



# Aboriginal Mental Health Consultation Procedure

## 1. Guiding Principles

Effective 6 February 2020

The WA Country Health Service (WACHS) Wheatbelt Mental Health (WMHS) is a specialist service that provides inpatient and ambulatory care to mental health patients in the Wheatbelt Mental Health Catchment Area ([see Appendix 1](#)).

The service is committed to working to reduce barriers to mental health services and actively engage consumers likely to fall 'through the gaps'. People of Aboriginal<sup>1</sup> descent and their families are considered to form part of this group. State and National practice standards require that services deliver treatment and support in a manner which is sensitive to the cultural beliefs, values, practices and language needs of Aboriginal consumers, their family, carers and community.

To enable this culturally safe practice, Aboriginal Mental Health Workers are available in all Community Mental Health Clinics, and can provide a specialist cultural consultation to Aboriginal consumers and their carers. The term Aboriginal Mental Health Workers includes the Aboriginal Mental Health Coordinator for the purposes of this procedure.

Non-Aboriginal staff are reminded that Aboriginal Mental Health Workers will have a potential dual role of family member and worker for mental health consumers and their families, and this dual role is to be respected in all treatment planning discussions and forums where Aboriginal Mental Health Workers are present. In some instances, the closeness or history of family ties may require the allocation of an alternative Aboriginal Mental Health Worker or sourcing cultural support from an outside Aboriginal organisation or family member (with the permission of the consumer).

## 2. Procedure

### 2.1 Cultural Consultancy

The WMHS utilises the services of Aboriginal Mental Health Workers to strengthen engagement and help clinicians better understand the needs of the Aboriginal community. Culturally informed mental health practice standards are achieved by offering a culturally safe service to all consumers of Aboriginal descent through the involvement of Aboriginal Mental Health Workers.

#### 2.1.1 Role of the Aboriginal Mental Health Worker is to:

- assist in the development of more culturally informed and sensitive mental health services

<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

- increase access by Aboriginal people to specialist mental health services. The Aboriginal Mental Health Worker is to be available to consumers, carers community, referring agency or person and WMHS staff throughout the episode of care but is not to perform the role of case manager which is a specialist clinical role.

The Aboriginal Mental Health Worker is to assist the consumer, their family and/or community to:

- engage with clinicians so as to effectively address their mental health needs
- build a culturally informed therapeutic alliance between consumer, clinician, community and Aboriginal Mental Health Worker
- inform the allocated clinician on issues of cultural relevance
- negotiate the cultural safety of the consumer, clinician, consultant and community
- liaise with and assist the consumer, consumer's family, community, clinician and other organisations with a view to achieving the consumer's therapeutic goals
- help to develop shared care arrangements with other Aboriginal specific service and/or programs which are beneficial to the mental health recovery of aboriginal consumers.

In order to work in WMHS, the Aboriginal Mental Health Workers are required to:

- know the processes and requirements of working within the WMHS multi- disciplinary team
- have knowledge of the [Mental Health Act 2014 \(WA\)](#)
- have the knowledge and ability to complete documentation in the consumer primary medical record
- have PSOLIS access and know how to enter information objectively and in accordance with procedures into PSOLIS, including consultation with the treating case manager for the completion of consumer individualised management plans
- engage respectfully with the Aboriginal community/family or individual they will be supporting
- maintain the confidentiality of any information (either written or verbal) relating to the consumer/ Aboriginal community and clinicians
- assist with the specific cultural issue/needs of the consumer group
- have knowledge of specific services available to support aboriginal consumers in their recovery or ongoing mental health management.

## 2.2 Clinicians/Case Managers

Within the WMHS it is mandatory for clinicians to offer the services of an Aboriginal Mental Health Worker to all consumers of Aboriginal descent. Where possible this is to be a gender appropriate service, however, due to the small size of the Aboriginal Mental Health team this may not always be possible.

There may be instances where Aboriginal consumers and their families decline the involvement of the Aboriginal Mental Health Workers, in this instance the family is to be asked if there is another Aboriginal Elder or senior community member who might be of assistance to them. In this instance the contact details for this person is to be documented in the management plan or service event.

Presuming the Aboriginal consumer and family accept the involvement of the Aboriginal Mental Health Worker, the WMHS clinician and Aboriginal Mental Health Worker are to maintain an inclusive therapeutic partnership with a view to meeting the needs of the individual consumer, their family and community needs.

The WMHS case manager is to maintain primary clinical responsibility for all consumers allocated to them, however, the Aboriginal Mental Health Worker is to be recorded as the Secondary Case Manager on PSOLIS and in clinical records.

Clinicians are required to consider additional assessment information and processes beyond the standard domains when assessing people of Aboriginal descent. In consultation with the Aboriginal Mental Health Worker, clinicians are to verify the consumers understanding of:

- cultural background
- cultural identity
- current and historical relatedness and connectedness to their culture
- position on culturally informed values and beliefs.

The Clinician/Case Manager must consult with the Aboriginal Mental Health Workers to ensure culturally informed practice throughout the episode of care i.e.

- Assessment and formulation.
- Diagnosis.
- Management planning and reviews.
- Discharge planning.
- Post discharge follow up.

Documentation is to reflect, and make explicit, any appropriate cultural factors contributing to the person's presentation and ongoing treatment.

Management planning is to consider culturally and spiritually appropriate practices and, where variances from mainstream models of assessment and intervention are necessary, to include culturally informed services. The inclusion/involvement of family and community members must be thoughtfully considered throughout all contact and ongoing management planning.

Throughout the episode of care and, at minimum each clinical review period, the Case Manager is to review the impact of the person's cultural background and cultural identity on the person's presentation, care and treatment needs with evidence of such noted in the individualised management plan. The Aboriginal Mental Health Workers can help to draft an individualised management plan for Aboriginal consumers, but the treating case manager is responsible for finalising the plan in PSOLIS and ensuring it is signed by the treating case manager, Aboriginal Mental Health Worker and consumer/carers.

The provision of culturally informed mental health services requires partnerships between and across government and non-government services. It is the responsibility of all staff to make themselves aware of such services suited to the specific cultural needs of any person of Aboriginal descent. An Aboriginal resource file housed in the triage pod in each clinic is to be developed and maintained by the Aboriginal Mental Health Workers for the use of non-Aboriginal staff.

## 2.3 Records and Recording of Information

### 2.3.1 Aboriginal Mental Health Workers

- Paper based and electronic information is to be recorded and managed in accordance with the WA health system [Information Management Policy Framework](#), particularly the MP0067/17 [Information Security Policy](#), MP0066/17 [Acceptable Use of Information and Communications Technology Policy](#) and OD0559/14 [Information Storage and Disposal Policy](#).
- Paper-based or electronic information is to be completed by the Aboriginal Mental Health Worker throughout the episode of care ensuring that pertinent cultural information related to assessment, care planning and discharge are documented. Any recording of information into Psychiatric Services online Information System (PSOLIS) must be printed, signed and included in the paper-based medical record.
- Aboriginal Mental Health Workers are required to ensure that occasions of service and service events they complete are entered

into PSOLIS in the Aboriginal Mental Health service stream.

### **2.3.2 Occasions of Service – Triage**

Aboriginal Mental Health Workers are to have WMHS triage level permissions. Triage events that include the Triage team are to be entered by the Triage team. Triage activity undertaken without the Triage team is to be entered into PSOLIS by the Aboriginal Mental Health Worker under the governance of the Triage team.

### **2.3.3 Occasions of Service - Admitted Clients**

Clinicians/case managers are responsible for recording service events into PSOLIS when working with an Aboriginal Mental Health Worker. The allocated clinician/case manager is to include the Aboriginal Mental Health Worker as present for the service event when entering PSOLIS data.

The recording of PSOLIS service events undertaken by the Aboriginal Mental Health Worker without the presence of the allocated clinician/case manager (non-clinical interventions) is the responsibility of the Aboriginal Mental Health Worker.

### **2.3.4 Clinical Records**

Allocated clinicians/case managers maintain responsibility for recording all clinical information where the clinician/case manager is present and the event was not initiated by the Aboriginal Mental Health Worker.

Aboriginal Mental Health Workers maintain responsibility for recording all non-clinical events where they are present without the clinician/case manager and/or the event was initiated by the Aboriginal Mental Health Worker.

Clinical records that include both the clinician/case manager and Aboriginal Mental Health Worker is to be co-signed to indicate the agreement and accuracy of the record to each party.

Clinical records are to reflect the consultation between the clinician/case manager and Aboriginal Mental Health Worker. Management plans, clinical review documents and assessments are to be co-signed by the consumer, the allocated clinician/case manager and Aboriginal Mental Health Worker.

### 2.3.4 Confidentiality

Although the Aboriginal Mental Health Workers are bound by the same policies and guidelines with regards to confidentiality as other WMHS staff, there are exceptions for cultural business/disclosures.

There may be some cases/occasions where the Aboriginal Mental Health Workers may be compromised, due to the nature of community groups, and the boundaries around confidentiality may be blurred due to the nature of individual, family, community structures and/or business.

There may be other circumstances the Aboriginal Mental Health Workers are privileged with/or granted access to culturally significant information that is not appropriate to be recorded **anywhere**. An example of this would include law time business or gender specific business.

In these instances, there may be specific information that the staff will not be able document in their file notes. In these instances, the Aboriginal Mental Health Worker is required to discuss the parameters of this confidential information with the Clinical Director, and/or the Regional Manager to attempt to reconcile any medico-legal and duty of care responsibilities whilst maintaining culturally secure information.

### 3. Definitions

<p>Culture</p>	<p>is defined as a 'set of guidelines (both explicit and implicit) which individuals inherit as members of a particular society, which tells them how to behave in it in relation to other people, to supernatural forces or gods and to the natural environment'. According to the 2006 Census, two hundred and eighty two (282) major languages are spoken in Australia including 170 Aboriginal and Torres Strait Islander languages (ABS, 2000).</p>
<p>Culturally informed practice</p>	<p>is defined as a holistic approach to service delivery that is inclusive of the cultural beliefs, spiritual beliefs, values, practices, and language needs of the consumer including their family, carers and community.</p>
<p>Cultural security</p>	<p>is a commitment to the principle that the construct and provision of services offered by the mental health system will not compromise the legitimate cultural rights, views, values and expectations of Aboriginal people. It is a recognition, appreciation and response to the impact of cultural diversity on the utilisation and provision of effective clinical care, public health and health systems administration.</p>
<p>Cultural competency</p>	<p>means the ability 'to see beyond the boundaries of (one's) own cultural interpretations, to be able to maintain objectivity when faced with individuals from cultures different from (one's) own and to be able to interpret and understand behaviours and intentions of people from other cultures non-judgmentally and without bias'.</p> <p>Cultural competence is a developmental process that evolves over an extended period. Both individuals and organisations are at various levels of awareness, knowledge and skills along the cultural competence continuum.</p> <p>Cultural competence requires that organisations: have a defined set of values and principles, and demonstrate behaviours, attitudes, policies and structures that enable them to work effectively cross-culturally have the capacity to (1) value diversity, (2) conduct self- assessment, (3) manage the dynamics of difference, (4) acquire and institutionalise cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve</p>

Cultural competency continued.....	<p>Integrate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.</p> <p>The Aboriginal view of mental health is a holistic one, as embodied in the general definition of health as '...not just the physical wellbeing of the individual but the social, emotional, and cultural wellbeing of the whole community ...'. This whole-of-life view also includes the cyclical concept of life-death-life'. Therefore the use of the term 'Social and Emotional Wellbeing' reflects an increasing understanding of the need to recognise the Aboriginal holistic concept of mental health and encompasses a broader view of mental wellbeing than implied by traditional psychiatric definitions.</p>
Country	<p>as it relates to use by Aboriginal people in a cultural context is defined as the geographic tribal area the person identifies as their ancestral and cultural home lands.</p>
Clinician	<p>is used to include psychologists, case managers, doctors, psychiatrists, social workers, nurses, occupational therapists and other professionally accredited staff within Mental Health that take primary or direct responsibility for a mental health client.</p>

## 4. Roles and Responsibilities

### 4.1 Leadership Team

- Actively support the use of Aboriginal Mental Health Workers as an integral part of service delivery for Aboriginal clients.
- Identify areas of service provision requiring improvement to support the effective use of Aboriginal Mental Health Workers and/or improve service delivery to Aboriginal consumers and their families.
- Work with the Aboriginal Mental Health Coordinator to recruit, train and support Aboriginal Mental Health Workers.
- Work with the Aboriginal Mental Health Coordinator to train and support clinicians/case managers to work effectively with Aboriginal Mental Health Workers.



## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health system Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

**All Staff** are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

## 6. Evaluation

The management team is to include questions about access to Aboriginal Mental Health Workers and perceived satisfaction with Aboriginal Mental Health Workers as part of regular consumer satisfaction surveys and ongoing service evaluation frameworks.

## 7. Standards

[National Safety and Quality Health Service Standards](#) - 1.2, 1.4, 1.21, 1.33, 2.13, 5.8  
[National Standards for Mental Health Services](#) - 4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 7.5, 10.1.5, 10.1.7, 10.1.9, 10.5.5, 10.5.12

## 8. Legislation

[Mental Health Act 2014 \(WA\)](#)

## 9. References

Community Mental Health Case Management Procedure

## 10. Related Policy Documents

WACHS

[Consumer and Carer Engagement Policy](#)  
[Partnering with Consumers Guideline](#)

## 11. Related WA Health System Policies

MP0051/17 [WA Health System Language Services Policy](#)

MP0010/16 [Patient Confidentiality Policy](#)

MP0031/16 [Code of Conduct Policy](#)

OD053/13 [Use of the term 'Aboriginal' in all forms of WA Health communication](#)

MP0067/17 [Information Security Policy](#)

MP0066/17 [Acceptable Use of Information and Communications Technology Policy](#).

OD0559/14 [Information Storage and Disposal Policy](#)

## 12. Policy Framework

[Mental Health](#)

[Communications](#)

### 13. Appendix

#### Appendix 1- Map of Wheatbelt Mental Health Catchment Area



**This document can be made available in alternative formats on request for a person with a disability**

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