

# 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.

Cultural competence refers to processes and practices that facilitate inclusiveness and address the inequities in health care for people from CALD backgrounds. Services that recognise and respond to the multiple levels of diversity within their community will develop cultural competence.

Cultural competence involves learning about diversity and its impact on the way services are accessed, delivered, received and promoted. This should be incorporated in 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 Aboriginal and Torres Strait Islander people's perspectives and provides the basis on which all Australians can 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.

The 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 their patterns of use and under-use of services. 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 and organisations such as the Transcultural Mental Health and Refugee Centres and networks to gain knowledge on the diversity in its community
- collaboration with community health and welfare organisations and services to develop local protocols for Aboriginal and Torres Strait Islander people
- develop 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 partnerships 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 the service's committees and working groups consult with, and represent, CALD groups
- how the service's relevant committees and working groups consult with and represent Aboriginal and Torres Strait Islander communities
- 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:

- identifying the social and cultural customs and values of Aboriginal and Torres Strait Islander people in the community
- identifying the social and cultural customs and values of people from culturally and linguistically diverse backgrounds in the community
- addressing issues of gender and sexual orientation

- addressing issues of age and differences in socio-economic status
- recognising physical or intellectual disabilities
- identifying the religious customs and spiritual values of people in the 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
- how the service assessment and treatment processes are inclusive of consumers and carer's cultural and linguistic needs
- community-informed data for Aboriginal and Torres Strait Islander people.

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 needs to use methods that are appropriate to their individual service to 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 part of its strategic and business plans.

All policy and development proposals need to consider the impact on Aboriginal and Torres Strait Islander 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. It needs to demonstrate how this information has been communicated to staff, consumers and carers.

The MHS needs to show 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 it is culturally sensitive.

The consumers' health record should include details of the use of liaison staff or other related service providers.

The MHS should develop appropriate partnerships with other service providers, organisations and programs with diversity experience as part of its commitment to self determination for Aboriginal and Torres Strait Islander people.

## 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, particularly those who have had traumatic or refugee experiences.

The MHS needs to demonstrate that staff can access cultural competency training in mental health, and provide statistics on the percentage of staff who annually attend this training.

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

The MHS should appoint cultural guides appropriate to their communities and who are accessible to all staff members.

## 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 use of related service providers
- policies and procedures covering:
  - 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
- evidence of partnerships with the Aboriginal and Torres Strait Islander community
- service level agreements with other providers such as Aboriginal and Torres Strait Islander medical services, divisions of general practice or Royal Flying Doctor Service
- development of measures for cultural competency of staff
- external monitoring of non-discriminatory practice by carers and consumers and Aboriginal and Torres Strait Islander community groups.