Standard 4.
Diversity responsiveness

The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.

GUIDELINES.

The intent of this Standard is to ensure that mental health services (MHS) are culturally responsive and appropriate for the culturally and linguistically diverse population in their defined community.

MHS that recognise and respond to the multiple levels of diversity within their community will develop cultural competence.

Cultural competence refers to the processes and practices that facilitate inclusiveness and address the inequities in health care for people from CALD backgrounds. It means learning about diversity and how it affects the way services are accessed, delivered, received and promoted. This learning process should be incorporated into all aspects of policy making, administration, practice and service delivery. It should systematically involve CALD consumers, carers, key stakeholders and communities in the planning, delivery and evaluation of services.

Aboriginal and Torres Strait Islander cultural competency refers to the ability to understand and value the perspectives of Aboriginal and Torres Strait Islander people and provides the basis upon which all Australians may engage positively in a spirit of mutual respect and reconciliation. MHS should recognise the right to self determination and form meaningful partnerships based on cultural respect and culturally responsive and safe practice.

MHS should be aware of the definition:

> *Aboriginal health is not just the physical well being of an individual but is the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential thereby bringing about the total well being of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life. (National Aboriginal Community Controlled Health Organisation (NACCHO, 1996)*

Further information on cultural safety is available in the guidelines for Standard 2 Safety.

Identification (Criterion 4.1)

The MHS should identify the diverse groups within its catchment area and patterns of use and under-use of the MHS. This information should be used to plan and develop culturally competent services and strategies to improve access to the service.

The MHS should provide evidence that it uses methods such as:

- analysis of census data and relevant research on CALD mental health issues
- collaborations with CALD groups and relevant community organisations
- open public forums in partnership with relevant CALD stakeholders
- collaboration with expert individuals, networks and organisations such as the Transcultural Mental Health and Refugee Centres to gain knowledge on the diversity in the local community
- collaboration with community health and welfare organisations and services to develop local protocols for Aboriginal and Torres Strait Islander people
- developing relationships with local Aboriginal and Torres Strait Islander elders and peak groups.

Response to needs (Criterion 4.2)

The MHS should have documented evidence to show:

- consultations and partnership with local CALD services
- the provision of training to all staff, including management, on the diversity of needs within its catchment and on culturally competent service delivery
- how consultation and representation of CALD groups are sought within the service's relevant committees and working groups
- how consultation and representation of Aboriginal and Torres Strait Islander communities are sought within the service's relevant committees and working groups
- how complaints, dispute and grievance resolution procedures address diversity factors
- how the service engages with CALD community organisations and experts in transcultural mental health
- how and when the MHS engages interpreters.

Policies, procedures and work practices that recognise and are responsive to the needs of the MHS community include:

- the social and cultural customs and values of Aboriginal and Torres Strait Islander people identified within its community
- the social and cultural customs and values of people from CALD backgrounds identified within its community

- issues of gender and sexual orientation
- issues of age and differences in socio-economic status
- physical or intellectual disabilities
- religious customs and spiritual values of people identified within its community.

The MHS should have documented evidence on how staff access and distribute multilingual resources to consumers, carers and others on rights and responsibilities and relevant mental health topics.

The MHS should have documented evidence to demonstrate assessment and treatment processes inclusive of the consumer's and carer's cultural and linguistic needs.

MHS should ensure that all data for Aboriginal and Torres Strait Islander people is community informed. Available socioeconomic and cultural data must be in a useable form. All data should be available to staff and the community through orientation programs, cultural awareness training and ongoing updates.

Planning (Criterion 4.3)

The MHS must use methods that are always appropriate and engage the CALD groups and the Aboriginal and Torres Strait Islander community in all areas of service planning, delivery, evaluation and quality assurance activities. This should be demonstrated within its strategic and business plans.

All policy and development proposals need to consider how they affect Aboriginal and Torres Strait Islander people and CALD communities.

Other service providers (Criterion 4.4)

The MHS needs to demonstrate that it has policies and procedures that allow access to professional services (such as interpreters, Aboriginal and Torres Strait Islander health workers, cultural consultants and transcultural mental health services and networks) and how this information has been communicated to staff, consumers and carers.

The MHS needs to demonstrate how and when it will engage interpreters or bilingual workers to facilitate culturally appropriate assessment, diagnosis and treatment. The use of interpreters or bilingual workers needs to be coordinated in consultation with the consumer and carer to ensure culturally sensitive and safe practice.

Evidence of the use of liaison staff or other related service providers should be documented in the consumer's health record.

In keeping with the principle of self determination for Aboriginal and Torres Strait Islander people, MHS should develop appropriate partnerships with other service providers, organisations and programs with experience of diversity.

Staff (Criteria 4.5, 4.6)

The MHS needs to demonstrate that staff are skilled in accessing information about socio-cultural, linguistic and historical factors relevant to the mental health of people from CALD backgrounds, especially those who have had traumatic or refugee experiences.

The MHS needs to demonstrate that staff are able to access cultural competency training in mental health and provide documentation showing the percentage of staff who annually attend this training.

The MHS, when it is appropriate, should integrate the use of available culturally and linguistically diverse and Aboriginal and Torres Strait Islander liaison staff into service delivery.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- analysis of census data
- cultural appropriateness of services and clinical instruments
- evidence of use of interpreters
- translated documents
- evidence of percentage of staff who have completed cultural competency training in mental health
- analysis of the cultural and linguistic backgrounds of consumers and carers of the MHS
- evidence of seeking cultural input from cultural informants, bilingual workers or relevant others
- evidence of partnerships with Aboriginal and Torres Strait Islander communities
- evidence of use of related service providers
- policies and procedures:
  - working with Aboriginal and Torres Strait Islander consumers and carers
  - working with CALD consumers and carers
  - use of interpreters
  - special needs groups
  - staff training
  - disputes and grievances
  - dissemination of cultural information
  - representation on committees
  - evidence of implementation and regular review of policies and procedures.