



**MHMA**  
Mental Health in Multicultural Australia



Framework for Mental Health  
in Multicultural Australia:  
*Towards culturally inclusive service delivery*

Workforce implementation guide

# Key Outcome Areas

## Workforce implementation guide

# Key Outcome Areas



This Framework has been closely aligned with current Commonwealth and state and territory policies and plans in mental health and the multicultural fields and has also been aligned with current safety and quality requirements and mental health standards. The four key outcome areas of this Framework are the result of this process of analysis and alignment.

### Consumer, carer and family participation

Participation from consumers and carers leads reform and improves mental health services. It benefits services, consumers, carers and families. CALD consumer and carer participation generally lags behind mainstream levels.

The creation of culturally inclusive participation opportunities will extend the benefits of participation to CALD consumers, carers and families, producing more equitable outcomes.

### Safety and quality

Safety and quality practices underpin all mental health service activities. Despite the current governance frameworks and standards, CALD consumers receive poorer quality of care and are more likely to be exposed to adverse safety risks.

The implementation of quality and safety standards in a culturally inclusive way, results in CALD consumers and carers experiencing improved safety and quality.

### Promotion, prevention and early intervention

Promotion, prevention and early intervention are key components of contemporary mental health policy and plans. Programs with a broad focus generally do not engage CALD populations. These types of programs may fail to reduce health inequalities or may even increase existing inequalities.

Culturally tailored programs produce better outcomes for CALD communities and facilitate equitable access to programs and services.

### Workforce

Culturally inclusive policies, practices and programs can only be effectively implemented through a culturally responsive workforce. Cultural responsiveness is directly linked to health outcomes and it is therefore important that the Australian mental health workforce has the skills to work effectively with our diverse population.

A culturally responsive workforce is able to provide culturally and clinically competent mental health care in their local communities.

## Workforce implementation guide

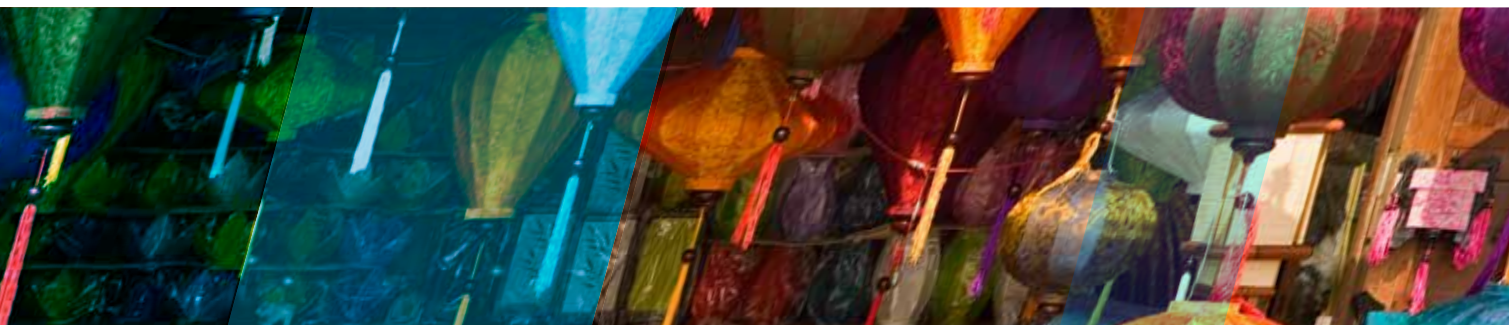
# Levels of achievement



The workforce implementation guide has three levels of achievement that align with outcome indicators and practical strategies to improve cultural responsiveness.

The three levels of achievement are:

Entry	This level reflects an awareness and understanding of culturally responsive mental health service delivery and practice, and a commitment to further develop professional practice. Clinicians and workers may have demonstrated occasional examples of good practice; however an integrated approach still needs to be developed.
Developing	This level reflects a proactive approach to the implementation of culturally responsive practices. Clinicians and workers at this level demonstrate culturally targeted approaches and strategies, specialist skill development in culturally inclusive practice and the integration of cultural responsiveness into systems and practice. Achievement at this level reflects a move away from 'one-off' examples, towards an approach that allocates time to ongoing learning and professional development.
Advanced	This level is achieved when clinicians and workers are considered leaders within the field of cultural responsiveness in mental health service delivery and practice. Cultural responsiveness is integrated and embedded as core practice and routine evaluation of individual practice informs service improvements to meet the needs of CALD consumers and carers.



**Workforce implementation guide**

**Key Outcome Area 1**

# **Consumer, carer and family participation**

## Workforce implementation guide

### Key Outcome Area 1

# Consumer, carer and family participation



Consumer and carer participation is a central tenet in policies and plans. Set standards and benchmarks are outlined in the *National Standards for Mental Health Services (2010)*. Participation encompasses a range of processes in which consumers, carers and family members are engaged to have their say at both individual and system levels and in the planning, development, delivery and evaluation of services.

CALD consumer and carer participation varies across jurisdictions, and generally lags behind mainstream achievements in participation. There are important factors to consider and acknowledge when working with CALD consumers and carers:

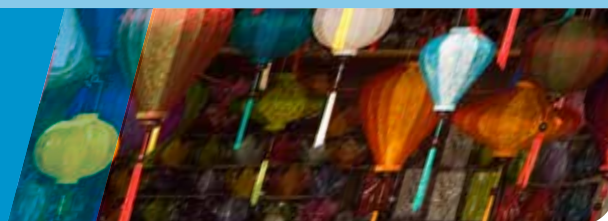
- Consumer and carer participation may be understood differently by diverse cultural groups.
- The consumer concept originated in western consumer-driven societies.
- CALD communities may not share ideas around the role of the consumer, the bio-medical mental health system or the concept of choice and power.
- The variety of mechanisms that are generally used to facilitate consumer and carer participation may not be applicable to CALD consumers, carers and their families.

The key cultural factors impacting participation levels are known to be:

- Familiarity with the concept of consumer participation
- Familiarity with, and acceptance of, concepts of advocacy
- Unrealistic expectations
- Mechanisms (e.g. committees, voluntary/paid advocates) which are linked to cultural values
- Diverse and varied understandings of mental health and mental illness which may impede group processes.

Barriers such as stigma and shame, differing explanatory models of mental illness, low levels of mental health literacy, inappropriate or unfamiliar engagement strategies, and language barriers must be addressed before meaningful participation can be achieved.

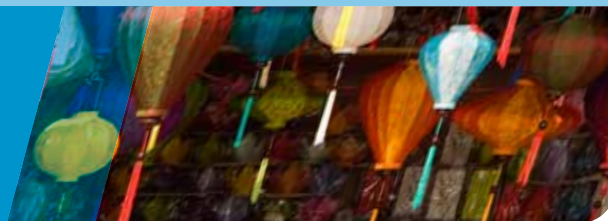
# Consumer, carer and family participation



CALD consumers and carers effectively participate at all levels of mental health service planning, delivery and evaluation.

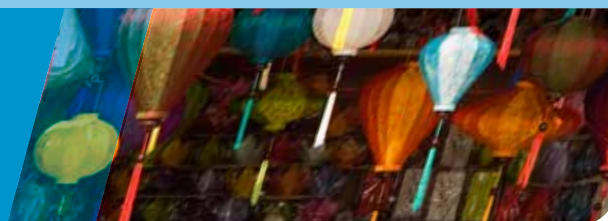
Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 1.1:</b> CALD consumers and carers are represented on committees and mechanisms in relation to service development, planning, service delivery, implementation, evaluation and policy development			
Entry	I accept and respect the importance of CALD consumer and carer participation in their treatment and care plan.	<ul style="list-style-type: none"> <li>★ The Queensland Transcultural Mental Health Centre (QTMHC) – CALD Consumer Participation Model <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/model_cald_cons.pdf">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/model_cald_cons.pdf</a></li> <li>★ Victorian Transcultural Mental Health’s Spectrum of Cultures Mental Health Consumer Group <a href="http://www.vtput.org.au/programs/consumers_and_carers_initiatives/spectrumofcultures.html">www.vtput.org.au/programs/consumers_and_carers_initiatives/spectrumofcultures.html</a></li> </ul>	NSMHS: 3.1, 3.2, 5.3, 6.7, 7.2, 7.10, 7.11, 7.12, 7.14  NSQHSS: 1.1, 1.2, 2.1, 2.2, 2.3, 2.5, 2.6, 2.9, 6.5
Developing	I work in collaboration with CALD consumers and carers to ensure they have input in their treatment and care planning.		
Advanced	I have access to a range of mechanisms to facilitate CALD consumer and carer participation in their treatment and care planning such as specialist services or cultural informants.		
<b>Outcome Indicator 1.2:</b> Training and support for CALD consumers and carers is provided, including mentoring and supervision			
Entry	I accept and respect the need to provide support to facilitate CALD consumer and carer participation in their care planning and treatment.	<ul style="list-style-type: none"> <li>★ NSW Transcultural Mental Health Centre (TMHC) – Carers’ project <a href="http://www.dhi.health.nsw.gov.au/default.aspx?ArticleID=209">www.dhi.health.nsw.gov.au/default.aspx?ArticleID=209</a></li> <li>★ Ethnic Disability Advocacy Centre (EDAC) WA, Multicultural Carers Group Project and Muslim Carers Project <a href="http://www.edac.org.au/index.php/en/our-services/vicinity">www.edac.org.au/index.php/en/our-services/vicinity</a></li> </ul>	NSMHS: 3.3, 3.5, 3.6, 6.18, 7.15, 7.16  NSQHSS: 2.3, 2.6
Developing	I work in collaboration with CALD consumers and carers to ensure they have input in their care planning and treatment.		
Advanced	I proactively support CALD consumers and carers and seek additional supports to improve services, ensuring culturally inclusive treatment and care.		
<b>Outcome Indicator 1.3:</b> Culturally responsive approaches are incorporated into person-centred and recovery-oriented care			
Entry	I accept and respect the need for client-centered and recovery-oriented care that is tailored to the culture of the consumer.		NSMHS: 10.1, 10.5
Developing	I ensure that the cultural needs and input of CALD consumers and carers are elicited and client-centred care is provided.		
Advanced	I routinely integrate into my practice ongoing reflection and professional development regarding my work with CALD consumers and carers.		

# Consumer, carer and family participation



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 1.4:</b> Working relationships with CALD community leaders and multicultural organisations are developed and maintained			
Entry	I accept and respect the need to engage with specialist/multicultural support agencies to facilitate culturally inclusive practice.		NSMHS: 4.4
Developing	I have established working relationships with specialist/multicultural support agencies to facilitate culturally inclusive practice.		
Advanced	I have effective working relationships with CALD specialist/multicultural support agencies to facilitate culturally inclusive practice.		
<b>Outcome Indicator 1.5:</b> CALD specific approaches are incorporated in peer support models			
Entry	I accept and respect the need to work with CALD specific peer support workers.		
Developing	I work with CALD specific peer support workers where available.		
Advanced	I work routinely with CALD specific peer support workers where available and evaluate and improve these services based on client satisfaction.		
<b>Outcome Indicator 1.6:</b> CALD consumers are provided with information, including their rights, in a language and format that is appropriate to them			
Entry	I accept and respect that CALD consumers have a right to be provided with suitable information in their preferred language.		NSMHS: 6.1, 6.2, 6.3, 6.4, 6.5, 6.10, 6.11, 6.14, 6.16  NSQHSS: 2.4
Developing	I provide CALD consumers with suitable information in their preferred language.		
Advanced	I routinely provide information to CALD consumers in their preferred language, and continue to evaluate and improve these practices.		

# Consumer, carer and family participation



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 1.7:</b> CALD carers are provided with information, including their rights, in an appropriate language and format			
Entry	I accept and respect the need to provide appropriate information to CALD carers in their preferred language.		NSMHS: 7.1, 7.3, 7.4, 7.7, 7.8, 7.9, 7.17  NSQHSS: 1.18, 2.4
Developing	I ensure that CALD carers are provided with information in their preferred language.		
Advanced	I routinely provide information to CALD carers in their preferred language, so they can support CALD consumers more effectively.		

<b>Outcome Indicator 1.8:</b> CALD consumers are provided with culturally appropriate mental health care			
Entry	I accept and respect that CALD consumers have the right to mental health care that is tailored to their individual cultural needs.		NSMHS: 4.3  NSQHSS: 2.5
Developing	I provide culturally appropriate mental health care that is tailored to the individual needs of CALD consumers, and work in collaboration with specialist services.		
Advanced	I routinely use a range of internal and external resources to deliver culturally appropriate mental health care that is tailored to the individual needs of CALD consumers.		

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# Workforce implementation guide

## Key Outcome Area 2

# Safety and quality

## Workforce implementation guide

### Key Outcome Area 2

# Safety and quality



Safety and quality practices underpin all activities undertaken by mental health services. They exist to provide clear, evidence-based pathways for staff to follow to ensure the best quality of care for all consumers. Governance for safety and quality provide mechanisms for safeguarding high standards of health care through continual improvement.

Governance frameworks include processes to ensure:

- High standards of clinical performance and clinical audits
- High standards of risk management
- Ongoing professional development
- Well developed procedures to manage adverse events.

All health services, including mental health services, are guided by standards such as the *National Safety and Quality Health Service (NSQHS) Standards (2012)* which was developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC). These standards are routinely assessed through accreditation cycles. Mental health services are, in addition, guided by the *National Standards for Mental Health Services (NSMHS) (2010)*. These are also designed to be assessed along with the NSQHS Standards through regular accreditation cycles.

Standard 4 of the NSMHS (2010) focuses specifically on 'Diversity Responsiveness', however, the Framework considers all safety and quality governance mechanisms to be applicable to all of Australia's multicultural population. Mental health services, for example, should be equally accessible to all members of the Australian community, including those from CALD backgrounds. The safety and quality of these services should be of the same high standard for everyone. To ensure this, services must be culturally and linguistically responsive to the population at all levels of service provision.

Culturally inclusive safety and quality practices require a multifaceted approach that recognises the need for:

- Transcultural specialist services for primary and secondary consultation, utilising bicultural specialists and cultural consultants
- A culturally responsive workforce that is equipped with the knowledge and skills to work across languages with the assistance of skilled mental health interpreters.

This population health-based approach requires culturally inclusive safety and quality practices to provide staff with appropriate guidelines and support.

Sound safety and quality controls, such as the *NSQHS Standards (2012)* and the *NSMHS (2010)*:

- Enable consumers to participate meaningfully in the provision of their own care, and also at the service delivery level
- Provide a clear understanding of a consumer's rights and ways to express their concerns, complaints or grievances
- Allow for availability of translated information, as well as verbal explanations, in a way that is understood by the consumer, family and carers.

The Framework advocates that in multicultural Australia, safety and quality practices should be culturally inclusive for all population groups, and that cultural responsiveness should be integrated rather than be seen as an add-on. The challenges of sound safety and quality practices are whether they can be applied equally to all Australians irrespective of language or cultural backgrounds.

# Safety and quality



Improved outcomes in access, coordination across the continuum of care, quality and safety for CALD mental health consumers, carers and their families.

Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.1:</b> Improved access to culturally appropriate mental health services			
Entry	I have increased awareness about demographic data analysis about CALD communities and their needs in the catchment area.		NSMHS: 10.2
Developing	I am informed about CALD consumer needs and am able to more effectively work with CALD consumers.		
Advanced	I participate in improved strategies to minimise access barriers for CALD consumers and carers.		
<b>Outcome Indicator 2.2:</b> Improved access to professional interpreters			
Entry	I have increased awareness of the identified needs of diverse CALD client groups in regards to access to professional interpreters.	★ Working with Interpreters <a href="http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf">www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf</a> <a href="http://www.vtmh.org.au/resources/interpreter-resources">www.vtmh.org.au/resources/interpreter-resources</a>	NSMHS: 10.2.1
Developing	I facilitate the implementation of the Language Services Policy and provide access to professional interpreters when required.		
Advanced	I contribute to and use these improved strategies to provide language services to CALD consumers and carers.		
<b>Outcome Indicator 2.3:</b> Improved access to multilingual mental health rights and responsibilities			
Entry	I accept and respect the need to provide CALD mental health consumers and carers with a written statement of their rights and responsibilities in an understandable language and format.		NSMHS: 1.4  NSQHSS: 1.17
Developing	I provide written information about rights and responsibilities in a language consumers and carers can understand.		
Advanced	I routinely provide multilingual resources to CALD consumers and carers on a needs basis and evaluate and improve these based on client feedback.		

# Safety and quality



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.4:</b> Improved CALD data collection			
Entry	I accept and respect the need for CALD data collection to inform service provision and planning and evaluation.		NSMHS: 4.1, 4.2, 4.3  NSQHSS: 2.1
Developing	I participate in CALD data collection as part of standard data input processes.		
Advanced	I routinely collect relevant CALD relevant data variables as part of service delivery and contribute to reviews and improvements.		
<b>Outcome Indicator 2.5:</b> Improved CALD relevant research development			
Entry	I accept and respect the need for and benefits of CALD specific research.	<ul style="list-style-type: none"> <li>★ Demographic information – NSW <a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Information-for-Health-Professionals/Demographic-Information/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Information-for-Health-Professionals/Demographic-Information/default.aspx</a></li> <li>★ The National Migrant Statistics Unit (NMSU) <a href="http://www.abs.gov.au/websitedbs/c311215.nsf/web/migrant+and+ethnicity">www.abs.gov.au/websitedbs/c311215.nsf/web/migrant+and+ethnicity</a></li> <li>★ MHiMA Knowledge Exchange Centre <a href="http://www.mhima.org.au/knowledge-exchange/knowledge-exchange-introduction">www.mhima.org.au/knowledge-exchange/knowledge-exchange-introduction</a></li> </ul>	
Developing	I contribute to CALD specific research when needed.		
Advanced	I utilise CALD specific research outcomes to inform evidence based best practice whenever possible.		
<b>Outcome Indicator 2.6:</b> Improved CALD consumer safety			
Entry	I accept and respect the specific needs of CALD consumers to ensure their safety.		NSMHS: 2
Developing	I adhere to safety plans addressing the diverse needs of CALD consumers and carers as part of their care and treatment planning.		
Advanced	I contribute to regular evaluations and reviews to improve the safety of CALD consumers and carers and implement the outcomes.		

# Safety and quality



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.7: Improved culturally appropriate mental health assessments</b>			
Entry	I accept and respect the need to consult with specialist services or cultural informants to ensure culturally appropriate assessments.	★ NSW Information and Clinical Consultation and Assessment Service <a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/About-Us/Information-and-Clinical-Consultation-and-Assessment-Service/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/About-Us/Information-and-Clinical-Consultation-and-Assessment-Service/default.aspx</a>  ★ Queensland Transcultural Clinical Consultation Service <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/clinical_consult.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/clinical_consult.asp</a>	NSMHS: 10.4
Developing	I utilise processes in place to ensure culturally appropriate mental health assessments.		
Advanced	I implement these improvements to processes to ensure culturally appropriate mental health assessments and contribute to these.		
<b>Outcome Indicator 2.8: Culturally appropriate discharge planning</b>			
Entry	I accept and respect the need and benefits of culturally appropriate discharge planning.		NSMHS: 10.6
Developing	I make use of the processes the mental health service has in place to ensure CALD consumers and carers are discharged with appropriate cultural support.		
Advanced	I contribute to routine evaluations and implement improvements to processes of culturally appropriate discharge planning.		
<b>Outcome Indicator 2.9: Improved access to professional interpreters for CALD mental health consumers and carers</b>			
Entry	I accept and respect the need to adhere to the Language Services Policy and use of accredited and competent interpreters trained in mental health interpreting.		
Developing	I adhere to a Language Services Policy and participate in training and professional development opportunities to improve effective use of interpreters.		
Advanced	I am aware of and regularly contribute to these evaluations and implement the improvements to work more effectively with interpreters and improve access for CALD consumers and carers.		

# Safety and quality



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.10:</b> Increased development and access to multilingual resources for CALD mental health consumers and carers			
Entry	I accept and respect the need for improved access to and development of multilingual resources for CALD consumers and carers.	<ul style="list-style-type: none"> <li>★ Multilingual Mental Health Resources <a href="http://www.mhima.org.au/resources-and-information/Translated-information/translated-mental-health-information-resources">www.mhima.org.au/resources-and-information/Translated-information/translated-mental-health-information-resources</a></li> <li>★ NSW Transcultural Mental Health Centre Translated Resources <a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Resources/Translations-/Translated-Resources2/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Resources/Translations-/Translated-Resources2/default.aspx</a></li> </ul>	
Developing	I provide CALD consumers and carers with resources in their preferred language as part of their intake, assessment, treatment and care planning.		
Advanced	I contribute to these routine evaluations and implement the improvements on a regular basis.		
<b>Outcome Indicator 2.11:</b> Enhanced culturally inclusive strategic planning			
Entry	I accept and respect the importance of including CALD consumers and carers and in the development of the strategic plan.		
Developing	I am aware of the processes in place to include CALD consumers and carers in the development and reviews of the strategic plan and support this process whenever possible.		
Advanced	I support CALD consumers and carers to participate in routine service reviews.		
<b>Outcome Indicator 2.12:</b> Enhanced culturally inclusive mental health education and training			
Entry	I accept and respect the need to participate in cultural competency/ responsiveness training and am able to access this training when required.	<ul style="list-style-type: none"> <li>★ Victorian Transcultural Mental Health Education and Professional Development Program <a href="http://www.vtmh.org.au/programs/education/">www.vtmh.org.au/programs/education/</a></li> <li>★ Queensland Transcultural Mental Health Centre Education and Training Program <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhcc/education_training.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhcc/education_training.asp</a></li> </ul>	
Developing	I am able to access cultural competency/ responsiveness training when required.		
Advanced	I routinely participate in training and professional development in cultural competency/ responsiveness and contribute to reviews and improvements.		

# Safety and quality



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.13: Increased use of culturally appropriate assessment</b>			
Entry	I accept and respect the importance of culturally appropriate mental health assessments for CALD consumers and carers.	★ Translated Mental Health Assessment Tools <a href="http://www.mhima.org.au/resources-and-information/Translated-information/translated-mental-health-assessment-tools">www.mhima.org.au/resources-and-information/Translated-information/translated-mental-health-assessment-tools</a>  ★ Forum of Australian Services for Survivors of Torture and Trauma Resources <a href="http://www.fasstt.org.au/resources/index.php">www.fasstt.org.au/resources/index.php</a>	NSMHS: 10.4
Developing	I utilise these processes to ensure incorporation and use of culturally appropriate assessment in my work with CALD consumers and carers.		
Advanced	I routinely use and review culturally appropriate assessment tools.		
<b>Outcome Indicator 2.14: Ensuring non-discriminatory practices</b>			
Entry	I accept and respect the need to prevent and address issues associated with prejudice, bias and discrimination occurring within the team.		
Developing	I follow processes in place to address issues associated with prejudice, bias and discrimination between staff.		
Advanced	I contribute to regular evaluations and improvements to ensure non-discriminatory practices and equitable access and support the inclusion of CALD consumers and advocates.		
<b>Outcome Indicator 2.15: Integration and coordination of services with multicultural sector support services</b>			
Entry	I accept and respect the importance of integration and coordination of services with multicultural sector support services to CALD consumers and carers.		NSMHS: 9
Developing	I ensure integration and coordination with all mental health staff and multicultural support services when working with CALD consumers and carers.		
Advanced	I contribute to regular reviews and implement improvements to ensure improved integration and coordination of services provided to CALD mental health consumers and carers.		

# Safety and quality



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 2.16:</b> Improved use of information and communication technology in CALD specific initiatives			
Entry	I accept and respect the importance of the use of information and communication technology in improving access for CALD consumers and carers when appropriate.		
Developing	I participate in the use of information and communication technology to enhance mental health service delivery for CALD consumers and carers.		
Advanced	I routinely contribute to regular reviews and improvements in information and communication technology and utilise these in my work with CALD consumers and carers.		
<b>Outcome Indicator 2.17:</b> Improved person-centred care			
Entry	I accept and respect the importance of culturally responsive and person-centred approaches in my work with CALD mental health consumers and carers.		
Developing	I use a culturally responsive and person-centred approach in my mental health care planning and treatment plans with CALD consumers and carers.		
Advanced	I routinely contribute to regular reviews and improvements of methods and strategies to deliver culturally responsive and person-centered mental health care and use these in work with CALD consumers and carers.		
<b>Outcome Indicator 2.18:</b> Enhanced cultural approaches to recovery-oriented mental health care			
Entry	I accept and respect the importance of using a recovery-oriented approach within a cultural context when working with CALD consumers and carers.		
Developing	I utilise a recovery-oriented approach within a cultural context in my care planning and treatment plans for CALD consumers and carers.		
Advanced	I regularly contribute to improving recovery-oriented care within a cultural context in my work with CALD consumers and carers oriented care.		

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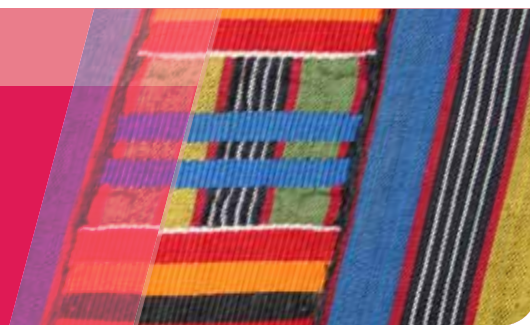
### **Key Outcome Area 3**

# **Promotion, prevention and early intervention**

## Workforce implementation guide

### Key Outcome Area 3

# Promotion, prevention and early intervention



Mental health promotion and prevention strategies for CALD people should primarily aim to reduce stigma and increase mental health literacy. It is also important to design multicultural mental health promotion and prevention initiatives that focus on the key determinants impacting on CALD communities, and ensure culturally tailored approaches.

The overarching goal is to:

- Promote mental health and wellbeing
- Prevent mental illness
- Provide culturally appropriate early intervention
- Provide culturally responsive mental health care.

To do this, specific attention must be given to the social contexts impacting on mental health in CALD communities, and also cultural beliefs and values relating to mental health within individuals, groups and communities.

Many of the risk and protective factors for mental health problems in CALD people occur in the daily lives of individuals and communities. These need to be tackled by building strong partnerships between mental health services, and multicultural sector organisations and diverse communities.

It is important to design multicultural mental health promotion and prevention initiatives that focus on the key determinants impacting on CALD communities, and ensure culturally tailored approaches.

Evidence shows that unsuccessful approaches are those which:

- Implement standardised mental health promotion and prevention programs where CALD populations have to conform to receive services.

More successful approaches are those which are:

- Fully integrated, where diverse beliefs, perspectives and values of mental health underpin the content and delivery of the program
- Strongly collaborative, where agencies and groups from the multicultural sector and sectors impacting on the mental health and wellbeing of CALD communities (such as health, education, employment, housing, immigration, and justice) work together to collectively develop a culture of inclusion.

These approaches will ensure that Australian mental health promotion and prevention programs reflect and harness the benefits of the great cultural and linguistic diversity of the population.

# Promotion, prevention and early intervention



Increased mental health awareness, knowledge and capacity in CALD communities via culturally inclusive promotion, prevention & early intervention initiatives.

Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 3.1:</b> Improved access to culturally appropriate suicide prevention support, care, services, resources and information for CALD consumers and carers			
Entry	I accept and respect the importance of CALD consumers and carers being able to access culturally tailored support strategies and suicide prevention services.		NSMHS: 5.1, 5.2, 5.3, 5.5, 5.6
Developing	I provide CALD consumers and carers with culturally tailored suicide prevention support and services.		
Advanced	I participate in routine reviews and implement the improved suicide prevention strategies to support CALD consumers and carers.		
<b>Outcome Indicator 3.2:</b> Improved suicide prevention approaches for at-risk CALD groups, including CALD older people, refugees, women carers, children and young people.			
Entry	I am aware of the higher risk of suicide among specific CALD population groups, such as older people, and tailor intervention plans accordingly.	★ Queensland Transcultural Mental Health Centre's Suicide prevention project <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/cald_suicide_prevent.pdf">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/cald_suicide_prevent.pdf</a>	NSMHS: 5
Developing	I actively support the development of targeted strategies to engage with CALD groups at higher risk of suicide.		
Advanced	I implement the improved tailored strategies to engage with CALD groups at higher risk of suicide.		
<b>Outcome Indicator 3.3:</b> Strengthened evidence base about CALD suicide prevention initiatives			
Entry	I accept and respect the importance of evaluation and data collection regarding suicide prevention initiatives implemented with CALD consumers and carers in the catchment area.	★ Queensland Transcultural Mental Health Centre's Suicide prevention project <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/cald_suicide_prevent.pdf">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/cald_suicide_prevent.pdf</a>	
Developing	I participate in data collection about CALD consumers and carers and CALD initiatives in mental health regarding suicide prevention.		
Advanced	I participate in evaluations and implement improved processes of data collection about CALD consumer and carer initiatives.		

# Promotion, prevention and early intervention



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 3.4:</b> Improved community outreach with CALD priority groups: older people; women; refugees; carers; children and young people			
Entry	I am involved in gathering and analysing demographic data in order to determine which CALD communities are represented in the area and which groups have the highest needs.		NSMHS: 4
Developing	I support and implement this outreach plan and work with identified CALD groups, consumers and carers who have the highest needs.		
Advanced	I participate in routine evaluations of outreach activities and implement improvements to working with identified CALD priority groups.		
<b>Outcome Indicator 3.5:</b> Increased number of CALD-specific stigma reduction, mental health literacy programs and Mental Health First Aid delivered			
Entry	I accept and respect the importance of stigma reduction activities incorporating the improvement of mental health literacy in my practice.	★ Queensland Transcultural Mental Health Centre's Stepping Out of the Shadows Program (SOS) <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/soots_rep_pt1.pdf">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/soots_rep_pt1.pdf</a>  ★ Multicultural Service of WA's Stepping out of the shadows program <a href="http://www.mscwa.com.au/">www.mscwa.com.au/</a> <a href="http://www.mhccact.org.au/cms/index.php?page=CC">www.mhccact.org.au/cms/index.php?page=CC</a>	NSMHS: 4
Developing	I participate in processes to improve CALD mental health stigma reduction activities amongst CALD consumers and carers.		
Advanced	I participate in evaluations and implement improved strategies for CALD stigma reduction activities.		
<b>Outcome Indicator 3.6:</b> Increased integration of CALD perspectives into mainstream stigma reduction initiatives			
Entry	I accept and respect the importance of integrating CALD perspectives into mainstream stigma reduction activities and initiatives.		NSMHS: 4
Developing	I ensure CALD perspectives are being integrated into mainstream stigma reduction initiatives.		
Advanced	I participate in evaluations and implement the improved strategies to strengthen the integration of CALD stigma reduction activities.		

# Promotion, prevention and early intervention



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 3.7:</b> Improved CALD community capacity building and engagement			
Entry	I participate in community capacity building and engagement in CALD communities in order to reduce stigma and increase understanding of mental health, and mental health services.	<p>★ NSW Transcultural Mental Health’s Mental Health Promotion, Prevention and Early Intervention Program</p> <p><a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Programs-and-Campaigns/Mental-Health-Promotion-Prevention-and-Early-Intervention/Mental-Health-Promotion-Prevention-and-Early-Intervention/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Programs-and-Campaigns/Mental-Health-Promotion-Prevention-and-Early-Intervention/Mental-Health-Promotion-Prevention-and-Early-Intervention/default.aspx</a></p> <p>★ Qld Transcultural Mental Health Centre’s Mental Health Promotion, Prevention and Early Intervention Program</p> <p><a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/mihpei_program.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/mihpei_program.asp</a></p>	NSMHS: 5
Developing	I facilitate capacity building and engagement activities in CALD communities.		
Advanced	I routinely participate in reviews and utilise the improved strategies to contribute to the capacity building and engagement activities for CALD consumers and carers and their communities.		
<b>Outcome Indicator 3.8:</b> Improved social participation of CALD people with mental illness			
Entry	I accept and respect the importance of improving the social participation of CALD people with mental illness.		NSMHS: 5
Developing	I facilitate culturally tailored mechanisms to improve the social participation of CALD mental health consumers.		
Advanced	I participate in reviews and implement the improved strategies to increase the social participation of CALD consumers.		

# Promotion, prevention and early intervention



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome Indicator 3.9:</b> Improved economic participation of CALD mental health consumers			
Entry	I accept and respect the need for, and the importance of, improving the economic participation of CALD mental health consumers.		
Developing	I facilitate CALD-specific mechanisms to improve the economic participation of CALD mental health consumers.		
Advanced	I participate in reviews and implement the improvements to increase the economic participation of CALD mental health consumers.		

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# Workforce implementation guide

## Key Outcome Area 4

# Workforce

## Workforce implementation guide

### Key Outcome Area 4

# Workforce



Australia needs a mental health workforce that is able to respond to the diversity of the population. We must develop an informed, skilled, flexible and reflective workforce with strong leadership in order to deliver successful strategies that improve access, quality of care and recovery services for CALD clients.

Standard 3 of the *National Practice Standards for the Mental Health Workforce* (2002) addresses 'awareness of diversity'. It articulates the knowledge, skills and attitudes required of the mental health workforce practicing in a diverse society. In order to provide clinically competent mental health care in a culturally diverse society, the workforce must go beyond being culturally aware.

Clinicians and other staff responding to cultural and language diversity need to be:

- Flexible in their approach
- Able to adapt assessment processes and interventions to achieve equitable clinical outcomes across all population groups.

Cultural responsiveness needs to be integrated into clinical training programs in mental health and suicide prevention, as well as broader areas of engagement, and promotion and prevention activities. While the workforce require the knowledge, skills and awareness to provide culturally responsive mental health care, services need to support them to undertake this training and to provide a work environment where the training can be put into practice.

Cultural responsiveness must be applied at all the levels of service delivery, from individual treatment through to the broader system. As stated in the *National Mental Health Workforce Strategy (NMHWS)* (2011), ongoing cultural competency training, rather than brief awareness sessions, is the most appropriate strategy for building workforce capacity.

Systemic issues also need to be addressed to support this skilled workforce. Critical outcomes for the framework include:

- The development of leadership in multicultural mental health
- Improvements in evidence based policy input
- Systematic advocacy
- The establishment of informed networks
- Close collaboration with government and non-government services
- Liaison with workforce initiatives, professional bodies, and the tertiary sector to ensure the future workforce has an awareness of how to apply their professional knowledge and skills to a multicultural population.

The Framework, in line with the NMHWS and the *Fourth National Mental Health Plan* (2009) views the 'mental health workforce' to include other government agencies, the primary care sector, non-government organisations, community agencies, interpreters, and others.



# Workforce



A culturally responsive and diverse mental health workforce which is supported to deliver culturally and linguistically inclusive practice

Level	Strategy	Good Practice Examples	Referencing
<b>Outcome indicator 4.1:</b> Improved knowledge and skills in cultural responsiveness in the mental health workforce			
<b>Entry</b>	I accept and respect the importance of cultural responsiveness skills in working with CALD mental health consumers.	<ul style="list-style-type: none"> <li>★ Let's Talk Culture seminars in Western Australia <a href="http://www.mhima.org.au/transcultural-mental-health-services-royal-perth-hospital#lets-talk-culture">www.mhima.org.au/transcultural-mental-health-services-royal-perth-hospital#lets-talk-culture</a></li> </ul>	NSMHS: 4.2, 4.5
<b>Developing</b>	I commit to improving my cultural responsiveness by taking part in cultural competency training and professional development activities.	<ul style="list-style-type: none"> <li>★ Consultation and Discussion Groups at Transcultural Mental Health Services, Department of Psychiatry, Royal Perth Hospital <a href="http://www.rph.wa.gov.au/Our-services/Service-Directory/Psychiatry">www.rph.wa.gov.au/Our-services/Service-Directory/Psychiatry</a></li> </ul>	
<b>Advanced</b>	I support and inform evaluation, research and the development of culturally appropriate mental health treatment and care planning.	<ul style="list-style-type: none"> <li>★ Education, training and professional development: <a href="http://www.vtpu.org.au/programs/education/">www.vtpu.org.au/programs/education/</a> <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/education_training.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/education_training.asp</a></li> <li>★ NSW Transcultural Mental Health Centre's Diversity Health Clearinghouse <a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/TMH-Programs-and-Campaigns/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/TMH-Programs-and-Campaigns/default.aspx</a></li> <li>★ Queensland Transcultural Mental Health Centre's Cultural Seminars <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/publications.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/publications.asp</a></li> <li>★ Workforce Development in NSW <a href="http://www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Information-for-Health-Professionals/Workforce-Development/default.aspx">www.dhi.health.nsw.gov.au/Transcultural-Mental-Health-Centre/Information-for-Health-Professionals/Workforce-Development/default.aspx</a></li> </ul>	

# Workforce



Level	Strategy	Good Practice Examples	Referencing
<b>Outcome indicator 4.2:</b> Improved knowledge and skills about seeking specialist cultural assistance and input when required			
Entry	I accept and respect the benefits of seeking specialist cultural assistance and input when required.	<ul style="list-style-type: none"> <li>★ Specialist transcultural mental health clinical services <a href="http://www.dhi.health.nsw.gov.au/tmhc/default.aspx">www.dhi.health.nsw.gov.au/tmhc/default.aspx</a> <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/</a> <a href="http://www.mhima.org.au/transcultural-mental-health-services-royal-perth-hospital#specialist-transcultural-mental-health-clinical-services-at-RPH">www.mhima.org.au/transcultural-mental-health-services-royal-perth-hospital#specialist-transcultural-mental-health-clinical-services-at-RPH</a></li> <li>★ Victorian Transcultural Mental Health's Cultural Portfolio Holders Program <a href="http://www.vtpu.org.au/cph/">www.vtpu.org.au/cph/</a></li> <li>★ Consultation and Discussion Groups at Transcultural Mental Health Services, Department of Psychiatry, Royal Perth Hospital <a href="http://www.rph.wa.gov.au/Our-services/Service-Directory/Psychiatry">www.rph.wa.gov.au/Our-services/Service-Directory/Psychiatry</a></li> <li>★ Queensland Multicultural Mental Health Coordinator Program <a href="http://www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/mmhc_program.asp">www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/mmhc_program.asp</a></li> </ul>	NSMHS: 4.4
Developing	I utilise processes and networks to seek advice from cultural informants and specialist transcultural mental health services when required.		
Advanced	I evaluate and reflect on my work with specialist cultural advisors and informants, leading to improvement in my practice.		
<b>Outcome Indicator 4.3:</b> Improved skills in working with interpreters and adherence to language services policies in mental health			
Entry	I accept and respect the importance of working with interpreters and adhering to a language services policy in working with CALD consumers and carers.	<ul style="list-style-type: none"> <li>★ Working with Interpreters Guidelines <a href="http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf">www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf</a></li> <li>★ Resources for Working Effectively with Interpreters in Mental Health Settings <a href="http://www.vtmh.org.au/resources/interpreter-resources">www.vtmh.org.au/resources/interpreter-resources</a></li> </ul>	NSMHS: 4.5
Developing	I adhere to a language services policy when working with CALD consumers and carers, and work with interpreters when required.		
Advanced	I regularly review and improve how effectively I work with interpreters, based on CALD consumer and carer satisfaction.		

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