



SCHEDULE A

Operational Framework

for the Implementation and Operation

of the

State-Wide Multicultural Mental Health Program

A

Partnership Between

Queensland Transcultural Mental Health Centre

&

District Mental Health Services

Effective from July 2009

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Terms and abbreviations used

MMHC	Multicultural Mental Health Coordinator
SLPC	State-Wide Liaison & Policy Coordinator
CALD*	Culturally and linguistically diverse - refers to the wide range of cultural groups that make up the Australian population and Australian communities. It includes groups and individuals who differ according to religion, race, language or ethnicity. The term is used to reflect intergenerational and contextual issues, not just a migrant experience.
NESB	Non-English speaking background
QTMHC	Queensland Transcultural Mental Health Centre
TCCS	Transcultural Clinical Consultation Service
MMHPP&EI	Multicultural Mental Health Promotion, Prevention & Early Intervention
HSD	Health Service District
EDTC	Education, Development & Training Coordinator
Cultural diversity*	Refers to the wide range of cultural groups that make up the Australian population and Australian communities. It includes groups and individuals who differ according to religion, race and culture.
Cultural competency*	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 to one’s own and be able to interpret and understand behaviours and intentions of people from other cultures non judgemental and without bias”.
District MHS	District mental health services, integrated mental health services consisting of specialised mental health services within the general health system coordinated across inpatient and community settings, located within the catchment areas of health service districts.
Transcultural mental health*	Extends the definition of mental health to look at the interactions of individuals and groups within a culturally diverse environment, to identify specific risk

and protective factors for those individuals and groups who may be marginalised within the dominant culture, and to address societal and structural issues within the environment in order to promote their mental health and wellbeing.

*these definitions are taken from *the Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia*

QTMHC key contacts

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All staff listed above can be contacted on Groupwise email.

Purpose of the Framework

The purpose of this framework is to provide clear information on the role of the Multicultural Mental Health Coordinator (MMHC) positions and the relationship between this position, the District Mental Health Service, and the Queensland Transcultural Mental Health Centre. Specifically it will:

- Provide a background to the program
- Identify locations of the MMHC positions
- Clarify the role of the MMHC
- Clarify the funding of the MMHC positions
- Clarify the classification type and level of the MMHC positions
- Clarify the role of the QTMHC State-wide Liaison and Policy Coordinator
- Provide clarity on reporting relationships
- Identify relevant stakeholders
- Identify Performance Indicators relevant to this Service Level Agreement

Background to the Multicultural Mental Health District Partnerships Program

2006 - 2007

During 2006-07, nine 1.00 FTE MMHC positions and two 0.5 FTE MMHC positions were rolled out across Queensland. The locations of the 1.00 FTE positions were:

- Cairns Network (the position based in the Innisfail HSD and will cover the Innisfail, Cairns and Tablelands HSDs).
- Townsville HSD
- The Prince Charles Hospital HSD
- Royal Brisbane & Women's Hospital HSD
- Royal Children's Hospital HSD
- Princess Alexandra Hospital HSD
- Mater Children's Hospital HSD
- Logan-Beenleigh HSD
- Gold Coast HSD

The locations of the 0.5 FTE positions were:

- West Moreton HSD
- Bayside HSD

2007 - 2008

Following a 2007 review of the effectiveness of MMHC positions it was agreed that that the West Moreton 0.5 FTE position needed to be increased into a 1.0 FTE position. In response, the SAHS mental health clinical network allocated an additional 0.5 FTE recurrent funding to the West Moreton position to increase it to a 1.0 FTE position.

2008 - 2009

In 2008 the CAHS mental health clinical network allocated funding for a 1.0 FTE MMHC position for Northside, Northern Sector (formerly Redcliffe-Caboolture) MHS.

Following a 2008 review of the effectiveness of MMHC positions it was decided to reallocate the funding for the Bayside 0.5 FTE MMHC, and to use this funding to provide 0.5 FTE funding for a Toowoomba (1,000 plus Sudanese refugees) MMHC position. The SAHS mental health clinical network also allocated 0.5 FTE recurrent funding to make the Toowoomba position 1.0 FTE. As a result, from 2008 all MMHC positions have been 1.0 FTEs.

Also in 2008, the SAHS mental health clinical network allocated recurrent funding to PAH MHS with 0.5 FTE for a Transcultural Clinical Specialist position for their Early Psychosis service. While this position does not have strictly the same role as the MMHCs, it is supported by QTMHC in the same way as the other MMHCs.

in June 2008 the *Queensland Plan for Mental Health 2007-2017* was released. Under priority 2 of the Plan, a funding commitment was made to ensure that the target of 0.5 MMHC positions per 100,000 of the population is reached by the year 2017. With a projected population of 5 million by 2017 this equates to 25 MMHC positions by 2017. These positions will be rolled out sequentially in consideration of the highest needs and in consultation between QTMHC, Mental Health Branch, Districts and Clinical Networks.

Location of positions as of July 2009

Currently MMHC positions are based in:

- Cairns & Hinterland MHS
- Townsville MHS
- Metro North – Northside MHS (Northern Sector)
- Metro North – Northside MHS (Southern Sector)
- Metro North – INBMHS
- RCH CYMHS
- Mater CYMHS
- Metro South – PAH MHS
- Metro South – Logan Bayside MHS
- Gold Coast MHS
- Darling Downs-West Moreton – West Moreton-South Burnett MHS
- Darling Downs-West Moreton – Toowoomba & Darling Downs MHS
- 0.5 FTE Transcultural clinical specialist – PAH Early Psychosis

Multicultural Mental Health Coordinator role description

Purpose of the position

This position will be responsible for facilitating culturally responsive mental health care to consumers and their families from culturally and linguistically diverse (CALD) backgrounds within the framework of the *National Standards for Mental Health Services 1996*, the *National Practice Standards for the Mental Health Workforce*, the *National Framework for the Implementation of the National Mental Health Plan in Multicultural Australia*, and the *Queensland Health Strategic Plan for Multicultural Health 2007-2012*.

A key outcome identified in the *Queensland Plan for Mental Health 2007-2017* is that by 2017 “public mental health services will have provided culturally appropriate responsive services to people from culturally and linguistically diverse backgrounds”.

The position will develop strategies to build the cultural competency of District Mental Health Services to respond to the clinical needs of people from CALD backgrounds presenting with mental disorders, to facilitate equitable access to available mental health services for people from CALD backgrounds within the catchment area, and develop and implement effective and appropriate mechanisms to ensure input from people from CALD backgrounds into the service’s consultation, evaluation, planning and delivery processes.

Specifically the position will focus on:

- Clinically supporting the assessment, treatment and care of consumers from CALD backgrounds through a consultation and liaison role with clinicians within the service.
- Facilitating access to specialist services and resources through the Queensland Transcultural Mental Health Centre and local multicultural services and programs.
- Building the capacity of the service to enhance its cultural responsiveness through policies, procedures, education and development.
- Networking and liaison with local multicultural communities within the catchment area to monitor the profile of unmet mental health needs.
- Engagement with local multicultural groups and communities to facilitate mental health promotion and increase mental health literacy to facilitate equitable access to services.

Organisational environment and key relationships

The position will be located at, and managed by, the district mental health service with strong links to the Queensland Transcultural Mental Health Centre. The Queensland Transcultural Mental Health Centre (QTMHC) is a state-wide service located at, and administered by, the Division of Mental Health, Metro South Health Service District. This Centre works in co-operation with the Mental Health Branch, District Health services, other government departments, and community organisations.

The Centre has state-wide responsibility for policy implementation and provision of support to district mental health services; and is the focal point for mental health issues of people from culturally and linguistically diverse backgrounds in Queensland..

The Queensland Transcultural Mental Health Centre will provide state-wide coordination and support to multicultural mental health coordinators through training and development, regular meetings, provision of relevant resources and peer support to ensure consistency of practice and to maximise outcomes. This will also include the sharing of information amongst the multicultural mental health coordinators across the state to facilitate efficient use of resources, sharing of best practice and minimisation of isolation.

Duties and responsibilities

- Work in collaboration with team leaders and other key service staff in the development and implementation of plans, policies and procedures for the delivery of culturally responsive mental health care consistent with state and national policies and standards.
- Provide consultation to clinicians who are working with consumers from CALD backgrounds on issues relating to culturally appropriate service provision including information and resources, referral processes to relevant services or facilitation of access to appropriate cultural consultation.
- Provide or facilitate access to relevant training and development in relation to available resources, and cross-cultural practice issues in working with consumers from CALD backgrounds.
- Develop networks through outreach and liaison with local multicultural groups and organisations and develop strategies to facilitate equitable access to services.
- Provide appropriate consultation and education to local multicultural groups and organisations.

- Participate and contribute to mechanisms and initiatives supporting the application of quality standards and improvements within the service ensuring transcultural mental health input.
- Provide and/or facilitate provision of expert advice to the mental health executive on issues relating to developments in national and state policies affecting migrants and refugees and the implications for planning, evaluation and delivery of culturally sensitive and appropriate mental health services.
- Provide monthly activity statements, and six monthly activity reports to QTMHC.

Guidelines for Selection & Recruitment

Funding for the MMHC positions

Recurrent funding will be provided directly to the participating District Mental health Service by the Queensland Transcultural Mental Health Centre via a Service Level Agreement (SLA) with the Metro South Health Service District. Upon acceptance of the Offer of Funding and signing of a Service Level Agreement, funds will be transferred to the participating District in July 2009. In the second year of this SLA funding will automatically be transferred to the nominated Cost Centre by the Metro South Health Service District.

For 2009/10 and for 2010/11 the following recurrent funding will be provided:

Items for 1.0 FTE	Amount provided
1.0 FTE HP 3.5 Salary and on-costs	71,380
Program expenses and district travel	2,500
Computer levy (pro rata)	1,575
Vehicle lease (pro rata)	7,800
Mobile phone (pro rata)	400
TOTAL	83,655

Classification type and level of the MMHC positions

The position is open to mental health professionals from the disciplines of psychology, occupational therapy, social work and mental health nursing. Allied health should be recruited at the HP3 classification level while nurses should be recruited at the NO Grade 6 level.

It is up to the District MHS to consider personal upgrades or promotions when they feel it is appropriate. However, for consistency across the state, it is recommended that all new positions commence at the HP3 / NO Grade 6 levels. If a District does decide to grant a personal upgrade or start a position at a higher level the resulting disparity in funding will need to be met by the District.

Desirable background and experience

As the MMHC position is predominantly focused on building the capacity of the District MHS to respond to the mental health needs of people of CALD backgrounds, it is highly desirable for the person holding the position to have a good understanding of the various elements of the District MHS. QTMHC has found that credible and respected experience in, and understanding of, the mental health system is an important element for this position to be successful in achieving its goals.

An individual with clinical experience who is known and respected by their colleagues has been identified as a major contributor for success. As the position is involved in a diverse range of activities, e.g. training, community capacity building, service

development, clinical issues, it is important that the incumbent is someone who can work across all of these areas.

Experience and/or knowledge and skills in working with people from CALD backgrounds are also desirable. However if potential applicants do not currently have such experience or knowledge then the ability to rapidly acquire these is required. Whilst preferred, it is not essential that applicants are from a CALD backgrounds themselves, as working in a multicultural environment requires that all individuals have cross-cultural skills to be able to work with individuals and groups from other cultural and language backgrounds to their own.

As the QTMHC SLPC will be involved in the selection and recruitment of the MMHC, representatives from District MHS' are encouraged to discuss recruitment issues with the SLPC.

Role Descriptions

QTMHC can provide generic job descriptions to the District MHS which can then be modified to suit their own local HRM policies and procedures.

Selection panels

It is suggested that selection panels be limited to three people, with four at the most. The selection panel should include a representative from the District MHS, the QTMHC SLPC, and another person chosen at the discretion of District MHS.

Operational links with QTMHC

Transcultural Clinical Consultation Service (TCCS)

- Provide consultation and advice to clinicians on clinical matters and how to liaise with TCCS clinical specialists.
- Facilitate referrals to TCCS when required.
- Fulfil the role of 'Other Service Provider' when supporting the 'Principal Service Provider' in working with CALD consumers and TCCS.
- Maintain records of all clinical activities and engagement with TCCS.
- Liaise with TCCS in regard to clinicians utilising the *Referral Guide for Culturally Appropriate Assessment and Treatment* when appropriate.
- Provide inservices to clinicians across the MHS on the services provided by TCCS and how to access this service.
- Support local bilingual/bicultural mental health professionals who can provide clinical interventions (e.g. assessments, psycho-education, short term therapy, etc) to join the TCCS bilingual mental health consultants (clinical) sessional pool. Individuals within this pool can be utilised locally but may also be utilised across Districts via video-conferencing as arranged by the QTMHC TCCS coordinator and will be paid by TCCS.
- Support local bilingual/bicultural individuals who can provide cultural advice to join the TCCS bilingual mental health consultant (cultural) sessional pool. Individuals within this pool can be utilised locally but may also be utilised across Districts via video-conferencing as arranged by the QTMHC TCCS coordinator and will be paid by TCCS.

Education, development and training

- Complete QTMHC Train-the-Trainer modules.
- Liaise with the QTMHC Clinical Educator in regard to the delivery of training to District MHS staff and/or community groups
- Promote the QTMHC training workshops across the District MHS
- Assist the QTMHC Clinical Educator in delivering training workshops by organising venues, catering and ensuring that sufficient staff are attending the workshops.
- Deliver components of the training to the MHS workforce and to associated NGO's, other government departments, etc.
- Deliver mental health literacy education to CALD community groups, associations, etc.
- Maintain records of training provided.

Mental health promotion, prevention and early intervention (MHPP&EI)

- Being aware of the various programs and projects undertaken by the MHPP&EI team and identify opportunities for local involvement and passing this information onto teams within the District MHS.
- Liaise with the MHPP&EI team in regard to current PP&EI activities within the District, and/or identified needs in the District.
- Support the development of local multicultural mental health interest groups.

- Gather the MH issues from such interest groups and disseminate for the appropriate service response – this may be a local response or issues may be forwarded on to the MHPP&EI team and/or to other relevant agencies.
- Facilitate the involvement of such interest groups in the programs and processes of the local mental health services and vice-versa.
- Liaise with the QTMHC MMHPP&EI Coordinator and other staff as needed.

Information and resources

- Disseminate QTMHC information and resources throughout the District MHS.
- Ascertain the information and resource needs of the various settings within the District MHS, relevant NGO's and community groups and request these resources from QTMHC.
- Contribute articles to the QTMHC newsletter '*Translinks*'.
- Promote the QTMHC website across the District MHS
- Liaise with the QTMHC Information, Resource and Senior Administration Officer.

Overall

- Act as a conduit between the local mental health service, the local CALD communities and associated agencies, and QTMHC.
- Ensure a communication flow between stakeholders.

Planning and evaluation

Following the recruitment of an MMHC a 12 month work plan will be developed by the SLPC in consultation with the local District MHS. A major component of this work plan will be the collection of baseline data against which annual evaluations can be based. In subsequent years, each MMHC will be responsible for developing and submitting a 12 month work plan with strategies that meet the objectives of the program. Assistance will be provided by the SLPC.

Roles and responsibilities of participating districts and QTMHC

An overarching role of the state-wide MMHC strategy is to enable the QTMHC to have greater contact with District MHS' in order to improve mental health outcomes for CALD consumers and vice versa. In this way it can be seen as a 'Tidal Model' whereby information and resources flow in and out of the District MHS and QTMHC. The MMHC position is seen as a two-way conduit whereby the resources of QTMHC can be more effectively utilised at the District level while at the same time the local transcultural mental health issues can be brought to the attention of QTMHC. For such a model to work effectively there are roles and responsibilities for both the District MHS and the QTMHC.

The QTMHC has six key program areas:

- State-wide liaison and support
- Program and policy development, implementation and evaluation
- Transcultural Clinical Consultation Service (TCCS)
- Education, development and training
- Mental health promotion, prevention, early intervention
- Information and resources, including library and website

**** See Page 5 for contact details.**

Each of the six programs has a Coordinator who is responsible for their program area. The six program areas are integrated in many ways so that the QTMHC operates on a 'Whole-of-Centre' basis under the direction of the QTMHC Manager. It is important that the state-wide MMHC strategy is linked to all six program areas to ensure that all available resources are effectively utilised across the state.

Roles and responsibilities of QTMHC

As the funding agency QTMHC is required to report on the performance and outcomes of the state-wide multicultural mental health program to Mental Health Branch, as well as respond to the reporting requirements under the *Queensland Health Strategic Plan for Multicultural Health 2007-12*.

In regard to the state-wide MMHC strategy, the role for QTMHC is to provide support and coordination to the MMHCs and to the participating Districts. Overarching support, communication and coordination for the MMHC position and the District MHS will be through the QTMHC State-Wide Liaison & Policy Coordinator (SLPC), however over time it is expected that the position will liaise with all six program coordinators and workers within these programs.

QTMHC will provide the following support and coordination:

- Structured support to the MMHC and the District MHS will be provided by the QTMHC State-Wide Liaison and Policy Coordinator (SLPC). Following

recruitment of a MMHC the SLPC will facilitate access to the Transcultural Clinical Consultation Service for clinicians within the district as well as access to training, QTMHC resources relating to education and development; promotion, prevention and early intervention activities; and multilingual information and resources.

- The QTMHC SLPC will assist in the recruitment and selection of the MMHC through: the provision of generic role descriptions which the District MHS can adapt for their own use; involvement in short-listing applicants; participation in interview panels; and decision making processes regarding recruitment and selection.
- An orientation program will be provided to all MMHCs following recruitment. This will be organised and funded by QTMHC.
- Following recruitment, MMHCs will be provided with specialist transcultural mental health training by QTMHC.
- QTMHC will organise and fund a professional development/liason program for all MMHCs which will include professional development and provide an opportunity for MMHCs to liaise face-to-face with each other.
- The development of defined communication pathways between the District MHS and QTMHC to ensure a two-way flow of information, particularly the dissemination of QTMHC resources to the District MHS.
- An exchange of information and data, including local data obtained by the District MHS on issues relating to people of CALD backgrounds being forwarded to QTMHC, and data obtained by QTMHC forwarded to the District MHS.
- QTMHC support to local multicultural mental health portfolio holders.
- QTMHC assistance in forming and developing Terms of Reference for local multicultural mental health interest/working groups.
- QTMHC assistance in developing specific policies and procedures related to multicultural mental health (e.g. interpreter procedures, etc).
- QTMHC assistance in supporting local CALD communities, organisations and networks to form consultative groups in order to provide the local District MHS with a direct link with CALD communities.

Role of the QTMHC State-wide Liaison and Policy Coordinator

Support and coordination for the MMHC positions is provided by the QTMHC State-Wide Liaison and Policy Coordinator (SLPC) position, who will:

- Build and coordinate a state-wide model of team support for district multicultural mental health coordinator positions within the HRM frameworks and policies of district mental health services.
- Develop optimal working relationships and maintain strategic partnerships with all stakeholders including District Mental Health Services, Mental Health Branch, key government and non-government organisations and multicultural groups that facilitates their participation and support for the operations and sustainability of the state-wide multicultural mental health coordinator positions model.
- Provide professional supervision and management support to MMHCs on a bi-monthly basis and contribute to the development and review of the MMHCs Performance Appraisal & Development Plan.

- Liaise with District MHS Managers, Directors and MMHCs line Supervisor in regard to issues relating to the MMHC position.
- Ensure that the state-wide multicultural mental health coordinator model has effective support mechanisms and build the framework for ongoing training and development of staff to meet these requirements.
- Provide input into program and policy development and review processes drawing on state-wide networks.
- Link with coordinators of other state-wide mental health programs.
- Provide reports to Mental Health Branch and other agencies as requested.

Roles and responsibilities of District Mental Health Services

It is essential that the MMHC is supported by the management of the District Mental Health Service as the outcomes achieved by the MMHC will be measured by the establishment of systems, processes and protocols across the entire District Mental Health Service. Outcomes will be a sustainable response to the issues for people from culturally and linguistically diverse backgrounds at the local level.

The participating District MHS Executive Manager/Director is ultimately responsible for the provision of support, direction and supervision of the MMHC to ensure that the key objectives outlined in the service agreement are met. Line management and supervision of the position may be delegated to an appropriate Team Leader. It is up to the District MHS to decide where the position would be physically located, however it is important that the position has ready access to all of the District MHS facilities and settings.

Supervisory relationships for the MMHC position should be negotiated with the QTMHC SLPC. However, it is recommended that operational supervision is provided by the MMHC's Team Leader, and professional supervision provided by the QTMHC SLPC. Performance Appraisal and Development plans should ideally be developed and monitored by the MMHC, their Team Leader and the QTMHC SLPC.

The District Mental Health Service will be responsible for:

- Meeting the objectives outlined in the service agreement.
- Ensuring that the MMHC is supported in their role of building the cultural competency of the District Mental Health Service.
- Providing the MMHC with a management structure, supervision, appropriate office space, computer, telephone and vehicle as per the Service Level Agreement.
- Ensuring the MMHC is able to focus only on the duties outlined in the MMHC Position Description, and is not utilised for other duties related to the District MHS.
- Forwarding relevant local data obtained by the District MHS on issues relating to people of CALD backgrounds to QTMHC.
- Liaising with the QTMHC SLPC in regard to any issues related to the MMHC position and associated activities.

Reporting

AS QTMHC is required to report on the operation and outcomes of the state-wide MMHC program at regular intervals, and also at ad hoc times, it is imperative that MMHC's provide reports regularly and in a timely manner. Therefore it is the responsibility of the District MHS to:

- Ensure that MMHCs provide monthly activity statements, a six month and twelve month report, to the QTMHC SLPC.
- Monthly activity statements and report formats will be developed by the SLPC in negotiation with MMHC's.
- Monthly MMHC activity statements are to be provided to the QTMHC within two weeks after the end of each month.
- A six month report covering 1 July to 31 December detailing activities, data obtained and other matters related to the MMHC role is to be provided to the QTMHC SLPC before the end of January each year.
- A twelve month Annual Report covering 1 July to 30 June detailing activities, data obtained and other matters related to the MMHC role is to be provided to the QTMHC SLPC before the end of July each year.

Reference groups

Multicultural Mental Health Working Group

The experience of the state-wide MMHC program over the past years has demonstrated the usefulness of a Multicultural Mental Health Working Group to support the work of the MMHC. Such a group should be endorsed by the Executive of the Service and have a defined Terms Of Reference. This group should be internal to the Mental Health Service, and comprise of senior staff such as Team Leaders, senior clinical staff, service development managers, and provide the following support functions:

- Provide high level strategic support to the MMHC and the various activities they are working on;
- Assist with facilitating access to all of the programs and teams comprising the Service;
- Assist with facilitating access to the various Service committees in regard to service planning, quality, forms, etc;
- Support the MMHC in disseminating resources throughout the Service, and pass on to the MMHC appropriate issues that relate to the MMHC role;
- Support the MMHC in building the capacity of the Service to respond to the needs of CALD people

Multicultural Community Reference Group

It is also important to have input and involvement from local multicultural support agencies and ethnic associations to ensure that key local community issues are identified and responded to. Such a group can also be a conduit for the Service to disseminate information about its services to the CALD community. It is therefore recommended that the District MHS establish a Multicultural Reference Group in order to have a mechanism that can provide input into the activities conducted by the MMHC. Such a group should comprise of representatives from the following stakeholder groups:

- MMHC and one or two senior representatives from the District MHS. Ideally these representatives would be a senior manager, senior clinicians, service development coordinator, or a team leader.
- Key representatives from relevant mental health NGO's.
- Key local multicultural workers eg. settlement support workers, refugee support workers, ethnic health workers.
- Representatives from key local ethnic associations.

At times it may be appropriate for individuals from outside of the Reference Group to be invited to meetings where relevant.

Performance Indicators

In line with Service Level Agreement requirements, Performance Indicators are utilised to ensure that funded programs are performing adequately as intended by the funding source, Mental Health Branch, and by the organisation responsible for the management of the program, QTMHC. The following performance indicators will provide indications that Services which have a funded MMHC are fulfilling their responsibilities as outlined in this Service Level Agreement:

Performance Indicator 1.

The service's Strategic Business Plan recognises transcultural mental health issues.

The Service has:

- 1.1 A Strategic Business plan clearly stating a commitment to meeting the mental health needs of people from CALD backgrounds
- 1.2 A policy for ensuring delivery of culturally appropriate services to all cultural groups in the District.
- 1.3 Internal mechanisms are in place across the service supporting the role of the Multicultural Mental Health Coordinator (MMHC) through:
 - Executive endorsement of the 'Cultural Competency Standards and Self-Assessment Guide'
 - A formal multicultural mental health working group
 - A process for disseminating resources across all teams
 - A multicultural mental health web page on their website

Performance Indicator 2.

The service collaborates with key stakeholders in the multicultural sector.

The Service has:

- 2.1 A gazetted a specialist multicultural liaison staff position (e.g. a Multicultural Mental Health Coordinator) responsible for matters concerning cultural diversity in mental health issues. The position includes community development tasks to liaise, consult and foster links with:
 - Queensland Transcultural Mental Health Centre

- Specialised multicultural mental health NGOs
 - Multicultural agencies and NGOs
 - Ethnic community associations
- 2.2 CALD/MMHC representation on internal committees across all levels of service development
- 2.3 Staff representatives on various CALD community organisations in its region
- 2.4 Distributed information in English and key CALD languages on:
- Services available and access information
 - Mental illness prevention
 - Mental health promotion
 - General mental health information
 - Stigma reduction
 - Benefits and rights of consumers
- 2.5 Ensured that staff are aware of the key individuals in the defined community to consult with concerning cultural and religious beliefs impacting upon service delivery.

Performance Indicator 3.

The service ensures equitable access and service delivery for people from CALD backgrounds.

The Service has:

- 3.1 Informed people from CALD backgrounds of their rights and responsibilities when accessing and using the service.
- 3.2 Promoted awareness of programs offered by the service by distributing information in English and appropriate languages to different cultural groups in places where the information is likely to be seen
- 3.3 Developed procedures to address and accommodate specific culture-based needs of its CALD consumers, such as:
- Dietary needs
 - Religious needs
 - Family obligations
- 3.4 Processes in place to access accredited interpreter services when required
- 3.5 Capacity to conduct assessments and interviews by appropriately qualified and culturally competent workers

Performance Indicator 4.

The service adheres to a Language Services Policy.

The Service has:

- 4.1 A Language services Policy which provides guidelines for booking and use of interpreters in accordance with the 2007 Queensland Health, Working with Interpreters Guidelines and/or other relevant guidelines from the Qld Health Interpreter Service.
- 4.2 Ensured that staff have received QTMHC training on “Working with Mental Health Interpreters”.
- 4.3 Provided staff training on how to access interpreters through the ISIS electronic booking system.
- 4.5 Identified bilingual staff within the service who have agreed to interpret in emergency situations.

Performance Indicator 5.

The service makes available and encourages state-endorsed mental health cultural competency training for mental health service staff.

The Service:

- 5.1 Ensures that staff complete relevant modules of the Qld Transcultural Mental Health Centre’s Managing Cultural Diversity in Mental Health program
- 5.2 Supports staff who have received cultural competency training to implement their learning’s into practice.
- 5.3 Incorporates cultural competency into staff orientation, inductions and performance review requirements
- 5.4 Incorporate cultural competent practices into existing training programs.

Performance Indicator 6.

The service ensures CALD consumer and carer participation in service delivery.

The Service has:

- 6.1 Consulted CALD consumers and carers in the planning and development of programs within the service to ensure cultural appropriateness.
- 6.2 Conducted satisfaction surveys of CALD consumers and carers, translated where needed in preferred languages, to determine the:
 - Cultural appropriateness of various programs delivered by the service
 - The cultural competence of staff

Performance Indicator 7.

The service has information and data collection mechanisms relevant to culturally appropriate service delivery.

The Service:

- 7.1 Develop and utilise forms which collect data on CALD service users
- 7.2 Promotes data collection and analysis relevant to culturally appropriate service delivery

- 7.3 Links with external agencies that have access to data focussing on transcultural mental health and/or CALD communities (e.g. Qld Transcultural Mental Health Centre).
- 7.4 Maintains an annually updated profile of the CALD communities within its catchment identifying data such as:
- Population size of each community
 - Demographic and religious characteristics
 - Social economic status
 - Language requirements
- 7.5 Conducts research to ascertain the needs of the CALD population in its District.

Performance Indicator 8.

The service has fiscal support for developing and maintaining culturally appropriateness mental health services.

The Service has:

- 8.1 A commitment to appropriately utilise the funding provided by QTMHC for the MMHC position in line with the Service Level Agreement between the Health Service District and the QTMHC.
- 8.2 Budgetary policies and practices that allocate resources and fiscal support to achieve organisational and individual cultural competency across the service.