ACKNOWLEDGEMENTS

The development process for the National Cultural Competency Tool (NCCT) for Mental Health Services was conducted over a twelve month period from July 2009 to June 2010. It included an extensive consultation period with fifty-two stakeholder representatives in transcultural mental health, mainstream health and mental health, community and other mental health service providers, and culturally and linguistically diverse (CALD) consumers and carers. Consultation entailed a number of methods.

Multicultural Mental Health Australia (MMHA) gratefully acknowledges the contributions made by the many individuals and organisations who have provided their expertise to the development of this significant national resource and to the background material on which the National Cultural Competency Tool is based. This includes:

- Mental Health Directorates in each state and territory
- Transcultural Mental Health Centres, Services and Networks in states and territories
- Community Mental Health Australia’s National Secretariat, state and territory peaks, and community mental health sector agencies across Australia
- Consumer and carer representatives from Multicultural Mental Health Australia’s National CALD Consumer and Carer Reference Groups.

MMHA also acknowledges the valuable work of the Multicultural Forum for Mental Health Practitioners, the Western Australia-based group of mental health clinicians which developed and produced the WA Cultural Competency Standards and Audit Tool (WA Tool) in 2005. The NCCT was adapted, standardised and expanded for national use from the WA Tool in partnership between Multicultural Mental Health Australia and the Mental Health Commission, Government of Western Australia.

Thanks is also extended to the CALD Working Group of the National Standards Implementation Steering Committee for permitting Multicultural Mental Health Australia to contribute its expertise and experience in the development of the National Cultural Competency Standards for Mental Health Services to the development of the Implementation Guidelines for the National Standards for Mental Health Services (NSMHS).

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FOREWORD

It is extremely pleasing to see the production of the National Cultural Competency Tool (NCCT) for Mental Health Services. This practical resource is designed to enhance the capacity of Australia’s mental health workforce to work with people from culturally and linguistically diverse (CALD) backgrounds. Moreover, it represents an exciting and significant step towards improving access and service delivery to CALD communities.

The NCCT has been developed in a partnership between Multicultural Mental Health Australia and the Mental Health Commission, Government of Western Australia. The project involved adapting, standardising and expanding the Western Australian Cultural Competency Audit Tool (WA CCAT) for national use. This project and the ensuing resource is an excellent example of national capacity building through co-operative partnership which builds on demonstrated expertise. The support and involvement of the Mental Health Directorates in each state and territory (through Multicultural Mental Health Australia’s Joint Officers Group) has been crucial to the project, from inception to completion.

The design of the tool is based on the premise that organisational culture and practice of mental health services must effectively accommodate an increasingly multicultural consumer population. Mental health services have long acknowledged the need to provide equitable care services to clients from CALD backgrounds. However, a common challenge has been the lack of mechanisms to address this need systematically and consistently.

Accordingly, the NCCT has been designed for use by all mental health services. This includes mainstream, multicultural, clinical, community-based and office-based services in all states and territories, irrespective of size, location or type of service. Its development has been informed through extensive consultation across mental health sectors nationally.

The NCCT is a resource pack consisting of a set of National Cultural Competency Standards and a range of practical aids and strategies. The National Cultural Competency Standards are aligned with Standard 4 - Diversity Responsiveness of the National Standards for Mental Health Services, 2010 and the tool aims to assist services in working progressively to achieve this standard.

I would like to thank the many people involved in the development of the National Cultural Competency Tool, and in particular acknowledge Georgia Zogalis, National Program Manager and Joyce Broughton, Senior Project Officer of Multicultural Mental Health Australia.

The NCCT’s implementation will require the commitment and goodwill of government and those in the mental health sector, and I am confident that it will play an important role in improving the mental health of all Australian communities.

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INTRODUCTION

This package has been specifically designed for use by mental health services in working with people from culturally and linguistically diverse (CALD) backgrounds.

The development of this National Cultural Competency Tool (NCCT) for mental health services is an exciting and significant step towards enhancing the capacity of the mental health workforce in working transculturally with an increasingly multicultural population.

"Historically, people from CALD backgrounds have been, and continue to be under-represented in mental health service access and utilisation figures, for both outpatient and most inpatient services. People from CALD backgrounds typically present late to mental health services and are therefore generally more unwell than the mainstream population. A review of the literature also suggests that people of CALD backgrounds receive different treatment to the mainstream population. Specifically, practitioners are more likely to prescribe medication at the outset to people of CALD backgrounds than to patients from the mainstream." ¹

This national tool will assist services in meeting the National Standards for Mental Health Services (NSMHS), which will in turn facilitate effective engagement by the mental health workforce with people from CALD backgrounds. Enhanced competency and confidence in working transculturally will positively influence the recovery process.

BACKGROUND

What is Cultural Competency?

The notion of cultural competency is well established internationally. Cultural competency is characterised by a set of behaviours, attitudes and skills, policies and procedures that help staff to work effectively and efficiently in a cross-cultural context at all levels within the organisation.²

A literature review on ‘What Underpins Common Relevant Principles in Cultural Competency’ was undertaken in the development of this National Cultural Competency Tool. The national and international literature on what underpins common relevant principles in cultural competency highlights the following key themes:

- Rights (including human rights and the fundamental right of all Australians to access health care which meets their needs)
- Meeting legislative requirements (e.g., Equal Opportunity Acts)
- Responsibility (e.g., for action to address rights and legislative requirements)
- Diversity (rather than treating everyone the same, acknowledging and respecting cultural differences and diversity in experiences)
- Equity and inclusiveness (such as equality of access and non-discrimination).

² ADAPTED from Siegel C, Haugland G, Chambers ED 2002, Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care, New York State Office of Mental Health, New York (unpublished report).
What is the National Cultural Competency Tool?

The National Cultural Competency Tool (NCCT) is an organisational self-assessment tool for use by all mental health services within Australia to enhance the mental health workforce capacity in operating transculturally. The NCCT consists of:

- Background information
- A ‘How-to’ section
- The National Cultural Competency Standards
- An example of a completed National Cultural Competency Checklist - to be used as a guide
- A blank National Cultural Competency Checklist
- A Feedback Form
- Appendices of practical aids and prompts.

The National Cultural Competency Standards emphasise the relationship between client satisfaction and service delivery outcomes for CALD consumers, as well as the relationship between the overall mental health status of CALD communities and a culturally competent mental health service. The National Cultural Competency Standards apply to all mental health services in Australia regardless of size, location or type and in a range of settings from specialist sectors to community mental health services. These National Cultural Competency Standards are considered applicable for public sector mental health services and for non-government sector services that may also have been funded to deliver mental health programs.

Aims of the National Cultural Competency Tool

The NCCT is a resource pack aimed at facilitating an enhancement of mental health service quality and delivery to clients from a CALD background.

By providing suggestions for implementing and integrating the National Cultural Competency Standards in the mental health workforce, the NCCT will assist the mental health sector in:

- eliminating systemic racism and discrimination
- valuing and respecting cultural diversity
- assisting services in continually working towards cultural competency.

The National Cultural Competency Standards aim to facilitate Australian mental health services to better understand and appropriately apply the concept of cultural competency in service delivery.

What are the National Cultural Competency Standards?

The following eight National Cultural Competency Standards have been developed specifically for the Australian mental health sector:

1. The service’s Strategic Business Plan, or equivalent, recognises the relevance of transcultural mental health issues in service planning, implementation and evaluation.
2. The service collaborates with key mental health government and broader community stakeholders working with people from CALD backgrounds.
3. The service engages in evaluation, research and development of culturally appropriate service delivery relevant to transcultural mental health.
4. The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.
5. The service adheres to a Language Services Policy.

6. The service makes available and encourages:
   • mental health cultural competency training for its staff, with independently and externally evaluated state-endorsed cultural competency training to be used where available, and
   • the use of culturally appropriate assessment and planning tools.

7. The service ensures CALD consumer and carer participation in service planning, implementation and evaluation.

8. The service has proactive support from senior management for developing transcultural mental health initiatives.

**Why do we need the National Cultural Competency Standards and Self-Assessment Checklist?**

**Australia’s Culturally and Linguistically Diverse Population**

The Australian community is characterised by its increasing cultural diversity. The 2006 census by the Australian Bureau of Statistics identified that almost 44 per cent of Australia’s population were born overseas or had at least one parent born overseas. The Census also identified that 15.8 per cent of the population speak a language other than English at home. According to the Department of Immigration and Citizenship, those permanently immigrating to Australia in the 2008-09 financial year increased by 10.6% on the previous financial year, with the total number for the year being 224,619.

CALD (culturally and linguistically diverse) is the current acronym describing people who:

- were born in a country where the national language is not English
- are born in Australia but have a parent who comes from a mainly non-English speaking country
- identify with, or have a social orientation towards, a non-English speaking culture.

The Australian Government aims to ensure that ‘all Australians with a mental illness have access to effective and appropriate treatment and community supports to enable them to participate in the community fully’. This right of all Australians includes those from a CALD background who may have different needs to the broader population. The onus, therefore, rests with mental health professionals to provide culturally sensitive and competent services to CALD consumers with mental health needs, their carers and their families.

Australia’s CALD background population includes refugees who have had to overcome huge obstacles towards resettlement and who are often recovering from the effects of torture and trauma. They may be experiencing loss, grief, depression, anger and other emotional difficulties. Their ability to recover often relies on their ability to access culturally appropriate services.

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3 See Appendix 3 for best practice principles identified by the Commonwealth Ombudsman’s report on the Use of Interpreters (2009) as well as details of the Language Services Policy/Statement for respective states and territories. For states or territories without one, the service should use internally accepted policies or guidelines.


6 Mental Health Division 2001, A Transculturally-Orientated Mental Health Service for Western Australia, Department of Health, WA.


**Government Policies**

The importance and necessity of mental health services meeting the needs of Australia’s CALD population is highlighted in the following national policies and plans:

**National Mental Health Policy 2008**

Services should be responsive to the differing needs of people with mental health issues. CALD populations with mental health issues require particular consideration in terms of clinical and community services. Service delivery should be appropriately-tailored, evidence-based, culturally safe and respectful.

**Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2014**

The principle of respecting the rights and needs of consumers, carers and families advocates that people from a CALD background are able to either access information in a language they understand, or have access to interpreters. Recognition and awareness of social, religious and cultural diversity and experience in policy and service development should lead to demonstrated cultural competency in the planning and delivery of responsive mental health services. Consideration should be given to facilitating pathways for referral, advocacy or advice for CALD consumers and carers.

Further considerations with particular applicability for CALD communities include:

- the obvious visibility, extensive availability, accessibility and cultural appropriateness of information regarding mental health (including pathways into and through care)
- engagement with CALD communities to improve mental health literacy and awareness, support community resilience and enhance coping strategies
- a transparent and accountable service delivery system that will be measured by relevant key performance indicators agreed upon by consumers and other stakeholders
- effective use of professional interpreting services, and support and, where possible, the promotion of a bilingual workforce.

**National Standards for Mental Health Services (2010)**

Standard 4 - Diversity Responsiveness requires that mental health services take into account the cultural and social diversity of its consumers and meet their needs, and those of their carers and community, throughout all phases of care.

**Legislative Requirements**

The NCCT will help services in meeting Commonwealth Government legislative requirements, such as the Racial Discrimination Act 1975 and the Human Rights and Equal Opportunity Act 1986.

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10 Commonwealth of Australia 2009, Fourth National Mental Health Plan
**National Consistency**

There is a consensus amongst all state and territory Mental Health Directorates that mental health services must ensure CALD consumers receive equitable services. However, it is acknowledged that states and territories are at different stages of addressing and achieving cultural competency. Many lack either the mechanisms or resources to achieve this goal. To attain an acceptable level of cultural competency across all mental health services within Australia, all services must be working towards the same standards of cultural competence. A nationally united approach is therefore needed so that there is national consistency in service improvements towards a culturally competent mental health workforce. State and territory Mental Health Directorates supported the development of a set of National Cultural Competency Standards for mental health services, together with a self-assessment tool. Implementing these Standards will facilitate services in achieving cultural competency.

**Development of the National Cultural Competency Standards and Tool**

The NCCT was adapted from the WA Cultural Competency Standards and Audit Tool (WA Tool) in partnership between Multicultural Mental Health Australia (MMHA) and the Mental Health Commission, Government of Western Australia. The WA Tool was developed and produced by the Multicultural Forum for Mental Health Practitioners in 2005. This Western Australia-based group of mental health clinicians was a policy and advisory group to the state’s Mental Health Directorate on issues concerning service development and provision for Western Australia’s CALD mental health consumers. The concept for the WA Tool arose from a consensus that the planning, development and evaluation of mental health services often excluded appropriate consideration of the needs of consumers from CALD backgrounds.

Through a process of wide national consultation across a range of stakeholders, including Mental Health Directorates from each state and territory, peak bodies within the public and NGO sectors, and CALD consumers and carers, the WA Tool was adapted and standardised for national use as a resource (the NCCT) for each state and territory jurisdiction.

The NCCT’s development was also underpinned by a concurrent literature review to identify the key themes relevant to cultural competency principles. In addition, a gap analysis was conducted to identify specific state and territory needs which could be addressed by the NCCT. As well as identifying the need for cultural competency criteria and Standards, the gap analysis highlighted the need for practical guidelines and tools in order for mental health services to be able to reach the Standards of cultural competency.

The National Cultural Competency Standards were developed to complement the following:

- National Standards for Mental Health Services
- National Safety and Quality Framework
- The Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP)
- Respective Standards adhered to by respective mental health systems across different state and territory jurisdictions.

The NCCT will assist mental health services in meeting the Standards associated with cultural competency as stipulated in the above respective documents.
National Standards for Mental Health Services

The NCCT was mapped against the revised National Standards for Mental Health Services (2010) to ensure that the tool is consistent with the criteria associated with Standard 4 - Diversity Responsiveness. The NCCT is an appropriate implementation guide that can be used by mental health services to achieve the Diversity Responsiveness Standard as the service endeavours to become culturally competent.

National Safety and Quality Framework

The NCCT was mapped against the National Safety and Quality Framework to ensure it is congruent with the framework for providing safe and high quality health care for Australia. The NCCT is useful in assisting services to adhere to the National Safety and Quality Framework.

Organisational Benefits of the Self-Assessment Tool

Self-assessment of cultural competency should be seen as an ongoing process aimed at enhancing the capacity of the service to:

- effectively monitor and address the needs of the CALD population in the geographical community it serves
- accurately monitor and increase CALD consumer and carer satisfaction with respect to the services it provides
- routinely incorporate cultural diversity principles in the organisational structure, policies and procedures in its strategic planning
- better facilitate access and utilisation by the CALD population in the geographical community it serves
- identify its strengths and weaknesses as it endeavours to provide a culturally competent mental health service delivery
- have access to a 'snapshot' of ‘where we’re at’ at a particular point in time in respect to achieving the goal of cultural competency
- facilitate compliance with national accreditation Standards
- minimise potential legal risks by ensuring culturally appropriate supports are in place for clients from CALD backgrounds.

NCCT Review Date

A review and evaluation of the NCCT will be undertaken at the end of 2013. To assist in the evaluation and improvement of the NCCT, services are encouraged to complete and return the Feedback Form included in this resource by December 2013. Feedback can be provided to Multicultural Mental Health Australia at any time, using the Feedback Form.

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Integrate the NCCT into Routine Organisational Processes

The National Cultural Competency Standards are designed for implementation at the organisational level, based on the view that cultural competence mechanisms must first be in place within the organisation before staff can be expected to achieve cultural competence at an individual level.

The National Cultural Competency Standards are closely aligned with other mental health, health and quality improvement Standards. It is recommended that the National Cultural Competency Standards are integrated into the organisational processes developed by the mental health service to meet the reporting requirements associated with these other Standards.

The National Cultural Competency Checklist (the Checklist) requires the service to review its documentation and processes and record the current status of each Performance Measure associated with each Standard. If the Performance Measure has been achieved, evidence is to be provided. Where a Performance Measure has not been achieved as yet, the service can record what strategies it will put in place to indicate that it is working towards achieving the Performance Measure at the next assessment.

An Ongoing and Progressive Process

Some mental health services will already be on their way to achieving some of the National Cultural Competency Standards. However, many services will be starting from the beginning. It is understood that services are at different levels of working towards cultural competency and are functioning in different contexts and environments. It is therefore vital for the NCCT to be seen as an ongoing and progressive process and for service providers to not feel overwhelmed. It is recommended that service providers commence with the objective of meeting two or three of the Standards at the outset.

The NCCT not only provides a snapshot of where a service is at in its cultural competency goals, it is also an instrument to guide the service as it strives to become culturally competent. Some of these ongoing processes include:

- gaining a true understanding of the community being served
- understanding the particular issues facing different groups in relation to utilising mental health services
- putting in place the organisational infrastructure that facilitates access and cultural responsiveness and sensitivity
- monitoring and adapting the ways in which an organisation functions, its accessibility, availability and utilisation by community members.

The NCCT encourages services to form partnerships and advocates for wider community participation and flexible service delivery. The active involvement, where available, of state-based Transcultural Mental Health Centres/Services and transcultural networks which have cultivated strong links with the community will ensure that the goal of cultural competency for the service includes improved and increased connections with the wider community.

Allocated Responsibility for Monitoring the Organisation’s Progress

It is recommended that a position, or several positions, within the service be allocated the task of ensuring that the organisation is on track in progressively attempting to meet the National Cultural Competency Standards within an agreed timeframe. These can be existing positions, for example:
• Quality Coordinator
• Service Development Coordinator
• Multicultural Mental Health Coordinator
• Cultural Portfolio Holder
• Project Officer
• other appropriate positions.

Practical Aids

The following appendices are included as practical aids or prompts to assist mental health services in achieving cultural competence:

Appendix 1  Clinician Cultural Competency Checklist
Appendix 2  Staff Orientation Outcomes
Appendix 3  Best Practice Principles for the Use of Interpreters and Language Services Policies for States and Territories
Appendix 4  Further Contacts for States and Territories.

Format of the National Cultural Competency Standards

The National Cultural Competency Standards comprise eight Standards. Each Standard is made up of the following:

• a statement of the Standard
• the Principle that underpins the Standard
• Performance Measures.

Standards are broad statements of what is expected of an organisation. A Competency Standard specifies the application of knowledge, skills, actions or attributes necessary to achieve the standards of performance required in the organisation.

Performance Measures show how close a service is to achieving the Standards. Performance Measures give guidance about how to strive for best practice and quality-assured service provision to CALD communities residing in the service area. The Performance Measures assist a mental health service to implement cultural competency by supporting the integration of cultural competency activities through all service levels.

The Standards and Performance Measures are NOT designed to be worked in sequential order. The service should decide which of the Standards they first wish to achieve, according to priority and the resources available to it. Therefore it is essential to read through all the Standards before commencing implementation.

Format of the National Cultural Competency Checklist (the Checklist)

The Checklist is a self-assessment tool which enables a mental health service to:

• record its achievement of the National Cultural Competency Standards
• be guided in improving the quality of care in service delivery to people from CALD backgrounds.

The Checklist incorporates each Standard, its associated Principle and the Performance Measures into a template. The template is similar to that used for the EQuIP quality Standards. It contains several columns for each Performance Measure. The first column identifies if the service has achieved a Performance Measure with a 'Yes/No' response.
Four action statements for each Performance Measure identify:

- what needs to be reviewed, by when and by whom? (in order to provide an indication of where the service is at)
- what needs to be changed, by when and by whom?
- what results or outcomes are expected?
- where is the evidence for this Performance Measure located?

In completing the template, the service may cite documentation or processes that can support good practice. However, it is important to emphasise that a response to each Performance Measure should be based on how activities are actually completed and what is achieved, and not exclusively on what is written in policies or procedures manuals. It is recommended that services identify who is responsible for completing the actions to achieve the Performance Measure, and by when, as this will assist in implementing the actions.

**Frequency of an Organisational Self-Assessment of Cultural Competency**

It is recommended that mental health services undertake an annual self-assessment to chart their progress against the National Cultural Competency Standards, and include it as part of their annual planning and reporting processes.

**Using the National Cultural Competency Standards to Improve Service Delivery**

The National Cultural Competency Standards were developed to complement the ACHS Evaluation and Quality Improvement Program (EQuIP) within the quality improvement framework. Quality improvement is an approach to organisational development that relies on people within the organisation being committed to constantly looking for better ways to do things. With this approach the overall aim is improved outcomes for CALD clients and communities. Mental health services can use the National Cultural Competency Standards as a tool for quality improvement. This might include:

- reviewing policies or procedures to include cultural competency issues
- providing professional development for staff across all levels in cultural competency
- evaluating parts or all of the organisation’s work via the Checklist.

It is not expected that every mental health service will be able to meet every Standard at its first self-assessment. Certain aspects of every mental health service will need improvement and it is good practice to aim for continual improvement, even in areas where Standards have been met. Attaining cultural competency must therefore be regarded as an ongoing and progressive process.

**Cultural Competency Training Details**

To be effective, cultural competency at the organisational level needs to be supported by cultural competency of individual staff members. Services are strongly encouraged to promote and enable staff to attend appropriate cultural competency training that has been independently and externally evaluated.

In some states and territories, independently and externally evaluated state-endorsed training may be available. For further information about training, please see Appendix 4 for contact details.
THE NATIONAL CULTURAL COMPETENCY STANDARDS

Working with the National Cultural Competency Tool (NCCT) on an ongoing basis will assist mental health services to:

- meet Standard 4 - Diversity Responsiveness as specified in the National Standards for Mental Health Services
- meet requirements of the National Safety and Quality Framework
- facilitate compliance with accreditation Standards
- meet relevant legislative requirements and government policies
- achieve cultural competency in service delivery.

The example of a completed National Cultural Competency Checklist included in the NCCT may be used as a guide to demonstrate how the service can assess itself on aspects of cultural competency and the extent to which it is meeting each of the National Cultural Competency Standards.

CULTURAL COMPETENCY STANDARD 1

The service’s Strategic Business Plan, or equivalent, recognises the relevance of transcultural mental health issues in service planning, implementation and evaluation.

**Principle**
Cultural and linguistic diversity must be acknowledged and reflected in all stages of service planning, implementation and evaluation.

**Performance Measures**
The service has:

1.1 a Strategic Business Plan, or equivalent, clearly stating its commitment to meeting the mental health needs of people from CALD backgrounds

1.2 a policy for ensuring delivery of culturally appropriate services to all cultural groups in the service region

1.3 incorporated a statement about cultural diversity considerations in its recruitment documentation/processes for all positions at the service.

CULTURAL COMPETENCY STANDARD 2

The service collaborates with key mental health government and broader community stakeholders working with people from CALD backgrounds.12

**Principle**
To promote a coordinated approach to providing services, intersectoral links must be established with ethnic community organisations, non-government sectors and government agencies relevant to the specified communities.

12 Please see Appendix 4: Further contacts for States and Territories for assistance in accessing resources and information required to achieve this Standard
**Performance Measures**

The service has:

2.1 ensured there is a position, or positions, allocated the responsibility for implementing the NCCT across the service. Such a position/s could be existing Full Time Equivalents (FTEs)

2.2 liaised, consulted and fostered links with relevant multicultural or ethno-specific agencies, organisations or community-relevant resources in the course of client or case management. Linkages and consultations may be with, but are not limited to:

- transcultural mental health centres/services and/or relevant networks in respective state or territory
- migrant resource centres
- places of worship
- ethnic community organisations
- CALD consumer and carer advisory groups

2.3 representation of CALD communities on its internal committees across all levels of service development and delivery

2.4 representation, where possible, on various CALD community associations in its service region

2.5 disseminated information in English and in key CALD languages based on the annually updated profile of the CALD communities within its service region (see Performance Measure 3.4), via one or more modalities, including print, audio-visual or community information sessions and forums on:

- mental illness prevention
- suicide prevention
- recovery
- mental health promotion
- mental health information
- stigma reduction
- benefits and rights of mental health consumers and their carers

2.6 ensured that its staff and/or clinicians delivering a mental health program are aware and respectful of:

- existing alternative or complementary health and/or mental health service providers (e.g., traditional ‘folk healers’)
- key individuals in the specified community who may be consulted on religious and spiritual beliefs influencing assessment, treatment and management.
CULTURAL COMPETENCY STANDARD 3

The service engages in evaluation, research and development of culturally appropriate service delivery relevant to transcultural mental health.

Principle
Strategies to enhance service delivery for people from culturally and linguistically diverse backgrounds must be evidence-based.

Performance Measures
The service has:

3.1 an organisational culture which promotes research and development relevant to transcultural mental health in consultation with relevant stakeholders, including CALD carers, consumers and their families

3.2 linked with external agencies that have had wide research experience with CALD communities

3.3 protocols for collecting patient or client demographic data that are useful and relevant to the demographic profile of CALD communities in the given catchment or service area

3.4 generated, through a mapping and needs exercise, or other appropriate information-gathering or research, a profile of the CALD communities within its service region, which includes information, such as:

- population size of each community
- demographic and religious characteristics
- socio-economic status
- language requirements
- relevant community organisations
- how best to access the specified communities
- cultural sensitivities

and that this profile is reviewed annually

3.5 conducted research or projects in collaboration, or independently, to measure the needs of the CALD population in its region. Examples of projects could be:

- looking at the referral patterns or pathways typically taken by CALD consumers who access mental health services in the service catchment area
- determining what kind of programs the CALD communities would like to attend that may be congruent with their explanatory model of psychosocial remediation
- looking at the proportion of people from CALD backgrounds accessing service.

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13 It is of upmost importance to ensure research or project methodologies are appropriate for the needs of CALD.
CULTURAL COMPETENCY STANDARD 4

The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.

Principle
The rights of people from CALD backgrounds, and their carers and families, as set out in the Mental Health statement of rights and responsibilities (1991) and other legislated rights, must be ensured when delivering mental health services.

Performance Measures
The service has:

4.1 informed people from CALD backgrounds and their carers of their rights and responsibilities, using the client’s preferred language and modality, where necessary, when accessing and using the service

4.2 promoted awareness of its programs by disseminating information in English and in appropriate languages, via one or more modalities including print, audio-visual or community information sessions and forums, to different cultural groups in places including, but not limited to:
   - local doctors’ surgeries
   - hospitals
   - community centres
   - places of worship
   - schools
   - libraries
   - other meeting places deemed important for the specified communities (e.g., sporting and cultural clubs, etc)
   - chemists
   - family courts
   - ethnic radio and TV
   - the service website, if available

4.3 developed policies and procedures to facilitate the accommodation of specific culture-based needs of its CALD consumers, their carers and families, such as:
   - childcare needs
   - family roles and obligations
   - dietary needs
   - religious needs

4.4 processes in place to access, where available, accredited or suitably competent interpreters who have been trained in mental health interpreting

4.5 conducted assessment, diagnoses and treatment by formally qualified and culturally competent mental health clinicians, and/or provided services by appropriately qualified and culturally competent staff.
CULTURAL COMPETENCY STANDARD 5

The service adheres to a Language Services Policy\(^\text{14}\).

**Principle**

People from CALD backgrounds have a right to receive the same best practice standard of mental health service as other Australians.

**Performance Measures**

The service has:

5.1 a Language Services Policy which provides guidelines for booking and effective use of interpreters in accordance with the Language Services Policy for their state or territory. Where no such policy exists, a service needs to adhere to its own existing best practice guidelines in relation to language services.

5.2 negotiated with interpreter service agencies to ensure that, where available, accredited or suitably competent interpreters trained in mental health interpreting are booked to the service.

5.3 where available, used accredited or suitably competent interpreters, trained in mental health interpreting\(^\text{15}\).

5.4 provided staff training on the:

- effective use of interpreters
- principles outlined within the Language Services Policy of the state/territory, or, where no policy is available, on the best practice language services guidelines upheld by the service.

5.5 sought to develop a staff profile which reflects the cultural diversity of the wider community; this could include services working together with bilingual workers sourced through relevant networks.

CULTURAL COMPETENCY STANDARD 6

The service makes available and encourages:

- mental health cultural competency training for its staff, with independently and externally evaluated state-endorsed cultural competency training to be used where available, and
- the use of culturally appropriate assessment and planning tools.

**Principle**

Understanding of cultural differences must be incorporated in the development of all mental health programs and services.

**Performance Measures**

The service has:

6.1 ensured that all staff undergo a mental health cultural competency training program\(^\text{16}\) within the first 12 months of employment at the mental health service and ongoing annual professional development thereafter. State-endorsed training, that has been independently and externally evaluated, is to be delivered where available.

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\(^\text{14}\) See Appendix 3 for best practice principles identified by the Commonwealth Ombudsman’s report on the Use of Interpreters (2009), as well as details of the Language Services Policy/Statement for respective states and territories. For states or territories without one, the service should use internally accepted policies or guidelines.

\(^\text{15}\) For various reasons it is not advisable or recommended to use family members, friends or carers as interpreters.

\(^\text{16}\) There is value in having CALD consumers and carers included in a cultural competency training program in order to provide their perspective and lived experience.
6.2 ensured that policy documents specify that assessment instruments or inventories administered on CALD clients are culturally appropriate, and where feasible, are culturally validated

6.3 conducted development and implementation of more culturally appropriate assessment, review and treatment plans

6.4 incorporated cultural competency into staff orientation and performance review requirements. \(^{17}\)

**CULTURAL COMPETENCY STANDARD 7**

The service ensures CALD consumer and carer participation in service planning, implementation and evaluation.

*Principle*

CALD consumers and carers are involved in the planning, implementation and evaluation of the mental health service.

*Performance Measures*

The service has:

7.1 consulted with CALD consumers and carers in the planning, implementation and evaluation of policies and programs for the service, so that issues of cultural diversity are incorporated

7.2 engaged suitably trained CALD consumers and carers to deliver services where appropriate (e.g., a peer support service)

7.3 taken satisfaction surveys of CALD clients, translated or interpreted, where needed, in preferred languages to:

- inform continuous improvement
- determine cultural appropriateness of various programs delivered by the service
- determine cultural competence of staff.

**CULTURAL COMPETENCY STANDARD 8**

The service has proactive support from senior management for developing transcultural mental health initiatives.

*Principle*

A formal commitment to dedicating resources is essential to achieve cultural competency.

*Performance Measures*

The service has:

8.1 budgetary policies and practices that allocate resources and fiscal support to facilitate delivery of evidence-based programs for CALD communities and to assist the service in achieving cultural competency

8.2 genuine and active support for FTEs who are designated the responsibility for monitoring the progress of the service in attaining cultural competency through the implementation of the NCCT.

\(^{17}\) See Appendix 2 for items to include in Staff Orientation Programs.
EXAMPLE OF A COMPLETED NATIONAL CULTURAL COMPETENCY CHECKLIST

CULTURAL COMPETENCY STANDARD 1:
The service’s Strategic Business Plan, or equivalent, recognises the relevance of transcultural mental health issues in service planning, implementation and evaluation.

Principle
Cultural and linguistic diversity must be acknowledged and reflected in all stages of service planning, implementation and evaluation.

Performance Measures:

<table>
<thead>
<tr>
<th>The service has:</th>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed?</th>
<th>By when?</th>
<th>By whom?</th>
<th>What needs to be changed?</th>
<th>By when?</th>
<th>By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is evidence located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1 a Strategic Business Plan, or equivalent, clearly stating its commitment to meeting the mental health needs of people from CALD backgrounds</td>
<td></td>
<td></td>
<td></td>
<td>The service’s Strategic Business Plan.</td>
<td></td>
<td></td>
<td>Strategic Business Plan, including Action Plan, needs to incorporate statements about CALD issues.</td>
<td></td>
<td></td>
<td>Revised Strategic Business Plan, including Action Plan, incorporating strategies for addressing gaps in service delivery to CALD clientele or patients.</td>
<td></td>
</tr>
<tr>
<td>1.2 a policy for ensuring delivery of culturally appropriate services to all cultural groups in the service region</td>
<td></td>
<td></td>
<td></td>
<td>The service’s Access and Equity policy in relation to CALD clients, where available.</td>
<td></td>
<td></td>
<td>The Access and Equity Policy to which the service adheres is to include relevance for CALD communities in the service region.</td>
<td></td>
<td></td>
<td>Enhanced policy statement surrounding service delivery to CALD communities.</td>
<td></td>
</tr>
</tbody>
</table>
1.3 incorporated a statement about cultural diversity considerations in its recruitment documentation/processes for all positions at the service.

<table>
<thead>
<tr>
<th>Action</th>
<th>Recruitment Policies</th>
<th>Position Descriptions</th>
<th>Position Duty Statements</th>
<th>Selection Criteria</th>
<th>Selection Panel Documentation</th>
<th>Job Advertisements Applying to All Positions at the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporate statement about cultural diversity, similar to statements about EEO and OHS in all associated recruitment documentation.</td>
<td>All recruitment policies, Position Descriptions or Position Duty Statements, selection criteria, selection panel documentation, job advertisements applying to all positions at the service.</td>
<td>Incorporate statement about cultural diversity, similar to statements about EEO and OHS in all associated recruitment documentation.</td>
<td>All recruitment policies, documentation, and procedures incorporate statements about cultural diversity.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that examples of “By when?” and “By whom?” are not provided under the “What needs to be reviewed?” and “What needs to be changed?” action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
CULTURAL COMPETENCY STANDARD 2:
The service collaborates with key mental health government and broader community stakeholders working with people from CALD background.

Principle
To promote a coordinated approach to providing services, intersectoral links must be established with ethnic community organisations, non-government sectors and government agencies relevant to the specified communities.

Performance Measures:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ACTION</th>
<th>What needs to be viewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is evidence located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1 ensured there is a position, or positions, allocated the responsibility for implementing the NCCT across the service. Such a position/s could be existing Full Time Equivalents (FTEs)</td>
<td></td>
<td>Aspects of service delivery including possible existing positions that can best facilitate the implementation of the NCCT.</td>
<td>Responsibilities of identified position/s to be modified to accommodate the responsibility of implementing the NCCT.</td>
<td>The service effectively works towards achieving cultural competency.</td>
<td></td>
</tr>
<tr>
<td>2.2 liaised, consulted and fostered links with relevant multicultural or ethno-specific agencies, organisations or community-relevant resources in the course of client or case management. Linkages and consultations may be with, but are not limited to: • transcultural mental health centres/services and/or relevant networks in respective state or territory • migrant resource centres • places of worship • ethnic community organisations • CALD consumer and carer advisory group</td>
<td></td>
<td>Current links with transcultural/ethnic community organisations.</td>
<td>Links with relevant stakeholders in the community to become more participatory and proactive.</td>
<td>Enhanced links with CALD communities and stakeholders resulting in better service delivery to CALD clients accessing the service.</td>
<td></td>
</tr>
</tbody>
</table>

18 Please see Appendix 4: Further contacts for States and Territories which can assist services in accessing resources and information required to achieve this Standard.
| 2.3 | representation of CALD communities on its internal committees across all levels of service development and delivery | Terms of References of internal committees within the service. | The service is to ensure that CALD representation is included in all Terms of References of relevant committees within the service. | Improved links with various CALD communities in the service region. Over time (1 year) this will help develop better targeted services for CALD clients. |
| 2.4 | representation, where possible, on various CALD community associations in its service region | Documentation demonstrating that representatives of the service are participating in meetings, where appropriate, held by targeted CALD associations. | The service is to adopt a proactive approach aimed at ensuring closer involvement with the boards of management of targeted CALD community associations. | Improved links with various CALD communities in the service region. Over time (1 year) this will develop better service delivery for CALD clients accessing the service. |
| 2.5 | disseminated information in English and in key CALD languages based on the annually updated profile of the CALD communities within its service region (see Performance Measure 3.4), via one or more modalities, including print, audio-visual or community information sessions and forums on: • mental illness prevention • suicide prevention • recovery • mental health promotion • mental health information • stigma reduction • benefits and rights of mental health consumers and their carers | Any current existing information on mental illness, prevention, recovery, etc. Feasibility for producing translated versions, in printed or other modalities Appropriateness to address this criterion across a wider area (e.g., with other services that provide a mental health program) | The service is to develop viable means to access funding and appropriate staff resources to achieve this Performance Measure. The service is to explore the possibility of linking its website with that of have CALD community group websites. | Enhanced relationships with CALD communities in the service region. This will lead to better service delivery to CALD clients accessing the service. The service has developed a suite of printed materials in different languages that can be distributed to groups. The service website has a dedicated page for CALD clients, with appropriate links to CALD community groups and resources. |
to different cultural groups at community venues, including but not limited to:
- community centres
- places of worship
- schools
- ethnic community organisations
- refugee services and services for survivors of torture and trauma
- CALD Consumer Advisory Groups (CAGs)
- children’s, youth and women’s centres
- other meeting places deemed important for the specified communities

2.6 ensured that its staff and/or clinicians delivering a mental health program are aware and respectful of:
- existing alternative or complementary health and/or mental health service providers (e.g., traditional ‘folk healers’)
- key individuals in the specified community who may be consulted on religious and spiritual beliefs influencing assessment, treatment and management.

| The extent to which the service has endeavoured to foster links with key community organisations and the availability of evidence of these efforts. | The service is to acknowledge and actively support for inclusion in its protocols, the importance of initiating these relationships and ensuring its sustainability. | Staff engaged in client contact will be better aware of cultural influences on illness presentation and the client’s explanatory model of their presentation. |

Please note that examples of “By when?” and “By whom?” are not provided under the “What needs to be reviewed?” and “What needs to be changed?” action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
CULTURAL COMPETENCY STANDARD 3:

The service engages in evaluation, research and development of culturally appropriate service delivery relevant to transcultural mental health.

**Principle**

Strategies to enhance service delivery for people from culturally and linguistically diverse backgrounds must be evidence-based.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is evidence located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 an organisational culture which promotes research and development relevant to transcultural mental health in consultation with relevant stakeholders, including CALD carers, consumers and their families</td>
<td>Service policy on research and development. Service policy on staff development and work release to undertake Research and Development (R&amp;D). Service policy on Access and Equity.</td>
<td>Service needs to promote organisational culture valuing R&amp;D, evidenced by management support and summary reports of R&amp;D. CALD issues identified as priority areas in R&amp;D policy. Service makes funding available to release staff for R&amp;D initiatives.</td>
<td>Service conducts at least one piece of research on CALD issues per year. The results of the research are translated into improved service delivery to CALD clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2 linked with external agencies that have had wide research experience with CALD communities</td>
<td>The service links with their respective state Transcultural Mental Health Centre/Service (where available), universities and/or other relevant centres.</td>
<td>The service is to facilitate engagement of staff with agencies that undertake research by adequately supporting them in this role with additional resources.</td>
<td>The service has reciprocal relationships with agencies that engage in research to enhance its knowledge of and service delivery for CALD clients.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EXAMPLE OF A COMPLETED NATIONAL CULTURAL COMPETENCY CHECKLIST**

23 National Cultural Competency Tool (NCCT) For Mental Health Services Multicultural Mental Health Australia 168343_NCCT Book_FINAL.indd 23 2/09/10 10:24 AM
### 3.3 Protocols for Collecting Patient or Client Demographic Data

<table>
<thead>
<tr>
<th>Protocol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient admission or client demographic data forms and protocols.</td>
<td>Demographic profile of CALD communities in the given catchment or service area.</td>
</tr>
<tr>
<td>Patient admission or client demographic data forms and protocol are to be amended to ensure that data about clients from CALD backgrounds is collated. Particular attention is to be directed to collecting data about second generation Australians.</td>
<td>Patient admission or client demographic data forms and protocol are to be amended to ensure that data about clients from CALD backgrounds is collated. Particular attention is to be directed to collecting data about second generation Australians.</td>
</tr>
</tbody>
</table>

### 3.4 Generated, through a Mapping and Needs Exercise, or Other Appropriate Information Gathering or Research

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>All data collected via patient admission or client demographic data forms into the service’s data base to ensure accuracy is reflected.</td>
<td>The service is to liaise with the appropriate data information branch at the State’s Mental Health directorate to create annual updates on CALD clients in service region.</td>
</tr>
<tr>
<td>Community demographics obtained from transcultural mental health centres/services.</td>
<td>Service management has good understanding of CALD demographic data and resource implications for servicing CALD clients.</td>
</tr>
</tbody>
</table>

### 3.5 Conducted Research or Projects in Collaboration, or Independently, to Measure the Needs of the CALD Population in Its Region

<table>
<thead>
<tr>
<th>Activity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service policy on research initiatives. Recent projects undertaken.</td>
<td>The service has identified and prioritised the top 5 needs of CALD clients in its region. The service has identified 2 project initiatives to implement in next 12 months, through partnering with CALD consumers and carers to identify gaps and deficits in service delivery.</td>
</tr>
<tr>
<td>The service effectively addresses identified unmet mental health needs of CALD clients in its region. The service is more aware of the needs of the CALD population in its region. The service has developed a CALD consumer and carer partnership model for implementing service initiatives.</td>
<td>The service effectively addresses identified unmet mental health needs of CALD clients in its region. The service is more aware of the needs of the CALD population in its region. The service has developed a CALD consumer and carer partnership model for implementing service initiatives.</td>
</tr>
</tbody>
</table>

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*Please note that examples of “By when?” and “By whom?” are not provided under the “What needs to be reviewed?” and “What needs to be changed?” action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.*

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19 Please see Appendix 4: Further contacts for States and Territories which can assist services in accessing resources and information required to achieve this Standard.
### CULTURAL COMPETENCY STANDARD 4:

The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.

#### Principle

The rights of people from CALD backgrounds, and their carers and families, as set out in the *Mental Health statement of rights and responsibilities (1991)* and other legislated rights, must be ensured when delivering mental health services.

#### Performance Measures:

<table>
<thead>
<tr>
<th>ACTION</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>Y</td>
<td>N</td>
<td>What needs to be reviewed?</td>
<td>By when?</td>
</tr>
<tr>
<td>4.1 informed people from CALD backgrounds and their carers of their rights and responsibilities, using the client's preferred language and modality, where necessary, when accessing and using the service</td>
<td></td>
<td></td>
<td>Staff induction and training material. Where available, a review of the Patients’ Charter needs to take place to ensure that it is linguistically appropriate.</td>
<td></td>
</tr>
</tbody>
</table>
4.2 promoted awareness of its programs by disseminating information in English and in appropriate languages, via one or more modalities including print, audio-visual, or community information sessions and forums, to different cultural groups in places including, but not limited to:
- local doctors’ surgeries
- hospitals
- community centres
- places of worship
- schools
- libraries
- other meeting places deemed important for the specified communities (e.g., sporting and cultural clubs, etc)
- chemists
- family courts
- ethnic radio and TV
- the service website, if available

Any existing consumer or carer resource, information about the service, printed or otherwise, to ensure it is translated in appropriate languages.

Policies and procedures for developing consumer and carer resource or information about the service are to meet the linguistic needs of CALD communities in the service region and to be widely disseminated.

Enhanced awareness about the service and its programs for CALD communities, leading to higher rates of service access and improved service delivery to CALD clients.

4.3 developed policies and procedures to facilitate the accommodation of specific culture-based needs of its CALD consumers, their carers and families, such as:
- childcare needs
- family roles and obligations
- dietary needs
- religious needs

Existing policies and procedures for the management of CALD clients and working in partnership with the clients’ carers and families.

Policies and procedures governing CALD client work are to incorporate flexibility and scope to accommodate specific culture-based needs.

Enhanced relationships with CALD communities, leading to culturally-responsive service delivery.
### 4.4 processes in place to access, where available, accredited or suitably competent interpreters who have been trained in mental health interpreting

| The service’s policy and budget lines for accessing interpreters. |
| Procedures and protocols for staff and/or clinicians to discuss concerns with Interpreter Services, when they arise. |
| The service is to have processes in place to enable staff to readily access Interpreter Services. |
| Policies are to be developed for occasions when accredited interpreter or suitably competent services are not available. |
| Effective language service provision leading to better clinical outcome. |

### 4.5 conducted assessment, diagnoses and treatment by formally qualified and culturally competent mental health clinicians, and/or provided services by appropriately qualified and culturally competent staff. 

| Where available, any existing Access and Equity Policy relevant to CALD clients accessing the service. |
| Clinician’s access to consult with experts in the transcultural mental health sector who may be external to the service. |
| The Access and Equity Policy adhered to by the service, considers the needs of CALD clients. |
| Professional development is to be offered to clinicians. The service is to facilitate supervision and/or consultation between clinicians and experts in transcultural mental health sector. |
| Assessment and diagnosis of CALD clients is conducted confidently by culturally competent clinicians, supported by expertise external to the service, where necessary. |

Please note that examples of “By when?” and “By whom?” are not provided under the “What needs to be reviewed?” and “What needs to be changed?” action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
**CULTURAL COMPETENCY STANDARD 5:**

The service adheres to a Language Services Policy.20

**Principle**

People from CALD backgrounds have a right to receive the same best practice standard of mental health service as other Australians.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>The service has:</td>
<td>The service has:</td>
<td>The service has:</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>5.1</td>
<td>a Language Services Policy which provides guidelines for booking and effective use of interpreters in accordance with the Language Services Policy for their state or territory. Where no such policy exists, a service needs to adhere to its own existing best practice guidelines in relation to language services.</td>
<td>Any existing Language Services Policy or Guidelines on Interpreter Services adhered to by the service. Induction packages for staff and/or clinicians. Admission and client demographic data forms and protocol.</td>
<td>Language Services Policy or Guidelines to be updated. Induction package is to incorporate Language Services Policy. Admission and client demographic data forms and Protocols are to have reference to client’s preferred language, where appropriate.</td>
</tr>
<tr>
<td>5.2</td>
<td>negotiated with interpreter service agencies to ensure that, where available, accredited or suitably competent interpreters trained in mental health interpreting are booked to the service.</td>
<td>Protocols for booking interpreters.</td>
<td>Service protocols for booking of interpreters are to underscore the need to request an accredited or suitably competent interpreter; and, where possible, one who is trained in mental health interpreting.</td>
</tr>
</tbody>
</table>

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20 See Appendix 3 for best practice principles identified by the Commonwealth Ombudsman’s report on the Use of Interpreters (2009) as well as details on the Language Services Policy/Statement for respective states and territories. For states or territories without one, the service should use internally accepted policies or guidelines.
| 5.3 | where available, used accredited or suitably competent interpreters, trained in mental health interpreting\(^{21}\) | Language Service policy or any existing in-house Guidelines for interpreter use. Data on interpreter service use. The service’s capacity to access accredited or suitably competent interpreters (where possible, also trained in mental health interpreting). | Induction and professional development of staff and/or clinicians’ material to underscore the need to use accredited or suitably competent interpreters, trained in mental health interpreting, where available. Data on the service’s use of interpreters are to include information on client satisfaction. Protocol or Guidelines related to provision of Interpreter Services are to include statement about inappropriateness of family members, friends and carers to be used as interpreters. Guidelines are to include strategies to overcome lack of access of accredited or suitably competent interpreters where one is required. | Staff and/or clinicians are able to recognise when the services of an accredited or suitably competent interpreter is required. CALD clients receive a linguistically appropriate service. |
| 5.4 | provided staff training on the: effective use of interpreters principles outlined within the Language Services Policy of the state/territory, or, where no policy is available, on the best practice language services guidelines upheld by the service | Cultural competency professional development training material. | All induction and cultural competency training material are to include effective use of interpreting services. | The service readily offers training on appropriate and effective use of Interpreter Services. |

\(^{21}\) For various reasons it is not advisable or recommended to use family members, friends or carers as interpreters.
5.5 sought to develop a staff profile which reflects the cultural diversity of the wider community; this could include services working together with bilingual workers sourced through relevant networks.

| Current staffing profile and characteristics of CALD communities in the service region. Scope for Service to diversify its staffing profile according to consumer demand. Existing relationships with relevant stakeholders in service region who may have access to bilingual workers. | All recruitment documentation is to incorporate a statement about cultural competency. The service promotes itself within its region as an employer seeking to broaden the cultural diversity of its workforce. A voluntary online resource file is created, outlining the language and cultural backgrounds of staff members, who could be called upon when interacting with CALD clients. Strengthen working relationships with other services that may have a pool of bilingual workers with whom the service may consult or engage when required. | The service has a culturally diverse workforce or has access to ethno-specific workers through collaborative partnerships with other agencies. (This Performance Measure does not infer affirmative action or seek to operate outside of EEO principles). |

Please note that examples of 'By when?' and 'By whom?' are not provided under the 'What needs to be reviewed?' and 'What needs to be changed?' action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
CULTURAL COMPETENCY STANDARD 6:

The service makes available and encourages:
- mental health cultural competency training for its staff, with independently and externally evaluated state-endorsed cultural competency training to be used where available, and
- the use of culturally appropriate assessment and planning tools.

**Principle**
Understanding of cultural differences must be incorporated in the development of all mental health programs and services.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed?</th>
<th>By whom?</th>
<th>By when?</th>
<th>What needs to be changed?</th>
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<th>By when?</th>
<th>What results/outcomes are expected?</th>
<th>Where is evidence located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>6.1</td>
<td>ensured that all staff undergo a mental health cultural competency training program 22 within the first 12 months of employment at the mental health service and ongoing annual professional development thereafter. State-endorsed training, that has been independently and externally evaluated, is to be delivered where available</td>
<td></td>
<td></td>
<td>The service’s human resources and professional development policies; and any available cultural competency training package and the evaluation of such training.</td>
<td></td>
<td></td>
<td>Funding for cultural competency training to be made available.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22 There is value in having CALD consumers and carers included in a cultural competency training program in order to provide their perspective and lived experience.
| 6.2 | ensured that policy documents specify that assessment instruments or inventories administered on CALD clients are culturally appropriate, and where feasible, are culturally validated | The service’s Access & Equity Policy, where available. Availability of assessment instruments and tools in different languages and implications for the service in administering them through interpreters. | Adopting language specific tools requires a range of other factors to be considered (e.g., staff competence in administration and interpretation of data). The service will need to ensure this issue is incorporated in the cultural competency training that staff receive. | An accurate indicator of CALD clients’ clinical needs. |
| 6.3 | conducted development and implementation of more culturally appropriate assessment, review and treatment plans | Current preparation of assessment, review and treatment plans. | The service’s assessment, review and treatment plans are to include an awareness of cultural issues. | The service’s assessment, review and treatment plans are appropriately culturally sensitive. |
| 6.4 | Incorporated cultural competency into staff orientation and performance review requirements<sup>23</sup> | Current documentation for staff orientation and performance reviews. | Service staff orientation and performance reviews incorporate cultural competency. | Staff are culturally competent. |

Please note that examples of ‘By when?’ and ‘By whom?’ are not provided under the ‘What needs to be reviewed?’ and ‘What needs to be changed?’ action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.

<sup>23</sup> See Appendix 2 for items to include in Staff Orientation Programs.
CULTURAL COMPETENCY STANDARD 7:
The service ensures CALD consumer and carer participation in service planning, implementation and evaluation.

Principle
CALD consumers and carers are involved in the planning, implementation and evaluation of the mental health service.

Performance Measures:

<table>
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<tr>
<th>ACTION</th>
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<th>ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>Y</td>
<td>N</td>
<td>by when?</td>
</tr>
<tr>
<td>7.1 consulted with CALD consumers and carers in the planning, implementation and evaluation of policies and programs for the service, so that issues of cultural diversity are incorporated</td>
<td></td>
<td></td>
<td>Service policy on consumer participation in programs conducted by the service.</td>
</tr>
<tr>
<td>7.2 engaged suitably trained CALD consumers and carers to deliver services where appropriate (e.g., a peer support service)</td>
<td></td>
<td></td>
<td>Service policy on consumer and carer participation in programs conducted by the service.</td>
</tr>
<tr>
<td>7.3 taken satisfaction surveys of CALD clients, translated or interpreted, where needed, in preferred languages to: • inform continuous improvement • determine cultural appropriateness of various programs delivered by the service • determine cultural competence of staff.</td>
<td></td>
<td></td>
<td>Service policies relating to gathering data concerning client satisfaction with service delivery.</td>
</tr>
</tbody>
</table>

Please note that examples of ‘by when?’ and ‘by whom?’ are not provided under the ‘What needs to be reviewed?’ and ‘What needs to be changed?’ action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
**CULTURAL COMPETENCY STANDARD 8:**

The service has proactive support from senior management for developing transcultural mental health initiatives.

**Principle**

A formal commitment to dedicating resources is essential to achieve cultural competency.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is evidence located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>8.1</td>
<td>budgetary policies and practices that allocate resources and fiscal support to facilitate delivery of evidence-based programs for CALD communities and to assist the service in achieving cultural competency</td>
<td>Service’s annual budget to accommodate CALD initiatives.</td>
<td>The service is to allocate resources and fiscal support to organisational cultural competency. Staff and/or clinicians are able to contribute to the budget process to ensure CALD issues are tabled.</td>
<td>The service has budgeted resources to be organisationally culturally competent. Staff and/or clinicians feel supported through the budget process and there is evidence of allocation to implement CALD policies and initiatives to benefit CALD clients.</td>
<td></td>
</tr>
<tr>
<td>8.2 genuine and active support for FTEs who are designated the responsibility for monitoring the progress of the service in attaining cultural competency through the implementation of the NCCT.</td>
<td></td>
<td>The Position Duty Statements of identified staff who may be designated the responsibility of monitoring the service’s progress towards attaining the Standards within the NCCT.</td>
<td>The service is to re-allocate staff responsibilities to ensure designated staff members have reasonable time for taking carriage of monitoring the service’s progress.</td>
<td>Management and staff acknowledge and support the staff member/s with this task. Management and staff aid in implementation where possible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please note that examples of ‘By when?’ and ‘By whom?’ are not provided under the ‘What needs to be reviewed?’ and ‘What needs to be changed?’ action columns, although it is recommended that services identify who is responsible and by when, as this will assist in implementing the actions.
NATIONAL CULTURAL COMPETENCY CHECKLIST

It is recommended that photocopies of this Checklist template be used for completing the service’s self-assessment.

CULTURAL COMPETENCY STANDARD 1:
The service’s Strategic Business Plan, or equivalent, recognises the relevance of transcultural mental health issues in service planning, implementation and evaluation.

Principle
Cultural and linguistic diversity must be acknowledged and reflected in all stages of service planning, implementation and evaluation.

Performance Measures:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is the evidence for this measure located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.1 a Strategic Business Plan, or equivalent, clearly stating its commitment to meeting the mental health needs of people from CALD backgrounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>1.2 a policy for ensuring delivery of culturally appropriate services to all cultural groups in the service region</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.3 incorporated a statement about cultural diversity considerations in its recruitment documentation/processes for all positions at the service.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review Date: ...........................................
Completed by: ........................................
CULTURAL COMPETENCY STANDARD 2:
The service collaborates with key mental health government and broader community stakeholders working with people from CALD backgrounds.

**Principle**
To promote a coordinated approach to providing services, intersectoral links must be established with ethnic community organisations, non-government sectors and other government agencies relevant to the specified communities.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>The service has:</td>
<td>The service has:</td>
<td>The service has:</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>What needs to be reviewed? By when? By whom?</td>
<td>What needs to be changed? By when? By whom?</td>
</tr>
</tbody>
</table>

2.1 ensured there is a position, or positions, allocated the responsibility for implementing the NCCT across the service. Such a position/s could be existing Full Time Equivalents (FTEs)

2.2 liaised, consulted and fostered links with relevant multicultural or ethno-specific agencies, organisations or community-relevant resources in the course of client or case management. Linkages and consultations may be with, but are not limited to:

- transcultural mental health centres/services and/or relevant networks in respective state or territory
- migrant resource centres
- places of worship
- ethnic community organisations
- CALD consumer and carer advisory groups

2.3 representation of CALD communities on its internal committees across all levels of service development and delivery

Please see Appendix 4: Further contacts for States and Territories which can assist services in accessing resources and information required to achieve this Standard.
| 2.4 | representation, where possible, on various CALD community associations in its service region |
| 2.5 | disseminated information in English and in key CALD languages based on the annually updated profile of the CALD communities within its service region (see Performance Measure 3.4), via one or more modalities, including print, audio-visual or community information sessions and forums on:  
  - mental illness prevention  
  - suicide prevention  
  - recovery  
  - mental health promotion  
  - mental health information  
  - stigma reduction  
  - benefits and rights of mental health consumers and their carers  
  
  to different cultural groups at community venues, including but not limited to:  
  - community centres  
  - places of worship  
  - schools  
  - ethnic community organisations  
  - refugee services and services for survivors of torture and trauma  
  - CALD Consumer Advisory Groups (CAGs)  
  - children’s, youth and women’s centres  
  - other meeting places deemed important for the specified communities |
| 2.6 | ensured that its staff and/or clinicians delivering a mental health program are aware and respectful of:  
  - existing alternative or complementary health and/or mental health service providers (e.g., traditional ‘folk healers’)  
  - key individuals in the specified community who may be consulted on religious and spiritual beliefs influencing assessment, treatment and management. |
**CULTURAL COMPETENCY STANDARD 3:**

The service engages in evaluation, research and development of culturally appropriate service delivery relevant to transcultural mental health.

**Principle**

Strategies to enhance service delivery for people from culturally and linguistically diverse backgrounds must be evidence-based.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>The service has:</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is the evidence for this measure located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>an organisational culture which promotes research and development relevant to transcultural mental health in consultation with relevant stakeholders, including CALD carers, consumers and their families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>linked with external agencies that have had wide research experience with CALD communities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.3 protocols for collecting patient or client demographic data that are useful and relevant to the demographic profile of CALD communities in the given catchment or service area

3.4 generated, through a mapping and needs exercise, or other appropriate information gathering or research, a profile of the CALD communities within its service region, which includes information, such as:
- population size of each community
- demographic and religious characteristics
- socio-economic status
- language requirements
- relevant community organisations
- how best to access the specified communities
- cultural sensitivities

and that this profile is reviewed annually

3.5 conducted research or projects in collaboration, or independently, to measure the needs of the CALD population in its region. Examples of projects could be:
- looking at the referral patterns or pathways typically taken by CALD consumers who access mental health services in the service catchment area
- determining what kind of programs the CALD communities would like to attend that may be congruent with their explanatory model of psychosocial remediation
- looking at the proportion of people from CALD backgrounds accessing service.

It is of upmost importance to ensure research methodologies are appropriate for the needs of CALD.
**CULTURAL COMPETENCY STANDARD 4:**

The service ensures equitable access for people from culturally and linguistically diverse backgrounds, and their carers and families.

**Principle**

The rights of people from CALD backgrounds, and their carers and families, as set out in the *Mental Health statement of rights and responsibilities (1991)* and other legislated rights, must be ensured when delivering mental health services.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td>Y</td>
<td>N</td>
<td>What needs to be reviewed?</td>
</tr>
<tr>
<td>4.1 informed people from CALD backgrounds and their carers of their rights and responsibilities, using the client’s preferred language and modality, where necessary, when accessing and using the service</td>
<td></td>
<td></td>
<td>By when?</td>
</tr>
</tbody>
</table>
| 4.2 promoted awareness of its programs by disseminating information in English and in appropriate languages, via one or more modalities including print, audio-visual or community information sessions and forums, to different cultural groups in places including, but not limited to: 
- local doctors’ surgeries 
- hospitals 
- community centres 
- places of worship 
- schools 
- libraries 
- other meeting places deemed important for the specified communities (e.g., sporting and cultural clubs, etc) 
- chemists 
- family courts 
- ethnic radio and TV 
- the service website, if available | | | By when? | By whom? |
| | | | What results/outcomes are expected? | Where is the evidence for this measure located? |
4.3 developed policies and procedures to facilitate the accommodation of specific culture-based needs of its CALD consumers, their carers and families, such as:
- childcare needs
- family roles and obligations
- dietary needs
- religious needs

4.4 processes in place to access, where available, accredited or suitably competent interpreters who have been trained in mental health interpreting

4.5 conducted assessment, diagnoses and treatment by formally qualified and culturally competent mental health clinicians, and/or provided services by appropriately qualified and culturally competent staff.
**CULTURAL COMPETENCY STANDARD 5:**

The service adheres to a Language Services Policy.

**Principle**
People from CALD backgrounds have a right to receive the same quality mental health service as other Australians.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is the evidence for this measure located?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5.1</strong> a Language Services Policy which provides guidelines for booking and effective use of interpreters in accordance with the Language Services Policy for their state or territory. Where no such policy exists, a service needs to adhere to its own existing best practice guidelines in relation to language services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.2</strong> negotiated with interpreter service agencies to ensure that, where available, accredited or suitably competent interpreters trained in mental health interpreting are booked to the service</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.3</strong> where available, used accredited or suitably competent interpreters, trained in mental health interpreting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **5.4** provided staff training on the:  
• effective use of interpreters  
• principles outlined within the Language Services Policy of the state/territory, or, where no policy is available, on the best practice language services guidelines upheld by the service | | | | | | |
| **5.5** sought to develop a staff profile which reflects the cultural diversity of the wider community; this could include services working together with bilingual workers sourced through relevant networks. | | | | | | |

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26 See Appendix 3 for best practice principles identified by the Commonwealth Ombudsman’s report on the Use of Interpreters (2009) as well as details on the Language Services Policy/Statement for respective states and territories. For states or territories without one, the service should use internally accepted policies or guidelines.
CULTURAL COMPETENCY STANDARD 6:
The service makes available and encourages:
- mental health cultural competency training for its staff, with independently and externally evaluated state-endorsed cultural competency training to be used where available, and
- the use of culturally appropriate assessment and planning tools.

**Principle**
Understanding of cultural differences must be incorporated in the development of all mental health programs and services.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td></td>
</tr>
<tr>
<td>6.1 ensured that all staff undergo a mental health cultural competency training program(^{27}) within the first 12 months of employment at the mental health service and ongoing annual professional development thereafter. State-endorsed training, that has been independently and externally evaluated, is to be delivered where available</td>
<td></td>
</tr>
<tr>
<td>6.2 ensured that policy documents specify that assessment instruments or inventories administered on CALD clients are culturally appropriate, and where feasible, are culturally validated</td>
<td></td>
</tr>
<tr>
<td>6.3 conducted development and implementation of more culturally appropriate assessment, review and treatment plans</td>
<td></td>
</tr>
<tr>
<td>6.4 incorporated cultural competency into staff orientation and performance review requirements(^{28})</td>
<td></td>
</tr>
</tbody>
</table>

\(^{27}\) There is value in having CALD consumers and carers included in a cultural competency training program in order to provide their perspective and lived experience.

\(^{28}\) See Appendix 2 for items to include in Staff Orientation Programs.
**CULTURAL COMPETENCY STANDARD 7:**

The service ensures CALD consumer and carer participation in service planning, implementation and evaluation.

**Principle**

CALD consumers and carers are involved in the planning, implementation and evaluation of the mental health service.

**Performance Measures:**

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
<th>What needs to be changed? By when? By whom?</th>
<th>What results/outcomes are expected?</th>
<th>Where is the evidence for this measure located?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service has:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1 consulted with CALD consumers and carers in the planning, implementation and evaluation of policies and programs for the service, so that issues of cultural diversity are incorporated</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.2 engaged suitably trained CALD consumers and carers to deliver services where appropriate (e.g., a peer support service)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 7.3 taken satisfaction surveys of CALD clients, translated or interpreted, where needed, in preferred languages to:  
  - inform continuous improvement  
  - determine cultural appropriateness of various programs delivered by the service  
  - determine cultural competence of staff. | | | | | | |
CULTURAL COMPETENCY STANDARD 8:
The service has proactive support from senior management for developing transcultural mental health initiatives.

Principle
A formal commitment to dedicating resources is essential to achieve cultural competency.

Performance Measures:

<table>
<thead>
<tr>
<th>ACTION</th>
<th>Y</th>
<th>N</th>
<th>What needs to be reviewed? By when? By whom?</th>
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<th>What results/outcomes are expected?</th>
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<tbody>
<tr>
<td>The service has:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.1 budgetary policies and practices that allocate resources and fiscal support to facilitate delivery of evidence-based programs for CALD communities and to assist the service in achieving cultural competency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.2 genuine and active support for FTEs who are designated the responsibility for monitoring the progress of the service in attaining cultural competency through the implementation of the NCCT.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# FEEDBACK FORM

This form is designed to assist services to provide feedback on their implementation of the National Cultural Competency Standards for Mental Health Services. Please attach additional pages if needed and feel free to submit your feedback at any time. This Feedback Form is also available on Multicultural Mental Health Australia’s website (www.mmha.org.au).

MMHA would appreciate your feedback by **December 2013** when the NCCT review will be conducted.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Overall, are the National Cultural Competency Standards easy to understand and follow?  
Yes ☐  
No ☐  
Comments: |
| 2. | Are there any concepts in the National Cultural Competency Tool, including the National Cultural Competency Standards, which need further definition or explanation? |
| 3. | Are there any aspects of working with CALD background patients/clients at your service that the National Cultural Competency Standards do not address? |
| 4. | What changes or additions should be incorporated in the next version of the National Cultural Competency Tool? |
| 5. | **Implementation**  
a. What internal or external processes were in place to support the implementation of the National Cultural Competency Standards in your service?  
b. What additional implementation support needs to be provided? |
| 6. | Any additional comments? |
| 7. | Your service sector (e.g., clinical, NGO): |

Please return a copy of this Feedback Form to **Multicultural Mental Health Australia** by:  
Fax: (02) 9840 3388  
Email: admin@mmha.org.au  
Post: Locked Bag 7118, Parramatta CBD NSW 2124  
or access and complete the Feedback Form on MMHA's website: www.mmha.org.au.
Appendix 1

Clinician Cultural Competency Checklist (Clinician Checklist)

This checklist can be photocopied and distributed to clinicians as needed.

The Clinician Checklist has been developed to assist individual clinicians when working with clients from CALD backgrounds. It is designed to quickly remind clinicians about applying the National Cultural Competency Standards, and is an aid, NOT a replacement for the National Cultural Competency Tool.

The Clinician Checklist is to be used as a prompt only. It is recommended that clinicians review this checklist when receiving a referral of a client from a CALD background. Performance Measures to which each question relates are shown in the final column.

Clinicians may also wish to use another resource, such as the Cultural Assessment Tool (CAT), to assist them when clinically assessing clients from CALD backgrounds. The CAT can be accessed on Multicultural Mental Health Australia’s website in the resource section at: www.mmha.org.au.

<table>
<thead>
<tr>
<th>Checklist Questions Working with CALD Background Clients</th>
<th>Yes</th>
<th>No</th>
<th>Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is it appropriate to book an accredited or suitably competent interpreter for this client or their carer?</td>
<td></td>
<td></td>
<td>4.1 4.4 5.3</td>
</tr>
<tr>
<td>2. If an accredited or suitably competent interpreter is unavailable for onsite interpreting, is it appropriate to use the Telephone Interpreter Service for this client or their carer?</td>
<td></td>
<td></td>
<td>4.1 4.4 5.3</td>
</tr>
<tr>
<td>3. Is it appropriate to provide this client or their carer with printed mental health information in English, or their preferred language?</td>
<td></td>
<td></td>
<td>4.2</td>
</tr>
<tr>
<td>4. Can I advise this client or their carer about relevant CALD community organisations in the service’s or the client’s region and the support they may offer?</td>
<td></td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>5. Am I aware and respectful of:</td>
<td></td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>• existing alternative/complementary health and/or mental health service providers (e.g., traditional ‘folk healers’)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• key individuals in the client’s community to consult with concerning religious and spiritual beliefs influencing the assessment/treatment?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the service have any culturally-validated assessment inventories or tools that may be appropriate to administer to this client?</td>
<td></td>
<td></td>
<td>6.2 6.3</td>
</tr>
</tbody>
</table>
Appendix 2

Staff Orientation Outcomes

This checklist can be photocopied and distributed to staff as needed.

The following questions have been developed as prompts to assist services in ensuring that staff orientation programs include awareness of the National Cultural Competency Standards for Mental Health Services. This will aid services in achieving the requirements of Performance Measure 6.4. Additional Performance Measures to which each question relates are shown in the final column.

<table>
<thead>
<tr>
<th>Questions for Staff For Service Orientation Programs</th>
<th>Yes</th>
<th>No</th>
<th>Performance Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you read the service’s Strategic Business Plan statements, or equivalent, concerning CALD issues and clients?</td>
<td></td>
<td></td>
<td>1.1</td>
</tr>
<tr>
<td>2. Have you read the service’s Multicultural/CALD Access and Equity policy or equivalent?</td>
<td></td>
<td></td>
<td>1.2</td>
</tr>
<tr>
<td>3. Are you aware of the links developed by the service with transcultural, ethnic and/or migrant organisations?</td>
<td></td>
<td></td>
<td>2.2</td>
</tr>
<tr>
<td>4. Are you aware of the CALD community organisations that have representation from, or on the service?</td>
<td></td>
<td></td>
<td>2.3</td>
</tr>
<tr>
<td>5. Are you aware of which committees within the service have CALD representation?</td>
<td></td>
<td></td>
<td>2.3</td>
</tr>
<tr>
<td>6. Are you aware of key individuals from different CALD communities who may be consulted about mental health beliefs that may impact on the treatment of CALD clients?</td>
<td></td>
<td></td>
<td>2.6</td>
</tr>
<tr>
<td>7. Are you aware of the ethnic groups in the service’s catchment area?</td>
<td></td>
<td></td>
<td>3.4</td>
</tr>
<tr>
<td>8. Are you aware of the rights and responsibilities of all clients using the service and how to convey this information to CALD clients in an appropriate language and modality?</td>
<td></td>
<td></td>
<td>4.1</td>
</tr>
<tr>
<td>9. Are you aware of the service’s policies and procedures to facilitate the accommodation of specific culture-based needs of its CALD clients, carers and families?</td>
<td></td>
<td></td>
<td>4.3</td>
</tr>
<tr>
<td>10. Are you aware of the processes in place to access accredited or suitably competent interpreters?</td>
<td></td>
<td></td>
<td>4.4</td>
</tr>
<tr>
<td>11. Are you aware of the Language Services Policy or the best practice language services guidelines upheld by the service?</td>
<td></td>
<td></td>
<td>5.4</td>
</tr>
<tr>
<td>12. Are you aware of the need to modify clinical practice/service delivery, due to cultural sensitivities?</td>
<td></td>
<td></td>
<td>4.3</td>
</tr>
<tr>
<td>13. Have you undergone or are you planning to undergo in the first 12 months of employment, mental health cultural competency training?</td>
<td></td>
<td></td>
<td>6.1</td>
</tr>
<tr>
<td>14. Are you aware that the service conducts satisfaction surveys in appropriate CALD languages to ascertain satisfaction with the service by people from CALD backgrounds?</td>
<td></td>
<td></td>
<td>7.2</td>
</tr>
</tbody>
</table>
Appendix 3

Best Practice Principles for the Use of Interpreters and Language Services Policies for States and Territories

Best Practice Principles for the Use of Interpreters

The following eight best practice principles identified by the Commonwealth Ombudsman’s report on the Use of Interpreters (2009) will aid services in achieving the requirements of Cultural Competency Standard 5:

1. Agency policies on the use of interpreters - agencies need to have a clear and overarching policy on the use of interpreters, with clear steps on how to arrange an interpreter. The information should be readily accessible to all agency staff.

2. Promote access to interpreter services - websites should provide direct links to information on interpreter services as well as translated information.

3. Provide fair, accessible and responsive services - agencies should endeavour to provide an interpreter wherever necessary. If a request for an interpreter is not met, the reason should be recorded.

4. Specify who can be used as an interpreter - as well as who should not be used.

5. Provide staff training - to ensure staff have skills to effectively communicate with clients through an interpreter.

6. Maintain good records - of client needs including language and dialect, any gender or other requirements.

7. Provide an accessible complaint handling mechanism - accessible to clients who do not speak English. This data should be used to improve interpreter services.

8. Promote qualified interpreters - the development of interpreters in emerging languages should be encouraged.

Language Services Policies for States and Territories

**Australian Capital Territory**
Cultural Awareness and Interpreter Service Policy 2008

**New South Wales**
Multilingual Health Resources by AHS, DoH and NGOs Funded by NSW Health
(Guidelines for Production) 2005
Interpreters - Standard Procedures for Working with Health Care Interpreters 2006

**Northern Territory**
Northern Territory Government Language Services Policy 2009

**Queensland**
(http://www.multicultural.qld.gov.au/media/maq_making_world_difference_policy.pdf)
Queensland Health Languages Services Policy Statement 2000

**Victoria**

**Western Australia**
Western Australian Language Services Policy 2008
Western Australian Language Services in Health Care Policy Guidelines 2001 soon to be superseded by Western Australian Health Language Services Policy (2010) to be released by the end of 2010

**South Australia**
Please refer to internal policies related to the use of interpreters.

**Tasmania**
Please refer to internal policies related to the use of interpreters.
Appendix 4

Further Contacts for States and Territories

For further information on how to access appropriate assistance in relation to implementing many of the Performance Measures, state and territory contacts details are included for:

- Transcultural portfolio holders or officers with responsibility for cultural diversity issues within state and territory Mental Health Directorates
- Transcultural Mental Health Centres/Services in states and territories where they exist
- Multicultural Mental Health Australia

<table>
<thead>
<tr>
<th>State and Territory Mental Health Directorates</th>
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<tbody>
<tr>
<td><strong>Australian Capital Territory</strong></td>
</tr>
<tr>
<td>Mental Health ACT</td>
</tr>
<tr>
<td>Position: Transcultural Mental Health Community Development and Liaison Officer</td>
</tr>
<tr>
<td>Address: Level 3, 1 Moore Street</td>
</tr>
<tr>
<td>Postal Address: GPO Box 825</td>
</tr>
<tr>
<td>Telephone: (02) 6207 6867</td>
</tr>
<tr>
<td><strong>New South Wales</strong></td>
</tr>
<tr>
<td>Mental Health Drug and Alcohol Office, NSW Health</td>
</tr>
<tr>
<td>Position: Multicultural Mental Health Senior Project Officer</td>
</tr>
<tr>
<td>Address: 73 Miller Street</td>
</tr>
<tr>
<td>Postal Address: LMB 961</td>
</tr>
<tr>
<td>Telephone: (02) 9391 9000</td>
</tr>
<tr>
<td><strong>Northern Territory</strong></td>
</tr>
<tr>
<td>Mental Health Program, Health Services Division</td>
</tr>
<tr>
<td>Department of Health and Families, NT Government</td>
</tr>
<tr>
<td>Position: Senior Policy Officer</td>
</tr>
<tr>
<td>Address: 87 Mitchell Street</td>
</tr>
<tr>
<td>Postal Address: PO Box 40596</td>
</tr>
<tr>
<td>Telephone: (08) 8999 2553</td>
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<td><strong>Position:</strong></td>
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<td><strong>Telephone:</strong></td>
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<thead>
<tr>
<th></th>
<th>South Australia Mental Health Unit, Department of Health</th>
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<tbody>
<tr>
<td><strong>Position:</strong></td>
<td>Manager</td>
</tr>
<tr>
<td></td>
<td>South Australia CALD Mental Health Strategy</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Citi Centre Building</td>
</tr>
<tr>
<td></td>
<td>11 Hindmarsh Square</td>
</tr>
<tr>
<td></td>
<td>Adelaide SA 5000</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td>PO Box 287 Rundle Mall, Adelaide SA 5000</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>(08) 8226 6286</td>
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<tr>
<th></th>
<th>Tasmania Statewide and Mental Health Services</th>
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<tbody>
<tr>
<td><strong>Position:</strong></td>
<td>Senior Policy Consultant</td>
</tr>
<tr>
<td></td>
<td>4th floor, Carruthers Building</td>
</tr>
<tr>
<td></td>
<td>St Johns Park, Newtown TAS 7008</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td>GPO Box 125 Hobart TAS 7001</td>
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<tr>
<td><strong>Telephone:</strong></td>
<td>(03) 6230 7026</td>
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<tr>
<th></th>
<th>Victoria Mental Health, Drugs and Regions Division, Department of Health, Victoria</th>
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<tr>
<td><strong>Position:</strong></td>
<td>Manager</td>
</tr>
<tr>
<td></td>
<td>Adult and Older Persons Mental Health Team</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>Level 17, 50 Lonsdale Street</td>
</tr>
<tr>
<td></td>
<td>Melbourne VIC 3000</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td>GPO Box 4057 Melbourne VIC 3001</td>
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<tr>
<td><strong>Telephone:</strong></td>
<td>1300 650 172</td>
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<tr>
<th></th>
<th>Western Australia Mental Health Commission, Government of Western Australia</th>
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<tr>
<td><strong>Position:</strong></td>
<td>Transcultural Mental Health Portfolio Holder</td>
</tr>
<tr>
<td><strong>Address:</strong></td>
<td>5th Floor St Georges Centre</td>
</tr>
<tr>
<td></td>
<td>81 St Georges Terrace</td>
</tr>
<tr>
<td></td>
<td>Perth WA 6000</td>
</tr>
<tr>
<td><strong>Postal Address:</strong></td>
<td>GPO Box X 2299 Perth Business Centre WA 6847</td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td>(08) 6272 1200</td>
</tr>
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</table>
State and Territory Transcultural Mental Health Centres (TMHC) and Services (TMHS)

Each TMHC/S provides a distinct range of state-wide specialist mental health services aimed at improving the mental health of CALD communities. Transcultural Mental Health Centres/Services exist in only some states and territories, their roles and functions vary and they carry out a combination of the following: policy and service development, mental health promotion, clinical services, professional, consumer and carer education and training, research, and the provision of information and resources.

Transcultural Mental Health Centres/Services also work in partnership with mainstream mental health services and are key contact points for organisations wanting to improve their cultural competency.

Transcultural Mental Health Networks are members of the community who are interested in advancing transcultural mental health issues on a voluntary basis.

At the time of publication Transcultural Mental Health Centres, Services or Networks were not available in South Australia and the Northern Territory.

### State and Territory Transcultural Mental Health Centres/Services

#### Australian Capital Territory

| Address: | Transcultural Mental Health Network  
| Level 3, 1 Moore Street  
| Canberra City ACT 2601 |
| Postal Address: | C/o The Secretariat, Mental Health ACT  
| The Health Building  
| PO Box 825  
| Canberra ACT 2601 |
| Telephone: | (02) 6207 6867 |

#### New South Wales

| Address: | NSW Transcultural Mental Health Centre (TMHC)  
| 5 Fleet Street  
| North Parramatta NSW 2150 |
| Postal Address: | Locked Bag 7118  
| Parramatta CBD NSW 2124 |
| Telephone: | (02) 9840 3800 |
| Free call: | 1800 648 911 |
| Email: | tmhc@swahs.health.nsw.gov.au |
| Website: | www.dhi.gov.au/tmhc |

#### Queensland

| Address: | Queensland Transcultural Mental Health Centre (QTMHC)  
| 519 Kessels Road  
| Macgregor QLD 4109 |
| Postal Address: | PO Box 6623  
<p>| Upper Mt Gravatt QLD 4122 |
| Telephone: | (07) 3167 8333 |
| Free call: | (within Australia and outside the Brisbane metropolitan area): 1800 188 189 |
| Email: | <a href="mailto:QTMHC@health.qld.gov.au">QTMHC@health.qld.gov.au</a> |
| Website: | <a href="http://www.health.qld.gov.au/pahospital/qtmhc">www.health.qld.gov.au/pahospital/qtmhc</a> |</p>
<table>
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<tr>
<th>Tasmanias</th>
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</table>
| **Address:** Transcultural Mental Health Network  
| C/o Phoenix Centre  
| 49 Molle Street  
| Hobart TAS 7000  
| **Telephone:** (03) 6234 9138  
| **Email:** phoenix@mrchobart.org.au |

<table>
<thead>
<tr>
<th>Victoria</th>
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</table>
| **Address:** Victoria Transcultural Psychiatry Unit  
| Level 2, 14 Nicholson Street  
| Fitzroy VIC 3065  
| **Postal Address:** PO Box 2900  
| Fitzroy VIC 30365  
| **Telephone:** (03) 9288 3300  
| **Email:** vtpu@svhm.org.au  
| **Website:** www.vtpu.org.au |

<table>
<thead>
<tr>
<th>Western Australia</th>
</tr>
</thead>
</table>
| **Address:** Transcultural Mental Health Services, Department of Psychiatry, Royal Perth Hospital  
| 50 Murray Street  
| Perth WA 6000  
| **Telephone:** (08) 9224 1760  
| **Address:** South Metropolitan Area Health Service (Mental Health), Multicultural Services  
| 18 Dalgety Street  
| East Fremantle WA 6158  
| **Telephone:** (08) 9319 7200 |

**Multicultural Mental Health Australia (MMHA)**

Multicultural Mental Health Australia is a national program funded by the Australian Government to improve awareness of mental health and suicide prevention in culturally and linguistically diverse communities. In collaboration with other stakeholders and consumers and carers, MMHA actively promotes these issues through policy advice, public promotion, community and workforce capacity building, stigma reduction programs and resource development. MMHA has a range of mental health resources and tools and multilingual information, including fact sheets, which are available for the mental health workforce and CALD communities.

**Postal address:** Multicultural Mental Health Australia  
Locked Bag 7118  
Parramatta CBD NSW 2124  
Australia

**Telephone:** (02) 9840 3333  
**Fax:** (02) 9840 3388  
**Email:** admin@mmha.org.au  
**Web:** www.mmha.org.au