Aboriginal Mental Health Consultation Guideline

1. Purpose

This is a guideline for all mental health clinicians to follow clinically safe and culturally responsive consultation processes when engaging with and providing care for Aboriginal people.

This guideline also explains the role and responsibilities of the Aboriginal Mental Health Worker (AMHW).

For the purpose of this document, the term “Aboriginal Mental Health Worker” includes the Aboriginal Mental Health Coordinator.

2. Guideline

2.1 Context

This Guideline is to be read in conjunction with the WACHS Cultural Governance Framework and the Aboriginal Mental Health Model of Care.

WA Country Health Service (WACHS) Mental Health (MH) services provide inpatient and community-based care to mental health consumers. WACHS is committed to ensuring consumers are actively involved in the design, delivery and evaluation of health services policies and programs. The WACHS Cultural Governance Framework outlines the delivery of culturally responsive and effective health support services for Aboriginal people across regional Western Australia

The period of colonisation and government policies have contributed to the displacement, loss, and trauma that has impacted the lives of Aboriginal people. While the experiences and transfer of trauma are not limited to members of a specific racial or cultural group, religions or socio-economic levels, there is substantial evidence that trauma-related behaviours and attitudes are most prevalent among disadvantaged and disengaged communities.

Standards of appropriate mental health care are met when service provisions are culturally informed and adopt the holistic approach that is inclusive of cultural and spiritual beliefs, values, practices and the language needs of the consumer including their family, carer and community. Standards of appropriate care are outlined the following documents:

- National Safety and Quality Health Service Standards
- National Safety and Quality Health Service Standards - User Guide for Aboriginal and Torres Strait Islander Health
- National Standards for Mental Health Services
- Chief Psychiatrist’s Standards for Clinical Care

It is essential for all WACHS mental health staff to obtain local knowledge and understand the cultural protocols that are adhered to by the community and mirror these practices when providing mental health care to Aboriginal people.

The Cultural Governance Framework was developed to activate and support practice that is embedded in the lived culture of Aboriginal people, families and communities.

2.2 Involving AMHW's in care

AMHWs are available in all Community Mental Health Services in WACHS. AMHW's provide specialist cultural consultation when working with Aboriginal consumers and their carers' and provide guidance to clinicians for appropriate engagement and culturally responsive care. AMHWs can also provide this service for outpatient and inpatient services including Acute Psychiatric Units (APU), General Wards, Emergency and Outpatient Departments. This flexible approach means AMHWs are able to provide care where and when it is required by the consumer. The involvement of AMHWs is key to achieving higher standards of care for Aboriginal consumers.

Within WACHS Mental Health it is mandatory to offer the services of an AMHW to all Aboriginal consumers (WACHS Access to Community MHS Policy). Where possible this is to be a gender appropriate service and respectful of lore practice, however, due to the small size of some regional teams this may not always be possible.

There may be instances where Aboriginal consumers, carers and their families decline the involvement of the AMHW. In this instance the family is to be asked if there is an Aboriginal Elder or significant other community member who might be of assistance to them. Where a person is identified, the contact details for this person are to be documented in the consumer's health care record and Psychiatric Services Online Information System (PSOLIS) as appropriate.

If the Aboriginal consumer and family accept the involvement of the AMHW, the clinician and AMHW are to maintain an inclusive therapeutic partnership with a view to meeting the needs of the individual consumer, their family and community needs.

Non-Aboriginal clinicians can support Aboriginal mental health workers by acknowledging their cultural expertise, building respectful relationships, understanding cultural safety, being aware of power dynamics, and consulting with them on cultural issues. This involves recognizing the importance of Aboriginal workers' cultural backgrounds, fostering relationships based on trust and open communication, creating safe spaces for Aboriginal clients, valuing Aboriginal workers' opinions and perspectives, and recognising their unique cultural knowledge and expertise as an essential part of the care team.

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

2.3 AMHWs and care coordination

Care Coordination, clinical responsibility, accountability and risks cannot simply be delegated to Aboriginal Mental Health Workers. Varying care coordination models exist, and this section outlines the clinical care considerations but does not preclude coordination of care by an AMHW as part of a multidisciplinary team. In the practice of

transparency and upon agreement by consumer, clinician and other staff the treatment plans are also signed off by the AMHW's.

Clinicians are required to consider additional assessment information and processes beyond the standard domains when assessing Aboriginal people. In consultation with the AMHW, clinicians are to verify their understanding of the consumer's:

- cultural background
- cultural identity
- current and historical relatedness and connectedness to their culture
- values and beliefs.

The Clinician/Care Coordinator must consult with the AMHW to ensure culturally informed practice throughout each episode of care, i.e.:

- assessment and formulation
- communication needs (e.g. health literacy, need for language interpreters)
- diagnosis
- management planning and reviews
- discharge planning
- transfer of care
- post discharge follow-up, including seven-day follow-up.

Documentation is to reflect and detail any appropriate cultural factors contributing to the person's presentation and ongoing treatment. Documentation should include the use of specific tools such as the MR23 WACHS Mental Health Cultural Information Gathering Tool.

Care planning is to include culturally and spiritually appropriate practices to support the needs of the person and their family, which may include Traditional Healers, Aboriginal Elders or religious representatives. The inclusion/involvement of family and community members must be thoughtfully considered throughout all contact and ongoing care planning as they may fulfil multiple roles for the person.

Throughout the episode of care and at minimum each clinical review period, the Case Manager in consultation with an AMHW is to review the impact of the consumer's cultural background and cultural identity on their presentation, care and treatment needs with evidence of such noted in the individualised management plan. The AMHW can help to draft an individualised management plan for Aboriginal consumers, but the Case Manager is responsible for finalising the plan in PSOLIS and ensuring it is signed by the Case Manager, AMHW and consumer/carers. AMHW's are to record interactions with the consumer in PSOLIS under Cultural Input Interventions.

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 Aboriginal person.

2.4 Health care records and recording of information

AMHWs and Clinicians/Case Managers must ensure paper based and electronic information is recorded and managed in accordance with the Department of Health's Information Management Policy Framework.

Service Event Items

In PSOLIS, AMHW's are to use the Service Event Item (SEI), **'Aboriginal Cultural Input'** and indicate the relevant Interventions associated with this SEI. The Aboriginal Cultural Input SEI is only to be used in either a **'Pre-Admission'** or '**Active'** category within PSOLIS which indicates if the consumer currently has an open Referral with the MHS or is an Active consumer and currently being case managed by the MHS.

The SEI **'Aboriginal Culture Input'** is only to be recorded as a Service Event where cultural input has been provided either via direct contact with the consumer, an Associate of the consumer, or Third Party:

- Example 1: A phone call is made to the consumer and contact is made with an Associate rather than the consumer, then the SEI of Aboriginal Cultural Input is to be used. The 'Associate Present' checkbox within the Service Event will need to be ticked to ensure the Associate being present is recorded correctly.
- Example 2: An AMHW has contact with a third party in relation to the care and support of the consumer, then the SEI of Aboriginal Cultural Input is to be used. The 'Associate Present' checkbox within the Service Event must be ticked to ensure the Associate being present is recorded correctly.
- Example 3: An AMHW has direct contact with the consumer, then the SEI of Aboriginal Cultural Input is to be used. The 'Client Present' checkbox within the Service Event must be ticked to ensure the consumer being present is recorded correctly.

If an attempt to contact either the consumer, an Associate, or Third Party is unsuccessful, then Aboriginal Cultural Input is **not** to be used to record the attempted contact. Unsuccessful attempts to contact should be recorded as **'Client Contact – Other'**. For example, AMHW calls a consumer to check in on their well-being or confirm an appointment but the consumer does not answer their phone, the unsuccessful attempt to make contact, should be recorded as **'Client Contact – Other'**. 'Client Contact – Other' is **not** to be used for recording successful contacts with consumers as this SEI is not counted as a Service Contact.

If a consumer **is not Active and does not have an open Referral** with the MHS, then alternative Service Event Items will be used to record AMHW input. For example, **'Post Discharge Follow Up'** is to be used to record contact post discharge where the consumer has been discharged after a recent admission to an Acute Mental Health Inpatient Unit. Unsuccessful attempts to contact may be recorded as 'Client Contact – Other', but 'Client Contact – Other' is **not** to be used for recording successful contacts with consumers who do not have an open referral or who are not Active. Activity recorded under 'Client Contact – Other' is not counted as a Service Contact.

Paper-based or electronic information, completed by the AMHW throughout all episodes of care, documents all pertinent cultural information related to assessment, care planning and discharge. Any recording of information into PSOLIS must be printed, signed and included in the paper-based health care record.

Occasions of service and service events are entered into PSOLIS within the relevant service stream.

Occasions of service

It is the responsibility of the AMHW to document non-clinical interventions (undertaken by the AMHW without the presence of the allocated Clinician/Case Manager), into PSOLIS. When working with an AMHW (and entering PSOLIS data), the Clinician/Case Manager is to include the AMHW present as an additional staff member attending the service contact.

When services events are delivered by Clinicians/Case Managers and AMHWs at the same service contact, the Clinician/Case Manager must ensure sufficient provision of time is allocated for the AMHW to document their service events within the total service contact time period.

Clinical records

Health care records are to include any consultation involving the consumer and the AMHW and/or Clinician/Case Manager. 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 AMHW. AMHWs maintain responsibility for recording all events where they are present without the Clinician/Case Manager and/or the event was initiated by the AMHW.

AMHWs are to initiate the MR23 WACHS Mental Health Cultural Information Gathering Tool, when appropriate. Cultural information gathered will help inform the planning, treatment and discharge.

Clinical records that include both the clinician/case worker and AMHW are 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 the AMHW.

Privileged information

There may be circumstances whereby AMHWs are privileged with/or granted access to culturally significant information that is not appropriate to be discussed in certain settings and/or documented. An example of this would include lore-time business or gender specific business.

In instances where there is specific information that staff are unable to document within the consumer's health care record, the AMHW must discuss the parameters of this confidential information with their Line Managers to reconcile any medico–legal or duty of care responsibilities.

3. Roles and Responsibilities

3.1 Regional Mental Health Management Teams

The roles and responsibilities of the management team include:

- actively supporting the use of Aboriginal Mental Health Workers (AMHWs) as an integral part of the service delivery for Aboriginal clients
- identifying areas of service provision requiring improvements to support the effective use of AMHWs and/or improve service delivery to Aboriginal consumers and their families

- working with the Aboriginal Mental Health Coordinator to recruit, train and support AMHWs
- working with the Aboriginal Mental Health Coordinator to train and support clinicians/case managers to work effectively with AMHWs.

3.2 Regional Aboriginal Mental Health Coordinator

The roles and responsibilities of the AMH Coordinator include:

- contributing to the leadership, planning and development of culturally informed and culturally safe mental health services
- input and leadership on cultural governance within the regional executive structure
- providing cultural input into the review and development of local operating procedures to ensure that service planning is culturally appropriate
- actively supporting AMHWs to achieve effective communication between consumers and clinicians
- ensuring all AMHWs are integrated across all teams within the mental health service
- contributing to the development and review of effective, supportive working relationships with key stakeholder agencies
- coordinating recruitment, training and support of AMHWs
- supporting AMHWs to develop effective relationships with clinicians
- supporting AMHWs to become an effective part of the regional mental health team.

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

4. Monitoring and Evaluation

4.1 Monitoring

In collaboration with the Aboriginal Mental Health Program Consultant and Regional Aboriginal Mental Health Coordinators, Mental Health Managers of clinical areas, health sites, and services are responsible for monitoring compliance with this guideline as a part of business-as-usual processes.

The WACHS Aboriginal Mental Health Advisory Group proactively monitors implementation the principles and practises of Cultural Governance by informing all health related policies and practises to ensure the quality of Aboriginal Mental Health service delivery is culturally responsive and safely integrated across WACHS.

Monitoring completion of Cultural Awareness Training is undertaken as a component of WACHS Learning and Development framework in the context of mandatory training requirements and employee development reviews. The Regional Mental Health Manager in consultation with the Regional Aboriginal Mental Health Coordinator is responsible for monitoring the delivery of localised cultural awareness training.

Regional Safety and Quality Officers are to undertake WACHS Mental Health Clinical Documentation Audits in accordance with the WACHS Clinical Audit Policy and WACHS Clinical Audit and Reporting Schedule, to monitor completion of MR23 WACHS Mental Health Cultural Information Gathering Tool.

Consumer experience of service is monitored and reported through completion the 'YES' Survey, Aboriginal Consumer Mental Health Survey, and WACHS complaints management processes.

4.2 Evaluation

Evaluation of this guideline is to be carried out by the WACHS Aboriginal Mental Health Program Consultant in consultation with the WACHS Aboriginal Mental Health Advisory Group and representatives from regional WACHS Mental Health Services.

Evaluation will include ensuring that this guideline aligns with existing Memorandums of Understanding (MoU) with local and Regional Aboriginal community-controlled organisations.

Evaluation methods and tools may include:
- Staff feedback / consultation
- Carer and consumer feedback / consultation
- Survey
- Compliance monitoring
- Benchmarking
- Reporting against organisational targets.

5. Compliance

Guidelines are designed to provide staff with evidence-based recommendations to support appropriate actions in specific settings and circumstances. As such, WACHS guidelines should be followed in the first instance. In the clinical context, where a patient's management should vary from an endorsed WACHS guideline, this variation and the clinical opinion as to reasons for variation must be documented in accordance with the Documentation Clinical Practice Standard.

WACHS staff are reminded that compliance with all policies and procedures is mandatory.

6. References

- Closing the Gap. Closing the Gap targets Analysis and Progress and Key Drivers of Change [Internet] Canberra ACT: 2019 [Accessed: 26 June 2023]
- Australian Health Ministers' Advisory Council. Cultural Respect Framework 2016 - 2026 for Aboriginal and Torres Strait Islander Health. [Accessed: 26 June 2023]
- Government of Western Australia. Implementation Guide for the WA Aboriginal Health and Wellbeing Framework 2015-2030. Perth (WA): Department of Health; 2017 [Accessed: 26 June 2023]
- Government of Western Australia. WA Country Health Service Aboriginal Health Strategy 2019-2024. Perth (WA): WA Country Health Service [Accessed: 26 June 2023]
- Government of Western Australia. WA Health Charter of Mental Health Care Principles [Internet] Perth (WA): 2017 [Accessed: 26 June 2023]
- Government of Western Australia. WA Country Health Aboriginal Mental Health Model of Care 2022 - 2025. Perth (WA): WA Country Health Service [Accessed: 26 June 2023]

7. Definitions

Term	Definition
Clinician	Term used to include psychologists, Care coordinators, 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 consumer.
Country	As used by Aboriginal people in a cultural context and is defined as the geographic tribal area the person identifies as their ancestral and cultural homelands.
Culture	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 (Australian Bureau of Statistics, 2000).
Cultural competence	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-judgementally and without bias'. 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. 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 • integrate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.
Culturally informed practice	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.

Cultural security	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.
Social & Emotional Wellbeing	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.

8. Document summary

Coverage	WACHS wide
Audience	All Clinical Staff and Management in WACHS Mental Health Services
Records Management	Non Clinical: Corporate Recordkeeping Compliance Policy Clinical: Health Record Management Policy
Related Legislation	• *Health Services Act 2016* (WA) • *Mental Health Act 2014* (WA) • *Carers Recognition Act 2004* (WA)
Related Mandatory Policies / Frameworks	• Community Mental Health Status Assessments: Role of Mental Health Clinicians Policy – MP 0099/18 • State-wide Standardised Clinical Documentation for Mental Health Services – MP 0155/21 • Mental Health Policy Framework
Related WACHS Policy Documents	• Access and Entry to Community Mental Health Services Policy • Mental Health Case Management Policy
Other Related Documents	• Aboriginal Mental Health Model of Care • Chief Psychiatrists Standards for Clinical Care • Cultural Governance Framework
Related Forms	• MR23 WACHS Mental Health Cultural Information Gathering Tool
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 2318
National Safety and Quality Health Service (NSQHS) Standards	1.02, 1.04, 1.21, 1.33, 2.07, 2.08, 2.13, 5.03, 5.08, 6.03
Aged Care Quality Standards	Nil
National Standards for Mental Health	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 7.5, 7.10, 10.1.5, 10.1.7, 10.1.9, 10.1.10, 10.4.8, 10.5.11

9. Document Control

Version	Published date	Current from	Summary of changes
2.00	6 July 2023	6 July 2023	• Introduction of "mandatory' involvement of AMHW's to align with new Access Policy • Edits to wording to simplify language/improve readability. • New monitoring and evaluation elements introduced • Updated compliance statement.

10. Approval

Policy Owner	Executive Director, Mental Health
Co-approver	Nil
Contact	Aboriginal Mental Health Program Consultant
Business Unit	Mental Health
EDRMS #	ED-CO-18-49967

This document can be made available in alternative formats on request.