MENTAL HEALTH SERVICE BUSINESS RULE

SESLHDBR/068

Name	Multicultural Mental Health Clinical Service Delivery		
What it is	It is an appropriate guide for the application of a standardised, culturally sensitive and responsive mental health service across the SESLHD – using a clearly defined care pathway and outlining appropriate standards of mental health service delivery to consumers from Culturally and Linguistically Diverse (CALD) backgrounds.		
Risk Rating	Low	**Review Date**	May 2026
What it is not	It is not a step-by-step guide to the clinical care of CALD consumers.		
Who it applies to	This business rule applies to all staff of the SESLHD Mental Health Service (MHS).		
What to do	Multicultural Health Principles and Standards for Culturally Competent Mental Health Services are outlined in Appendix A. Entry Criteria Entry criteria for the range of mainstream and Multicultural Mental Health clinical services are applied at the first entry point to ensure the appropriate decision is made in regard to culturally sensitive interventions. They are: 1) Psychiatric condition(s)/disorder(s) which require language specific, culturally sensitive psychiatric care and psychological intervention. 2) Significant physical condition(s) causing severe mental health problems (emotional and psychological distress) which require culturally sensitive intervention. 3) Adjustment problems associated with migration/settlement/acculturation which significantly affect psychological and mental health wellbeing and require culturally responsive interventions. 4) Severe psychosocial and environmental problems significantly affecting overall functioning which require culturally sensitive and responsive interventions. All consumers from CALD backgrounds are ideally assessed by intake staff who are trained in cultural competency, then referred to the most appropriate internal or external mental health service that best meets the individual's needs. All consumers from an identified CALD background should be offered a professional interpreter if they wish at the point of triage so accurate information is obtained to facilitate an		

appropriate cultural case formulation. Criteria for the range of mainstream and Multicultural Mental Health Clinical Services (MMHCS) are applied at the entry point to ensure the appropriate decisions are made. All referrals are documented on the Mental Health Triage section within the electronic Medical Record (eMR). At times, members of the CALD community may contact bilingual counsellors within the mental health service directly, seeking assistance in their own language. In this instance, bilingual counsellors will engage the person, collect the initial mental health triage information and pass this on to the intake team for further triage and assessment with a professional interpreter.

Allocation of Referrals
Referrals of consumers from CALD backgrounds are collected, reviewed by the Clinical Manager and allocated as appropriate to:

- Mainstream mental health services and/or clinicians who have ideally completed cultural competency training (the Health Care Interpreter Service (HCIS) or Translating and Interpreting Service (TIS) is used as required in interventions with consumers);
- A mainstream mental health service clinician with additional input from a bilingual counsellor for cross-cultural consultation, recommendations and co-management if indicated. The identified mainstream clinician is responsible for the consumer's ongoing care. The cross-cultural consultation is intended as a supplement to mental health care, not a replacement, and should be reflected in bilingual counsellors' activity codes.
- An individual bilingual counsellor for language specific, culturally responsive assessment/intervention/ management as a primary care provider. Carer support, psycho-education and culturally sensitive assessment may also be offered.
- The Transcultural Mental Health Centre (TMHC) for appropriate specialist, language specific assessment.
- The NSW Service for the Treatment And Rehabilitation of Torture and Trauma Survivors (STARTTS) for appropriate specialist assessment and follow up.

The allocation process includes thorough consideration of the needs of the consumer from a CALD background, by using the **Cultural Sensitivity and the Cultural Awareness Tool** (see Appendix B) and relevant appropriate services. When more referrals are received than can be allocated immediately, the TMHC and STARTTS should be utilised.

Referrals of consumers from CALD backgrounds who pose an immediate risk should be assessed, with the HCIS or TIS involved to facilitate and maintain appropriate communication and risk management.

| | A comprehensive, culturally competent mental health assessment is to be completed for each consumer from a CALD background who is referred to the mental health service. This is to be documented on the Mental Health Assessment form within eMR, including clarification of the cultural case formulation and recommendations.

Assessment and Engagement
Each stage of culturally competent/responsive care is to be conducted collaboratively, with multidisciplinary staff input (when appropriate) and active participation from the consumer/carer/family. The application of the Cultural Awareness Tool as a legitimate, essential, component of the culturally competent service is to be recognised and maintained consistently.

A comprehensive, culturally sensitive assessment is to be carried out. The resulting cultural case formulation is to reflect the consumer's explanatory models of problems identified and must be documented. The Cultural Awareness Tool template is readily available in all mental health settings in paper form, and should be used as a matter of standard practice.

The outcome of the comprehensive assessment of the consumer from a CALD background is to be documented and presented in multidisciplinary clinical reviews, with a final diagnosis and care plan developed and endorsed by the multidisciplinary team.

All MHS consumers are to be regularly reviewed, with the input of the Consultant Psychiatrist, to ensure efficient and appropriate clinical management (including maintenance of the care plan, implementation of recovery principles and facilitation and monitoring of active participation by consumers, carers and families).

Exit from the Mental Health Service
Disengagement from the MHS is a planned process that occurs alongside ongoing review of the consumer's care plan and is based on the consumer's progress towards their recovery. The length of involvement in culturally competent/responsive mental health care will depend on the severity of presenting problems (including mental health conditions, if diagnosed) as well as the nature of the service being provided. Services may be provided as a one-off assessment, short-term (3-6 months), medium term (6-12 months) or longer-term (more than 12 months). Mental health services cease when the consumer has restored adequate functioning and has re-established the ability to maintain an independent, self-conducted life and participation in the wider community. All Mental Health documentation, including outcome measures, is to be completed accordingly in the medical record. |
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When to use it	This business rule is to be referred to whenever MHS staff are working with consumers from CALD backgrounds.
Why the rule is necessary	NSW is one of the most culturally diverse states in Australia. According to the Australian Bureau of Statistics 2016 Census, 28.5% of the population were born overseas, and 21% spoke a language other than English at home. People from CALD backgrounds may have different needs when they access mental health services; mental health professionals therefore need to provide culturally responsive and competent services.

Principles defined in this business rule reflect key strategies of the NSW Health Policy Directive PD2019_018 NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023. |
Who is responsible	MHS Service/Site Directors and Clinical Operations Managers are responsible for disseminating and implementing this business rule. All MHS staff are responsible for complying with this business rule.
Ministry of Health / SESLHD reference	• PD2019_018 NSW Plan for Healthy Culturally and Linguistically Diverse Communities: 2019-2023 • PD2017_044 Interpreters – Standard Procedures for Working with Health Care Interpreters • SESLHD Multicultural Mental Health Implementation Plan 2017-2020 • National Standards for Mental Health Services 2010: Standard 4. Diversity Responsiveness (4.1,4.2, 4.4) • National Practice Standards for the Mental Health Workforce 2013 • Australian Government National Health and Medical Research Council (NHMRC) 'Cultural Competency in Health: A guide for policy, partnerships and participation' 2006 • Culturally appropriate service provision for CALD families in the NSW child protection system summary - February 2010 - Research to practice notes • Practice Guide for NSW Department of Community Services funded Out-of-Home Care Services – Assessing the Needs of CALD Children and Families in Out-of-Home Care 2008 • Australian Bureau of Statistics 2016 Census Data
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Revision and Approval History

Date	Revision Number	Author and Approval
May 2010	1	Michelle Bradley, Clinical Nursing Manager, Area Mental Health Program.
July 2015	2	First draft prepared by Angela Crow, St George Community MHS Clinical Partnerships Coordinator.
August 2015	2	Feedback by STG Community Mental Health Bilingual Counsellors, a bilingual psychologist and the Acting Manager of the SESLHD Multicultural Health Service.

October 2015	2	Additional comments from Maroubra Bilingual Counsellors.
November 2015	2	Endorsed by SESLHD MHS Clinical Council.
December 2020	v3.0	Routine review commenced
February 2021	v3.1	Reviewed and updated by subject matter experts
May 2021	v3.2	Incorporates DDCC feedback, updates Census data to the 2016 Census Endorsed SESLHD MHS Clinical Council

<u>**APPENDIX A:**</u>
Multicultural Health Principles

The following Multicultural Health Principles are contained within the NSW Ministry of Health [PD2019_018 NSW Plan for Health Culturally and Linguistically Diverse Communities: 2019-2023](#)

1) People from culturally, religiously and linguistically diverse backgrounds will have access to appropriate health information.

2) People from culturally, religiously and linguistically diverse backgrounds will have access to quality health services that recognise and respect their linguistic, cultural and religious needs.

3) Health policies, programs and services will respond in an appropriate way to the health needs of people from culturally, religiously and linguistically diverse backgrounds.

4) People from culturally, religiously and linguistically diverse backgrounds will have an opportunity to contribute to decisions about health services that affect them.

5) Multicultural health programs and services will be evidence-based and/or support best practice in the provision of health services in a culturally, religiously and linguistically diverse society.

Standards for Culturally Competent Mental Health Services

a. <u>Access to Services</u> – Access to services must not only be individually oriented, but also family oriented in the context of the values held by CALD consumers. Access criteria for different levels of MHS must be multidimensional, which include mental health, general health, behavioural and functional, social, spiritual, religious and community support.

b. <u>Styles of Communication/Service Provision</u> – Access to communication services must be available at each point of entry into the MH system and throughout the system. Culturally proficient interpreter services (HCIS, TIS) are necessary for quality clinical care provision to CALD consumers.

c. <u>Culturally Sensitive Comprehensive Assessment and Triage</u> – Assessment must include multidimensional focus on functional psychiatric, medical and social status as well as family support with evaluation of cultural and socio-economic stressors and factors to establish the nature of the problems within the client's life context. The assessment tool (Cultural Awareness Tool) must be culturally sensitive, administered by culturally competent providers.

d. <u>Development of Care Plans</u> – The care plan for CALD consumers must be relevant to their culture and life experiences and must be developed by/via involvement of the culturally competent provider in conjunction with the consumer, carer and family, where appropriate. In the absence of a culturally competent provider, review of the proposed plan of treatment and supervision by a culturally competent consultant is recommended.

e. <u>Implementation of the Care Plan</u> – Care management for CALD consumers and families must be based on the diagnosed level of care needed by the consumer. Care

management should be advocacy based, consumer, carer and family driven. The managed care plan maintains responsibility for the successful and appropriate implementation of the care management plan.

f. <u>Discharge Planning</u> – Discharge planning for CALD consumers must include involvement of the consumer, carer and family, where appropriate, in the development and implementation of the plan, and evaluation of outcomes. Discharge planning must be done within the culturally competent framework and in a culturally sensitive manner. Discharge planning should commence, and be incorporated in, the assessment and care planning stages.

g. <u>Outcome Evaluation</u> – The individual consumer and family of CALD populations must be assured comprehensive and competent treatment and care as they interface with mental health services. The culturally competent MHS must have a regular quality monitoring and improvement program, with appropriate indicators applicable to evaluating services to the consumer, carer, family and community of CALD populations.

h. <u>Prevention, Education and Community Development</u> – Culturally sensitive mental health services must include prevention, education and community development programs that incorporate culturally competent approaches and communication styles in their development and implementation, where consumers, carers, families and relevant community organisations are involved.

i. <u>Ongoing Service Development</u> – Ongoing development of culturally competent mental health services for CALD consumers must include all available treatment modalities effective with targeted populations.

Cultural Sensitivity

This information sheet provides a brief summary of the article '*A culturally sensitive consultation model'* (Benson, 2006), with permission from the author. The full article is available at:
http://pandora.nla.gov.au/pan/24225/20061003-0000/www.auseinet.com/journal/vol5iss2/benson.pdf

Cultural Sensitivity
Cultural sensitivity is not only about people born overseas or in a country different to the clinician, but includes those with differing cultural, linguistic, religious, socio-political and family backgrounds. To be more culturally sensitive in health care consultations three additional factors needs to be taken into account:

1. **Clinician's ethnocentrism:** This is the normal tendency of each individual to see the world from the viewpoint of their own cultural group or 'tribe'. It is difficult to quantify, as it often exists at an unconscious level, but it informs the judgements and opinions clinicians bring to their assessment of what is "normal" or "abnormal" behaviour. Given that this is, at least in part, culturally defined, clinicians need to develop a conscious awareness. They need to be open to understanding the consumer's subjective experience and culturally differing viewpoints regarding symptoms, diagnoses and acceptable treatments.

2. **Consumer's level of health literacy:** One of the main roles of a clinician is to provide information and education so that the clinician, consumer and their family can speak the same language about the presenting problem and/or the underlying health condition. Education about western medicine should add to the consumer's beliefs, unless the latter are harmful or abusive. A combination of western and traditional medicine may improve the therapeutic relationship and increase compliance with the former. Improving the consumer's and family members' health literacy will decrease fears of illness, investigations and treatments and give the consumer more control over their own health.

3. **Cultural perceptions of illness:** Cultures differ in the degree to which they have an individualistic (ego-centric) or collectivistic (socio-centric) focus. These differences can become hard-wired in the brain. Viewing behaviour through the alternative lens can misrepresent individuals as overly 'assertive and independent' or overly 'passive and dependent'. However, cultural sensitivity is not about stereotyping, which obstructs empathic understanding. It is about being aware of the core personal differences, such as family, politics, education, religion, socio-economic status and sexuality that are integral to everyone. All these differences inform how a person experiences and understands health and illness.

Cultural Awareness Tool

A useful way of communicating with consumers is outlined in the Cultural Awareness Tool. This particular adaptation of the tool has been refined to comprise nine key questions which serve to enhance engagement and elicit the consumer's explanatory model of their illness and their beliefs about how it should be treated.

Asking the questions contained in the Cultural Awareness Tool is likely to enhance the consumer's self-esteem and strengthen the therapeutic relationship. The questions provide way

of demonstrating an interest in the consumer's culture and keeping social and spiritual issues in the foreground of the clinical encounter. This can increase the acceptability of mental health care for the consumer and their family and can lead to a shared explanation of the consumer's presenting problems.

QUESTIONS	CONTEXT FOR THE QUESTION
1. What is the main problem* you would like me to help you with today?	This question provides some insight into what is going on in the person's life. If mental health problems are unfamiliar or are associated with a high level of stigma, the consumer may focus on physical complaints such as headaches, abdominal pain, etc. Whatever the presenting symptoms, the following questions must focus on that issue as an entrance into the consumer's world.
2. How is this problem affecting you?	This question often reveals a broader set of physical complaints and/or psychological issues. Somatisation may be the only acceptable way that the consumer has of expressing underlying mental health problems within their cultural context.
3. Why do you think it started when it did?	This question assists in identifying precipitating factors and therefore may assist in diagnosis. It may reveal religious beliefs associated with the illness and/or beliefs that the illness has been brought about by family genetics, doing something wrong, evil spirits, bad deeds of an ancestor or a weakness of character.
4. What do you fear most about the problem?	This question provides an opportunity to provide education around unrealistic fears and identify the priorities for the consumer. For example, fears may focus on family commitments, employment, being shunned by the community or dying prematurely.
5. What solutions have you tried or have you thought of?	This question can be a way of assessing the severity of the illness and/or exploring the use of traditional treatments for the problem. Respecting the consumer's ability to deal with their problems within their cultural context can build the therapeutic relationship. Externalising the problem and standing together with the consumer to develop a mutually acceptable management plan may increase treatment compliance.
6. What were you hoping I would do for you today?	This is an important question that is often not asked of consumers. Expectations can range from finding housing or employment to medication or diagnosis. If expectations can be met or relevant information or referrals provided, a strong therapeutic relationship can be established, paving the way for other interventions to be explored in the future.
7. How can your family and community help you with your problem?	This question assists in integrating health and social care into a holistic approach that involves the family and the community. The resources of the community can be accessed through family members and/or community workers.
8. How will we know when you are well again?	This is another important question that is often not asked of consumers. What is the consumer expecting a solution to? Are they hoping for more than the offset of their presenting problems? Do they have an awareness of the underlying mental health condition and are seeking to improve that also?
9. When would you like to see me again?	This question gives the consumer the opportunity to either take the lead from the clinician or to suggest an earlier time if they are feeling insecure about their illness. Unrealistic expectations about the speed of recovery can also be addressed.

Use the client's words for their problem.