



Cultural Responsiveness in Specialist Mental Health Services:

**Service Development as a Component
of a Capacity Building Project**



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Victorian Transcultural Psychiatry Unit

Foreward

It is a pleasure for the team at the Victorian Transcultural Psychiatry Unit (VTPU) to make this evaluation report available. The collaborative learning environment between VTPU and the demonstration sites provided a rich source of information and ideas which has proved invaluable in informing VTPU engagement and partnership strategies with other mental health services.

This project provided the VTPU with an opportunity to take a capacity building approach to working with specialist mental health services. We were buoyed by the enthusiasm shown by numerous mental health clinicians and managers for undertaking the considered work that would ensure they could provide quality culturally responsive care to every individual and family in their catchment area who had a mental health need. The experience and wisdom of cultural portfolio holders (CPHs) is integral to sustaining this commitment. They are taking a lead role in implementing more flexible models of service delivery and recovery-oriented care in the demonstration sites and in other services.

Victoria is a national leader in mental service delivery with a range of specialist streams and innovative practices. However, attention to migrant issues and those of diversity in general have often lagged behind other reform agendas. Over 40% of Victoria's population is either born overseas or has at least one parent who was born overseas, however, cultural diversity is generally regarded as an adjunct to service delivery rather than an integral component of mental health practice. Engaging migrant communities and delivering socially inclusive services remains a challenge for our mental health system. Mental health services are currently only responding to the mental health needs of a small proportion of the total of individuals from migrant and refugee backgrounds, and largely in crisis situations to those with more severe mental illness. This report suggests a way forward. It shows how the needs of migrant populations can be made a central feature of service culture.

A range of organisational, workforce and community strategies can enhance mental health access for migrant populations. Changing service culture requires commitment, dialogue and an openness to learn. It is greatly enhanced by forming partnerships. It also requires leadership from government, facilitating agencies such as the VTPU and all levels of management in specialist mental health services.

The VTPU, a consortium member of Mental Health in Multicultural Australia (MHIMA), looks forward to contributing a Victorian perspective to this national project. We also look forward to further engagement with government, specialist mental health services, and community health services to achieve the goal of creating a culturally responsive mental health service system in Victoria.

Kind regards



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Manager, VTPU



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Director, VTPU

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We are also very grateful for the participation of representatives from GVAMHS, MMHP, St George's Aged Persons Mental Health Service, Advocacy Disability Ethnicity Community (ADEC), Victorian Foundation for the Survivors of Torture (VFST), Psychiatric Disability Services of Victoria (VICSERV), Victorian Dual Disability Service (VDDS) and the Victorian Government Department of Health in the VTPU led reference group that met regularly to provide project oversight.

This project was a major focus for the VTPU over a two and a half year period and utilised the collective expertise and experience of the entire team. Daryl Oehm, Nadya Kouzma, Prem Chopra and Sue McDonough collaboratively wrote this report and Marieke Van Regeteren Altena and Radhika Santhanam-Martin contributed to the literature review.

List of abbreviations

ABS – Australian Bureau of Statistics

ADEC – Advocacy Disability Ethnicity Community

AMHS – Area Mental Health Service

BCM – Bilingual Case Manager

CaLD – Culturally and Linguistically Diverse

CAMHS – Child and Adolescent Mental Health Service

CLW – Cultural Liaison Worker

CPH – Cultural Portfolio Holder

DoH – Victorian Government Department of Health

GVAMHS – Goulburn Valley Area Mental Health Service

MIFV – Mental Illness Fellowship Victoria

MMHA – Multicultural Mental Health Australia

MMHP – Mercy Mental Health Program

PDRS – Psychiatric Disability Rehabilitation and Support

VDDS – Victorian Dual Disability Service

VFST – Victorian Foundation for the Survivors of Torture (Foundation House)

VTPU – Victorian Transcultural Psychiatry Unit

VTPU Tool – The VTPU Cultural Responsiveness Partnership Planning Tool

VICSERV – Psychiatric Disability Services of Victoria



Executive summary

This report documents a demonstration project that commenced in late 2008 and concluded in mid-2011. The project provided the VTPU with an opportunity to partner with two area mental health services (AMHSs) to enhance their cultural responsiveness. The course of planning, implementing and evaluating a capacity building approach is discussed here.

This report has been written by the VTPU with contributions from participating agencies and provides an overview of the project as a whole. Two significant service development initiatives that emerged from the project, namely the cultural competence training offered in 2009 and the secondary consultation program offered in 2010 are briefly discussed here. For comprehensive evaluations of these programs see *Cultural competence training in mental health: evaluation of a six module course as a component of service development* (Stolk, Kouzma, Chopra, Oehm & Minas, 2011) and *Cross-cultural mental health: report on the VTPU – GVAMHS secondary consultation pilot program* (McDonough, Chopra, Tuncer, Schumacher & Bhat, 2011).

The project had three broad objectives:

- 1) to improve the cultural responsiveness of the participating services;
- 2) to identify the range of community and service development approaches associated with positive impacts and successful outcomes; and
- 3) to provide the VTPU with opportunities to review and reflect upon the ways in which it establishes, shapes and documents partnerships.

This report has 3 parts:

- Part 1 discusses culturally responsive mental health service provision, provides a Victorian context and outlines the rationale for the project;
- Part 2 describes the project, its impacts and outcomes in relation to VTPU programs and new initiatives that emerged in collaboration with the participating services; and
- Part 3 sets out the key enabling factors and challenges identified in the course of the partnerships, discusses their implications and suggests future directions.

The Appendixes include descriptions of the VTPU and participating mental health services. An outline of the partnership planning and a description of the project in relation to Victorian Government mental health reforms are also included.

The key findings of the project are:

- Leadership from government, mental health service management and specialist transcultural services is required to address access and equity issues for migrants and refugees with mental illness;
- Services that adopt a population health approach¹ to mental health care provision will more adequately address the needs of all the individuals and communities that they serve;

¹A population health approach to the provision of mental health care acknowledges that people have different needs across the lifespan, some social groups have additional needs and there are some mental health problems which could be "effectively prevented or treated which are not". A range of mental health service types – primary, secondary and tertiary – is therefore required and interventions should target individuals and the community (Raphael, 2000, p. 1).

- An active service development partnership with a transcultural service can provide specialist mental health services with crucial on-going consultancy support and resources;
- Specialist transcultural mental health services “value add” to services; they can help services articulate strategic directions, prioritise goals, provide expertise, develop innovations and map impacts and outcomes;
- A sustained, comprehensive, individually-tailored partnership with a transcultural service can effectively build a mental health service’s capacity for culturally responsive service provision;
- Services can partner with a transcultural service and other organisations to implement community engagement initiatives aimed at mental illness prevention and early intervention;
- A targeted community development initiative can improve relationships between mental health services and the members of culturally and linguistically diverse (CaLD)² communities. There are indications that it can also lead to improved understanding among community members about mental illness and a greater readiness to utilise mental health services. Finding effective ways to respond to the circumstances confronting particular communities and address the impact of stigma about mental illness requires further collective effort and understanding;
- Effective service development initiatives are strategic; they have the support of government and service managers, are well coordinated and actively seek the involvement of direct-care and other staff working in all program areas;
- Sustainable service development initiatives need to be matched by an adequate allocation of resources. Services can take steps to reallocate existing resources in order to meet access and equity obligations. They also need additional resources to provide ongoing targeted programs;
- Cultural portfolio holders (CPHs)³ are working as local change ‘champions’; with the support of a transcultural service, they can be delegated responsibility for leading the implementation of service development strategies;
- CPHs are integral to service reform. There is scope to give the individuals who undertake these roles greater recognition and support;
- Bilingual case managers (BCMs) are small in number and make a unique contribution to culturally responsive mental health service delivery. There is scope to establish more bilingual and bicultural positions in psychiatric disability and rehabilitation support (PDRS) and clinical services;
- There is considerable scope for mental health service providers to more actively involve consumers and carers from CaLD backgrounds. CaLD consumer and carer consultants can make a valuable contribution to this process. A more inclusive approach to consumer and carer participation at service and system levels requires a diversity of consultants, advocates and peer support workers.

² Culturally and linguistically diverse (CaLD) “refers to the range of different cultures and language groups represented in the population who identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home” (Department of Health, 2009, p. 4). ³ CPHs work in specialist mental health services in Victoria, in child and adolescent mental health services (CAMHS), aged persons’ mental health services, state-wide, specialist services and forensic mental health services as well as in clinical and PDRS adult mental health services. Many are senior members of staff with a passion for improving the way their organisation meets the mental health needs of people from CaLD backgrounds. Most undertake this role as one among many other direct care and service development responsibilities (Victorian Transcultural Psychiatry Unit, 2011a).



Services have a role in identifying and encouraging these individuals and offering them training, mentoring and support;

- Cultural competence training can be coupled with other continuous learning strategies to support the development of an effective workforce that is responsive to local needs;
- Partnerships can mutually benefit area mental health services and specialist transcultural units; insights gained and shared can inform service responses and have broader applications;
- The capacity building objectives of a transcultural mental health service such as the VTPU is greatly enhanced by forming collaborative relationships with other key organisations, which in this instance includes ADEC, VFST and VICSERV.

The project has had a substantial impact on the way in which the VTPU works with mental health services to address cultural responsiveness. A number of welcome and unanticipated additional opportunities for community engagement, continuous learning and research arose as a direct outcome of these sustained and comprehensive partnerships. Observations and insights gained in the course of this project are informing the VTPU's development of partnership guidelines and processes. The project has deepened and broadened the VTPU's understanding of the various ways in which it can work with mental health services for the benefit of Victoria's CaLD communities.

Part 1

Background

Cultural responsiveness: a literature review

The VTPU's approach to cultural responsiveness is informed by published research about approaches to mental health service provision in multicultural societies. Community engagement, service development and cultural competence training are among the main themes discussed. What follows is a thematic review of selected literature.

Various authors (Betancourt, Green, Carrillo & Ananeh-Firempong 2003; Guarnaccia, 2005; Darnell & Kuperminc, 2006; Bhui, Warfa, Edonya, McKenzie & Bhugra, 2007; Whealin & Ruzek, 2008; Hernandez, Nesman, Mowery, Acevedo-Polakovich & Callejas, 2009) are united in the view that an effective capacity building program, aimed at enhancing the cultural responsiveness of a mental health service, addresses the following three key elements: the **individuals** who staff and lead the organisation, the **organisation** itself and the **community** that it serves. Furthermore, they argue that these elements are intricately connected and incontestably draw on each other's strengths and weaknesses. This view is consistent with how capacity building approaches are being applied to mental health promotion (VicHealth, c.2004) and other mental health service reforms such as developing dual diagnoses capability (Victorian Alcohol and Drug Association, 2011).

A whole-of-organisation approach to cultural responsiveness greatly enhances the impact of training programs that aim to improve the cultural competence of individual mental health clinicians. A culturally responsive organisation is necessarily one that is engaged with its local community. The VTPU, therefore, explicitly encourages partner organisations to develop and implement cultural diversity plans that address each of these domains:

Individual domain

Mental health clinicians have varying degrees of understanding about the impact cultural background, attitudes and beliefs have on their interactions with consumers and carers. Guarnaccia (2005) observes that culturally responsive services tend to be ones that openly acknowledge and discuss the value differences that do exist among staff as well as between staff and consumers and carers. To this end, it is widely accepted that cultural competence training and other learning programs can have a positive impact on team work and clinical practice (Stolk et al., 2011). However, a number of authors (Guarnaccia, 2005; Beach et al., 2005; Yamada & Brekke, 2008) caution against over-stating the impact of staff education and training programs on consumer outcomes when only a small group of self-motivated clinicians participate in them. Genuine and sustained cultural responsiveness requires the focus and dedication of senior

leaders and acceptance that they are ultimately responsible for transforming the values and practices of the whole organisation.

Organisation domain

Improving organisational cultural responsiveness requires organisations to rethink and reorganise in two critical ways (Betancourt et al., 2003). With regard to “workforce”, Betancourt et al. (2003) and Guarnaccia (2005) urge organisations to ensure that staffing reflects the diversity present in the wider population. This includes paying particular attention to senior management and clinical leadership positions where members of marginal social groups and new migrant cultures are generally underrepresented or unrepresented. Bhui et al. (2007) highlight the issue of “infrastructure”. They argue that cultural responsiveness needs to be embedded at all levels of an organisation and adequately resourced.

The VTPU asks partner organisations to consider how a range of structures and processes may be helping or hindering their effort to become more culturally responsive. Services are encouraged to take a step-by-step approach to change that is informed by a clear strategic direction. Individuals at all levels of an organisation can be encouraged to increase their awareness of the issues, reconsider current practices and respond to opportunities that can become meaningful catalysts for change. Service reform takes considerable effort and organisations need time and resources to plan, learn and reflect.

Community domain

Finding ways to engage the community brings a bottom-up approach to cultural responsiveness. Hernandez et al. (2009) argue that a population health framework needs to be applied. They highlight the fact that inequalities in access to mental health care in multicultural societies is due in part to disparities between service objectives and the socio-cultural characteristics of the communities that they serve. Furthermore, organisational cultural diversity plans, where they do exist, rarely pay much attention to including CaLD consumers, carers and community members within organisational governance structures (Whealin & Ruzek, 2008). The VTPU is encouraging services to place more emphasis on engaging local community groups, initiating community development and education activities, and working with other organisations to ease the stress many CaLD consumers and carers experience when attempting to access and use mental health services.

In an attempt to integrate all three domains and provide a holistic framework, the VTPU has developed a Cultural Responsiveness Partnership Planning Tool. The tool sets out process and outcome goals and takes the specific community and policy contexts in which services operate into account. It focuses on a range of domains including organisational infrastructure, leadership, language services, community participation, workforce roles, education and training. The tool provides service leaders and other representatives with two main opportunities. Firstly, a way to “check” and measure

the organisation's performance against commonly agreed indicators of a culturally responsive mental health service. Secondly, a guided "reflection" on service activities in order to notice what is (and isn't) working and begin to understand why (Wadsworth, 1997, p. 45). We agree with Wadsworth's (1997, p. 47-8) argument that both kinds of evaluation are important and also with her observation that attending to over evaluating against set objectives or goals can become a compliance exercise that overshadows the more productive work of sharing perspectives, collaborative problem solving and generating alternative solutions.

Overall, the VTPU's perspective is consistent with that of the USA based National Association of State Mental Health Program Directors (NASMHPD). The association characterises cultural responsiveness as a "complex, non-linear multi-level process involving not only interactions at different levels within the system but also interactions with the community and other social service agencies. Each of these levels will need to be affected to bring about coherent, systemic and sustained change". The report concludes by describing cultural responsiveness as a goal for "professionals, agencies and systems" (NASMHPD, 2004).

Victorian Transcultural Psychiatry Unit (VTPU)

Established in 1989, the VTPU is a state-wide service that aims to strengthen the capacity of Victoria's mental health system to provide effective, equitable and culturally appropriate services to Victoria's CaLD population. It does this by supporting specialist mental health services, including clinical and PDRS services, in their work with consumers, carers and communities from CaLD backgrounds.

In 2008, the VTPU undertook a review of its mode of operation and strategic direction and five key ways to engage with mental health services were identified:

1. Consultancy;
2. Service Development;
3. Education and Training;
4. Partnerships; and
5. Research and Evaluation.

Since this time, the VTPU has increased its focus on developing long term relationships or 'partnerships' with services and strengthening their capacity to deliver culturally responsive services. An overview of VTPU's current program areas is provided in Appendix A.

Cultural responsiveness for Victorian specialist mental health services

The Victorian Government *Cultural responsiveness framework: guidelines for Victorian health services* (Department of Health, 2009, p. 12) uses the term "cultural responsiveness" in preference to "cultural competence" for three main reasons:

- there is a "lack of consensus" around how to precisely define cultural competence,

- the term “responsive” is more consistent with the language used in other government policy and legislation and
- it also gives a clearer message that services are obliged to “be responsive” to the needs of culturally and linguistically diverse communities.

The framework states:

[t]he term cultural responsiveness refers to health care services that are respectful of, and relevant to, the health beliefs, health practices, culture and linguistic needs of diverse consumer/patient populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the healthcare issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organisational, professional and individual” (Department of Health, 2009, p. 12).

Cultural responsiveness, therefore, has relevance to all organisations providing mental health services and not only those providing specific services to CaLD communities. The VTPU has identified a number of potential benefits that flow from addressing organisational responsiveness and providing CaLD communities with more flexible services. These include:

- Improved access and equity for all consumers and carers;
- More effective delivery of primary health care;
- Improved assessment and referral systems amongst local health networks;
- Improved health, social and economic outcomes for migrants and refugees as a result of early intervention;
- Improved consumer and carer satisfaction with the quality and responsiveness of services;
- A more effective and efficient mental health system that responds to needs in the early stages of mental illness;
- Improved clinical risk management due to more culturally sensitive practice and appropriate use of language services.

The VTPU acknowledges that responding to the mental health needs of our culturally diverse society is challenging for mental health services. General community demand for services is increasing and individuals from some CaLD communities may be less inclined to seek treatment. This may be due to service barriers, differing explanatory models of illness and the impact of a range of cultural and socio-economic factors on individuals and communities (Kleinman & Benson, 2006).

Services may be keen to address the mental health needs of CaLD communities but also be uncertain as to where and how to begin (Klimidis, 2007). Levels of competence, confidence and experience within the Victorian specialist mental health system in working cross-culturally with consumers and carers appear to vary considerably. The inability to recognise cross-cultural presentations of mental illness and work effectively

with interpreters may result in inaccurate assessments and inappropriate clinical decisions including the use of involuntary admissions (Stolk et al., 2008).

Several pilot programs and activities aimed at addressing CaLD issues in mental health services have been implemented but not sustained. A growing number of clinical and PDRS services have appointed CPHs, as recommended by Victorian Government policy. The VTPU encourages these individuals to register with its database, however, a substantial number of services do not currently participate in this state-wide network.

Rationale

As stated earlier, this project came about as a result of the VTPU's shift in direction toward developing long term relationships or "partnerships" with specialist mental health services.

The project was designed to address the inequity that members of Victoria's CaLD communities experience in relation to accessing mental health services. It set out to identify realistic, effective and sustainable service responses to this issue. Furthermore, it sought to ensure that strategies were aligned to relevant state and national policy directions in mental health.

With these aims in mind, the VTPU and the participating services collaboratively embarked on this project anticipating that novel ways to improve cultural responsiveness would emerge.

Access and equity

Victoria is the most multicultural state in Australia and has been enriched by the presence of people from all around the world (Victorian Multicultural Commission, 2011). Over 40% of Victoria's population was either born overseas or has a parent who was born overseas and almost 18% of the population was born in a non-English speaking country (Australian Bureau of Statistics, 2006).

It is well documented that individuals living in Victoria who were born in non-English speaking countries have substantially lower rates of access to public mental health services than their Australian-born counterparts and experience poorer mental health outcomes. A study that compared population and service use data collected between 2004-2006 with similar data collected ten years earlier found that the access gap has widened over time (Stolk, Minas & Klimidis, 2008).

Systemic and organisational responses that focus on the problems of poor access and inequity reflect "the principle that all Australians should be able to access government programs and services equitably, regardless of their cultural linguistic or religious backgrounds" (Department of Immigration and Citizenship, 2011). Ethnicity, therefore, should not only be considered a cultural phenomenon. Ethnicity also has an impact on one's "social location and life chances" (Julian, 2010, p. 181). As a group, migrants and refugees experience inequality in relation to their utilisation of mental health treatment

services. The underlying reasons for this are multiple and complex, nevertheless it is generally accepted that inequality of this kind is unfair and avoidable; everyone has a right to optimal mental health and appropriate care (Julian, 2010).

The VTPU seeks to promote **equity**, respect for basic **human rights** and **acceptance** among people from different cultural backgrounds who hold a **diversity** of beliefs and values. The VTPU is concerned with **inclusion**, that is, the right of all people to full participation in the community. It seeks to promote a range of flexible and effective mental health **practices** capable of responding to diverse needs.

Capacity building and partnerships

Mental health services undertake service development activities as part of ongoing cycles of quality improvement. Service development involves monitoring various aspects of service provision, identifying gaps, finding opportunities for improvement and designing appropriate programs and projects in response. As a state-wide body, the VTPU is seeking effective ways to assist specialist mental health services undertake service development activities that will enhance cultural responsiveness. Two key principles inform VTPU's approach in this area: capacity building and developing partnerships.

Capacity building taps into the "existing abilities of individuals, communities, organisations or systems to increase involvement, decision-making and ownership of issues" and inevitably involves working across sectors and relies on forming partnerships (VicHealth, n.d.). Capacity building with organisations includes service or organisational development (e.g. reviewing policies, strategic directions and quality improvement systems), workforce development (e.g. offering formal education programs as well as supervision, mentoring and coaching), resource allocation (e.g. reviewing finances, information, human and physical resources) and supporting the development of leadership across a range of areas and facilitating partnerships with other organisations (New South Wales Government Department of Health, 2001). Hawe, King, Noort, Jordens and Lloyd (2000) suggest organisational capacity building entails addressing three dimensions: infrastructure (developing the structures, skills and resources that the organisation needs), sustainable programs (implementing programs that are not solely reliant on the single lead agency that initiates them), and problem solving capabilities (ensuring lessons learnt can be applied to new challenges).

The notion of capacity building has other applications as well. There are benefits in thinking about the ways in which individuals, the community and the health system itself can each develop their capacity to respond to health needs (Vic Health, c. 2004).

With this in mind, it is critical that the VTPU explore ways to develop the capacity of individuals, organisations and the community with the aim of increasing the cultural responsiveness of the many organisations that comprise the specialist mental health system in Victoria.

Legal and policy context

A number of laws as well as state and national government service standards and policies are relevant to the aims and objectives of this project.

It is important to note that programs provided by or funded by the Victorian Government Department of Human Services and Department of Health (DoH) are obliged to comply with various Acts. These include the *Racial Discrimination Act 1975* (Vic), *Disability Discrimination Act 1992* (Vic), and *Equal Opportunity Act 1995* (Vic). These Acts require department programs and government funded organisations to provide equitable access to services to people from CaLD backgrounds. They state that agencies must not discriminate against people with low levels of proficiency in English, whether directly or indirectly. Furthermore, acknowledging that this may increase an individual's level of vulnerability, services are required to satisfy their duty of care to consumers with limited or no capacity to communicate in English. Duty of care may be breached if a staff member unreasonably fails to provide or to ensure appropriate access to language services.

The *Mental Health Act 1986* (Vic) requires mental health services to take into account the “age related, gender-related, religious, cultural, language and other special needs” of people who are mentally ill, ensure that consumers are “informed of their legal rights under this Act” and that the “relevant provisions of this Act are explained... in the language, mode of communication or terms which they are most likely to understand”.⁴

The *Charter of Human Rights and Responsibilities Act 2006* (Vic) sets out the basic rights and freedoms of all people in the state of Victoria. It includes twenty basic rights that promote and protect the values of **freedom, respect, equality and dignity** (Victorian Equal Opportunity & Human Rights Commission [VEOHRC], 2011). The Commissioner-VEOHRC has outlined some relevant implications of the Act, that is, the rights of people from CaLD backgrounds affected by mental illness and the responsibility mental health services have to respect these rights (Szoke, 2010). For example, the right to freedom of expression obliges mental health services to provide information in “an accessible form”. In practice, this not only means ensuring translated written materials are available, it also has implications for when and how often interpreters are engaged in clinical settings and at Mental Health Review Board hearings. Another example relates to the right of families and children to protection. Governments and health services have a responsibility to develop “a culturally appropriate understanding of CaLD family relationships in the context of mental health treatment and care”. A practice implication of this responsibility includes ensuring clinicians take diverse family relationships into account when designing treatment and recovery plans with consumers (Szoke, 2010).

The *Cultural diversity plan for Victoria's specialist mental health services 2006-2010* (Department of Human Services, 2006) prioritised five broad outcomes for mental health services: 1) the use of language services, 2) staff competence in working with interpreters and providing culturally sensitive assessments and interventions,

⁴ The relevant parts of the *Mental Health Act 1986* (Vic) identified here are S.5a.ii. and S.5.b.

3) establishing links with local ethno-specific community organisations and other relevant organisations, 4) reviewing policies, service plans and work practices at an organisational level, and 5) developing procedures for recording and reporting on cross-cultural activities.

More recently, *Because mental health matters: Victorian mental health reform strategy 2009 – 2019* (Department of Human Services, 2009) restates the important role CPHs play in coordinating activities within organisations and systematically addressing the needs of consumers and carers from diverse backgrounds. State government policy recommends that each specialist mental service appoint a CPH. Furthermore, the reform strategy once again acknowledges the lower rates of access and poorer health outcomes among people born in non-English speaking countries compared with the Australian-born population (typically this entails presenting to services when illness is more severe and experiencing higher rates of involuntary treatment).

The reform strategy area, “reducing inequalities”, specifically includes “improv[ing] mental health outcomes for people from CaLD and refugee backgrounds” among its goals. Furthermore, the document anticipates the “[a]doption of a cultural competency framework” that will see “culturally competent practice become[] a core skill in specialist mental health... services”. “Practical partnerships” between mental health services and other agencies, that could lead to the development of culturally sensitive treatment and psychosocial rehabilitation plans, are also encouraged (Department of Human Services, 2009, p. 121-2).

At a national level, a relevant criterion in the *Evaluation and quality and improvement program (EQUIP4)* requires organisations to “make provisions for consumers/ patients from culturally and linguistically diverse backgrounds and consumers/ patients with

Relevant reform areas outlined in *Because mental health matters: Victorian mental health reform strategy 2009 -2019* (Department of Human Services, 2009)

The demonstration project’s objectives are compatible with:

Reform Area 6: Reducing inequalities

Goal 6.3: Improve mental health outcomes for people from culturally and linguistically diverse and refugee backgrounds (p. 115).

The following areas are also addressed by the project:

Reform Area 4: Specialist care

Goal 4.1: Build a more responsive system of specialist mental health care geared to early intervention, relapse and prevention and recovery (p. 91).

Reform Area: Workforce and innovation

Goal 7.1: Build a sustainable, flexible, and dynamic specialist mental health workforce that operates as a highly respected part of the broader health and community services sector (p. 125).

Goal 7.2: Develop work practices and cultures in mental health services that support high quality, effective, consumer-focussed and carer inclusive care (p. 125).

Reform Area 8: Partnerships and accountability

Goal 8.4: Drive strategic policy coordination, monitoring and evaluation of reform efforts at state-wide level (p. 137).



special needs” (Australian Council on Healthcare Standards, 2007).⁵ Finally, “diversity responsiveness” is among the standards included in the *National standards for mental health services* (Commonwealth Department of Health and Ageing, 2010).



⁵The relevant criteria in the recently revised *Evaluation and quality improvement program (EQulP5)* states: “[t]he organisation meets the needs of consumers/ patients and carers with diverse needs and from diverse backgrounds” (Australian Council on Healthcare Standards, 2011).

Part 2

The Project

Objectives

The project had three broad objectives:

- 1) to improve the cultural responsiveness of the participating services by building the capacity of the services at an organisational and systems level and the capacity of individual clinicians and mental health workers;
- 2) to identify the range of community and service development strategies associated with positive impacts and successful outcomes; strategies that mental health services can realistically adopt and are more likely to yield benefits for the communities they serve; and
- 3) to provide the VTPU with opportunities to trial and evaluate the ways in which it forms, develops and documents partnerships with specialist mental health services.

Project overview

The VTPU reached an agreement with two area mental health services⁶, Mercy Mental Health Program (MMHP) in south west metropolitan Melbourne and Goulburn Valley Area Mental Health Service (GVAMHS) in rural Victoria. MMHP is an adult mental health service whereas the GVAMHS includes a CAMHS, an adult service and an aged persons service.

These clinical mental health services had pre-existing relationships with the VTPU formed through previous collaborations on education and service development activities and maintained via the BCM and CPH Programs. Their participation in this project was sought because of the motivation and commitment they had demonstrated toward improving their cultural responsiveness. They each deliver services within geographical catchments that are culturally and linguistically diverse and include significant numbers of individuals being settled under humanitarian programs. The VTPU also believed that working with a metropolitan and a rural service would enrich the project.

Each service agreed to work in partnership with the VTPU to pilot and evaluate training and service development initiatives over a 12 month period. The trial was subsequently extended for a further 12 months.

The process of **forming a partnership** between the VTPU and each service began with information sharing. The VTPU learnt from mental health services about the context in which they operated and their pre-existing capacities, and the services gained an understanding of VTPU's mission, values, programs and the resources it could offer.

⁶ "These services are often called area mental health services (AMHS) because they are organised and delivered on an area basis within a geographically defined catchment area" (Department of Human Services, 2006, p. 11). There are different services for children and adolescents, adults and older people. Collectively, clinical and PDRS services are referred to as specialist mental health services: clinical services provide inpatient services, community treatment and residential programs and PDRS services provide psychosocial rehabilitation for young people aged over 16 and adults with a psychiatric disability. More information about the participating services and the populations they serve is included in Appendix B.

Alliances were formed around a shared commitment to addressing access and equity and developing sustainable and integrated culturally responsive strategies and programs. Regular communication was quickly established between the VTPU and service representatives. Key individuals from the services were encouraged to participate in existing VTPU programs (e.g. state-wide CPH program, general training and education activities). An individual from each service with strategic responsibility for cultural diversity joined the VTPU Reference Group. Relationships were established between identified service representatives and a designated VTPU education and service development consultant. These individuals coordinated communication and other activities between the services for the course of the project.

A comprehensive **partnership plan** was developed early on in the course of the project. This was done by convening meetings with area and program managers and other key staff including the clinical director, quality manager and CPHs. These meetings provided services with an opportunity to share information, identify strengths, gaps, priorities and goals and generally reflect on their service's approach to cultural responsiveness. VTPU representatives guided the discussion and provided information as required. The VTPU Cultural Responsiveness Partnership Planning Tool (VTPU Tool) was developed to structure this process, record discussions and formulate goals and plans. These sessions were extremely helpful in establishing how a range of service and VTPU resources could be rallied to implement cultural diversity plans. They provided service leaders with an opportunity to take a strategic approach to cultural responsiveness and identify opportunities for collaboration with other organisations and services. GVAMHS also coordinated a series of focus groups comprised of representatives from across program areas. These sessions identified strengths, challenges and opportunities for increasing cultural responsiveness across the organisation and helped to stimulate service-wide interest in the project.

The VTPU and participating services undertook to regularly review partnership plans and reflect on partnership processes. During the **initial phase** of implementation which followed, partnership objectives focused on strategic planning, strengthening cultural diversity working groups, the delivery of cultural competence training and community engagement initiatives.

At the end of this period, MMHP and GVAMHS suggested that the partnerships be extended for a further 12 months. In addition to continuing to strengthen and extend the above activities, the VTPU Secondary Consultation Project was also implemented during this **consolidation phase**.

Project documentation

Information collected throughout the period of this project was discussed within the VTPU and also with the participating services. A record of meetings and discussions with each service was maintained and collated by VTPU. Each of the services also completed the VTPU Tool.

The VTPU kept the following “natural records” (Wadsworth, 1997, p. 37) related to the project:

- Reflections and suggestions provided during VTPU Reference Group meetings (which included representatives from both services);
- Progress reports presented by education and service development consultants at routine VTPU meetings where service development, training, evaluation and other project activities are discussed;
- Progress review meetings (scheduled as required) between VTPU and each service were used to discuss plans and additional research and program initiatives. The following were among the attendees on various occasions: from the services – quality manager, CPHs, senior clinicians, consultant psychiatrists, program manager, area manager and the director of clinical services – and from the VTPU – education and service development consultants, manager and consultant psychiatrist;
- Informal communication (in person, by phone and email) between VTPU education and service development consultants and the key service contacts.

The initial cultural competence training program offered in 2009 has been comprehensively evaluated (Stolk et al., 2011). This evaluation is based on a number of written qualitative and quantitative sources: responses provided by participants at the end of each module; qualitative data derived from brief reflective learning sessions conducted at the close of each module; impact training interviews conducted via telephone four to seven weeks following the course with a sample of course participants; a pre-and post-training cross cultural self-confidence measure; a pre and post training assessment of learning based on responses to a case study. Evaluations of subsequent training programs have been based on records of participant and facilitator reactions to each module.

The 2010 VTPU Secondary Consultation Project sessions conducted at GVAMHS is also the subject of a separate evaluation (McDonough et al., 2011). It includes records of the cases discussed, as well as the numbers of participants, feedback forms and evaluations that included the perspectives of participants and facilitators.

Records of requests made to the VTPU External Enquiry Service are kept as a matter of routine and contacts from the two participating services were tagged throughout the project period.

Impacts and outcomes

Partnership agreements

The partnership agreements developed with MMHP and GVAMHS initially involved:

- services strengthening their participation in pre-existing VTPU programs. These include the BCM and CPH Programs and the External Enquiry Service. Services were also encouraged to request on-site informal education and service

- consultation in the form of mentoring and coaching;
- representatives from each of the services participating in the VTPU Reference Group. This group was formed to provide valued input into general VTPU planning and review processes and this project in particular. Other members included the VTPU manager and individuals from St George's Aged Persons Mental Health Service, ADEC, Foundation House (VFST), Psychiatric Disability Services of Victoria (VICSERV), Victorian Dual Disability Service (VDDS) and the Victorian Government Department of Health (DoH);
- the VTPU would deliver a cultural competence training program at each site. Services agreed to support nominated staff attendance at all six modules. The course was developed and delivered in collaboration with ADEC, VFST and with curriculum consultation from VICSERV;
- allocation of VTPU education and service development consultants to support and maintain regular contact with service-based CPHs and cultural diversity committees;
- services participating in the *Stepping out of the shadows, reducing stigma in multicultural communities* project (MMHA, 2008, 2010), coordinated throughout Victoria by ADEC. The VTPU offered to assist services to monitor and evaluate the project's local impact;
- joint participation in the evaluation of service development, training and any other initiatives implemented in the course of this project.

Implementation

The main initiatives implemented in the course of the project are described below. These include service participation in established VTPU programs and new collaborations.

Established VTPU programs

CPH Program

As per the recommendations of Victorian Government policy and reform directives, the VTPU convenes a state-wide network of CPHs. The number of registrations has steadily grown in the last two years to include approximately 70 individuals from clinical and PDRS services. VTPU support for the network includes coordinating quarterly information sharing and education events. Between meetings, an identified VTPU education and service development consultant provides network members with informal support as required. During 2010 and 2011, the VTPU conducted a consensus research project with this group in order to investigate the current and potential scope of the CPH role. The VTPU is also establishing an online networking site that links CPHs from across the state. In the early months of this project, each of the participating services appointed a number of new CPHs working in different program areas. This boosted the effectiveness of the cultural diversity working groups that met regularly at each service. Nominated CPHs took responsibility for maintaining communication with designated VTPU education and service development consultants. CPHs were supported by management in their roles and given allocated time to focus on the work

of improving cultural responsiveness. CPHs from each of the services also made a valuable contribution to the state-wide CPH network by sharing their experience and insights at quarterly meetings. CPHs working in other organisations commented that

these discussions greatly increased their understanding of how to operationalise a cultural diversity plan and the benefits of working in partnership with VTPU.

BCM Program

The VTPU has been supporting the work of BCMs working in clinical mental health services for several years. They provide consumers from specific CaLD communities with clinical care, coordinate programs for carers and conduct mental health literacy programs. These clinicians continue to be extremely effective in addressing the needs of large ethnic communities, clustered in particular geographical areas. They are very well regarded by their colleagues and in the community and are highly valued for their cultural competence, language skills and expertise in engaging with local communities. However, the number of BCMs across the state has gradually reduced and very few services now employ clinicians to such positions. With Victoria becoming increasingly diverse, promoting the benefits of bilingual and bicultural clinicians is no longer a focus of the DoH mental health workforce policy reforms.

BCMs were active participants in the first round of cultural competence training and in cultural diversity working groups. They understood that the project had the potential to reignite interest in cultural responsiveness and increase the pool of staff members concerned with the mental health needs of CaLD communities.

External Enquiry Service

The VTPU provides an external enquiry and clinical support service, accessible by phone, email or via the VTPU website. It enables individuals from mental health service providers to speak with VTPU education and service development consultants and psychiatrists about a range of issues. These commonly include requests for information about a cultural group, information about bilingual clinicians, general consultations regarding a particular case, training and service development enquiries.

The participating services were encouraged to make use of this pre-existing service. Clinicians who had never previously contacted the service did so for the first time. The frequency of contacts from the services increased, as did the complexity of the concerns they raised.

More involvement in established VTPU programs

MMHP has two BCMs who are also Mental Health First Aid Instructors. In addition to providing individual case management, they lead programs that target consumers and carers from a Vietnamese-background and those who belong to communities originating from the Horn of Africa. At MMHP, the cultural diversity committee is coordinated by the BCMS, the CPH and a psychiatrist with support from the area manager.

At GVAMHS, the quality manager (also a nominated CPH) works closely with the service manager and director of clinical services and leads the cultural diversity committee. During the course of the project she and another CPH at GVAMHS, who has also been active in the role for many years, recruited more CPHs from across programs and teams. A number of these individuals are now also registered with the state-wide CPH network and have been in contact with VTPU in relation to a range of activities. These individuals have coordinated and co-facilitated cultural competence training, facilitated referrals to the VTPU Secondary Consultation Project and conducted research and community engagement activities. The number of enquires made by GVAMHS to the VTPU External Enquiry Service increased during the course of the project. They included requests related to care and treatment of particular consumers and carers and queries about translated information and other resources.

Additional VTPU initiatives

VTPU Education and service development consultant roles

VTPU education and service development consultants were the primary partnership contacts for the services. They formed relationships with CPHs and key management staff and were involved in delivering training sessions. They also provided information, resources, advice and attended local cultural diversity working groups and other planning sessions when requested to do so by the services. Overall, regular contact between service representatives and VTPU education and service development consultants appeared to have greatly assisted the services to implement changes across program areas. The feedback provided by the services to these consultants was also invaluable in reformulating partnership plans and strategies: for example, identifying the need for additional training sessions and the development of a secondary consultation service.

The VTPU Tool

The design and content of the first version of the VTPU Tool was based on Australian and international knowledge about implementing culturally responsive initiatives in mental health services at an organisational level. It was later substantially revised to explicitly accommodate the domains and standards outlined in the *Cultural responsiveness framework: guidelines for Victorian health services* (Department of Health, 2009); all health services are required to report annually on their progress toward achieving the outcomes outlined in a cultural responsiveness plan. The VTPU

Tool outlines 13 key strategic areas that apply in mental health settings, uses a three point rating scale and is further described in Appendix C.

Services were invited to use the VTPU Tool to self-assess and identify priorities for change in dialogue with a VTPU service development consultant. The VTPU Tool is not designed to simply be used as an audit instrument. Indeed it is not the VTPU's role to assess the cultural responsiveness of services and report findings to other authorities; this responsibility rests with mental health services themselves. The VTPU Tool's main purpose is to encourage services to identify strengths and gaps, encourage reflective discussions about culturally responsive service provision and provide a structured way to monitor and document progress over time. This approach to service evaluation is consistent with both the "review" and "open enquiry" approaches discussed earlier.

This process is also designed to reintroduce or, in some instances, introduce service managers to the field. This is important because internal leadership is known to be critical to the success of cultural responsiveness programs and yet many senior managers working within Victorian specialist mental health services have not had the opportunity to attend comprehensive cultural competence training or update their knowledge.

Two new VTPU initiatives were implemented

Representatives from MMHP and GVMHS and VTPU education and service development consultants met at each service during the planning phase. The VTPU Tool was completed and partnership plans reflecting the particular needs of each service were developed.

GVMHS completed the VTPU Tool on two more occasions: on completion of the initial implementation phase in mid-2010 and at the end of the consolidation phase in mid-2011

Collaborative initiatives

Enhancing organisational effectiveness

Senior managers at each service agreed that securing and maintaining the support of leaders across program areas would be critical to the success of the project. They each noted that it was important that they directed and took primary responsibility for implementing service development opportunities identified in the course of the project. They also understood that they could, at any time, request additional input from VTPU education and service development consultants.

Each of the services developed an initial partnership plan based on the VTPU Tool. They engaged in strategic and operational meetings that involved senior managers, members of diversity working groups and VTPU representatives. New quality improvement activities and work programs for cultural diversity working groups were devised. Team and program leaders, quality managers and senior clinicians were among the

participants in the initial cultural competence training courses conducted at each site in 2009.

As the project progressed, cultural diversity plans were revised and updated to include additional research and evaluation initiatives. Research proposals related to improving access and equity were identified. Also, program leaders and senior clinicians were nominated as future trainers in cultural responsiveness. The VTPU Secondary Consultation Project was developed with the aim of improving the transfer of skills and knowledge acquired during training into practice. Primary Mental Health Teams (the interface between services and the primary care sector) increased their involvement in the project and strengthened their alliances with other organisations. These included other specialist mental health services, local ethnic services councils and refugee counselling and settlement services.

Innovations and collaborations that improved the organisations' effectiveness

GVAMHS developed a service structure that links the service executive group with the cultural diversity working group via a sponsor. The service undertook a review, in liaison with Goulburn Valley Health, of relevant organisational policies; policies across mental health and general health settings are now consistent and local practice guidelines on working with interpreters in mental health settings are also now in place.

As the project progressed, GVAMHS collaborated with Mental Illness Fellowship Victoria (MIFV) and shared resources in order to deliver education and training. The service's community engagement activities were coordinated by its Primary Mental Health Team. GVAMHS developed a proposal to investigate primary health care access pathways in the greater Shepparton region. A research proposal to investigate the help-seeking behaviour of young people from refugee backgrounds gained approval and commenced during the project period. The service also worked with the VTPU to develop a proposal to recruit and evaluate the effectiveness of cultural liaison workers, who are representatives of prominent CaLD communities. GVAMHS participated in an extensive review of the VTPU Secondary Consultation Project conducted in 2010. Program leaders and senior clinicians supported and participated in the revised cultural competence training program delivered in 2011 and a senior clinician from the service co-facilitated the course.

Initiatives to increase the participation of consumers, carers and the community

During the initial implementation phase, services were encouraged to increase their awareness of CaLD consumer and carer perspectives of mental illness and mental health services, and to seek family involvement in assessment and recovery-oriented care. VTPU consumer and carer consultants were directly involved in designing and delivering components of the initial cultural competence training course. They shared their lived experience of mental illness, lessons learnt through advocacy and other insights about the interplay of culture, language and concepts of health and illness. ADEC provided sessions on community development with diverse communities and

culturally appropriate mutual self help and support groups. Local consumer and carer consultants also participated in the training sessions conducted at each site. The VTPU has well established links with state-wide mental health consumer and carer networks and, in the course of this project, sought opportunities to collaborate on research, education and funding submission activities.

Family and community engagement emerged as an important project theme; it was introduced in the first cultural competence course and continued to be explored in subsequent training and in secondary consultation sessions. The VTPU developed a training video for mental health clinicians on working effectively with carers from CaLD backgrounds during the course of the project. It was made available to trainers facilitating cultural competence training in 2011 and is a resource that will be made available to other mental health services.

Services adopted the package, *Stepping out of the shadows, reducing stigma in multicultural communities*, during the course of this project (MMHA, 2008). Developed by the Queensland Transcultural Mental Health Centre, managed by MMHA, and coordinated in Victoria by ADEC, it involved recruiting expert and community trainers to deliver sessions. Services chose to allocate human resources to supporting the initiative and fund some additional costs e.g. catering for group sessions. Community leaders facilitated sessions on a voluntary basis.

Stepping out of the shadows aimed to reduce the negative impact of stigma in CaLD communities and improve community access and participation. Services reported variable success in this regard. Barriers to implementation tended to be consistent. Stigma about mental illness persists in different communities to varying degrees and some emerging ethnic communities are only in the early stages of developing community-based organisations with the capability to support this kind of work. The services were, however, positive about the project as it provided further impetus and structure to their community engagement activities (MMHA, 2010).

As the project progressed, the Primary Mental Health Teams demonstrated that they were keen to implement programs that would increase rates of access by individuals from diverse backgrounds and improve the quality of their interactions with General Practitioners and other mental health services.

Ways to engage the community and enhance consumer and carer participation

MMHP had some success in engaging with CaLD communities. Some of the achievements of the Primary Mental Health Team (including one of the BCMs employed at the service) are the subject of a report by Gray and Govindan (2011). In response to low rates of access by individuals from the Horn of Africa, education sessions, facilitated by the BCM, were provided to general practitioners in the area with the aim of better identifying individuals with mental illness and improving referral pathways to MMHP.

In the course of the *Stepping out of the shadows* initiative, GVAMHS formed significant partnerships with members of a number of key local CaLD community groups – Iraqi, Congolese, Sudanese and Afghani. A major contributor to the success of the initiative was the appointment by GVAMHS of a part-time CaLD liaison worker. Based within the Primary Mental Health Team, she engaged local community and religious leaders within the Greater Shepparton region and facilitated referrals to the mental health service.

After several months of effectively creating links between these communities and the service, GVAMHS committed to continue the CaLD liaison worker position. The individual currently fulfilling this role conducts targeted CaLD community mental health literacy activities and promotes prevention and early intervention initiatives. The service attributes a number of positive impacts, related to members of local Afghani, Congolese, Iraqi and Sudanese communities, to this work: a group of men sought information on the mental health impacts of alcohol use; individuals made appointments with general practitioners as a result of participation in the stigma reduction project; a group of women requested more mental health information sessions for women and men belonging to their community; four referrals to GVAMHS were generated in Cobram as a direct result of involvement in the stigma reduction project; another group of young men requested information regarding mental health services for their community members.

During 2010 a proposal outlining the case for creating a small number of part-time positions – Cultural liaison workers (CLWs) was developed. The aim is to recruit representatives from particular CaLD communities as cultural consultants to the service. Both the service and CaLD community members are keen to maintain and further develop the relationships that were established during the *Stepping out of the shadows* initiative. The service is keen to ensure that their efforts to increase community participation are sustained. The project proposal embeds these roles and that of the CaLD Liaison Worker in the Primary Mental Health Team. It also includes research and evaluation components that will investigate service access, utilisation and effective workforce development. Consideration is currently being given by the DoH to extending the proposal so as to include other services across the state.

Developing an effective workforce through training and secondary consultations

This project provided VTPU with the opportunity to design, trial and evaluate a comprehensive cultural competence course especially designed to meet the needs of specialist mental health services in Victoria. In 2009, a six module course was made available at three sites: MMHP, GVAMHS and the VTPU, where CPHs from a range of services were encouraged to attend. It was designed and delivered in collaboration with ADEC, VFST and with assistance from VICSERV.

By adopting a whole-of-organisation approach to cultural responsiveness and working in partnership with the VTPU, the services were able to ensure a substantial number of staff participated in the initial cultural competence training sessions in 2009. The overall learning objectives for these sessions were to increase awareness, knowledge and skills related to:

- Working with migrants and refugees, the process of acculturation and the impact of trauma;
- Cross cultural assessment, recovery planning, and case management;
- Integrating cultural competence into service practice; and
- The lived experience of mental illness and responding to community needs.

Participants who completed all the modules consistently reported that the course offered a helpful and positive learning opportunity. There was a general view that the interest and enthusiasm shown by staff who attended the cultural competence course was enhanced by their recognition of a renewed focus on CaLD issues by senior management and the opportunity to be in contact with VTPU staff.

Service feedback following the training suggested that participants were seeking to effectively utilize the information, integrate the skills learned into their practice and improve the practice of fellow clinicians.

Services also raised specific issues that were having an impact on their capacity to respond to their local CaLD communities. One such concern led to the VTPU organising a session, delivered at each site by a visiting Malaysian psychologist, that explored working with individuals of Islamic faith.

During the consolidation phase, the VTPU team reviewed and revised the cultural competence course. Evaluation feedback and new research were taken into account. An effort was made to include more adult learning principles and provide more examples of good cross-cultural practice. During 2010, a revised version of the VTPU cultural competence course which placed more emphasis on case discussions, recovery-oriented care, and integration of cultural sensitivity into everyday practice and community initiatives, was delivered on two occasions: in collaboration with another partner organisation, MIFV, and also at the VTPU for interested individuals from any mental health service. At the end of 2010, the VTPU once again undertook an extensive review of the content of the course and the teaching methods used. The VTPU

cultural competence course is being delivered in 2011 at four different sites and the collaborations, with ADEC and VFST first established in 2009, continue.

The VTPU Secondary Consultation Project commenced in 2010 and was offered to the two services, this project was designed to complement the cultural competence training. Based on positive results in other specialized training arenas, psychiatrists and senior clinicians at the VTPU and the participating services considered this method of education relevant and likely to contribute to a sustainable change in practice across the services. Consistent with the VTPU's role as a specialist state-wide service, secondary consultation in this context entails members of the VTPU team facilitating a discussion with mental health clinicians where the consumer is not present during the consultation. Multidisciplinary teams met to discuss aspects of the assessment, psychosocial needs, and recovery-oriented treatment of particular CaLD individuals and their families with specific emphasis on transcultural issues. VTPU staff (at least one consultant psychiatrist and at least one education service development consultant) used reflective learning principles to facilitate a discussion focused on culturally sensitive practice and effective organisational responses.

The VTPU Secondary Consultation Project sought to address the cultural responsiveness domain of creating an effective workforce by providing opportunities for continuous learning. Awareness, knowledge and skills gained in training were directly linked to practice and the particular needs of the local workplace were addressed. The sessions aimed to sustain "organizational and clinical training with links to quality improvement processes" (Guarnaccia, 2005).

A state-wide VTPU Secondary Consultation Service has been developed on the basis of this project. It will be made available to services that have entered a partnership with VTPU and have supported a critical number of staff to complete a VTPU cultural competence training course. This service will contribute to facilitating continuous learning processes and developing an effective mental health workforce.

Education and training opportunities that included secondary consultations

Approximately 20 MMHP staff participated in either the initial round of cultural competence training in 2009 or subsequent courses. MMHP has engaged in three secondary consultation sessions and plans to continue to utilise this service in 2011.

GVAMHS have trained over 30 staff since the project commenced. GVAMHS engaged in eight secondary consultation sessions during 2010. In 2011, in cooperation with MIFV and with the support of the NEVIL training cluster, GVAMHS and local PDRSS staff were supported to attend another VTPU cultural competence training course. The course was facilitated by a senior GVAMHS clinician and a project manager provided by the state office of MIFV. VTPU provided these trainers with resources and support. A local consumer, ADEC's transcultural mental health program coordinator and a rural trainer with VFST were also involved in delivering these sessions.

Part 3

Discussion

Key partnership enablers

The following factors appear to have facilitated the development and implementation of the project's objectives:

- The partnerships were built on pre-existing relationships between the services and the VTPU;
- Positive relationships were established and maintained between service and VTPU staff;
- The executive level of the organisations led the project and demonstrated a commitment to addressing access and equity issues affecting CaLD communities;
- A senior staff member represented cultural diversity issues at an executive level of the organisation;
- Cultural diversity committees comprising CPHs from across program areas contributed to the development and implementation of the cultural diversity plans;
- CPHs participated in quarterly state-wide CPH program meetings. This provided opportunities for networking and information sharing with representatives from other specialist mental health services;
- Services sought and created opportunities to engage with local CaLD communities;
- The VTPU Tool was used to facilitate dialogue between the services and the VTPU;
- The VTPU remained engaged with the services over an extended period of time;
- Cultural competence training was provided in conjunction with comprehensive service development and capacity building initiatives;
- The VTPU Reference Group provided project oversight opportunities to reflect on practice and review project strategies.

Key partnership challenges

The following challenges were identified as having affected service and VTPU capacity to address the project objectives:

- There are systemic, organisational, professional and community issues that impact on services meeting their obligations to CaLD consumers, carers and the wider community. Cultural responsiveness is given relatively little attention by the mental health service system. Commitment from all levels of the organisation and the support of executive staff is essential for cultural responsiveness to be embedded within a service;
- Levels of cross-cultural competencies across the specialist mental health service workforce are generally low. Training in cultural competence is given little or no emphasis in the undergraduate courses undertaken by mental health professionals. Therefore most mental health professionals enter the workforce lacking basic awareness, knowledge and skills related to cultural

competence. At present, the responsibility to address these education and training needs rests with mental health service providers. With virtually all staff working in mental health services in need of basic cultural competence training as part of their orientation to working in a mental health service, as well as opportunities to refresh and extend their skills and knowledge, a substantial change in priorities is required if services are to keep pace with demographic changes;

- There is limited support for services to initiate creative and flexible service delivery systems, leaving individual services to support CaLD initiatives within existing resources and existing budgets, increasing the likelihood that such initiatives may be challenging to sustain.
- In general, CPHs lack a substantive time allocation for their work in organisational capacity building as well as community engagement. This is the case for most CPHs working in specialist mental health services;
- Capacity building focused on long-term change such as cultural responsiveness requires a long period of engagement between external services such as VTPU and mental health services. Staff turnover within either service can disrupt this process;
- Mental health services are complex organisations that are constantly faced with demands to improve the quality of service provided. Managing change is a particular challenge, as cultural responsiveness is one of multiple service reform agendas;
- Unique factors related to the structure, location and demographic of each service.

Summary of service partnership enablers and challenges

The cultural diversity group at MMHP took responsibility for implementing service development with strategic support from the area manager. MMHP was subject to a restructure in the latter half of the project which created competing demands and temporarily distracted attention from the project. Nonetheless while activity was interrupted at MMHP, their progress was consistent with their partnership plan to take incremental steps. This was an anticipated risk to achieving the project aim of building service capacity. Similarly, internal staff changes within the VTPU affected the consistency and level of regular contact VTPU education and service development consultants had with MMHP. This was identified as a barrier and was likewise an anticipated risk that occurred within VTPU. The size and complexity of MMHP presented a challenge to establishing coordinated communication with VTPU.

The quality manager at GVAMHS played a key service development role with support from members of the executive including the area manager and the clinical director. The consistency of input provided by the VTPU education and service development consultant working with GVAMHS facilitated systematic reform. GVAMHS embraced a more comprehensive partnership plan and pursued a more ambitious implementation agenda. Being a rural service, staff faced difficulties in being able to consult readily with other services in Melbourne. This required a greater degree of planning for both parties, for example, in delivering training and providing secondary consultations. Videoconferencing arrangements were employed where possible in order to overcome these challenges.

Summary

In the course of the project, pre-existing VTPU programs were enhanced. The CPH Program and External Enquiries Service in particular were further developed. The project helped to consolidate the partnership between CPHs working within the services and the VTPU education and service development consultants. Their collaborative work emerged as a key element at all stages of the process as did the leadership shown by members of senior management. The VTPU Cultural Responsiveness Partnership Planning Tool, devised early on in the project and later revised, allowed change and progress to be measured against inputs from the VTPU and the services. A number of new service-based initiatives were implemented as a direct result of the project. The project directly addressed a number of the key mental health reform areas currently identified by the Victorian Government (see Appendix D).

Each of the services reported that participation in the cultural competence training programs was extremely valuable. Staff developed a greater understanding of the complex needs of CaLD consumers and their families and carers. Community engagement emerged as a powerful strategy for change that had a direct impact on consumer outcomes. Additional VTPU input to promote and extend clinical knowledge and skills was critical to the development of the VTPU Secondary Consultation Project.

The services reported that the project's focus on cultural responsiveness enriched them in other ways. For example, eliciting consumer and carer explanatory models of health, illness and treatment is both fundamental to culturally sensitive practice and consistent with good practice in general. Services are encouraging clinicians to enquire about the family background, cultural identity and religious beliefs of every consumer, not just those that were born overseas or have low levels of proficiency in English.

The project had some success in assisting services to adopt a continuous learning approach to improving cultural responsiveness, that is, to develop a learning system that links individual learning and practice to the performance of the organisation as a whole (Kerka in Smith, 2001), reflects the values and aims of the particular organisation and responds to local circumstances. The range of activities and processes generated by the project – including service development planning and problem solving meetings, project oversight discussions, cultural competence training sessions and secondary consultation sessions provided services and the VTPU with numerous opportunities to learn. Project participants (at all levels) were encouraged to pursue opportunities for open enquiry and dialogue (between partners, within the organisation and with other stakeholders).

The opportunity to work with two services, metropolitan and rural, enriched the VTPU's understanding on a number of levels. The project demonstrated that different services are likely to approach partnerships in very different ways. It also showed that service development initiatives need to be well planned, targeted and resourced. The VTPU used evaluation data to refine its original partnership agreements and develop more appreciation of the local factors that appear to facilitate and challenge a partnership's

success. The VTPU is also using information gathered in the course of the project to develop the range, quality, and depth of its partnership activities, in particular to become more flexible in its approach to education and training and offer more options such as developing staff orientation resources or offering mentoring and coaching.

Future directions

The VTPU is continuing to engage specialist mental health services in partnerships that encourage them to focus on service development and community development with respect to cultural responsiveness. It should be noted that while this service evaluation report is based on work undertaken specifically with two clinical services, the process of forming partnerships to enhance cultural responsiveness is equally applicable to the PDRS service sector.

Since the completion of this project, other mental health services have formed partnerships with the VTPU. Capacity building strategies have continued to focus on improving organisational effectiveness, risk management strategies, consumer and carer participation, community engagement and cultural competence. A more extensive VTPU Secondary Consultation Service is currently being implemented. Conceived as another capacity building initiative, it will enable the VTPU to influence the approach of treating teams and enhance the cultural competence of more services. The VTPU is also working with PDRS services to explore culturally sensitive approaches to recovery-oriented care.

Service partnerships transition through stages. The demonstration project set out to build the capacity of the services in organisations that demonstrated strong leadership. The VTPU established programs that would gradually require less VTPU resources to maintain. Now that the project has drawn to a close, the VTPU will continue to monitor and support from a distance, with the expectation that the services will become more self-sufficient. In order for the work to continue, the VTPU will maintain relationships with these services through the CPH program, External Enquiry Service and the VTPU Secondary Consultation Service. The VTPU will, at the services' request, provide additional training and service development input if, for example, staff turnover necessitates further assistance with training. The VTPU will continue to support GVAMHS's aim to employ CLWs and evaluate their effectiveness.

The VTPU anticipates that the state-wide CPH network, with representatives from both clinical and PDRS services, will continue to grow and strengthen. It is envisaged that CPHs will continue to be central to the task of developing the cultural responsiveness of mental health services across Victoria.

The VTPU is currently developing an on-line learning package with a view to increasing levels of participation in cultural competence training across specialist mental health services. Opportunities to train more service-based educators to facilitate face-to-face cultural competence training will continue to be explored. The VTPU is also developing

a TAFE accredited course with competencies to be offered as credits in existing undergraduate courses and at a post-graduate level.

Conclusion

In this project, the VTPU achieved the first objective of building the capacity of participating mental health services to improve their cultural responsiveness. Second, the services were assisted to develop sustainable infrastructure and programs. They in turn worked with other service providers, community organisations (e.g. a local PDRS service, local ethnic communities' councils) and informal community groups (e.g. religious communities). Third, the VTPU achieved the objective of evaluating the process of collaborative partnerships with mental health services.

As a state-wide organisation, the VTPU has shown that it can work collaboratively with service providers to achieve its mission of strengthening the capacity of Victoria's mental health system to provide effective, equitable and culturally appropriate services to Victoria's CaLD population. The VTPU had the good fortune of working with committed individuals within the participating services who brought considerable and varied experience to the project.

The **partnership** approach employed in this project benefited the services and the VTPU. Services were able to extend pre-existing initiatives, gain new perspectives and receive practical support that had a direct impact on their workforce, infrastructure, resources, community and organisational links. The VTPU gained a great deal from engaging in a long-term organisational change project. Insights gained have had a significant impact on the VTPU's understanding of how to proceed with service partnerships and which capacity building strategies to recommend to other mental health services. The VTPU Tool developed in the context of this project has been refined and used in a number of subsequent partnerships. The project provided a valuable opportunity for all involved to share, reflect and learn.

Participants in the project were united in their assessment that participating services needed input from a **transcultural mental health service** to achieve cultural responsiveness outcomes. The VTPU is able to provide specialist mental health services with a range of services and resources that "add value" to service-based activities. Services may need additional assistance to identify and address gaps, monitor and evaluate quality improvement initiatives. The VTPU is well placed to review and navigate the range of services and activities required to achieve culturally responsive service delivery. ADEC, VFST and VICSERV are ideally positioned to assist services make key community links. While specialist mental health services are not positioned to solely manage and deliver community development initiatives that embrace broader psychosocial issues, there is great value in utilising partnerships and networks that inform referral systems and provide more responsive and seamless services to vulnerable groups.

The project showed that **leadership** is crucial to the success of any whole-of-organisation capacity building initiative. Managers and senior staff play a major role in elevating the importance of issues of culture and diversity in all levels and areas of service delivery. As such, this group should also be targeted for cultural competence training. Leadership is also required from government to support the CPH program and related initiatives.

This project also confirmed that effective partnerships are founded on sound working **relationships** and a **long-term commitment**. Improving the delivery of services to CaLD consumers is a long-term commitment that may be subject to periodic setbacks as service priorities shift to meet other service demands. Support for the long-term sustainability of systems change is imperative requiring relationship building between key persons such as CPHs within the service and external assistance from the VTPU.

A culturally responsive specialist mental health service is one that has the capacity to respond to the needs of all community members. This requires services to both adopt **access and equity principles** and **allocate resources** required to develop and integrate change management strategies. Insights gained from a **population health** perspective are also applicable. This entails prioritizing service delivery to meet the needs of diverse community groups, engaging with representatives of CaLD communities in their catchment and developing targeted prevention and early intervention strategies.

The project confirmed the VTPU's understanding that training, offered in the **context of a broader service development** process facilitates sustainable change. Coordinated, strategic service development initiatives are also required.

Overall, the project demonstrated that progress in the delivery of mental health services to CaLD consumers and carers can be achieved by taking a multifaceted integrated approach. Improvements in cultural responsiveness have the potential to enrich the service provided to all individuals and their families, not only those of CaLD backgrounds. Partnership planning, service development, training and community engagement are all critical to this end.

Appendixes

Appendix A: Victorian Transcultural Psychiatry Unit (VTPU): mission and programs

The VTPU's mission is to strengthen the capacity of Victoria's mental health system to provide effective, equitable and culturally appropriate services to Victoria's culturally and linguistically diverse (CaLD) population. Broadly, the VTPU operates in the following five program areas:

Consultancy

The VTPU offers an initial enquiry service via telephone, email or its website. Common requests include: assistance locating suitable bilingual practitioners, ethnic specific support services and translated information; cultural advice regarding the care and treatment of a particular individual or their family; education and training; organisational support. It also provides organisations with advice related to service development and quality improvement. More recently, the VTPU has developed a secondary consultation service to assist mental health professionals working in services that have formed a partnership with VTPU to integrate cultural considerations into daily practice.

Service development initiatives

The VTPU develops and trials approaches to enhancing cultural responsiveness. It also convenes programs that support Cultural portfolio holders (CPHs) and bilingual case managers (BCMs) working in specialist mental health services. It utilises a capacity building approach to influence the service development of other organisations.

Education and training

The VTPU develops and conducts comprehensive training and cultural competence programs consistent with state and national mental health service standards and policies, and provides other education forums including seminars and case presentations.

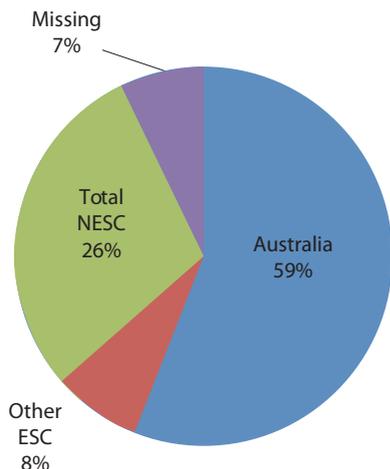
Partnerships

The VTPU has established partnerships with key organisations including mental health consumer, carer and psychiatric disability rehabilitation and support peak bodies, migrant and refugee counselling, community development and advocacy organisations. The VTPU also develops partnerships with mental health service providers with the aim of increasing their capacity to deliver culturally responsive mental health services.

Research and evaluation

The VTPU undertakes a range of research and evaluation activities that include collaborations with mental health service providers and other research centres.

According to the Australian Bureau of Statistics 2006 Census, the **birthplaces of Adult Population: Aged 15-64 Years** in this area were:



ESC English-Speaking Country: country where English is the first language

NESC Non-English-Speaking Country: country where English is not the first language

The **top languages (other than English) spoken at home by the Adult Population (aged: 15-64 years)** are Vietnamese, Italian, Greek, Arabic, Cantonese, Macedonian, Mandarin Maltese, Spanish and Tagalog (Victorian Transcultural Psychiatry Unit, 2011b).

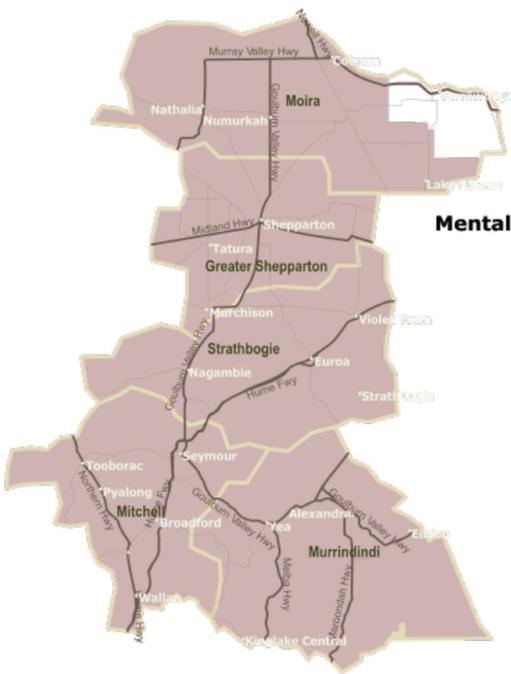
The average **socio-economic indexes for areas (SEIFA)** for metropolitan Victoria is 1022. Relatively low income areas have low index values. There are 31 local government areas (LGAs) in metropolitan Melbourne. The MMHP catchment area covers councils with relatively high proportions of low income families as indicated by the following SEIFA values:

- Maribyrnong Council 948.5 (3rd lowest)
- Hobsons Bay Council 997.8 (9th lowest)
- Wyndam Council 1021.8 (14th lowest)

(Australian Bureau of Statistics, 2006).

In 2009-2010, **the proportion of the total of Victorian humanitarian youth arrivals (12-24 year olds)** settling in the MMHP catchment area was 12% (8% in Wyndham LGA, and 4% in Maribyrnong LGA) (Centre for Multicultural Youth, 2011).

Goulburn Valley Area Mental Health Service catchment area



Mental Health Service Area - Goulburn

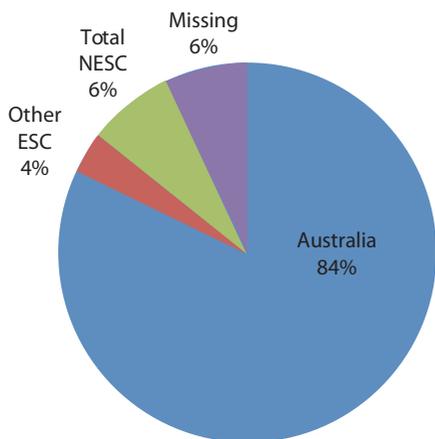


LEGEND

- Local Government Areas
- Main Roads
- Suburbs

Original: PHSA north internal:2005-2007-2009-2010
 Produced by Peta Pomroy, Metro Health & April Carr, 12/10/10
 Areas derived from: Local Government Areas, Australian Standard Geographical Classification (ASGC), 2001
 with exceptions at Goulburn's border with Grenville & Comptons; Ludlow/Northern Mallee borders;
 Goulburn/North East coast borders

According to the Australian Bureau of Statistics 2006 Census, the **birthplaces of Adult Population: Aged 15-64 Years** in this area were:



ESC English-Speaking Country: country where English is the first language

NESC Non-English-Speaking Country: country where English is not the first language

The **top languages (other than English) spoken at home by the Adult Population (aged: 15-64 years)** are Italian, Arabic, Turkish, Greek, Macedonian, Mandarin, Cantonese, German, Maltese and Croatian (Victorian Transcultural Psychiatry Unit, 2011b).

The average **socio-economic indexes for areas (SEIFA)** for metropolitan Victoria is 1022. **The average socio-economic indexes for areas (SEIFA)** for rural Victoria is 986. Relatively low income areas have low index values. The GVAMHS catchment areas covers five local government areas (LGAs) with relatively high proportions of low income families as indicated by their SEIFA values:

- The City of Greater Shepparton 967.8
 - Strathbogie 967.9
 - Mitchell 999.8
 - Murrindindi 1006
 - Moira East (not Yarawonga) 970.6
- (Australian Bureau of Statistics, 2006).

In 2009-2010, the **proportion of the total of Victorian humanitarian youth arrivals (12-24 year olds)** settling in the Greater Shepparton Area was 4% (Centre for Multicultural Youth, 2011).

Appendix C: The VTPU Cultural Responsiveness Partnership Planning Tool

The VTPU's Cultural Responsiveness Partnership Planning Tool (VTPU Tool) is designed to assist specialist mental health services assess the ways in which they respond to Victoria's culturally and linguistically diverse (CaLD) communities. It presents 13 strategic areas which can be aligned to the four domains identified in the *Cultural responsiveness framework: guidelines for Victorian health services* (Department of Health, 2009):

1. **Organisational effectiveness.** This includes planning, implementation and evaluation strategies as part of a whole-of-organisation approach to cultural responsiveness. Leadership is a key element in this domain.
2. **Risk management.** The importance of providing effective interpreter services and translated information is emphasized. The VTPU Tool expands this domain to include culturally sensitive mental health practice; awareness of cultural values, recognising and responding to cultural beliefs and skills in cross-cultural assessment, treatment and recovery-oriented interventions.
3. **Consumer participation.** This includes creating a safe and welcoming environment that respects the cultural, religious and other rights of consumers and their carers. It explicitly reminds services that they are obliged to ensure all service users are informed about their rights in relation to the *Mental Health Act 1986* (Vic) MH Act and health care. It acknowledges the importance of seeking CaLD consumer and carer participation in mental health service delivery; that is, their involvement in individual care planning and decision making and in organisational and systemic change. Organisations are also encouraged to engage with CaLD community groups, ethno-specific agencies and other migrant and refugee organisations.
4. **Effective workforce.** The capacity to support CaLD-related roles and positions including cultural portfolio holders (CPHs), service and community-based liaison workers and bilingual workers. In addition to providing staff with education and training opportunities, organisations are encouraged to ensure learning is put into practice and makes use of emerging information and communication technologies.

Services are asked to self-assess according to three levels:

- an **activity** level: limited to activities that are not part of an overall service performance plan and strategy. There are some organizational policies in place. Some non-systematic CaLD-related activities are undertaken;
- a **process** level: developing or beginning to implement CaLD-related plans and strategies. Processes are underway to ensure relevant knowledge; skills and awareness are reflected in CaLD-related plans, policies and activities. The organisation is developing a systematic, whole-of-organisation approach; or
- an **integrated service** level: cultural competence is established and reflected in the organisation's vision, current strategic plan and objectives. Relevant knowledge, skills and awareness are reflected in CaLD-related policies and activities. Strategies implemented and evaluated across the organisation are leading to the integration of CaLD focussed service delivery and reflection.

The VTPU actively encourages organisations to move from an **activity** level to a **process** level with a view to developing strategies that lead to longer term **integration** of CaLD practice across program areas. Consider, for example, the **Education and Training** area. A service operating at an **activity** level may request one-off training sessions or encourage individuals, who express an interest, to attend relevant education. A service that is operating at a **process** level is likely to be working with the VTPU to provide all staff with an orientation to core cultural competence, encouraging participation in further training and training its own trainers.

Here is an outline of the areas and strategies included in the VTPU Tool.

Outline of The VTPU Tool		
Domains	Areas	Strategies
Organisational effectiveness	Development of policies and plans	Policies, plans, strategic direction
	Implementation of policies and plans	Awareness raising, education, service-wide initiatives
	Reflection, evaluation and research	Data collection, analysis of impacts and outcomes
	Leadership and staff inclusion	Cultural diversity working group with links to organisational leaders, participation of staff across programs
Risk management	Language services and translated information	Effective work with interpreters, relevant service information translated
	Culturally sensitive mental health practice	Assessment and intervention guidelines, case review includes cultural considerations, staff have access to relevant resources and information
Consumer participation	Inclusive practice	Access issues addressed with sensitivity and respect. Cultural and other human rights are respected and communicated. Consumers and carers understand their rights in relation to the Mental Health Act and other relevant legislation
	Access and participation for CaLD consumers and carers	The involvement and participation of CaLD consumers and carers is actively sought and supported
	Information sharing and partnerships with CaLD organisations	Links with key community organisations, community development initiatives
Effective workforce	CaLD-related roles and positions	Cultural portfolio Holders, bilingual workers, service and community-based liaison workers, CaLD consumer and carer consultants
	Education and training	Staff are orientated to core knowledge and skills, opportunity to participate in comprehensive cultural competence training, develop training roles
	Continuous learning	Sharing of knowledge across organisation, peer support, mentoring and coaching. Responsive to change and local needs
	Information communication technology	Sharing information and resources within the organisation, easy access to external resources.

Appendix D: Project outcomes related to Victorian mental health reform strategy

This project's objectives were compatible with the mental health reform, "reducing inequalities", and the goal of "improv[ing] mental health outcomes for people from culturally and linguistically diverse (CaLD) and refugee backgrounds" as outlined in *Because mental health matters: Victorian mental health reform strategy 2009 -2019* (Department of Human Services, 2009, p. 115). The project also directly addressed other areas and goals included in the reform strategy document. The following table outlines the main strategies implemented during the course of the project and relates these to a number of reform goals.

<p>Reform Area 4: Specialist care</p>	<p>Cultural responsiveness strategies implemented during the project and reform goals</p> <p>Goal 4.1: Build a more responsive system of specialist mental health care geared to early intervention, relapse and prevention and recovery (p. 91).</p> <p>Services developed local CaLD networks and strategic alliances with other specialist mental health services; Primary mental health services engaged in community education and outreach; Development of a research proposal related to understanding access and referral pathways involving general practitioners and specialist mental health services; Designing and undertaking research with young people to investigate help-seeking behaviours.</p>
<p>Reform Area 7: Workforce and innovation</p>	<p>Goal 7.1: Build a sustainable, flexible, and dynamic specialist mental health workforce that operates as a highly respected part of the broader health and community services sector (p. 125).</p> <p>VTPU support for cultural portfolio holders (CPHs) and bilingual case managers BCMs); Services utilised VTPU External Enquiry Service; Services participated in VTPU cultural competence training in 2009 and VTPU Secondary Consultation Project in 2010; VTPU cultural responsiveness training delivered in 2011 in collaboration with a clinical service and a PDRS service, facilitated by CPHs and educators from these organisations; Human resource allocation to community liaison worker positions and integration of these roles into service programs.</p> <p>Goal 7.2: Develop work practices and cultures in mental health services that support high quality, effective, consumer-focussed and carer inclusive care (p 125).</p> <p>Development and use of the VTPU Cultural Responsiveness Partnership Planning Tool with services at several points in time; Services engaged in quality improvement activities e.g. redesign of local policy and practice guidelines for working with interpreters; Services allocated human resources to <i>Stepping out of the shadows, reducing stigma in multicultural communities project</i>; Consumer and carer consultants were involved in training, diversity working groups and service development activities;</p>
<p>Reform Area 8: Partnerships and accountability</p>	<p>Goal 8.2: Strengthen mental health service governance to deliver a more connected and holistic response for consumers (p. 137).</p> <p>Services engaged in strategic and operational meetings that involved VTPU, organisational leaders and members of diversity working groups</p> <p>Goal 8.4: Drive strategic policy coordination, monitoring and evaluation of reform effort at state-wide level (p. 137).</p> <p>VTPU convenes a state-wide CPH Program; VTPU Cultural Responsiveness Partnership Planning Tool developed for broader use with other specialist services; Services participated in VTPU evaluation and research activities with ongoing support provided by VTPU education and service development consultants.</p>

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