foster care), a member of the Women's Legal Service of Victoria, Alumni of the Williamson Leadership Program and an AFL Multicultural Community Ambassador.

Maryum has experience in strategic advisory and engagement roles for government, corporate and not-for-profits organisations across a range of areas: Taxation, Education, Media, Multicultural Affairs, and Youth Engagement. She has studied a Bachelor of Business at RMIT University and Executive Master of Arts at University of Melbourne.

Ian Francis Horne, Treasurer



Qualifying as an Accountant in New Zealand, Ian's working life encompassed a range of finance and business management roles across various industries and in a number of countries.

In the two decades prior to retiring in 2015, his professional focus was on roles in NGO and welfare organisations including Hanover Welfare Services; which supported the homeless in Melbourne, SNAICC, an Indigenous PEAK body, and The Brotherhood of St Laurence; latterly in its Research and Policy Centre. Ian was appointed to the Board of CMW and as Treasurer in mid-2019.

Dr Senem Eren, Executive Member



Dr. Senem Eren is a Psychologist and Researcher with over 16 years of experience as a clinician working across private practice, hospital settings and schools. She is particularly passionate about supporting and empowering driven women to succeed in their entrepreneurial goals without sacrificing their health, wellbeing and happiness. She is a sought after public speaker and has delivered training to over 300 organizations globally in the fields of mental health and wellbeing.

Senem has previously served on the boards of Care With Me (Foster Care) and the Moonee Valley Interfaith Network and is also the founding member of Green Crescent Australia, a not-for-profit organization that provides culturally intelligent education and awareness programs for substance and behavioural addictions in CALD communities. She is currently a lecturer at Ibn Haldun University in Turkey where she teaches positive psychology and cross-cultural counseling to postgraduate psychology students.

Monique, Executive member



Monique is the Managing Director and Principal Psychologist of Nasihah Consulting Group. – Northern Psychology Clinic. She has delivered Psychological services to clients across the lifespan for the past 23 years. Over the last two decades she has managed countless types of therapy and psycho-education programs for adolescents, parents and adults. She has delivered hundreds of presentations at conferences and seminars in the areas of mental health awareness, family violence & respectful relationships, Intercultural awareness & Cultural Intelligence (CQ). She was for 6 years the lead Lecturer in the Master of Clinical Counselling course at the Australian Catholic University (ACU Melb) in Multicultural counselling. Monique has a special interest in the role of mental health, wellbeing and faith/spirituality and has delivered psychological services, project management and professional consulting services to over 40 Australian Muslim organisations. She has been seen on ABC TV Hungry Beast, Lateline, featured in The Australian, The Age, The Herald-Sun, ABC & 3AW radio, 2016 Melbourne Writer's Festival and recently delivered the 2017 Tasmanian Annual Peace Trust Lecture. Monique also delivered the talk 'Culture eats individuality for breakfast' at TEDx Docklands (2019).

Faye Spiteri, Executive member



With a B.A., Grad Cert in Public Relations, Faye is an accomplished strategist with an excellent record of moving strategic ideas through to successful implementation, underpinned by practical, sound governance. She has led organisations - through clear vision and strong purpose - to meet rigorous governance standards in social and financial performance, accountability, and transparency to create value and build social capital for social impact. She was an executive leader within the Clemenger Group for 17 years as Communications Director for Cultural Perspectives and more recently a Partner at Hall & Partners.

Faye is currently working as an advisor to the Victorian Government as Strategic Lead, Yarra Action Plan. Faye was the first female President and Board Chair of Fronditha Care, a leading provider of aged care services. She recently retired as Board Chair of inTouch, Multicultural Centre Against Family Violence, a role she held for the last 10 years; she led that organisation to become a recognised leading provider of services for women, children and families experiencing family violence. Faye has continued to support the work of inTouch through her role as Patron of inSpire. She is a current Parkinson's Victoria Board Director. Passionate about achieving better social outcomes driven by genuine collaboration and engagement, she was recognised for her contribution to driving social change and awarded the Victorian Premier's Achievement Award in 2001. In 2019, she was recognised for her significant contribution to the Victorian community and inducted to the Victorian Honour Roll for Women.

5. Appendix

5.1 Detailed service design

CMW's service offerings seek to engage and build the capacity of community members, community organisations, mental health providers and government

Community outreach and education:

Community outreach and education services will be delivered to community members in partnership with existing community organisations and through formal and informal community leaders. The aims of this service are to:

1. increase the communities' awareness and understanding of wellbeing;
2. support organisations and leaders to recognise when a community member needs support; and
3. know where to refer the community for support. By supporting community members, organisations and leaders to understand wellbeing and reach out for support, the ultimate aim of this service is to support community members to seek support earlier.

Evidence shows that earlier intervention and support can reduce the risk of an individual reaching crisis.¹³

- For community organisations and formal leaders, CMW will identify and develop strategic partnerships with community organisations and formal leaders. CMW will work alongside key partners to co-design and co-deliver educational workshops on wellbeing, how to have conversations about wellbeing, supports available to the community and CMW's role in supporting better wellbeing.
- For informal community leaders, CMW will engage with informal leaders from the community and support them to 'change the conversation' about wellbeing. This will involve an 'Ambassadorship' model, where CMW identifies and engages influential leaders in the community to become 'Wellbeing Ambassadors'. CMW will deliver formal training to these Ambassadors, to build their awareness about how to enhance and maintain positive wellbeing, change the conversation about wellbeing and role model healthy behaviours. The Ambassador will play a key role in influencing community attitudes using multi-modal communication channels, for example, social media and keynote speeches at community events.

Service Navigator

CMW's team will include a "navigator," someone who community members can call with questions and/or seek support in navigating the service system. This person will answer questions from community members and refer individuals onto the appropriate services when required.

This is a critical service offering, as not all community members are digitally literate, and given the sensitive natures of mental health, community members may prefer speaking to someone directly about their options.

¹³ Urbis (2015), Invest now, save later. The economics of promotion, prevention, and early intervention in mental health. page 24

Training and capacity building for service providers

CMW's training and capacity building service will target mainstream mental health service providers. The aims of the training and capacity building service are to:

1. build awareness, knowledge and capacity of mental health service providers to deliver culturally responsive clinical support services to the Muslim community; and
2. enhance service providers access to and inclusion of the Muslim community at an organisational level.

There are two components to this service:

- Clinical capacity building – CMW will develop training modules, educational materials and resources for service providers on culturally responsive service delivery in the Muslim context.
- Organisational capacity building - Provision of training and resources on Muslim wellbeing for partners to include on their website and share through various communication channels to improve inclusion, reach and access to the Muslim community.

To ensure CMW can deliver these services at scale, the Centre will adopt a 'train the trainer model'. In the first instance, CMW will partner with existing multicultural mental health service providers and deliver training directly to these organisations on how best to engage with and support the Muslim community. Once these organisations reach a certain level of competence, CMW will support these organisations to deliver training and capacity building to other mental health service providers using this 'train the trainer' model.

Research and evidence building

CMW will partner with community organisations and mental health service providers to co-develop research priorities. The Centre will then partner and/or commission research in collaboration with research institutes on priority research questions around Muslim wellbeing. The organisation will use this research in a number of ways:

- Publish and share research findings on CMW website;
- Incorporate research findings into mental health education, training and capacity building services;
- Present relevant research findings at conferences and community events;
- Share research findings with partners, service providers, community organisations and government;
- Use research findings to inform policy and advocacy work.

In addition to developing new research, CMW will collect and consolidate existing research into one single location (the Digital Hub), making it easy for stakeholders to access the most up-to-date information concerning Muslim wellbeing.

Policy and advocacy

Based on findings from new and existing research, CMW will partner with community organisations and/or peak bodies to develop and publish policy positions. These policy positions will help inform government on the wellbeing needs of Muslims living in Australia.

This offering will allow CMW to elevate the voice of community and local providers, consolidating grassroots knowledge and experience to inform policy.

Community building activities

CMW will partner with community organisations and/or local governments to co-convene community building initiatives that celebrate diversity, inclusion and wellbeing. For example, CMW might partner with local council to host an event about the value of diversity in community or how to deal with racism.

Digital information hub

Underpinning all of CMW's work is a digital information hub where all stakeholder groups can find information and resources on wellbeing, mental health, and available support services. The online hub will have information customised to each of the target stakeholder groups, sharing relevant curated resources created by organisations across the country. CMW will also develop bespoke content to fill information gaps that might exist. In addition to key information on mental health and wellbeing, the digital hub will also include a directory of culturally responsive support services and a calendar of events focused on wellbeing. The hub represents an important building block that will enable CMW to leverage new ways of supporting the community in line with the anticipated digitisation of mental health services in the future.

5.2 Detailed outcomes

The ultimate aim of CMW is to improve the wellbeing and increase the resiliency of the Muslim community across Australia. By delivering the services detailed in Section 3, the organisation aims to achieve outcomes for each of the key stakeholder groups.

CMW has identified a set of priority outcomes that it is looking to achieve through its service offering and which will be used to determine whether it is achieving the impact it set out to achieve.

