

Core and Specialist Skills Assessment

CORE 3: Working with First Nations people in MHAOD services

Scope and Objectives of Core and Specialist Skills Assessment

This Core and Specialist Assessment (CSAt) will enable the allied health professional to:

- Reflect on their own cultural identity to enable culturally safe and responsive Mental Health Alcohol and Other Drug (MHAOD) services to be delivered to Aboriginal and Torres Strait Islander (First Nations) people.
- Apply knowledge and awareness of culturally safe and responsive practice with First Nations people.

In order to complete this CSAt, it is recommended that the allied health professional connect with First Nations staff within the HHS. This may include First Nations allied health professionals, First Nations Health Workers, Cultural Capability Officers and First Nations Health Leads (where available), as well as First Nations staff in non-identified roles including other clinical staff (medical, nursing) and non-clinical staff (administrative, lived-experience, operational).

This CSAt should be used in conjunction with professional supervision and the Allied Health MHAOD New Graduate Program Framework. The framework and associated resources are available at: <https://qheps.health.qld.gov.au/allied-health/mental-health>

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The CSAt reflects best practice and agreed process for conduct of the task at the time of approval and should not be altered. Feedback, including proposed amendments to this published document, should be directed to the Office of the Chief Allied Health Officer (OCAHO) at: OCAHO-MHAODS@health.qld.gov.au

Prior to use, please check <https://qheps.health.qld.gov.au/allied-health/mental-health> for the latest version of this CSAt.

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An electronic version of this document is available at <https://qheps.health.qld.gov.au/allied-health/mental-health>

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Requisite training, knowledge, skills and experience

Training opportunities

- Training as outlined in the New Graduate Framework “Graduate Training Schedule and Record.”
- Indigenous Allied Health Australia (IAHA) Cultural Responsiveness Training Program:
 - Level 1 Introduction to Cultural Responsiveness and
 - Level 2 Unpacking the Framework.
- Supervision and Cultural Mentoring/Yarning (where available).
- Internal linkage opportunities within the HHS:
 - Connect with First Nations staff within the HHS which may include:
 - Identified First Nations roles such as First Nations allied health professionals, First Nations health workers (where available), Cultural Capability Officers, First Nations health leads, identified clinicians; or
 - First Nations people in non-identified roles including clinical staff (allied health, medical, nursing) or non-clinical staff (administrative, clinical assistants, lived experience/peer support workers, operational).
- External linkage opportunities:
 - Aboriginal and Torres Strait Islander Community Controlled Health Organisation/s (ATSICCHOs) which provide primary healthcare services to First Nations people.
- Graduate Reflective Learning Sessions or peer learning groups and supervision.

Clinical knowledge/evidence

The following are examples of demonstrating content knowledge by an allied health professional:

- Confident and capable to ask all people accessing MHAOD services the question “do you identify as Aboriginal and/or Torres Strait Islander?”
- Continues to incorporate knowledge and develop skills in culturally safe communication (verbal and non-verbal) through seeking advice from available First Nations staff.
- Recognises that communication missteps may occur when engaging with First Nations people and families, and views culturally responsive communication as a continuous journey of learning and growth.
- Practice ongoing self-reflexivity, through actively monitoring own culture, internal reactions (values, beliefs, ideas, trauma, privilege) and bias in working with First Nations people.
- Identify and challenge the implications of *White Privilege* and other social privileges on delivering equitable health care to First Nations people.
- Establish strategies to work in partnership with First Nations health workers, health professionals, organisations and communities, and devise a plan to respectfully acquire cultural information.
- Ensure culture is centred when selecting treatment and intervention approaches through utilising tools such as the Domains of Social and Emotional Wellbeing (Gee et al., 2014), acknowledging that standardised tools may not be suitable or require adaptation for use with First Nations people.

- Effectively communicates (including in written documentation) of First Nations people's identity, mob, cultural connection or disconnection, and impact of intergenerational trauma.
- Collaboration with First Nations health worker staff and services (such as ATSI CCHO/s) to support engagement of First Nations consumers.

References and supporting documents

National Safety and Quality Health Service Standards (second edition) alignment



2. Clinical Governance Standard



5. Comprehensive Care Standard



6. Communicating for Safety Standard

National

- Department of the Prime Minister and Cabinet. (2020): [National Agreement on Closing the Gap](#)
- Victorian Government Department of Health. (2013). [National Practice standards for the Mental Health Workforce](#):
 - Standards 3, 4, 5, 6, 7, 9, 13
- Australian Health Practitioner Regulation Agency. (2020). [The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#)
- Indigenous Allied Health Australia (IAHA), a national member-based Aboriginal and Torres Strait Islander allied health organisation that leads sector workforce development and support to improve the health and wellbeing of Aboriginal and Torres Strait Islander peoples.

Queensland

- Queensland Health. (2010). [Aboriginal and Torres Strait Islander Cultural Capability Framework 2010 - 2033](#).
- Queensland Health. (2023). [Aboriginal and Torres Strait Islander Cultural Capability – Terminology Guide: for the use of 'First Nations' and Aboriginal' and Torres Strait Islander' peoples references](#).
- Queensland Health. (2024). [First Nations First Strategy 2032](#).
- Queensland Health. (2021). [Making Tracks Together: Queensland's Aboriginal and Torres Strait Islander Health Equity Framework](#).
- Review local HHS Health Equity Strategy.
- Additional resources available via the First Nations Workforce Branch, Queensland Health.
- Queensland Aboriginal and Islander Health Council (QAIHC) as the peak organisation representing all Aboriginal and Torres Strait Islander community-controlled health organisations in Queensland at both a state and national level.

Assessment: performance criteria

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Name:

Position:

Work Unit:

	Assessment criteria	Applicable (Y/N)	Date achieved	Assessor initial
1	Participates in mandatory HHS cultural capability training and, where available, IAHA level 1 and 2 Cultural Responsiveness training and any other relevant culturally responsiveness course			
2	Demonstrates knowledge and understanding of the Aboriginal and Torres Strait Islander (First Nations people) cultures.			
3	Has read the key strategy documents/policies (e.g. Closing the Gap) related to the health care of First Nations people and can identify specific First Nations social and emotional wellbeing and how this operates in community.			
4	Understands how race and racism contribute to the health inequities of First Nations people.			
5	Engages in ongoing self-reflexivity, cultural self-awareness and acknowledging implications for delivering culturally safe health care service to First Nations people.			
6	Demonstrates understanding of cultural considerations related to making informed decisions and assessments in MHAOD services by recognising and acknowledging the cultural needs of First Nations people.			
7	Recognises the holistic wellbeing of First Nations people as being integral to MHAOD care and is willing to learn the importance of prevailing beliefs and attitudes and the need to be 'culturally aligned' with the consumer.			
8	Discusses and utilises appropriate strategies for the promotion of mental wellbeing, responding to a crisis and reducing the impacts of substance use within the First Nations communities.			
9	Recognises the impact of cultural variances within First Nations communities when providing MHAOD care.			
10	Lists a range of strategies to increase service access, engagement, and therapeutic alliance by using locally available First Nations people, organisations and peak bodies.			
11	Demonstrates ability to effectively communicate (including written documentation) a person's First Nations identity, mob, cultural connection/disconnection, and impact of intergenerational trauma and incorporates this into the person's care plans and formulations.			
12	Uses knowledge of cultural learning style differences to adapt existing mainstream therapeutic models with First Nations people.			
13	Demonstrates ability to identify and incorporate cultural considerations into MHAOD care including assessment of mental state, identification of risk and protective factors and care planning.			

Reflective practice		Date achieved	Assessor initial
R1	Identifies specific cultural considerations for the local First Nations peoples within their community that need to be considered when providing care.		
R2	Able to demonstrate continuous efforts to enhance self-awareness and recognises their influence on relationships with First Nations people. Reflections may include personal and organisational beliefs, assumptions, and values.		
R3	Reflects on how care provided was culturally appropriate, safe and sensitive care and opportunities to improve this when working with other First Nations people.		

Comments:

Record of assessment competence:
It is recommended that a First Nations staff member/s are included in the assessment of this CSA.

Assessor name and signature:		Assessor position:		Competence achieved:	/ /
Assessor name and signature:		Assessor position:			
Assessor name and signature:		Assessor position:			