



# Aboriginal Mental Health Consultation Guideline

## 1. Guiding Principles

WA Country Health Service (WACHS) Mental Health (MH) services provide inpatient and community based care to mental health consumers. WACHS is committed to reducing barriers to mental health services for Aboriginal<sup>1</sup> people and their families. To ensure cultural security and address the health issues of Aboriginal people, it is essential to obtain knowledge and understanding of how colonisation, displacement and other forms of loss and trauma have impacted contemporary Aboriginal life.

Culturally informed practice is the holistic approach to service delivery that is inclusive of cultural beliefs, spiritual beliefs, values, practices and the language needs of the consumer including their family, carer and community. Closing the Gap<sup>2</sup> aims to reduce the disadvantage among Aboriginal people in relation to health care access and outcomes. WACHS is committed to ensuring Aboriginal people are actively involved in the design, delivery and evaluation of health services policies and programs.

## 2. Guideline

The purpose of this guideline is to support and enable clinicians to deliver clinically safe and culturally responsive consultation processes with Aboriginal patients. The guideline also details the role of the Aboriginal Mental Health Worker (AMHW) and their responsibilities regarding appropriate consultation processes. (For the purpose of this policy, the term Aboriginal Mental Health Worker includes the Aboriginal Mental Health Coordinator).

To enable culturally safe practice in line with WACHS Aboriginal Model of Care, AMHWs are available in all Community Mental Health Clinics and provide specialist cultural consultation to Aboriginal consumers, their carers' and to other staff. AMHWs are also available to provide this service within outpatient and inpatient settings including Acute Psychiatric Units (APU), General Wards, Emergency and Outpatient Departments.

Non-Aboriginal staff are reminded that AMHWs may have a dual role of family member 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).

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<sup>1</sup> Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community. No disrespect is intended to our Torres Strait Islander colleagues and community.

<sup>2</sup> [Closing the Gap targets 2017 Analysis and Progress and Key Drivers of Change](#)

### 2.1 Cultural Competency

The Aboriginal Mental Health Teams in each WACHS region strengthen engagement and help clinicians better understand the needs of the Aboriginal community. Culturally informed mental health practice standards are achieved by providing a culturally safe service to all Aboriginal consumers and their carers. The involvement of AMHWs is essential in order to achieve these standards.

### 2.2 AMHWs and Case Management

Case management is a collaborative process of assessment, planning, treatment, care facilitation, and advocacy to meet an individual's holistic needs to promote recovery. Case management, clinical responsibility, accountability and risks cannot be delegated to Aboriginal Mental Health Workers. Varying case management 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.

Within WACHS MH it is mandatory to offer the services of an AMHW to all Aboriginal consumers. Where possible this is to be a gender appropriate service and respectful of lore practice, however, due to the small size of some regional AMH teams this may not always be possible.

There may be instances where Aboriginal consumers 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 medical record and 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.

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/Case Manager must consult with the AMHW to ensure culturally informed practice throughout each episode of care, i.e.

- Assessment and formulation

- 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 WACHS Mental Health Cultural Information Gathering Tool (MR 23) and genograms where considered appropriate.

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 or elders. 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.

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.

## 2.3 Medical Records and Recording of Information

### 2.3.1 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](#) and the [Information Storage and Disposal Policy OD: 0559/14](#).
- 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 medical record.
- Occasions of service and service events are entered into PSOLIS within the relevant service stream.

### 2.3.2 Occasions of Service

- Clinicians/Case Managers are responsible for recording clinical service events into PSOLIS.

- 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.

### 2.3.3 Clinical Records

- Medical 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.
- 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.

## 2.4 Confidentiality

AMHWs are bound by the same policies and guidelines with regards to confidentiality as other WACHS staff. There may be exceptions in relation to cultural business/disclosures.

The AMHW may be compromised due to the nature of Aboriginal kinship and cultural protocols, and the boundaries around confidentiality may be blurred due to the nature of individual, family, community structures and/or business.

There may be other circumstances whereby AMHWs are privileged with/or granted access to culturally significant information that is not appropriate to be recorded anywhere. 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 medical record, the AMHW is required to:

- discuss the parameters of this confidential information with the Clinical Director and/or the Regional Manager to attempt to reconcile any medico-legal and duty of care responsibilities;
- maintain culturally secure information and
- Determine an appropriate means to record this information elsewhere.

### 3. Definitions

<b>Clinician</b>	Term used to include psychologists, case managers, 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.
<b>Country</b>	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 home lands.
<b>Culture</b>	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).
<b>Cultural competency</b>	<p>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'.</p> <p>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.</p> <p>Cultural competence requires that organisations:</p> <ul style="list-style-type: none"> <li>• have a defined set of values and principles, and demonstrate behaviours, attitudes, policies and structures that enable them to work effectively cross-culturally</li> <li>• 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</li> <li>• Integrate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.</li> </ul> <p>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.</p>

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<b>Culturally informed practice</b>	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.
<b>Cultural security</b>	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.
<b>Cultural Genogram</b>	A pictorial display of a person's family relationships, medical history and cultural connections to the land, kinship connections and skin groups (Belonging & Identity).

## 4. Roles and Responsibilities

### Management Team

The roles and responsibilities of the management team include:

- Actively supporting the use of Aboriginal Mental Health Workers as an integral part of the service delivery of 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.
- Work with the Aboriginal Mental Health (AMH) Coordinator to recruit, train and support AMHWs.
- Work with the AMH Coordinator to train and support clinicians/case managers to work effectively with A MHWs.

### 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.
- 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.

### Role of the Aboriginal Mental Health Worker

The role of the AMHW includes:

- Increasing access of Aboriginal people to specialist mental health services.
- Working with clinicians in the provision of mental health services including co-case management where appropriate.
- Assisting to establish and maintain shared care arrangements with other Aboriginal specific services and/or programs which are beneficial to the holistic mental health recovery of Aboriginal consumers.
- Advocating on behalf of consumers and carers with respect to their cultural obligations.
- Assisting consumer and carers in identifying appropriate cultural supports; i.e. engaging elders, traditional healers and/or interpreters.
- Liaising with clinicians and other organisations with a view to achieving the consumer's recovery goal/s.
- Informing and liaising with clinicians on issues of cultural relevance.
- Supporting a culturally informed therapeutic relationship between the consumer, clinician, carer, community and AMHW.
- Assisting the consumer, their family and/or community to engage with clinicians to address their mental health needs.

### Responsibilities of the Aboriginal Mental Health Worker:

The responsibilities of the AMHW include:

- Knowing the processes and requirements of working within their regional WACHS MH multi-disciplinary team.
- Having an understanding of the [WA Mental Health Act 2014](#) and have completed required training.
- Completing documentation in the consumer's medical record including responsibility to enter data into Psychiatric Services On Line Information System (PSOLIS).
- Understanding their responsibilities regarding entering of information related to consumers in PSOLIS.
- Having access to and be able to accurately enter information related to consumers in accordance with [WACHS Health Record Management Policy](#). This may include cultural considerations and/or consultation with the treating team, e.g. support completion of consumer management plans.
- Engaging respectfully with the Aboriginal community/family or individual they are supporting.
- Maintaining confidentiality of any information (either written or verbal) relating to the consumer, their family and specific community members.
- Assisting with the specific cultural issue/needs of the consumer group.
- Having knowledge of specific services available to support Aboriginal consumers in their recovery and or ongoing mental healthcare.

## 5. Compliance

Failure to comply with this policy document may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (HSA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers,

researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

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

### 6. Records Management

All WACHS clinical records must be stored according to the [Health Record Management Policy](#).

### 7. Evaluation

Monitoring of compliance with this document is to be carried out by the Director of Psychiatry Adult / Older Adult, every three years at minimum.

Additionally, the management team is to include questions about access to Aboriginal Mental Health Workers and perceived satisfaction with Aboriginal Mental Health Workers as part of regular consumer satisfaction surveys and ongoing service evaluation frameworks.

### 8. Standards

[National Safety and Quality Health Service Standards](#) – 2.6, 2.7, 2.8, 5.3, 6.3

[National Standards for Mental Health Services](#) - 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

[EQuIP National Standards](#) 11.1, 11.2.1, 11.6.1, 11.7.1, 11.7.2, 12.1.1, 12.1.2, 12.4.1

### 9. Legislation

[Mental Health Act 2014](#)

### 10. References

Closing the Gap targets 2017 – 2017 Analysis and Progress and Key Drivers of Change

Cultural Respect Framework 2016 -2026 For Aboriginal and Torres Strait Islander Health

Implementation Guide for WA Aboriginal Health and Wellbeing Framework 2015-2030

WA Country Health Service Aboriginal Employment Strategy 2014-2018

WA Country Health Service Aboriginal Health Strategy 2018-2023

WA Health Charter of Mental Health Care Principles, 2015

### 11. Related Forms

WACHS Mental Health Cultural Information Gathering Tool, MR 23

### 12. Related Policy Documents

[WACHS Consumer and Carer Engagement Policy](#)

[WACHS Partnering with Consumers Guideline](#)

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### 13. Related WA Health System Policies

[Code of Conduct MP 0124/19](#)

[Information Storage and Disposal Policy OD: 0559/14](#)

[Patient Confidentiality Policy MP 0010/16](#)

[Use of the term 'Aboriginal' in all forms of WA Health Communication OD 0435/13](#)

[WA Health System Language Services Policy MP 0051/17](#)

### 14. Policy Framework

[Mental Health](#)

[Information Management Policy Framework](#)

**This document can be made available in alternative formats  
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<b>Contact:</b>	WACHS Director of Psychiatry Adult / Older Adult		
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