

Victorian Transcultural Mental Health

Responding to Diversity: An Evaluation of VTMH Programs and Services, 2013 – 2015

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We acknowledge that VTMH is located on the traditional lands of the Wurundjeri People of the Kulin Nation and pay our respects to Elders past and present. VTMH celebrates the continuing culture of Aboriginal and Torres Strait Islander peoples. In a spirit of reconciliation, we commit to walking the journey of learning and healing together.

VTMH conducted this evaluation project in collaboration with the Australian Institute for Primary Care & Ageing (AIPCA) at La Trobe University.

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Our vision

Working together to innovate in mental health care to support the well-being of all Victorians because diversity matters.



Overview

This report presents Victorian Transcultural Mental Health (VTMH) in review and explains where our work is guiding us currently and into the future.

VTMH consciously and collectively developed in a number of ways during the period 2013–2015. This included: exploring the implications of cultural diversity in all its dimensions, not only ethnicity; using a wider range of education approaches that include opportunities for reflective practice, mentoring and coaching, online learning and teaching a tertiary-level accredited course; paying much more attention to providers of psychosocial mental health services (where previously our focus had been directed more to clinical services), the practitioners who work within these agencies and the recovery-oriented approaches they use; engaging and empowering community-based groups and agencies around mental health, social and emotional wellbeing; developing the role of cultural portfolio holders (CPHs) as champions of change within local networks and within multi-site mental health service providers. Our work has extended throughout Victoria—across metropolitan Melbourne and rural Victoria. In addition, we have made national contributions by participating in major national mental health initiatives such as perinatal mental health and the Mental Health in Multicultural Australia (MHIMA) project.

As well, continuity exists between VTMH's current program of work and the strategic shifts in direction described in two earlier reports,^{1,2} which began as early as 2009. This involved:

- Engaging mental health service providers as partners via CPHs and organisational leaders with the aim of developing and implementing organisation-wide cultural responsiveness plans. This entailed VTMH consultants facilitating organisational self-assessments using partnership planning guidelines, and providing ongoing support.
- Conducting comprehensive cultural responsiveness learning and training with partner organisations, members of the state-wide CPH Network, and, on a more limited basis, other interested individuals and agencies. Based around a series of modules and modified a number of times, courses have covered service development, community development, consumer and carer experiences, working with interpreters and cultural awareness of beliefs and values.

¹ Victorian Transcultural Psychiatry Unit (2011) *Cultural responsiveness in specialist mental health services: Service development as a component of a capacity building project*. Fitzroy, Victoria: VTU.

² Stolk, Y., Kouzma, N., Chopra, P., Oehm, D. & Minas, H. (2011) *Cultural competence training in mental health: Evaluation of a 6-module course as a component of service development*. Fitzroy, Victoria: VTU.

- Providing partner organisations with secondary cultural consultations. These clinically based discussions encouraged practitioners to bring a cultural awareness to the circumstances facing particular individuals and families and the service access barriers they may encounter.

These initiatives evolved during the review period of 2013–2015 in the following ways:

- The *VTMH Cultural Responsiveness Partnership Planning Framework* developed and tested during the earlier period was refined in 2013 and combined with the trial of a 'network' approach.
- In 2013 a range of audio-visual resources were created and embedded in an online learning platform that, combined with face-to-face workshops, became the basis of a tertiary-level accredited course.
- The one-day *Introduction to Cultural Responsiveness in Mental Health Services* workshop, developed in early 2013, was attended by hundreds of individuals based in mental health, health and social support agencies during this period.
- Secondary cultural consultations continued with organisations that were previously or currently engaged as partners with VTMH.
- A new service consisting of team-based reflective practice sessions, Cultural Conversations, was initiated in this period.

The effectiveness of VTMH's capacity to form partnerships with mental health service providers,³ design and deliver introductory cultural responsiveness training workshops and conduct reflective practice sessions⁴ throughout 2013–2015 is explored in depth in this report.

VTMH's mission is broad and its reach extends beyond the mental health sector to include primary health, social support, ethno-cultural and multicultural agencies, schools and universities, local councils, and institutions that comprise the justice system. We are engaged in activities that include organisational development and consultancy, workforce support through education and networks, community development and evaluation, and research.

We have become increasingly assured that diversity responsiveness needs to engage practitioners, service providers, agencies and community members as collaborators. We have prioritised:

³ See this report, Section 3. Organisational partnerships.

⁴ See this report, Section 4. Education and training.

- Facilitating shifts in language, thought and action within mental health services that equalise power and life chances across our culturally, linguistically and socially diverse community⁵
- Empowering individuals, families, practitioners and communities in ways that enable them do what matters most and to realise their potential.⁶

One practical objective underpins all our work: to enable the implementation of diversity-responsive strategies that are informed by sound policy, theory, practice and lived experience and which resonate with the realities facing service providers, practitioners, service users and the broader community.

VTMH took a series of steps to undertake this review and prepare this account. We established a collaborative relationship with an external evaluation unit, created an evaluation logic framework, involved agencies and individuals who use our services in the review process, examined the information that we routinely collect, refined some of our data collection tools, added some methods to collect more detailed information, sought feedback from a number of perspectives, and synthesised what the various sources told us into commitments for future action.

We took a pragmatic approach to this evaluation and incorporated various elements and concepts from a range of methodologies. These include advocacy evaluation – examining how VTMH influences service and system reform and speaks up for the many new, emerging and unrepresented culturally diverse communities and groups that make up Victoria’s population – and developmental evaluation – finding ways to tune in to the tacit knowledge of practitioners and organisations and explore how VTMH and its collaborators are adapting to “emergent and dynamic realities in complex environments”.⁷

The first part of this report:

- Outlines VTMH’s programs and operations and governance

⁵ For example, see Wepa, D. (2015) *Cultural safety in Aotearoa* (2nd Ed.). Port Melbourne, Victoria: Cambridge University Press.

⁶ For example, see White, R., Imperiale, M. & Perera, E. (2016) The capabilities approach: Fostering contexts for enhancing mental health and wellbeing across the globe. *Globalization and Health*, (12)16.

⁷ Patton, M. (2011) *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. New York, USA: Guilford Press. p.1.

and discusses the state and national policy contexts within which it operates

- Describes the review and evaluation project itself, focusing on what we learnt about activities conducted during the period 2013–2015 and the unit’s commitments into the future.

The second part provides an account of each of the four individual evaluation studies completed by VTMH for this review. This includes analysis of findings arising from the following data collection methods:

- Documentation of organisational partnerships with a focus on two case examples
- Session feedback from individuals who participated in education events in 2014 or 2015
- Responses to an online survey from individuals who used VTMH programs in 2014 or 2015
- Interviews with VTMH team members in 2015 about their reflections on programs and services.

The Australian Institute for Primary Care & Ageing (AIPCA) provided advice about each of the above. Their independent synopsis of findings from interviews with key stakeholders undertaken in November–December 2015 and February 2016 is included in full as Appendix A.

This evaluation project reflects the commitment of VTMH and partner organisations to implementing Victoria’s mental health policies, listening to multiple voices, responding to diverse experiences and being inclusive of emerging and under-represented communities that make up Victoria’s population.

We set out to understand more about where we have been effective and to identify barriers to strengthening the cultural responsiveness of mental health service providers and the system as a whole. This project has redoubled our awareness of the importance of ongoing monitoring and evaluation while being inclusive and transparent.

Documenting this review has also reinforced our commitment to supporting the development of compassionate, innovative and flexible approaches to mental health practice and service delivery. We hope this report inspires others to join us in this endeavour.

PART 1.

Working together to innovate in mental health care

1. Victorian Transcultural Mental Health

BACKGROUND

VTMH was formed over 25 years ago as the Victorian Transcultural Psychiatry Unit (VTPU). It has evolved from a small clinical service to become a state-wide provider of service and community development and research and workforce education funded by the Mental Health, Drugs and Regions Division of the Victorian Department of Health and Human Services (DHHS) and administered by St Vincent's Hospital, Melbourne.

The unit works with organisations and agencies to strengthen their capacity to address inequity in mental health service provision, with the overarching goal of improving the mental health, social and emotional wellbeing of culturally diverse individuals, families and communities.

More specifically, VTMH aims to:

- Assist the development and implementation of policies related to improving culturally responsive mental health service systems.
- Promote greater understanding of cultural diversity in health and social service systems and advocate for the adoption of strategies that address inequity in service delivery.
- Facilitate the delivery of culturally responsive mental health services by engaging service providers and other agencies as partners.
- Develop a culturally responsive mental health workforce through education, providing resources and responding to enquiries.
- Assist consumers from culturally diverse backgrounds, and their families and carers, to share their experiences and participate in policy and service reform debates.
- Engage culturally diverse communities in addressing mental health, social and emotional wellbeing.
- Share experience and knowledge and contribute to research and evaluation.

POLICY CONTEXT

VTMH's work is informed by national and state mental health standards and practice guidelines and laws and other frameworks related to human rights, access and equity, diversity and language services and multiculturalism (see Box 1.1).

Box 1.1: Key laws, policies, standards and frameworks

Victorian

Charter of Human Rights and Responsibilities Act. 2006. (Vic.) (Austl.)

Department of Health (2009) *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*. Melbourne: Victorian Government.

Department of Health (2009) *Because Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019*. Melbourne: Victorian Government

Department of Health (2011) *Framework for Recovery-Oriented Practice*. Melbourne: Victorian Government.

Department of Health (2013) *Victoria's priorities for mental health reform 2013-15*. Melbourne: Victorian Government.

Mental Health Act. 2014. (Vic.) (Austl.)

Department of Human Services (2014) *Language Services Policy*. Melbourne: Victorian Government.

Department of Health (2015) *Victoria's 10-year Mental Health Plan*. Melbourne: Victorian Government.

Australian

Commonwealth Department of Health and Ageing (2010) *National Standards for Mental Health Services*. Canberra: Australian Government.

Victorian Government (2013) *National Practice Standards for the Mental Health Workforce*. Melbourne: Victorian Government Department of Health, on behalf of the Safety and Quality Partnership Standing Committee.

Australian Government (2013) *National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers*. Canberra: Australian Government.

Australian Commission on Safety and Quality in Health Care (2014) *Accreditation Workbook for Mental Health Services*. Sydney: ACSQHC.

Department of Social Services (2015) *The Multicultural Access and Equity Policy Guide*. Canberra: Commonwealth of Australia.

Over the years, VTMH has structured its work program so that it aligns with current policy priorities and reflects current international trends in transcultural health research and literature. These include adopting population health principles,⁸ conceptualising cultural responsiveness at practitioner, organisational, community and systemic levels,⁹ and using theoretical perspectives such as social models of health and post-colonial critiques¹⁰ to understand health inequalities and the operations of power in mental health settings.

VTMH has intensified its focus in recent years on working with leaders and change champions within partner agencies to apply policy directives and influence approaches to service delivery. It is well-documented that the ways in which health, illness and help-seeking are understood by mainstream health service providers can be at odds with the diverse needs and preferences of individuals, families and communities. However, the more significant obstacle to providing culturally sensitive and safe mental health care for all is the absence of an authorising environment for implementing the range of strategies outlined in key Victorian and Australian documents and well-described in international peer-reviewed literature. DHHS could address this by endorsing VTMH's role as a policy development and implementation unit.

A poignant example of this is the Cultural Portfolio Holder (CPH) Network. The following, taken from the report of a study undertaken by VTMH,¹¹ outlines the policy context that was in place in 2012 and aspirations for the program:

The Cultural Diversity Plan for Victoria's Specialist Mental Health Services 2006–2010 provided a policy framework

⁸ Department of Health (2009) *Because mental health matters: Victorian mental health reform strategy 2009–2019*. Melbourne, Victoria: Victorian Government. p.29.

⁹ See the following: Betancourt, J., Green, A., Carrillo, J. & Ananeh-Firempong, O. (2003) Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, 118, 293–302; Darnell, A. & Kuperminc, G. (2006) Organizational cultural competence in mental health service delivery: A multilevel analysis. *Journal of Multicultural Counseling and Development*, 34(4), 194–207; and Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, I. & Callejas, L. (2009) Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services*, 60(8), 1046–50.

¹⁰ Kirmayer, L. J. (2012) Rethinking cultural competence. *Transcultural Psychiatry*, 49(2), 149–64.

¹¹ Colucci, E., Chopra, P., McDonough, S., Kouzma, N. & Minas, H. (2014) Improving cultural responsiveness in mental health services: Development of a consensus around the role of cultural portfolio holders. *International Journal of Culture and Mental Health*, 7(3), 339–355.

for improving the specialist mental health services available in Victoria for culturally and linguistically diverse (CALD) communities. Among several recommendations, this document set out the requirement that every state government mental health service in Victoria appoints a CPH. They are described as having a key role in generating service improvement activities for CALD individuals and families. Their importance is restated in the document "Because mental health matters: Victorian mental health reform strategy 2009–2019".

CPHs are expected to assist their service to promote culturally sensitive practice and facilitate service access by members of CALD communities while the VTMH provides CPHs with a range of support programs and learning opportunities; the VTMH coordinates a state-wide network via bimonthly meetings, workshops and a social network site and assists CPHs to implement service and community development initiatives within organisations.

CPHs work in child and adolescent mental health services, aged persons' mental health services, state-wide and specialist services as well as in adult mental health services in both clinical and psychiatric disability rehabilitation and support (PDRS) services across metropolitan and rural Victoria... CPH roles are not necessarily held by clinicians of a particular cultural background. The professional discipline of CPHs is also not prescribed; to date these roles have been filled by individuals with psychology, allied health, nursing and other community health qualifications.

There is no one way to characterise the role of a CPH. Services are encouraged to develop role descriptions that reflect their particular programs and organisational structures. Services do not receive additional resources to support these positions. The amount of time allocated to the role of a CPH is prescribed by organisations and services themselves.

The study consulted CPHs themselves and reached consensus regarding 42 statements about the activities CPHs undertake, their location within organisations and ways in which the role could be developed. The study concluded that CPHs have potential to lead service reforms and that to do so they require organisational and systemic support. Since publishing this information, and despite the efforts of many, these roles receive no substantive support. Mental health reforms have paid no attention to this program since it was initially suggested in 2006 and mentioned again in 2009.

External stakeholders comments (see Appendix A) and responses to the online surveys about VTMH programs in 2014 and 2015 (see Section 5. VTMH programs and services) suggest people who are actively engaged with VTMH are unsure about the purpose and direction of the CPH Network. The work of members of this network, who have extensive experience and expertise, is poorly acknowledged outside VTMH.

This evaluation suggests the CPH Network would benefit from a program review. The work of its members could be harnessed to strengthen cultural diversity responsiveness across mental health services and address the mental health concerns facing new and emerging communities.

The diversity discourse that now appears in most state and national health frameworks describes cultural responsiveness as a core mental health practice.¹² VTMH encourages practitioners to explore the reality that Victoria's population is ethnically diverse and that "inequities are never the result of single, distinct factors"; that they are "the outcome of intersections of different social locations, power relations and experiences".¹³ Different kinds of social exclusion are produced and maintained by varying social, cultural and historical conditions. Policy, service and practitioner responses to a person's gender, age, sexuality, abilities, geographical location, socioeconomic position, ethnicity, race, faith or proficiency in English need to be nuanced and not limited by single concerns.

Transcultural mental health discourses are also making a dynamic contribution to exploring the social, cultural and political meaning of mental health and wellbeing, illness and help-seeking. Efforts to understand the interplay of personal experience, family, meaning, trauma, power and migration lie at the core of providing culturally responsive and safe mental health care.

Significant opportunities for critical reflection and advocacy are lost when conversations about the links between health, social disadvantage, ethnicity and race fall silent. This is especially important in current Australian and international contexts where the 'othering' of visible minorities in personal and political discourse is once again becoming normalised.

As part of the discussion about "better services for better

outcomes", the recently released 10-year mental health reform agenda for Victoria¹⁴ states:

The Victorian Government will design and deliver services and support in a way that promotes equitable access and safe and inclusive services for people with diverse cultural, religious, racial, linguistic, sexuality and gender identities. Part of the answer is supporting specialist community-controlled organisations to deliver services. This does not mean that everyone receives the same response, but rather that all people have their mental health care needs met equally well.

We must work to ensure that all Victorians, regardless of their circumstances, have the opportunity to experience their best mental health in services that are welcoming, responsive and safe. (p. 21)

The plan discusses respecting and responding to diversity; however, it provides only this general comment in relation to CALD communities:

Services must address language and cultural barriers, as these can hinder effective treatment and support. (p. 22)

This is important because:

CALD communities often have poorer mental health outcomes and typically present to services when their illness is more severe. (p. 22)

VTMH addresses these circumstances by engaging with service providers that choose to collaborate with us. While policy statements, frameworks and laws set out service obligations, there are no practical mechanisms that require mental health service providers to address these issues. Further, VTMH's resources are limited. In recent years, the unit has been prioritising intensive partnerships with a small number of agencies in any given year, building links between agencies in local areas and taking on other projects based on their alignment with VTMH objectives and resources available.

The current state mental health plan does not include any systemic strategies, such as resource sharing between sectors or targeted collaborative projects, aimed at increasing cultural safety, addressing service gaps and poorer outcomes and creating services that are responsive to the cultural and

¹² Kirmayer, L. J., et al. (2012) Guidelines for training in cultural psychiatry. *The Canadian Journal of Psychiatry* 57(3), e1–17.

¹³ Hankivsky, O. (2014) *Intersectionality 101*. Burnaby, British Columbia: Institute for Intersectionality Research and Policy, Simon Fraser University.

¹⁴ Department of Health (2015) *Victoria's 10-year mental health plan*. Melbourne, Victoria: Victorian Government.

linguistic diversity of Victoria's population.

The discussion about making "greater efforts in mental health promotion and illness prevention" (p.17) commits to taking actions to build resilience, address discrimination and minimise the factors that threaten good health by working with Lesbian, Gay, Bisexual, Transgender, Intersex and Questioning (LGBTIQ) leaders and communities. Similar commitments to work with leaders of ethnic, multicultural youth and faith communities towards similar mental illness prevention and mental health promotion aims are not made. VTMH has undertaken projects of this type in collaboration other agencies, on a limited scale; one project was funded by local government.¹⁵ We would welcome discussions about how this kind of work could be given a higher priority and integrated into the state's illness prevention and health promotion plans.

VTMH takes opportunities in education sessions and consultation activities to help practitioners, services and communities strengthen their cultural responsiveness and create cultural safety. Policy statements made at state and national levels acknowledge service gaps for vulnerable populations and that mental ill-health, emotional distress and engaging with services are not culturally neutral experiences. Even so, this awareness is not reflected in the allocation of resources to improving the mental health and wellbeing of CALD communities, or in the creation of a system that authorises VTMH to work with service providers to deliver sustained improved outcomes for Victoria's diverse population.

socially disadvantaged groups, including CALD communities, refugees and asylum seekers. This makes the mission of St Vincent's especially compatible with the work of VTMH, which extends its service reach in similar ways on occasions; for example, by providing under-resourced agencies supporting asylum seekers with practitioner supervision and training.

Team processes within VTMH encourage shared decision-making, open communication and self-reflection. Meetings are designed to reinforce strategic directions and facilitate ongoing monitoring and evaluation of VTMH activities. VTMH's operations and governance structure are outlined in Figure 1.1 on the following page.

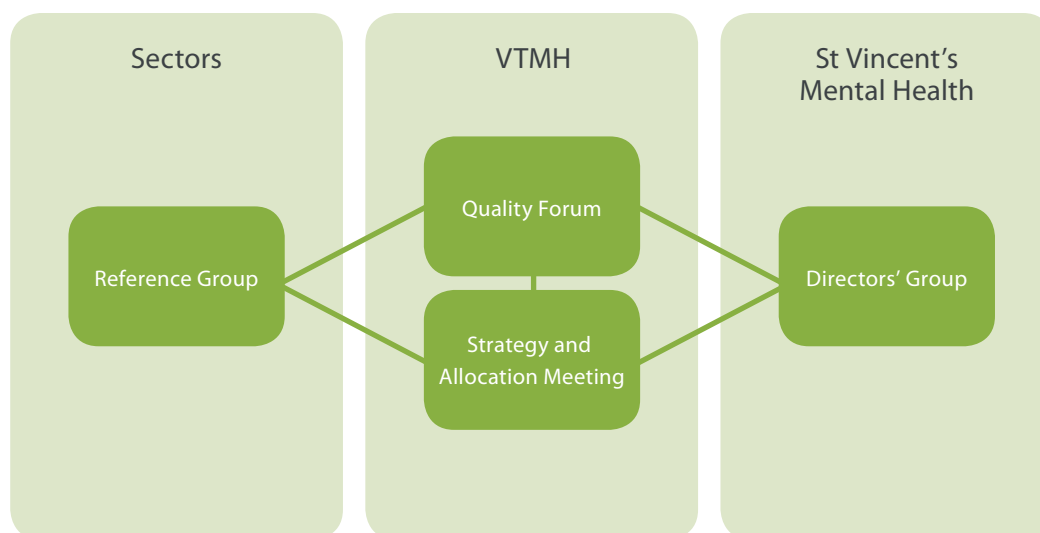
OPERATIONS AND GOVERNANCE

VTMH is engaged with mental health, primary health, multicultural, diversity and research sectors across the state. This enables VTMH to lead conversations regarding national and state-level mental health systems reforms.

The unit operates under the direction of St Vincent's Mental Health, which is itself operated by St Vincent's Health Australia and guided by the core values of compassion, justice, integrity and excellence. St Vincent's Health Australia has a reputation for combining the provision of publicly funded health care services with a commitment to respond to the health needs of

¹⁵ De Silva, S. & Santhanam-Martin, R. (2013) *Cultures in the know: Enabling multifaith communities to improve mental wellbeing*. Melbourne, Victoria: ADEC & VTPU.

Figure 1.1: VTMH operations and governance structure



The **Reference Group** meets three times a year to provide strategic direction, advice and cross-sectoral links. Membership includes diversity project leads from collaborating services, a representative from the peak ethnic communities' agency, leaders in multicultural primary health care, refugee health and international mental health, consumer advocates, a carer agency representative, and researchers in organisational development, social exclusion, and issues affecting LGBTIQ and faith communities.

The **Quality Forum** meets monthly or as required. Team members with responsibility for monitoring each of the four program area activities and communications review evaluation plans, assess new resource materials and plan professional development activities.

Strategy and Allocation is a weekly meeting involving the whole team, where requests made via the External enquiries service, partners in diversity collaborations, and ongoing activities across each program area are discussed and reviewed.

The **Directors' Group** is comprised of VTMH Manager and Consultant Psychiatrist, Mental Health Services Manager and Clinical Director. It meets three times a year to monitor compliance with DHHS and St Vincent's Hospital reporting requirements review VTMH's strategic direction, offer support and advice and ensure VTMH is informed about important mental health policy developments and other initiatives.

PROGRAMS AND SERVICES

VTMH work is currently organised across four program areas, described in Box 1.2.

Box 1.2: Four program areas

Organisational development

- Building the capacity of service organisations and other agencies to adopt organisation-wide approaches to diversity responsiveness

Workforce support

- Responding to the learning, practice and information needs of the public mental health workforce and other providers of health and social services
- Facilitating reflection by practitioners, teams and organisations
- Facilitating and contributing to practitioner networks

Community development

- Working at a community level to address mental health, social and emotional wellbeing
- Helping agencies to engage and empower consumers, carers and local communities

Research and projects

- Exploring good practice and innovation by collaborating with service providers, key agencies and research units

Organisational development

Building the capacity of mental health services to enhance diversity responsiveness through consultancy, planning, implementation and evaluation is VTMH's core business.

In recent years, VTMH has committed to working with a small number of service providers at any one time. This intensive approach involves at least a three-year program of collaborative work that also includes planning for sustainability when VTMH scales back the extent of its involvement.¹⁶

Designated VTMH consultants work with key individuals within the agency to guide the partnership and enlist other VTMH programs that will help the agency meet its objectives. See Box 1.3 for a list of VTMH's organisational development activities in the period 2013–2015.

This comprehensive service, Partners in Diversity, includes:

- Assessing an organisation's readiness to engage
- Guided organisational self-assessment to identify priorities and plans
- Making a collaborative partnership agreement
- Exploring ways to integrate policy and practice
- Providing support to implement strategic priorities, including education and training
- Sourcing current information, research and practice guidelines
- Mentoring and coaching of agency staff leading innovation
- Developing local service networks
- Evaluating impacts and outcomes
- Planning for sustainability.

VTMH contributes to conversations and debate regarding national and state-level mental health systems reforms. It does this by:

- Participating in policy debates and service reform initiatives
- Supporting mental health recovery reforms
- Engaging with other state and national peak bodies and key agencies.

Box 1.3: VTMH's organisational development activities 2013–2015

Commenced or continued collaboration with these mental health service providers

Goulburn Valley Health
Breakthru (formerly Norwood Association)
Wellways (formerly MI Fellowship Vic.)
Mind
St Vincent's Hospital
NWMH
Orygen Youth Health
Forensicare
Neami

¹⁶ For more information about how this works in practice, see Section 3. Organisational partnerships

Continued - Box 1.3: VTMH's organisational development activities 2013–2015

Systems-level projects and participation in consultations

- Consortium member of MHiMA (to mid-2015) and contributed to review of this project (late 2015)
- NDIS psychosocial disability consultations
- Victorian PDRS services reform consultations
- Consultations regarding national and state-level mental health plans
- National recovery-oriented practice framework consultations

Workforce support

VTMH has been supporting the mental health workforce for many years by responding to external telephone enquiries, convening a website, coordinating the network for CPHs and providing education.

A key milestone in this review period was offering a comprehensive course, *Community Services Practice (Client Assessment and Case Management): Culturally Responsive Practice*, a Vocational Graduate Certificate qualification for health and community practitioners with a Bachelor Degree or above. This course was initially piloted through Gippsland TAFE in 2012 and 2013 and then offered as an accredited course through RMIT in 2013 and 2014. This mixed mode, online and face-to-face course, designed and delivered by VTMH, was the only tertiary-level accredited course of its kind in Australia. Although feedback from students was extremely positive, the course was cancelled when structural changes in the vocational education sector made it impossible for RMIT to continue hosting this program. The option of VTMH becoming an accredited provider of this course has not been pursued; taking on this responsibility is beyond its current resource capacity. Work is underway in 2016 to transfer key course content to online formats, thereby making what was formerly course material openly available via the VTMH website.

The website was also comprehensively reviewed and redesigned in 2014, improving our capacity to disseminate sector news and promote VTMH programs. A new, freely available, online orientation resource for mental health practitioners went live in early 2015.

An outline of services and activities currently provided as part of workforce support follows:

External enquiry (telephone and email) service

- Responding to service development and education requests
- Supporting and resourcing practitioners.

CPH Network

- Coordinating an online platform and face-to-face support for CPHs across the state
- Formally and informally mentoring individuals regarding their CPH role
- Facilitating organisational and local area networks – a new development since early 2016.

Resources and information

- Developing online resources
- Communication via website.

Education and training

- Free online learning packages available via website
- Introductory cultural responsiveness sessions and more advanced workshops for multidisciplinary practitioners in public mental health, available via a state-wide training calendar and as part of Partners in Diversity organisational development program
- Tailored workplace education for non-public mental health agencies
- Seminars and forums
- Collaboration with higher education sectors (including universities and TAFEs)
- Cultural responsiveness for medical and psychiatry trainees
- Cultural Conversations and Secondary Cultural Consultations available to collaborating organisations.

For a snapshot of what was achieved in 2015, see Box 1.4. The education options that VTMH is currently providing are detailed in Box 1.5.

Box 1.4: Workforce support activities, 2015

External enquiries service

- Practitioners working in adult mental health services - the group most likely to request help via enquiry service
- Information and clinical support - the top two types of enquiry

CPH Network

- 70 network members from 28 different agencies across Victoria

Website

- Between 3189 and 8479 unique visitors to the VTMH website each month

Education and training

- Free online orientation resource launched
- 307 individuals attended 19 *Introduction to Cultural Responsiveness in Mental Health Services* workshops
- 119 individuals participated in 10 Cultural Conversations sessions
- Commenced roll-out of five new *Applied Skills and Knowledge* workshops

Box 1.5: Overview of education and training available in 2016

Online orientation resource

An open, free, self-paced site that workshop participants are advised to complete prior to introductory cultural responsiveness training. It takes about 3-4 hours to explore the text and videos and consider the reflective questions

Seminars and forums

VTMH coordinates monthly one-hour seminars, from March to October, which highlight current projects, research and other activities in the field of transcultural mental health. Seminars are free and open to all people interested in mental health issues and related practices. In addition, VTMH conducts forums featuring guest speakers on current topics.

Cultural Diversity Dialogues and Practices

A half-day workshop that introduces diversity concepts, practices, roles and responsibilities and the impacts of inequality and inequity. Participants are encouraged to reflect on their own cultural perspectives and consider cultural safety and humility. Key practices – working with interpreters, community engagement and cultural assessment – are explored.

Cultural Conversations

Theme-based reflective sessions to enhance engagement in diverse cultural contexts. A dialectical learning process facilitated by VTMH staff in a safe and supportive environment, these sessions help teams consider the challenges and recurrent themes that arise in their work with clients and with each other.

Five Applied Skills and Knowledge workshops

Build on material explored in the introductory cultural responsiveness workshop:

- *Cultural Diversity Supervision in Everyday Mental Health Practice*
- *Recovery and Diversity: Approaches to Cultural Assessment and Supporting Personal Recovery*
- *Service Innovation for Diversity Responsiveness*
- *Interpreted Encounters: Engaging with Language and Culture in a Mental Health Setting*
- *Community Development in Mental Health Practice*

Secondary Cultural Consultation sessions

Provide multidisciplinary teams with an opportunity to discuss the assessment, care, recovery and rehabilitation of an individual. Involves a facilitated team discussion about cross-cultural issues.

Community development

VTMH supports mental health services to form relationships with local communities and to undertake community engagement and development activities. The unit does this by mentoring specialist mental health services embarking on community development initiatives, collaborating with other health, mental health and community agencies to identify project opportunities and forming research partnerships in the area of community development. The community development program is a growing area of focus for the unit (see Box 1.6) and includes making and maintaining links with key mental health, multicultural and other community agencies (see Box 1.7).

Box 1.6: Overview of VTMH's community development framework, developed in 2015

Community development framework

- Building mental health service sector capacity to respond to local needs
- Supporting agencies to become more inclusive of community diversity
- Focusing on sustainable community-level approaches to addressing mental health, social and emotional wellbeing
- Providing education about community development and mental health
- Promoting mental health recovery through social inclusion

Box 1.7: Links with these key community agencies, 2013–2015

Activities undertaken with key community-based agencies

- Foundation for Survivors of Torture and Trauma (Foundation House) - collaborative workforce training, education resource development, shared psychiatry registrar training position, community development projects
- Ethnic Communities Council of Victoria (ECCV) - consultation
- Action on Disability in Ethnic Communities (ADEC) - collaborative workforce training and projects
- Asylum Seeker Resource Centre (ASRC) - workforce training, clinical supervision
- Tandem - consultation, system reform dialogues
- Victorian Mental Illness Awareness Council (VMIAC) - CALD consumer reference group, peer support project
- Member of Refugee and Asylum Seeker Mental Health Working Group, Mid-West Area Mental Health Alliance

VTMH has a long history of working with consumer and carer advocates and peak agencies (see Box 1.8).

Box 1.8: CALD consumer and carer participation activities, 2013–2015

Victorian CALD Consumer Reference Group	<ul style="list-style-type: none">• Run in partnership with VMIAC, this group meets bi-monthly to network, share skills, discuss health promotion and consultation
Spectrum of Cultures	<ul style="list-style-type: none">• A mutual self-help and support group coordinated by VTMH. Meets monthly and offers members a variety of information-sharing activities
MHiMA and other national level consumer and carer consultations	<ul style="list-style-type: none">• VTMH advocate, member of national CALD consumer groups and forums including the National Mental Health Consumer and Carer Forum
Finding our way: Stories of living with emotional and mental health issues	<ul style="list-style-type: none">• Project coordinated by VTMH, University of Melbourne, MHiMA and the Australian Centre for the Moving Image (ACMI), 2014, digital stories, DVD. Available online via a national website
Our voices: Stories of carers from refugee and migrant backgrounds	<ul style="list-style-type: none">• A multi-agency collaboration led by VTMH and ADEC, 2014, DVD series, multiple languages and online. 'Highly commended' by the 2015 Victorian Public Healthcare Awards in the category of 'Improving Health Equality and Closing the Gap'

Research and projects

VTMH's work in the area of research and projects includes:

- Identifying research opportunities
- Developing collaborative research agendas with service providers
- Providing student research placements
- Research publications, papers and reports
- Managing small, medium and large projects
- Monitoring the quality of VTMH activities.

A list of VTMH publications in the period of 2013–2015 follows. Box 1.9 presents a summary.

Box 1.9: Range of publications, 2013–2015

Snapshot of publications 2013-2015

- 8 journal articles or book chapters
- 2 collaborative projects
- 2 audio-visual productions
- 1 VTMH research report

Reports:

Victorian Transcultural Mental Health (2015) *Emotional wellbeing and access to culturally appropriate services: A comparative study of Muslim men of refugee background from the Horn of Africa, living in the inner-northern suburbs of Melbourne*. Fitzroy, Victoria: Victorian Transcultural Mental Health.

Collaborations:

Beyondblue (2013) *Perinatal mental health of women from culturally and linguistically diverse backgrounds: A guide for primary care professionals* [Guidelines developed as part of the Mental Health in Multicultural Australia (MHiMA) project. Available from beyondblue].

De Silva, S. & Santhanam-Martin, R. (2013) *Cultures in the know: Enabling multifaith communities to improve mental wellbeing* [Report of a joint project of ADEC & VTMH].

Audio-visual productions:

Mental Health in Multicultural Australia (MHiMA) (2014) *Finding our way* [Video]. Melbourne: Victorian Transcultural Mental Health, University of Melbourne & Mental Health in Multicultural Australia.

Victorian Transcultural Mental Health. (2014) *Our voices: Stories of carers from refugee and migrant backgrounds* [Video]. Fitzroy, Victoria: Victorian Transcultural Mental Health.

Journal articles and book chapters:

Kuay, J., Chopra, P., Kaplan, I. & Szwarc, J. (2015) Conducting psychotherapy with an interpreter. *Australasian Psychiatry* 23(3), 282–286.

Omar, Y. S., Jenkins, A., van Regteren Altena, M., Tuck, H., Hynan, C., Tohow, A., Chopra, P. & Castle, D. (2015) Khat use: What is the problem and what can be done? *BioMed Research International*, 472302. DOI:10.1155. Available at <http://dx.doi.org/10.1155/2015/472302>

Colucci, E., Chopra, P., McDonough, S., Kouzma, N. & Minas, H. (2014) Improving cultural responsiveness in mental health services: Development of a consensus around the role of cultural portfolio holders. *International Journal of Culture and Mental Health*, 7(3), 339–355.

Gudzer, J., Santhanam-Martin, R. & Rousseau, C. (2014) Gender, power and ethnicity in cultural consultation in *Cultural consultation: Encountering the other in mental health care*, L. Kirmayer, J. Gudzer, & C. Rousseau (eds). New York, Springer, pp. 163–182.

Rousseau, C., Gudzer, J., Santhanam-Martin, R. & de la Aldea, E. (2014) Trauma, culture, and clinical work: The ‘house of stories’ as a pedagogical approach to transcultural training. *Traumatology*, 20(3), 191–198.

Wriedt, K., Oehm, D., Moss, B. & Chopra, P. (2014) Perinatal mental health cultural responsiveness training: An evaluation. *The Journal of Mental Health Training, Education and Practice*, 9(2), 109–112.

McDonough, S., Chopra, P., Tuncer, C., Schumacher, B. & Bhat, R. (2013) Enhancing cultural responsiveness: The development of a pilot transcultural secondary consultation program. *Australasian Psychiatry*, 21(5), 494–498.

Minas, H., Kakuma, R., Too, L.T., Vayani, H., Orapeleng, O., Prasad-Ildes, R., Turner, G., Procter, N. & Oehm, D. (2013) Mental health research and evaluation in multicultural Australia: Developing a culture of inclusion. *International Journal of Mental Health Systems*, 7(23).

2. Evaluation project

OVERVIEW

This report explores data related to VTMH's period of operation between 2013 and 2015. This includes data routinely collected; for example, collaborative planning documents, records of meetings and feedback from training as well as data collected using methods designed for this project.

Section 1 of this report provides an account of VTMH's current programs and how services have evolved over time. It includes information about the recent history of some programs, and, in

others, a snapshot of activities undertaken in 2015.

This section focuses on programs conducted during the period under review. Many activities analysed as part of the evaluation pre-date 2013. Most of the activities remained in place at the end of 2015; others were started during this period then ceased. Table 2.1 recaps the activities underway and services provided during the review period.

Table 2.1: VTMH services and activities, 2013–2015

Program	Service or activity	2012 and/or earlier	2013	2014	2015
Organisational development	Service consultation and collaborative partnerships				
	Partnership planning				
	Network approach				
	Sustainability planning				
	Systemic-level consultation				
Workforce support	External enquiries service				
	CPH Network				
	Introduction to Cultural Responsiveness in Mental Health Services workshop				
	5 or 6 module cultural competence courses				
	Short course (with Gippsland TAFE)				
	Vocational Graduate Certificate qualification (with RMIT)				
	Secondary Cultural Consultations sessions				
	Cultural Conversations				
	Online orientation resource				
	Current website				
Community development	Community development initiatives				
	Consumer and carer peer support				
	Consumer and carer reference group				
Research & projects	Consumer and carer audio-visual materials				
	Various publications				

PROJECT DESCRIPTION

Rationale

In 2013, VTMH commenced discussions with AIPCA's Centre for Health Systems Development at La Trobe University to explore how the two organisations could collaborate. VTMH initially sought AIPCA's help to review and revise VTMH's partnership planning processes and documentation. AIPCA began by eliciting the team's sense of the factors that facilitate or hinder collaborations with other organisations. AIPCA was later engaged to plan and guide the implementation of this evaluation project and develop a program logic that outlined the objectives of VTMH programs and services and identified connections between activities, inputs, outputs, outcomes and context.

Project aims

This evaluation project aimed to:

- Collect information about the assessments and perceptions of practitioners, organisations and agencies that use VTMH programs and services
- Listen to accounts of their experience of having contact with or collaborating with VTMH
- Identify the contribution VTMH makes to improving and promoting culturally responsive practices in mental health care
- Identify barriers to VTMH working with mental health services to implement policy recommendations
- Use this process to develop commitments for further review or action by VTMH.

Evaluation approach

We adopted Patton's (1997) definition of evaluation for the purposes of this project. Namely, that evaluation is the "systematic collection of information about the activities, characteristics, and outcomes of program, services, policy, or processes, in order to make judgments about the program/ process, improve effectiveness, and/ or inform decisions about future development".¹⁷

This evaluation incorporates elements from various traditions,

and uses both quantitative and qualitative data drawn from a number of sources to capture multiple perspectives on the work of the unit.

In some areas we have reviewed and reported on data from a single year; in others we consider data collected over two years during the evaluation project period 2013 to 2015—while 2013 was a planning year for this project, we had access to routinely collected data (e.g. partnership planning documentation); in the years following data arising from additional methods (e.g. revised education session feedback and an online survey of service users) became available.

Methodology

Approval for this project was obtained from St Vincent's Health, Melbourne, Quality and Risk Unit as a quality assurance project.

The project is comprised of five evaluation studies: each method of enquiry was designed to meet specific objectives (see Box 2.1).

¹⁷ Patton, M. (1997) *Utilization focused evaluation: The new century text* (3rd Ed.). Thousand Oaks, California: Sage Publications. p. 23

Box 2.1: Five evaluation studies: objectives, data sources and methods

Organisational partnerships

Objective: to describe VTMH's partnership approach, responsiveness strategies and achievements and the factors that tend to enable or hinder collaboration.

Data sources: partnership documents; planning tools; minutes of meetings; VTMH Strategy and Allocation meetings; CPH contact database; External enquiries contact database.

Methods: apply a protocol to describe two case examples; check project records against VTMH guidelines; thematic analysis of documents.

Education and Training

Objective: to identify participants' perceptions about the relevance and usefulness of VTMH education and training by analysing feedback from Introduction to Cultural Responsiveness in Mental Health Services workshops and Cultural Conversations, held in 2014 and 2015.

Data sources: routinely collected participant feedback forms; attendance records.

Methods: Excel spread sheet; descriptive statistics; thematic analysis.

VTMH programs and services

Objective: to gain feedback from individuals who had participated in or used at least one of VTMH's services or activities in the previous 12 months about how contact with VTMH has affected their learning or practice.

Data sources: online survey conducted by VTMH designed by VTMH and AIPCA; VTMH contact database.

Methods: Survey Monkey; Excel spread sheet; descriptive statistics; thematic analysis.

VTMH team perspectives

Objective: to explore team perspectives about VTMH approaches and processes, programs and services, including their relevance and effectiveness.

Data sources: interview of VTMH team members, schedule of questions designed by VTMH and AIPCA.

Methods: structured interviews conducted by VTMH; audio-recording and transcription of notes; collation and coding in NVivo software program; thematic analysis.

External key stakeholder perspectives

Objective: : to investigate the views of key stakeholders about the strengths, challenges, barriers and potential areas of improvement for engagement with VTMH and the programs and services provided.

Data sources: interview of key stakeholders; VTMH contact list.

Methods: structured interviews conducted by AIPCA; audio recording and transcription of notes; thematic analysis.

KEY FINDINGS

Reports detailing the results of each investigation are included in the second part of this report. Here is a summary of key findings from each evaluation study.

Organisational partnerships

VTMH's approach to monitoring engagements is providing a useful framework for documenting agreed strategies, identifying outcomes and highlighting partnership enablers throughout the consultation process. Hence, routine record-keeping that captures formal and informal knowledge is important.

Generally, organisations seek support from VTMH to:

- Improve relationships with other agencies
- Address diversity leadership within their organisation
- Generate commitment to addressing cultural responsiveness within the organisation
- Seek a more authorising environment for addressing issues
- Manage and lead projects.

Working collaboratively with the two agencies reinforced the need to pay careful attention to using all available opportunities to facilitate the implementation of strategies. That is, we cannot assume that people in organisations:

- Think about ways in which they are obliged (by law and in policy) to be diversity-responsive and about the implications for them personally and professionally
- Feel confident and competent to practise responsively
- Use the skills and knowledge learnt in education sessions in practice settings in which they work
- Work in service systems that enable and encourage them to meet diversity obligations and use their skills and knowledge appropriately.

In reviewing these case examples, and reflecting on VTMH's work in this area over a number of years, it is clear that developing systems that integrate diversity responsiveness into everyday operations and practice requires leadership, capacity, time and sustained effort.

Education and training

Introduction to Cultural Responsiveness in Mental Health Services workshop

- Forty-four workshops involving 742 participants from clinical mental health, community-managed mental health and other services were held during 2014 and 2015. Eight workshops were held in rural areas; 645 feedback forms were analysed.
- Workshops were delivered as part of a state-wide training calendar, collaborative organisational partnerships as well as with other agencies.
- Feedback from participants was consistently positive: the sessions improved their knowledge, practice and confidence; the learning methods used were effective.
- 'Self-reflection' was a notable response to open questions, particularly in the second year. This is consistent with the VTMH team's growing emphasis on this theme across all program areas.
- Learning about inequality and working effectively with interpreters was consistently highly valued.
- Participants reported that the workshops left them with an intention to change practices related to 'cultural sensitivity' and 'cultural assessment'. 'Community engagement' was commented on more often by respondents in the second year; this also aligns with VTMH's increased work in this program area.

Cultural Conversations sessions

- Nineteen sessions involving 213 participants from clinical mental health, community-managed mental health and other services were held during 2014–2015. Two hundred and six feedback forms were analysed.
- Feedback from participants was extremely positive: the sessions provided opportunities for self-reflection and to gain useful skills, knowledge and confidence.
- Comparisons between closed questions asked in 2014 with those asked in 2015 are difficult to make due to the development of a more comprehensive questionnaire in 2015.
- Comments and responses to open questions indicate that sessions were facilitated in a safe way and effective in helping practitioners explore their personal beliefs and values, and learn more about their colleagues' perspectives. They saw direct relations between issues raised in the session and their work with clients and their families.

Overall, findings suggest VTMH education and training improves the cultural awareness and knowledge of practitioners, develops their ability to self-reflect, encourages them to engage in other reflective practice activities, and positively affects their capacity to influence change within organisations.

VTMH programs and services

The same broad VTMH program areas were available throughout 2014 and 2015, with a few differences in types of services and activities provided. Individuals registered with VTMH's database were surveyed in two rounds: 60 individuals responded to the first round and 69 responded to the second. When compared with the 2014 cohort, more community-based mental health practitioners and more individuals who were relatively new to mental health practice responded to the 2015 survey. The proportion of metropolitan and rural respondents to each survey was similar, at around 20%.

Usefulness of activities: Most responses and comments by respondents across the two survey periods related to activities provided as part of VTMH's workforce support program area; in particular, the introductory cultural responsiveness workshop and the Cultural Portfolio Holder (CPH) Network. The services and activities rated by 50% or more of respondents as 'very useful' throughout 2014 and 2015 were the introductory cultural responsiveness workshop and Cultural Conversations sessions. The introductory cultural responsiveness workshop was seen by respondents as an opportunity to become more culturally sensitive and self-aware, gain knowledge, form networks with others, share information and reflect on practice. Members of the CPH Network commented that the program provides opportunities to share information, stay up-to-date and gain ongoing support. Cultural Conversations sessions are helping practitioners consider new perspectives, reflect on their practice and create more open dialogue within teams.

Consequences of contact with VTMH: Of the six statements proposed, most respondents across the two survey periods strongly agreed that contact with VTMH made them more aware of cultural diversity and mental health and that contact with VTMH had helped them gain more confidence, change their practice and promote change in the workplace.

Organisational factors: Of the three claims proposed, most respondents across the two survey periods strongly agreed with the premise that leaders in their workplace are

committed to implementing culturally responsive practice. Most moderately agreed that their organisations had relevant policies, procedures and plans in place or had relevant strategies in place to ensure staff involvement.

Overall, the two survey rounds yielded similar results. The findings support VTMH's current focus on enhancing workforce confidence and capacity to acquire knowledge and skills, develop a reflective approach to practice that has real-life application in work settings. Comments suggest VTMH should continue to prioritise providing education that is embedded in organisational change initiatives and offering flexible online learning and more advanced workshops.

Most responses to the survey related to VTMH's workforce support program. Ongoing monitoring and evaluation across all program areas – including organisational support, consumer participation and community development, and research and projects programs – will require VTMH to use a range of other evaluation methods and strategies.

VTMH team perspectives

Eight main themes emerged from internal staff interviews:

- Team members are adopting more contemporary and complex understandings of *culture and diversity discourses* (e.g. intersectionality and cultural safety).
- The unit is committed to *increasing the priority accorded to cultural diversity* within mental health services by discussing inequity and showing how diversity awareness is relevant for all service users.
- Individual team members are assisting practitioners and services to *apply the principles and guidelines* explored in education sessions and organisational consultations to *everyday practice*.
- Individuals acknowledge the importance of VTMH *participating in service reform debates and ensuring current policy directions* in mental health at national and state government levels are reflected in the unit's work. They also value community-led responses to inequality and inequity.
- *Staying up-to-date* across the broad range of areas relevant to transcultural mental health is challenging. Individual team members described their self-study strategies.
- All team members are keen to have a deeper understanding of the unit's *impacts and outcomes*. Participant feedback suggests VTMH programs are effective. There is more

to learn about the groups that chose to not use VTMH's services, and why.

- Individuals recognise the importance of *effective communication*. This includes informing relevant sectors, key stakeholders and collaborating agencies about VTMH's objectives and programs and listening to the concerns of practitioners, service providers, service users, and the broader community.
- Team members value the unit's *positive internal culture* and approach to shared decision-making. They are seeking more opportunities to exchange knowledge and share experiences with other individuals and agencies.

AIPCA report: VTMH Evaluation: Key Stakeholder Interviews

Stakeholders were overwhelmingly positive about the operation of VTMH; in particular, there were frequent comments about the high calibre and responsiveness of staff and the support they provided. The value of the training and resources provided was also stressed, including the Cultural Conversations and opportunities for self-reflection. Partnerships with VTMH were valued and stakeholders were able to provide a range of examples of positive outcomes from their involvement with VTMH.

Stakeholders provided information about the following areas:

- *VTMH aims*: There was general consensus that VTMH aims to assist mental health services develop a culturally responsive mental health workforce and supports organisations to reflect upon and improve their cultural responsiveness. All stakeholders were very impressed with VTMH staff, commenting on their high level of skills and knowledge, positive can-do attitude, adaptability, and the support they provided to services.
- *Changes in VTMH's approach*: Stakeholders that had a longer-standing relationship with VTMH were more aware of recent changes. They were very positive about the changes and supported the shift to cultural responsiveness and a population-based approach. They supported VTMH placing greater emphasis on reflective practice and finding ways to connect, while being aware of cultural similarities and differences, and working with communities.
- *VTMH partnerships*: The majority of stakeholders knew about the partnerships and several stakeholders knew that their organisation was conducting a project, or had completed a project with VTMH, but were unsure if that constituted

a formal partnership. Stakeholders reported that being in a partnership with VTMH had had a very positive and significant impact upon their service's approach to cultural responsiveness and thought it would be valuable for all mental health services to be in partnership with VTMH.

- *VTMH programs and services*: There was consensus among stakeholders that the services and programs provided by VTMH were of a very high quality. They thought that there was a good breadth of programs and services and VTMH was very responsive to meeting the changing needs and level of sophistication of mental health services.
- *Consequences of engaging with VTMH*: Stakeholders reported many examples of changes that had occurred in their organisation due to their engagement with VTMH. These related to the service's staff, organisation and interface with the community.
- *Factors that facilitate culturally responsive practice*: Involvement of VTMH (in particular, being engaged in a formal partnership) had the most impact on facilitating change; managers believing in the importance of cultural responsiveness; employing staff with an understanding of cultural diversity; including cultural responsiveness in staff performance appraisals; encouraging or mandating training; conducting team-based reflective discussions; and having cultural responsiveness champions in an organisation.
- *Factors that hinder culturally-responsive practice*: High staff turnover in the mental health sector is an impediment to facilitating cultural responsiveness within their organisation; difficulty convincing managers in their organisation that cultural responsiveness wasn't something that could be just "ticked off" their organisation's list; lack of interest or inability to see the importance of cultural responsiveness was an issue for some services; feeling overwhelmed by the amount of work that needs to be done; and inconsistent approaches across an organisation.

Stakeholders provided suggestions for improvements, including exploring the opportunity to strengthen the reach of VTMH from mental health services into the broader community sector. Many suggestions were 'more of the same' rather than additional to current activities.

CHALLENGES

This project provided an impetus to improve our rigour regarding documentation and evaluation across all program areas. Even so, applying an evaluation framework to VTMH

services and activities retrospectively meant we were more limited in the information available to consider and analyse.

We sought feedback from people who had used VTMH services and programs and/or had registered their interest in our work via our database. One clear limitation of this project, therefore, is that we have not reached out to practitioners and agencies that form part of the public mental health service sector and do not utilise VTMH.

Although we sought external expertise in the design of this project, we were not in a position in 2013 to take a collaborative approach to the design of the evaluation itself; that is, we did not explicitly undertake to involve the then Department of Health, mental health service providers or consumer, carer or community representatives in the early stages. The approach has, however, enabled us to explore what we, the staff of the unit, collectively know, and what people who know the unit well think about the service.

We wanted to know if the work we do with services, agencies and communities is leading to better mental health and social and emotional wellbeing among diverse service users and the community more generally. However, the evaluation findings presented relate mainly to VTMH processes and impacts at the level of practitioner learning and practice and organisational effectiveness and do not offer insights about outcomes for service users and communities.

The external evaluation consultants provided a valuable perspective, and it was especially important that they were able to conduct independent discussions with external stakeholders. Interviews with the VTMH team were conducted and analysed by peers. Although efforts were made to focus on individual perceptions of VTMH processes and effectiveness and systematically analyse the responses, it's possible that team members did self-censor and that the analysis was affected by unconscious bias.

The document analysis approach to reviewing organisational partnerships proved a useful way to mine routinely collected information, but also demonstrated that not everything of value in collaborative work is or can be captured in writing. Much of the context and nuance of this work resided in consultants' accounts, memories and conversations. We're keen to continue to find ways to capture this kind of information and wisdom.

The process of review and analysis reinforced the importance of maintaining detailed records of engagements with other services – especially important as progress can be episodic, partnerships extend over long periods and inevitably involve changes in personnel. Some records, especially of informal conversations and working group meetings, were not available to review. It is possible this study did not capture all the achievements that services made or all the players and factors that influenced progress.

Providing participants with questionnaires immediately following an education event is common practice among training institutions. In our case, it gave us information about participants' reactions to learning events and prompts to consider what they had learnt and how they plan to apply it. While gathering information about education by other means, such as partnership documents and online surveys, is a strength of this study, richer information about the longer-term impact may have been revealed through targeted conversations; for example, with samples of participants or team leaders.

The online survey approach, trialled over two years, elicited some helpful information. However, there are limitations in interpreting this data. Only small proportions of the total of individuals who utilised VTMH services and programs responded to the online survey rounds. Surveys, especially those with small sample sizes, can be unreliable and not representative. Most of the online survey responses related to education events. The survey responses did not provide very much new information about organisational support, consumer participant and community development or research program areas. This suggests that alternative, more targeted evaluation methods are required.

This review focused mainly on organisational support and workforce support program areas, and, within the workforce support area, we focused mainly on the unit's education and training activities. The evaluation elicited some comments about the CPH Network. Basic information about secondary cultural consultation sessions conducted during this review period, such as numbers of sessions, participants and names of engaged services, are noted in this report; however, feedback from participants is not reported. Further work is also needed to develop evaluation plans for consumer participation and community development and our program of providing research and managing specialist projects. The team is developing plans in these areas for 2017.

COMMITMENTS

VTMH's programs and services are highly valued among workers, key stakeholders, mental health service providers and other agencies, as well as within the VTMH team.

Consistent with our aim to be a 'learning organisation'¹⁸ (a team that is self-reflective and self-critical, has a shared vision, learns together and is responsive to dynamic policy and service delivery environments) this project has provided opportunities to review our strategic directions, assess our effectiveness, and,

importantly, find out more about how we are perceived and assessed by others.

This evaluation helped identify areas that will influence how VTMH proceeds into the future. The following commitments were developed to address the most salient issues that emerged during the project. These include three areas of focus: communications, quality, and collaboration. Figure 2.1 summarises what we learnt and how we plan to further develop the work of VTMH.

Figure 2.1: Commitments, focus and action



¹⁸ Senge, P. (1990) *The fifth discipline: The art and practice of the learning organization*. New York, USA: Random House.

Communication

Conversations with practitioners and services will continue via our consultancy and education activities. We are expanding our use of online means to reach people via education packages. The online cultural responsiveness orientation resource has been available since early 2015; and other introductory resources about working with interpreters, cultural assessment and working with people of refugee background will be added later this year.

We are strengthening our engagement with VMIAC and Tandem, and the effectiveness of VTMH's consumer and carer initiatives.

The newly formed VTMH Reference Group is improving our sector collaboration, our capacity to participate in relevant policy and practice debates, and, with the Department of Health and Human Services (DHHS) and this group's support, play a leadership role.

We will also refocus our attention on the ways in which we promote VTMH programs and services in order to: encourage mental health service providers across the state to use our services and freely available resources; promote our focus on organisational development by sharing examples of what more intensive collaborations between VTMH and services have already achieved; develop materials and approaches that encourage collaborating agencies to actively involve their staff in diversity responsiveness plans and actions.

We are also committed to listening to and responding to the advice of key stakeholders as we develop new programs and services or significantly change existing ones.

We will launch a new blog to discuss issues related to diversity, meaning and power in greater depth, by engaging with contemporary thinkers and practitioners and reflecting on implications for the mental health services and the communities they serve.

Quality

The Quality Forum and the VTMH Reference Group are helping to guide our strategic directions and develop monitoring, review and evaluation plans for VTMH programs.

We are sharing VTMH's knowledge and experience about

enablers and barriers, about what works and what doesn't, when collaborating with other agencies.

VTMH is committed to improving our monitoring and review processes. This includes documenting requests and completing project plans that describe engagements and prompt collaborating agencies to identify a rationale, likely service deliverables, and short- and long-term outcomes.

VTMH is committed to ensuring the VTMH team has up-to-date understanding of policies, frameworks, concepts and relevant research, and regularly takes up professional development opportunities.

We are developing our expertise in community engagement and development and exploring the field of implementation science.

Future undertakings in evaluation and service delivery will apply co-design and co-production principles. This study has laid the groundwork for this to occur with the guidance of the Reference Group and the Directors' Group.

We are developing evaluation plans for each program area and embedding monitoring and review into the unit's routine operation.

We are exploring ways to evaluate the effects of organisational cultural responsiveness initiatives at the level of consumer outcomes. This will require collaborations with service providers and lead community agencies as well as applying culturally responsive and safe approaches to outcome evaluation.

Collaboration

VTMH is committed to continuing to work closely with service providers and other agencies.

We note that the mental health sector currently lacks coordinated ways to reach new and emerging communities. We are seeking more opportunities to collaborate with community agencies and groups, either directly or by supporting other agencies to do so, in order to build community capacity.

We are currently focusing on finding ways to routinely reflect on and document partnership progress using enabling factors the unit has identified.

VTMH is integrating a project-based work model into all its engagements with other agencies—both short-term collaborations and extensive organisational service development partnerships. This is facilitating a flexible response to the particular needs and priorities of each agency and improving our documentation and monitoring.

The DHHS has a role to play in providing an authorising environment within the sector. It can assist in a number of ways: by promoting VTMH programs and services to service managers and clinical leaders across mental health organisations and agencies in Victoria; acknowledging the experience and goodwill of CPHs in mental health services and strengthening their role; and recognising VTMH's capacity to contribute to service and systems reform discussions and implementation. VTMH is keen to develop a closer strategic and working alliance with DHHS.

PART 2.

What people told us: findings and analysis

3. Organisational partnerships

Evaluation objective: to describe VTMH's partnership approach, responsiveness strategies and achievements and the factors that tend to enable or hinder collaboration, by discussing two case examples.

OVERVIEW

From 2013 to 2015, VTMH provided services as part of partnership arrangements with a number of clinical and community-managed mental health services across Victoria.

Typically, collaborations between VTMH and service providers extend over two or three years. The first year tends to include developing relationships, organisational self-assessment and developing an initial partnership plan. This commonly includes delivering some education sessions to build the agency's diversity leadership capability. The second year is generally devoted to improving organisational effectiveness and community engagement by focusing on the policy and practice environment, workforce education and any other areas of priority to the agency. The final year focuses on consolidating gains, planning for sustainability and renegotiating the terms of the partnership, including the level of ongoing support and services VTMH will continue to provide.

This section presents examples of VTMH's work with two organisations: NWMH, provider of four area mental health services, a youth mental health program and an aged mental health program to the communities of northern and western metropolitan Melbourne (a catchment of 1.2 million people); and Forensicare, the specialist provider of forensic mental health services in the state of Victoria, including a secure hospital, community forensic mental health services, and prison services. Their engagement with VTMH as partners during the review period is discussed here with their consent.

All information was analysed using a simple protocol¹⁹ designed for this evaluation project; that is, we asked a series of questions of the data to generate a description of each partnership over time. Further, we used internal guidelines to note the range of cultural responsiveness strategies implemented during the course of the engagement and corresponding achievements recorded by partner organisations, and reviewed partnership processes by looking for examples of enabling and hindering factors.

Source data for this study included formal partnership documentation maintained by VTMH, records of meetings and correspondence between agency and VTMH representatives

¹⁹ Adapted from Lin, R. (2014) *Case study research: Design and methods* (5th Ed). Los Angeles, USA: Sage.

and other information routinely maintained and collected by VTMH, including contact databases, information related to the CPH Network, education and training activities and the enquiry service.

While these records provide a great deal of descriptive information, they don't contain all the detail about the conditions that enable organisations to implement effective cultural responsiveness strategies and the consequences of VTMH's involvement. VTMH's prior experience in conducting service development partnerships²⁰ notes that informal interactions between VTMH consultants and agency representative are extremely important as sources of mutual support and provide opportunities for ongoing review. It is often during these conversations that incremental or less tangible achievements are noticed and shared. Therefore, in addition to reviewing documents, VTMH team members were asked for their reflections.

This evaluation has reinforced the importance of VTMH maintaining records of plans, progress and achievements in relation to partnerships as well as allocating time to review and reflect on processes. Much of the knowledge about achievements and enabling factors that were relevant in these case examples resided in informal records of meetings, and in email correspondence.

VTMH has now compiled a suite of core guidelines and forms that consultants use to document plans, progress and reviews.

VTMH PARTNERSHIP PLANNING FRAMEWORK

Organisational assessment and partnership planning

VTMH designed its *Partnership Planning Framework*²¹ in 2010 as a guide for mental health services. The VTMH framework aligns with the four domains identified in the then Victorian Department of Health's (2009) *Cultural Responsiveness Framework: Guidelines for Victorian Health Services*: namely, organisational effectiveness; risk management; consumer

participation; and effective workforce.

The VTMH framework draws on Australian and international knowledge about implementing cultural responsiveness initiatives at an organisational level and responds to other policies, frameworks and laws including the *Charter of Human Rights and Responsibilities Act 2006*, *National Standards for Mental Health* (2010), the *National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers* (2013) and *Victoria's Mental Health (MH) Act 2014*.

The VTMH framework serves two main functions. It invites organisational representatives – leaders, quality managers, educators, CPHs, and others – to self-assess their agency's cultural responsiveness, identify priorities and track improvements over time. The framework also guides the development of a partnership agreement with VTMH and sets out the range of services and activities VTMH will provide over time.

In practice, VTMH service development consultants use the framework to guide discussions with partnering organisations, document the agency's account of its strengths and gaps, and negotiate the ways VTMH might help build the agency's capacity to respond to diverse populations.

The particular domains, areas and strategies outlined in the original planning tool remain relevant and are outlined in Figure 3.1. The full planning document was revised in 2013 to include an alternative rating scale and reflect changes in policy, practice and law.

²⁰ VTPU (2011) *Cultural responsiveness in specialist mental health services: Service development as a component of a capacity building project*. Fitzroy, Victoria: VTPU.

²¹ For copies of VTMH's comprehensive cultural responsiveness partnership planning and sustainability framework documents, contact VTMH directly

Figure 3.1: VTMH Cultural Responsiveness Partnership Planning Framework, outline



VTMH CULTURAL RESPONSIVENESS PARTNERSHIP PLANNING FRAMEWORK: OUTLINE

The VTMH Cultural Responsiveness Partnership Planning Framework (the VTMH Partnership Planning Framework) is designed to assist specialist mental health services understand and enhance the ways in which they respond to Victoria's culturally and linguistically diverse (CALD) communities.

Domains ²²	VTMH framework areas	Relevant strategies
Organisational effectiveness	Development of policies and plans	Policies, plans and strategic direction reflect cultural diversity
	Implementation of policies and plan	Awareness-raising; education; service-wide initiatives
	Reflection, evaluation and research	Data collection; analysis of impacts and outcomes
	Leadership and staff inclusion	Cultural diversity group with links to organisational leaders; participation by staff across programs
Risk management	Language services and translated information	Effective work with interpreters; relevant service information translated
	Culturally sensitive mental health practice	Assessment and intervention guidelines; care reviews include cultural considerations; staff access to relevant resources and information
Consumer participation	Inclusive practice	Safe care provided with sensitivity and respect; cultural, religious and other human rights respected and communicated; consumers and carers understand other rights: Mental Health Act, health care rights
	Access and participation for CALD consumers and carers	The involvement and participation of CALD consumers and carers is actively sought and supported
	Information sharing and partnerships with CALD organisations	Links are made with key community organisations; community development initiatives undertaken
Effective workforce	CALD-related roles and positions	CPHs; bilingual/ bicultural practitioners; community liaison workers; cultural diversity consultants
	Education and training	Staff orientation to core knowledge and skills; comprehensive cultural responsiveness training, develop educator roles
	Continuous learning	Knowledge and skills shared across organisation; peer support, mentoring and coaching; responsive to change and local needs
	Use of information communication technology	Information and resources shared within the organisation; easy access to external resources

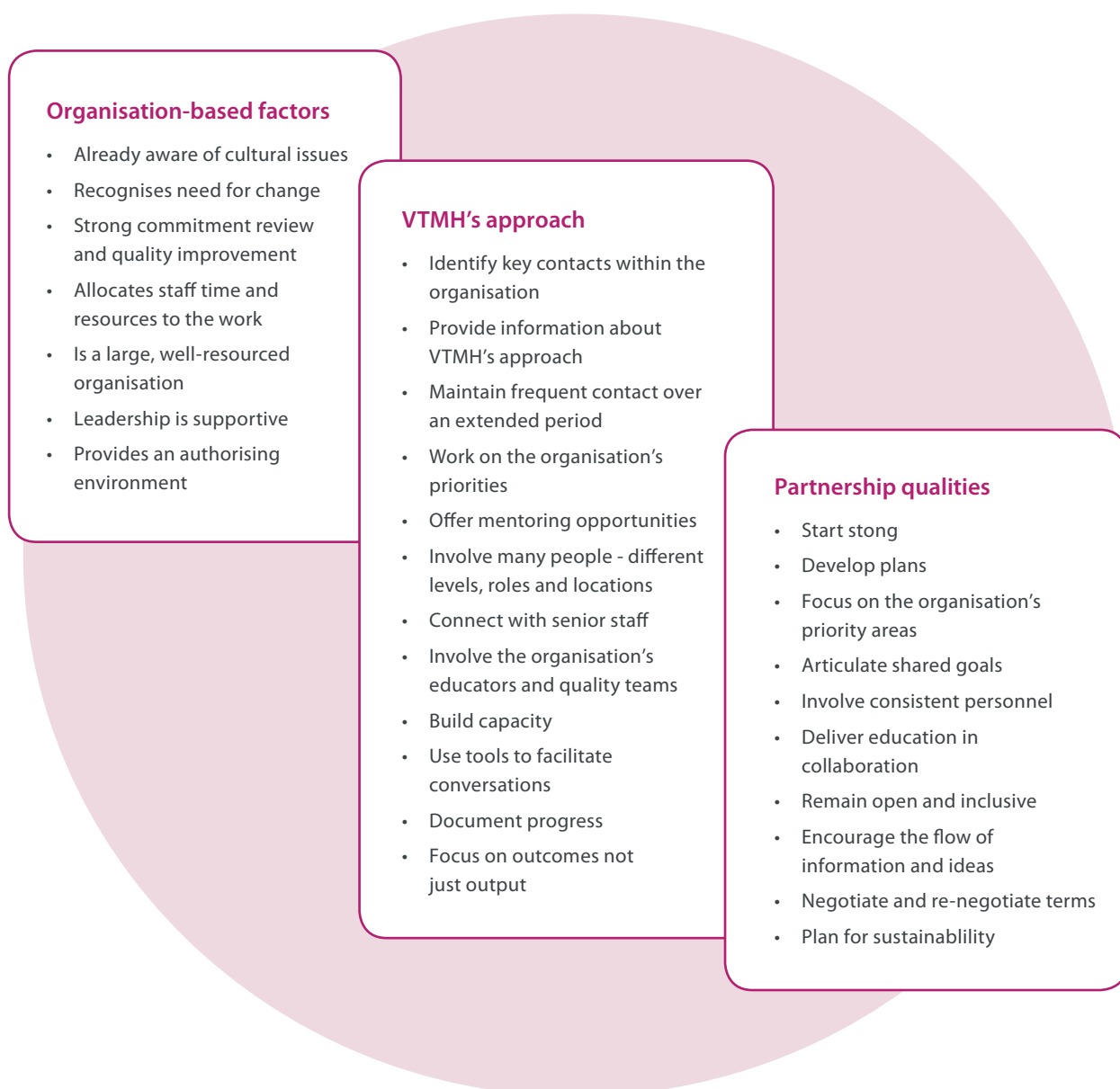
²² Department of Health (2009) *Cultural responsiveness framework: Guidelines for Victorian health services*. Melbourne: Victorian Government.

Indicators of successful partnership outcomes

VTMH has been assisting mental health service providers to improve their capacity to respond to culturally-diverse consumers, carers and communities for several years. Discussion facilitated by AIPCA with VTMH team members in 2013 elicited their thoughts about the factors that tend

to support the development of effective capacity building partnerships. Represented in Figure 3.2, they noted factors that relate to the participating organisation and others that relate to VTMH's approach to collaboration. They also described, based on experience, the qualities of effective partnerships.

Figure 3.2: VTMH team reflections on effective partnerships



This information was used to develop a list of process and output indicators of successful partnership outcomes (see Box 3.1) that VTMH consultants use to review partnerships as they progress and discuss sustainability when concluding a period of intensive collaboration with an agency.

These indicators are also evident in comments made in partnership documents by representatives from various organisations (see Box 1.3 in Section 1 of this report). They discuss areas that are challenging for services to overcome without support from an external agency. For example, they mention looking for support from VTMH to:

- Improve relationships with others and other services because presently “services work in silos”
- Support diversity leadership within their organisation because they believe it’s a “challenge to integrate cultural responsiveness into policies and procedures” or are “unsure what is happening across the organisation.”
- Generate an inclusive approach to addressing cultural responsiveness within the organisation because they find “most staff are not familiar with service-wide cultural responsiveness policies and plans.”
- Seek a more authorising environment for addressing the issues because it is “difficult to see cultural responsiveness becoming a priority in the service”
- Manage and lead projects because, to date, “most initiatives are coordinated at a local rather than systemic level.”

Box 3.1: Partnership-enabling factors

Enabling factors	Examples of ways VTMH assists partner organisations to become more diversity-responsive
Relationships	Offer regular and frequent contact with VTMH consultants; provide consistent contact persons; use formal letters of introduction; foster connections between people and between agencies
Inclusiveness	Identify shared goals; use planning tools to encourage conversation; enlist multiple perspectives; consult widely
Diversity leadership	Explore agency’s diversity awareness and capacities; develop a diversity plan based on organisational self-assessment; support diversity roles and groups; consider policy directives and service expectations
Authorising environment	Offer mentoring and supervision; identify agency’s internal drivers; for example, directives from funding bodies, access and equity concerns, or accreditation; identify existing and potential resources
Project leadership and management	Develop a partnership plan; pace projects to suit the agency’s needs; manage complexity in systems; manage the flow of information and ideas; document, monitor and evaluate
Reciprocity	Share information and expertise; co-train with agency-based educators; co-create resources; adopt open processes
Reflection	Facilitate conversations; review diversity plans; review and re-negotiate partnership agreements; identify outputs; focus on outcomes; plan for sustainability

Planning for sustainability

VTMH sustainability planning assists organisations to identify the capacity building objectives that will guide their work beyond the three-year initial partnership engagement period and what kinds of additional consultation and resourcing from VTMH they may require. VTMH sustainability planning asks organisations to consider questions (see Box 3.2) designed to identify partnership outcomes. Particular requests for VTMH services are noted and discussed; for example, an agreed number of reflective practice sessions facilitated by a VTMH team member in the coming year. Organisations are encouraged to integrate partnership-enabling factors (outlined above) into sustainability plans.

In this phase, VTMH aims to provide support and resources that will help the agency consolidate and extend the gains made so far.

Box 3.2: Planning for sustainability

Planning for sustainability

- What did your organisation set out to achieve by forming a partnership with VTMH?
- How did the partnership help you to implement strategies relevant to those goals?
- Has your organisation implemented culturally inclusive practices/activities? Outline examples.
- Have your direct care and support staff adopted culturally safe and responsive practices? Outline examples.
- Were there any unintended consequences of the partnership for the organisation? If so, what were they?
- How does the service engage with other health and community networks? Outline examples.
- What further achievements does your organisation seek in relation to embedding culturally responsive systems and practices?
- Would further involvement from VTMH with your organisation enhance and embed change initiatives over the longer term? Consider the attached partnership-enabling factors.

ENGAGING WITH SERVICE PROVIDERS, 2013–2015

Developments in VTMH's approach to engaging mental health service providers as partners during the period 2013–2015 include:

- Revising and updating Partnership Planning Framework documentation
- Identifying indicators of effective partnership processes and outputs and incorporating these into consultation practices and sustainability planning
- Working with NWMH to trial a 'network approach' to strengthen the capacity of the mental health system to address the mental health and wellbeing of members of diverse and vulnerable communities living in the northern and western metropolitan Melbourne (see Box 3.3)²³
- Introducing sustainability planning into engagements with organisations and designing accompanying documentation
- Professional development to strengthen VTMH team capacity about service development and innovation
- Exploring options for assessing an organisation's readiness to engage in a comprehensive service development partnership
- Focusing more on knowledge skills transfer from learning into practice and guiding implementation of cultural responsiveness strategies.

²³ Based on the project logic developed in 2013

Box 3.3: Taking a “network” approach

Taking a ‘network’ approach

Outcome:

Individuals and families from diverse and disadvantaged communities in this region will experience Victorian public mental health services as culturally responsive and culturally sensitive

Steps:

1. Identify leaders and managers based in clinical and community rehabilitation mental health services for cultural responsiveness education
2. Broker relationships: work with leadership group to map links between services, identify service gaps and nominate “champions” or diversity leaders, including CPHs
3. Support development of relationships between clinical and rehabilitation service providers; that is, the formation of a network: encourage communication, support collaborations (e.g. service coordination projects), provide resources (e.g. workforce education)
4. Support the network to build and strengthen other relationships: connect with providers of health and social support services, professional networks, community organisations and groups

5. Support network members to implement strategies: support cultural responsiveness projects (e.g. develop an effective workforce, conduct research, exchange information and resources)

Anticipated short-term and medium-term outcomes:

- Workforce education in cultural responsiveness available across the region; network develops its own cultural awareness education capabilities
- Service coordination enables consistent data analysis; service mapping leads to up-to-date service directories and increased understanding of referral pathways; greater use of relevant services leads to improvements in access; and focusing on consumer transitions leads to improved procedures and practices.
- VTMH supports and resources services in region to develop and implement local policies and plans, develop organisational governance systems, enhance the responsiveness of the mental health workforce, and engage consumers, carers, communities and community organisations
- Specialist public mental health services provide culturally responsive services
- Health, social support services and other organisations provide culturally responsive services.

We explored harnessing the power of networks during our partnership with NWMH Network. While we abandoned this as a formal approach to conducting partnerships, we continue to encourage the formation of networks within agencies and support the maintenance of area networks (e.g. VTMH involvement in the Refugee and Asylum Seeker Mental Health Working Group, Mid-West Area Mental Health Alliance).

It seems intuitively wise to harness the collective resources and knowledge of individual agencies, to encourage individual agencies with which we engage to form alliances with others, but we have yet to find a way to manage network-wide cultural responsiveness projects.

This kind of broad cross-agency engagement is challenging at a time when service models are undergoing major reforms, such as the creation of and defunding of Medicare Locals and restructure of PDRS services and redevelopment of new community rehabilitation mental health services.

TWO CASE EXAMPLES

Two case examples are presented here to demonstrate the VTMH’s partnership approach, indicate the range of strategies that can be adopted and outcomes achieved, and describe the factors that enabled or hindered the collaboration.

The information discussed below was sourced from documents

routinely collected as part of the collaboration – including partnership plans, sustainability plans, feedback following leadership workshops, records of meetings, and informal exchanges between VTMH and agency staff.

Reflecting on working collaboratively with these two agencies has reinforced the importance of VTMH using all available opportunities to facilitate the implementation of strategies. That is, we cannot assume that people in organisations:

- Think about the ways in which they are obliged (by law and in policy) to be diversity-responsive and about the implications for them personally and professionally
- Feel confident and competent to practise responsively
- Use the skills and knowledge learnt in education sessions in practice settings in which they work
- Work in service systems that enable and encourage them to meet diversity obligations and use their skills and knowledge appropriately.

These case examples and VTMH's work in this area over a number of years suggests improving the cultural responsiveness of practitioners and organisations requires leadership, capacity, effort and time.

VTMH is increasing its focus on:

- Routinely discussing expectations related to education events (prior to and following) with local team leaders and CPHs
- Facilitating reflective learning and practice sessions with practitioners, leadership groups and cultural portfolio holders (CPH)
- Encouraging agencies to create safe, supportive ongoing forums for reflection.

NorthWestern Mental Health

How did the idea for the collaboration start?

NWMH's relationship with VTMH dates back many years; however, prior to this period, no attempts were made to develop an organisation-wide collaboration between VTMH and this large service provider. In 2013, Melbourne Health (the hospital authority) developed five strategic goals and a number of supporting objectives, of which two were shared by a comprehensive initiative Respecting our Community (RoC), namely to: 1) to develop workforce capacity to respond to cultural diversity; and 2) foster strategic relationships including engaging with local communities. Hence, VTMH involvement

was sought as part of implementing this initiative.

What was the planning process and how was it conducted?

In 2013, VTMH provided a briefing to the Melbourne Health board of management and subsequently to NWMH senior management, which was also attended by RoC leaders. Managers expressed strong support for the partnership initiative and VTMH commenced an initial three-year engagement with NWMH.

Working in partnership with NWMH RoC leaders and their committees, VTMH began scoping local issues, resources, priorities, needs, challenges, levels of community engagement and collaboration. The *VTMH Partnership Planning Framework* was used to support that process.

A leadership workshop was facilitated by VTMH for all area mental health service managers and team leaders across the NWMH network in 2013, with the aim of exploring service development opportunities and ways to support and enhance culturally responsive practice. Managers and team leaders provided reflections and directions related to cultural responsiveness practice within their service following this session.

An initial *Partnership Planning Framework* was completed with Inner West Area Mental Health Service (IWAMH) in 2014, followed by a sustainability plan in 2015.

What were the main goals of the partnership? Who was targeted for involvement?

Development of the network partnership was based on:

- Mutual understanding – information gathering, consultation, analysis of data, identifying gaps, identifying needs and scoping
- A coordinated approach that engaged key stakeholders from across the network in a staged and strategic manner
- Identifying shared meanings and aligning values early in the engagement across network members
- Developing capacity within and between organisations, partners and community
- Engaging key individuals and leaders – mentors, boundary spanners, connectors
- Seeking opportunities to align approach with other projects, targets and innovations within the region to

maximise resources and integrate into concurrent systemic developments.

Managers and team leaders across the NWMH network identified workforce support through training workshops and reflective practice as a priority. Another was the development of diversity leadership roles. As one individual put it, her “role as a leader and ‘culture setter’” could “contribute to the success or failure of this initiative” (Leadership Workshop, Reflections and Directions, 2013).

VTMH and NWMH agreed to explore:

- Building workforce and leadership capacity of NWMH through service development, education and training and community development initiatives
- Supporting the development of links and networks across the region, including by implementing cultural responsiveness strategies that involved multiple agencies
- Developing local mental health diversity responsiveness plans with the clinical services and programs of NWMH and any other agencies in the network area
- Supporting the development of local diversity working groups, in this case RoC.

What services did VTMH provide?

The following services were documented in the 2013 network-wide summary:

- VTMH membership in RoC committees, presentation and service development support to RoC teams and mental health services
- Cultural responsiveness education for leaders across the network
- One-day introductory cultural responsiveness workshop delivered by VTMH; coordinated with NWMH education and training unit and available to area mental health service staff and other agencies across the network
- Mentoring and peer support to CPHs and RoC representatives
- Clinical skills seminars in cultural assessment for psychiatrists
- Priority enrolment in new Vocational Graduate Certificate delivered by VTMH in partnership with RMIT
- Preparing to deliver for Cultural Conversations sessions
- Preparing to develop a ‘train-the-trainer’ approach to cultural responsiveness education.

The plan for the future was focused on the introductory

cultural responsiveness workshops rolled out across the NWMH network, facilitated by VTMH and CPHs or other diversity leaders at NWMH.

The following considerations were taken into account at the time of planning for education and training sessions:

- Strategic delivery across services, teams, disciplines, regions, building capacity via enhanced workforce capability, using training as a partnering opportunity
- In collaboration with VTMH moving to in(ter)dependence; that is, train-the-trainer, mentoring, co-facilitation and moderation (also sustainability planning)
- Identification of NWMH network leaders and mentors throughout the service at all levels; that is, RoC representatives, growing the CPH network-building capacity within service.

In 2014, VTMH followed up on its engagement with NWMH. For a number of reasons, the broader network support and development aspect of the partnership strategy was subsequently abandoned. There was a significant loss of momentum when a structural reform of the NWMH service resulted in significant movement of staff across the network and the scaling back of RoC committees. VTMH continued to work with individual area mental health service agencies in a limited role instead. Region-wide training continued to be provided, with invitations to NWMH and community agencies.

VTMH made a decision that the original idea of VTMH brokering partnerships was beyond our role. However, encouraging networking across the catchment was in our remit, with activities that promoted partnerships and networks as part of overall capacity building work. The partnership ended earlier than anticipated since it had no traction and the unit needed to move to organisations ready to engage. Members of NWMH management were notified; they agreed this was a reasonable course of action.

The primary relationship established with IWAMH continued. Agencies operating in the northern and western metropolitan regions of Melbourne, including state-wide community-managed mental health agencies (Neami, Mind and Breakthru) and headspace, also continued to directly engage with VTMH.

What was achieved by implementing the strategies identified by the partnership?

Strategies implemented and outcomes identified by NWMH network agencies and VTMH are outlined in Box 3.4. These include outcomes achieved by the end of the partnership engagement period and the ways agencies indicated they would sustain achievements.

Box 3.4: Strategy areas and outcomes, NWMH – VTMH partnership

Strategy areas and related outcomes
<p>Network development and support (leaders, relationships, within mental health, with other sectors, strategies)</p> <p>Achievements</p> <ul style="list-style-type: none"> Diversity leaders and champions based in NWMH and other agencies were identified (VTMH project records) Partnership engagements established with MIND, Neami National and Neami PIR Northern, headspace in northern metro region (VTMH project records, 2013–2015) VTMH and network agencies participated in Asylum Seeker and Refugee Referral Network, Western Melbourne Region (VTMH project records, 2015) Northern region became site of African men's health access research study (VTMH research program, 2014–2015)
<p>Organisational effectiveness (plans, policies, evaluation, leadership, staff inclusion)</p> <p>Achievements</p> <ul style="list-style-type: none"> Introductory cultural responsiveness sessions conducted involving staff from multiple sites and agencies (VTMH education program records, 2013–2015) Building on cultural responsiveness work already underway at IWAMH (VTMH team observation and IWAMH Sustainability Plan, 2015) Interpreter training conducted, and continued local diversity working group at IWAMH <i>[The partnership assisted] what was happening already... [assisted us] to take the service to the next level. Internal staff training in cultural responsiveness was a key focus for the site. The service already had regular RoC meetings and working with interpreter training (internal) which was small in scale but VTMH and its partnership helped to fast-track and enhance the delivery of training in this area which otherwise wouldn't have taken place due to the resources required to develop this internally. (IWAMH Sustainability Plan, 2015)</i> <p>Ways to sustain achievements</p> <ul style="list-style-type: none"> Develop cultural responsiveness key performance indicators <i>Embed cultural responsiveness into KPIs. This hasn't taken place as yet but would be the next step required. (IWAMH Sustainability Plan, 2015)</i>
<p>Risk management (language services, culturally sensitive practice, inclusive practice)</p> <p>Achievements</p> <ul style="list-style-type: none"> There may have been uptake of culturally safe and responsive practices by team, but unsure <i>This would require [review of case discussions] at clinical meetings. (IWAMH Sustainability Plan, 2015)</i>
<p>Consumer participation (consumers, carers, community: access, participation, connections)</p> <p>Achievements</p> <ul style="list-style-type: none"> Funding agreement between agencies that enabled completion of multicultural, multilingual carer DVD resource (VTMH project records, 2014 & 2015)

Continued - Box 3.4: Strategy areas and outcomes, NWMH – VTMH partnership

Workforce effectiveness (roles, positions, education, technology)
<p>Achievements</p> <ul style="list-style-type: none"> 3 cultural assessment and formulation workshops for psychiatrists and psychiatry registrars across NWMH (VTMH education program records, 2013–2015) 14 introductory cultural responsiveness workshops delivered in 2013–2015 attended by NWMH workforce and network agencies (VTMH education program records, 2013–2015) <i>The partnership helped in delivery of training that had been identified as a need for the service. (IWAMH Sustainability Plan, 2015)</i> 2 Cultural Conversations (VTMH education program records, 2014 & 2015) <i>A couple of Cultural Conversations were offered and were taken up. The take-up was primarily from teams (within the service) that already had staff who had an active commitment and interest in this area. (IWAMH Sustainability Plan, 2015)</i> <p>Ways to sustain achievements</p> <ul style="list-style-type: none"> More education opportunities <i>Master classes, continued Cultural Conversations and embed cultural responsiveness into KPIs. (IWAMH Sustainability Plan, 2015)</i>

What factors enabled or hindered the collaboration?

The enabling and hindering factors identified by NWMH and network agencies and VTMH are outlined below using the seven process and output indicators of successful partnership outcomes already discussed.

Relationships: VTMH consultants for this partnership changed several times during the partnership period. The structured reform across NWMH also impacted on staff positions and roles.

Inclusiveness: VTMH was aware of the challenge of including large staff groups across many sites and agencies. There were varying levels of readiness to engage with VTMH at different sites. IWAMH and Orygen Youth Health and all the community-managed mental health services had had some engagement, outside this partnership arrangement, with VTMH in recent years (VTMH project records, 2013 & 2014).

Diversity leadership: Agency representatives acknowledged VTMH consultants as an important resource (NWMH leader, Online Survey, 2014). VTMH was aware of complexities – engaging with multiple NWMH service sites, each at different stages regarding cultural responsiveness planning (VTMH project records, 2013). VTMH consultants and NWMH representatives commented on the challenge of getting traction throughout sites and teams (VTMH project records, 2013 & 2014).

Authorising environment: The impetus for change came from ‘above’, from Melbourne I Health to the NWMH leadership. Managers and clinical leaders of the services didn’t initiate engagement with VTMH based on their own priorities (VTMH project records, 2015). There was variable commitment to community engagement across teams and disciplines:

Services work in silos underpinned by a dominant medical model. While the community teams are better positioned to undertake community engagement, it is a struggle to drive home the importance of this, especially with clinicians. (IWAMH Sustainability Plan, 2015)

Project leadership and management: Having a ‘master plan’ for the network did not lead to local sites identifying their own priorities (VTMH team observation, 2015). IWAMH already had a local plan, and used this to progress work on cultural awareness and education (VTMH team observation, 2015).

Reciprocity: Managers and leadership teams across the network, including RoC representatives and CPHs, attended a half-day cultural responsiveness workshop, co-facilitated by VTMH consultants and NWMH RoC Chair. A joint presentation by VTMH consultant and NWMH Network RoC Chair was made at The Mental Health Service (TheMHS) Conference, titled ‘A Partnership Approach to Cultural Responsiveness’. VTMH consultants attended RoC’s network-wide meetings with the aim of forming connections with services and exploring how collaboration may be of benefit both to individual services and across the network.

Reflection: Managers and team leader leaders identified three factors that impacted implementation: sufficiency of time allocation; adequacy of support for individuals with dedicated tasks; and level of commitment by individual and network member agencies:

Busyness of services – struggling to manage demands tends to perpetuate entrenched ways of working. (Leadership Workshop, Reflections and Directions, 2013)

‘Champions’ who role model culturally sensitive behaviour/ conversations/ practice. (Leadership Workshop, Reflections and Directions, 2013)

Staff are interested and keen to develop cultural responsive frameworks of care but struggle to find time to be educated. (Leadership Workshop, Reflections and Directions, 2013)

Forensicare

How did the idea for the collaboration start?

This partnership developed over several years. A senior staff member from the organisation contacted VTMH in 2011 to learn more about culturally sensitive mental health assessment.

What was the planning process and how was it conducted?

While partnership arrangements were formalised in 2013, much work had been done prior to this time. A number of VTMH staff were involved in early discussions about the key diversity issues for the organisation. The *Partnership Planning Framework* was used to support this process. Two VTMH consultants were allocated to this partnership as well as a dedicated, central partnership leader from Forensicare for the entire partnership period. A sustainability plan was completed in 2016.

What were the main goals of the partnership? Who was targeted for involvement?

VTMH and Forensicare explored:

- Building workforce capacity through education and training and developing a service-wide action plan
- Diversity within the organisation, staff and service users
- Knowledge and skills related to offending and mental health and cultural assessment as part of care planning and risk assessment
- Ways to reduce inequality and improve outcomes for service users.

What services did VTMH provide?

During this time, VTMH offered a number of learning opportunities including introductory cultural responsiveness workshops; master-classes on cultural assessment and formulation, Cultural Conversations sessions; and Secondary Cultural Consultation sessions.

VTMH consultants also assisted Forensicare to develop a number of policies and guidelines related to working with interpreters, community engagement, consumer and carer participation, and their cultural diversity working group.

Ongoing support was provided by VTMH consultants through various activities such as: targeted mentoring, coaching and resourcing to discipline-specific groups; providing linkages to other organisations for peer support sessions, reflective practice sessions, and practice development sessions; providing linkages with other organisations to explore community partnerships; facilitation of focus groups in specialised area of support; advocacy and liaison with various levels of the organisation.

As part of the partnership, VTMH was also invited to provide a transcultural perspective in a Root Cause Analysis of a critical incident that occurred at Forensicare.

What was achieved by implementing the strategies identified by the partnership?

The strategies implemented and outcomes identified by Forensicare and VTMH are outlined in Box 3.5. These include outcomes achieved by the end of the partnership engagement period and the ways agencies indicated they would sustain achievements.

Box 3.5: Strategies and outcomes, Forensicare – VTMH partnership

Strategies	Outcomes
Organisational effectiveness (plans, policies, evaluation, leadership, staff inclusion)	
Achievements <ul style="list-style-type: none"> Consultation assisted Forensicare's accreditation preparation, provided evidence of work within a number of NSQHS and EQUIP standards <i>I spoke about what we do in the supervision/critical self-reflection/reflective practice space and I spoke about the CCs and the 'othering' topic. I said we had used this same topic across three different units and unit cultures with three different experiences each time. (Forensicare feedback via email, 2015)</i> CPHs located across most Forensicare sites <i>These portfolio holders are endorsed by Forensicare management and are given opportunity and time to develop their roles and to attend CPH meetings. CPHs are working as local change agents. (Forensicare Sustainability Plan, 2016)</i> Ways to sustain achievements <ul style="list-style-type: none"> Create a cultural diversity committee that includes CPHs and has its own action plan, oversight by the Forensicare Executive Seek support for a fully funded dedicated cultural responsiveness position within the organisation Ongoing VTMH support to stay up-to-date Avoid relying on single 'lead'; build capacity within the organisation for implementation 	
Risk management (language services, culturally sensitive practice, inclusive practice)	
Achievements <ul style="list-style-type: none"> Cultural and spiritual domains now included in social work assessment reports Cultural domains now included in clinical documentation and recovery framework Senior practitioner notes more culturally sensitive language now in use among practitioners, and that they are more likely to seek cultural advice VTMH was invited to participate in a critical incident review in 2015 (VTMH project records, 2015) Ways to sustain achievements <ul style="list-style-type: none"> Commit to undertaking comprehensive cultural assessments of all patients 	
Consumer participation (consumers, carers, community: access, participation, connections)	
Achievements <ul style="list-style-type: none"> Practitioners are engaging with ethnic and multicultural agencies as part of care planning <i>Engagement with specialist services, such as Action in Disability in Ethnic Communities (ADEC). In this way, engagement with culturally specific support services has increased. (Forensicare Sustainability Plan, 2016)</i> Establishing a Culturally and Linguistically Diverse (CALD) Consumer Action Group (CAG) Ways to sustain achievements <ul style="list-style-type: none"> Continue to explore potential for community development initiatives 	

Workforce effectiveness (roles, positions, education, technology)
<ul style="list-style-type: none"> • Five introductory cultural responsiveness workshops delivered, 2013 & 2014 <i>Paved the way for staff to start thinking more often and more critically about culture – the culture of the individual consumer, staff member, immediate workplace, organisation and greater community. The training was an important first step and an effective way to capture multiple staff members from across sites and disciplines. (Forensicare Sustainability Plan, 2016)</i> • One masterclass with a focus on cultural assessment and formulation <i>Helped staff build on learnings gained through the one-day workshops (Forensicare Sustainability Plan, 2016)</i> • Four Cultural Conversations sessions conducted, 2013 & 2014 <i>Opportunity to reflect, in a safe environment, on particular issues ... This discussion was about counter-transference towards our colleagues and management and engendered powerful insights and reactions within each team. (Forensicare Sustainability Plan, 2016)</i> • One Secondary Cultural Consultation <i>Helped us better contextualise and understand our consumers, viewing them through a lens that is not solely about risk or mental illness and offending behaviours. (Forensicare Sustainability Plan, 2016)</i> <p>Ways to sustain achievements</p> <ul style="list-style-type: none"> • Continue using services of VTMH; in particular reflective practice, secondary cultural consultations and staff education • Seek support for mandatory cultural responsiveness education for all staff • Develop role description for CPHs, explore scope of their clinical role in teams • Seek mentoring and supervision of Forensicare contact person from VTMH consultant <i>In this way the VTMH contact can assist in setting agendas and realistic goals, provide the right language and tools to enable conversations with staff at all levels of the organisation, to help navigate and manage the complexity of the Forensicare system(s), and to assist in reviewing policies and procedures. (Forensicare Sustainability Plan, 2016)</i> • Joint student placements at VTMH and Forensicare • Joint projects and or research; (e.g. investigate associations between cultural responsiveness and risk assessments)

What factors enabled or hindered the collaboration?

The enabling and hindering factors identified by Forensicare are outlined below using the seven process and output indicators of successful partnership outcomes already discussed. Most of this information is sourced from the detailed sustainability plan completed by Forensicare representatives.

Relationships: Partnership consultants at VTMH and Forensicare remained consistent for the entire period of the partnership:

A consistent contact person at both Forensicare and VTMH is important. (Forensicare Sustainability Plan, 2016)

Inclusiveness: The partnership consultant was in a senior position and had multiple roles across Forensicare. Meetings

between organisations were frequent:

VTMH staff have given advice and assistance when required, particularly in relation to obtaining individual and organisational 'buy in'. (Forensicare Sustainability Plan, 2016)

Diversity leadership: VTMH was acknowledged as an important resource throughout the partnership period. Leadership, service-wide/ organisational commitment was sustained throughout the partnership period:

From an accreditation perspective, being in a partnership with the VTMH has been of critical importance in evidencing work within a number of NSQHS and EQUIP Standards. (Forensicare Sustainability Plan, 2016).

Authorising environment: Feedback from key stakeholders suggests that the relationship with VTMH was the precipitating motivating factor for much of the relevant work conducted by organisations during the partnership period:

The partnership approach itself was of great benefit in relation to supporting the organisation to achieve outcomes. Being in a “formal” partnership and being able to report this to the Forensicare Board, the Executive, and to staff and consumers has given greater significance and “authority” to the initiatives that have been developed and suggested. (Forensicare Sustainability Plan, 2016)

Project leadership and management: All VTMH partnership tools were completed and strategy documents were frequently reviewed and updated:

VTMH have assisted Forensicare to identify gaps in service delivery and have used their experiences with other organisational partnerships to help navigate the change process and to increase levels of participation. (Forensicare Sustainability Plan, 2016)

The partnership has given us access to a range of important, evidence based, enjoyable and innovative specialist services that have been crucial in helping us to strengthen our capacity to provide culturally responsive services to our consumers. (Forensicare Sustainability Plan, 2016)

Reciprocity: A senior staff member and CPH for Forensicare joined the VTMH Reference Group in 2016. A Forensicare CALD CAG member joined the VTMH Consumer Reference Group.

Reflection: The partnership provided Forensicare with opportunities to reflect on how the organisation was meeting its service obligation. The partnership process also entailed reflecting on the partnership process itself:

As our own clinical practices have become more inclusive of culture, the information and documentation that we share with these services has a more holistic and culturally responsive flavour. (Forensicare Sustainability Plan, 2016)

KEY FINDINGS

VTMH’s approach to monitoring engagements is providing a useful framework for documenting agreed strategies, identifying outcomes and highlighting partnership enablers throughout the consultation process. Hence, routine record-keeping that captures formal and informal knowledge is important.

Generally, organisations seek support from VTMH to:

- Improve relationships with others and other services
- Address diversity leadership within their organisation
- Generate an inclusive approach to addressing cultural responsiveness within the organisation
- Seek a more authorising environment for addressing the issues
- Manage and lead projects.

Working collaboratively with the two agencies reinforced the need to pay careful attention to using all available opportunities to facilitate the implementation of strategies. That is, we cannot assume that people in organisations:

- Think about the ways in which they are obliged (by law and in policy) to be diversity- responsive and about the implications for them personally and professionally
- Feel confident and competent to practise responsively
- Use the skills and knowledge learnt in education sessions in practice settings in which they work
- Work in service systems that enable and encourage them to meet diversity obligations and use their skills and knowledge appropriately.

In reviewing these case examples, and reflecting on VTMH’s work in this area over a number of years, it is clear that developing systems that integrate diversity responsiveness into everyday operations and practice requires leadership, capacity, time and sustained effort.

4. Education and training

Evaluation objective: to identify participants' perceptions about the relevance and usefulness of VTMH education and training by analysing feedback from *Introduction to Cultural Responsiveness in Mental Health Services workshops and Cultural Conversations sessions held in 2014 and 2015*.

OVERVIEW

Introduction to Cultural Responsiveness in Mental Health Services, a one-day workshop, and reflective practice Cultural Conversations sessions were introduced in 2013 and offered throughout 2014 and 2015. This section of the report presents feedback from individuals who participated in these activities during 2014 and 2015.

As noted earlier, other education activities were also underway during this period. These are outlined in Box 4.1; however, evaluation data related to these activities is not included in this review.

Box 4.1: Other education activities, 2013–2015

- Monthly seminar series featuring guest speakers continued throughout 2013 - 2015; eight sessions hosted each year
- The *Vocational Graduate Certificate* was designed by VTMH and conducted with RMIT from mid-2013 to mid-2014. A total of 13 individuals - CPHs, senior practitioners and service managers - were awarded this accredited qualification
- Two Secondary Cultural Consultation sessions were held with specialist mental health services in 2014 involving 21 practitioners: one session each at Forensicare and St Vincent's Mental Health; and three were conducted in 2015 with 27 practitioners: one session at Forensicare and two at St Vincent's Mental Health
- In 2015, VTMH began piloting five new *Applied Skills and Knowledge* workshops involving 60 participants drawn from the CPH Network and VTMH team

Participants are asked to complete a short questionnaire at the end of all VTMH education sessions. Different questionnaires have been designed to evaluate introductory workshops and Cultural Conversations.

The open and closed questions asked in the questionnaire completed at the end of the *Introduction to Cultural Responsiveness in Mental Health Services* workshop remained unchanged throughout 2014 and 2015. Some of the statements and rating scales used in the questionnaire completed by

participants following Cultural Conversations in 2014 were modified in 2015.

All completed forms were collated into four groups and analysed using an Excel spread sheet: feedback from introductory workshops held in 2014 and 2015, and feedback from Cultural Conversations held in 2014 and 2015.

Closed questions were asked using 5 point or 4 point Likert scales of participants' perceptions about likelihood that education will impact practice and agreement with statements about a session's effectiveness. Positive responses about likelihood are reported below by combining highly and very likely ratings. Similarly, statements about effectiveness are reported by combining strong and moderate agreement.

Not all participants chose to attempt or complete a questionnaire—some left sessions before completing them, and others answered only some of the questions; hence the variation in respondent numbers. There is also variation in the total number of responses to each question due to changes in VTMH's questionnaire during the evaluation project period.

All responses to open questions were reviewed by two members of the VTMH evaluation team and coded for emergent themes. Comments presented below represent common perspectives and responses that were especially detailed.

A summary of more detailed findings is included in the Appendix (see Appendices B to E).

INTRODUCTION TO CULTURAL RESPONSIVENESS IN MENTAL HEALTH SERVICES WORKSHOP

This experiential and interactive one-day workshop for mental health practitioners working in clinical and community-managed services explored a number of topics: expressions of culture in everyday life; diverse beliefs about health, mental health and recovery from mental illness; the relationships between health outcomes and inequality; organisational responses to cultural diversity; cultural assessment and formulation; and culturally sensitive practice, including working with interpreters and engaging with communities. Participants were also encouraged to continue their learning, form networks, and promote cultural responsiveness within

their workplace.

Three broad groups attended this workshop:

- Practitioners, including CPHs, who enrol in workshops promoted via a *state-wide calendar*. While the majority of participants work in mental health services, individuals working in refugee health, primary health, counselling and social support agencies also attend these events.
- Mental health practitioners working in clinical and community-managed mental health services from current or past *VTMH partner* agencies. These events were conducted as part of an organisational cultural responsiveness plan, tailored to the needs and interests of particular teams or groups and delivered at the service site.
- Includes practitioners working in *mental health agencies that were not engaged in a VTMH partnership*, individuals working in *non-mental health agencies* who participated in events tailored to meet agency priorities, and individuals *enrolled in vocational or tertiary education*.

2014

Twenty-five introductory workshops were conducted in 2014, involving 445 individuals.

A review of 363 feedback forms completed by participants revealed:

- 35% identified as working in clinical mental health services, and 42% as working in a community-managed mental health service or other community agency (N=363)
- 34% were relatively new to their area of work (under three years), and 34% had worked in the area for over eight years (N=332).

In response to questions about their own *learning*:

- 77% indicated that what they learnt from the workshop was likely to change the way they practice (N= 332)
- 77% indicated that they now feel more confident to work with cultural issues (N= 330)
- 66% indicated that what they learnt from the workshop would likely help them promote change in the workplace (N=336)
- 56% indicated that they are likely to undertake more study in the area (N= 312).

In response to questions about the *effectiveness of the*

workshop:

- 85% agreed that the learning methods were effective in identifying areas for personal change or improvement (N= 327)
- 85% agreed that the learning methods were effective in identifying areas for systems change or improvement (N= 322)
- 81% agreed that the workshop was useful in changing the way they think about culture (N= 313).

Participants were also asked – about most the important message, what was most informative, valuable or interesting, what aspect of the workshop was most effective in influencing their practice – and invited to provide any other comments.

In response to ‘What is the most important message you will take from this workshop?’ three main themes emerged:

- Cultural sensitivity and assessment
- Cultural responsiveness
- Effective use of interpreters.

When asked ‘What aspects of the workshop did you find the most informative, valuable, and/ or interesting?’ two main themes emerged:

- The video on inequality
- Working effectively with interpreters section.

Finally, when asked ‘What aspect of the workshop was most effective in encouraging you to consider change to the way you practice?’ three main themes emerged:

- Cultural sensitivity and assessment (e.g. explanatory models of illness, person-centred approach)
- Cultural responsiveness (e.g. working effectively with interpreters)
- Community engagement.

Some examples of responses and comments:

“In general I think there was some good awareness stuff, but on a practical level I think as a service we pay ‘lip service’ to identifying cultural issues but the sections on cultural assessment and formulation highlighted that we don’t do this in a structured and meaningful way and we don’t use the information in meaningful way. This is certainly something I will endeavour to change on a personal and service provision level.”

“I now realise I need to understand my own culture and values so I can better understand that of others.”

“It is important to be culturally sensitive when dealing with ALL clients.”

“To reflect on how my cultural background may be influencing my practice and to attempt to work in a culturally sensitive way at all time.”

“To engage meaningfully with clients and carers to enable clarity of what the client/carer could perceive their needs to be as a starting point to initiate service.”

“I feel I have so much more to consider than I previously thought. I love the perspective I feel I’ve gained from this workshop.”

“It has provided me with more confidence to work with culturally diverse communities, and to increase my awareness of factors to be mindful of.”

2015

Nineteen introductory workshops were conducted in 2015, involving 307 individuals.

A review of 282 feedback forms completed by participants revealed:

- 19% identified as working in clinical mental health services, and 71% as working in a community-managed mental health service or other community agency (N=256)
- 49% were relatively new to their area of work (under three years), and 29% had worked in the area for over eight years (N=261).

In response to questions about their own *learning*:

- 83% indicated that what they learnt from the workshop was likely to change the way they practice (N=282)
- 82% indicated that they felt more confident to work with cultural issues (N= 280)
- 74% indicated that what they learnt from the workshop would likely help them promote change in the workplace (N= 280)
- 66% indicated that they are likely to undertake more study in the area (N= 281).

In response to questions about the *effectiveness of the workshop*:

- 88% agreed that the learning methods were effective in identifying areas for personal change or improvement (N= 282)
- 88% agreed that the learning methods were effective in identifying areas for systems change or improvement (N= 280)
- 86% agreed that the workshop was useful in changing the way they think about culture (N= 282).

Participants were also asked – about most the important message, what was most informative, valuable or interesting, what aspect of the workshop was most effective in influencing their practice – and invited to provide any other comments.

In response to ‘What is the most important message you will take from this workshop?’ three main themes emerged:

- Cultural knowledge and awareness
- Reflective practice
- Self-reflection.

When asked ‘What aspects of the workshop did you find the most informative, valuable, and/ or interesting?’ two main themes emerged:

- The video on inequality
- Working effectively with interpreters section.

Finally, when asked ‘What aspect of the workshop was most effective in encouraging you to consider change to the way you practice?’ two main themes emerged:

- Cultural sensitivity and assessment (e.g. explanatory models of illness, person centred approach)
- Cultural responsiveness (e.g. working effectively with interpreters).

Some examples of responses and comments:

“I have a better understanding of what culture is now.”

“People experience mental health issues and understanding in different ways depending on culture.”

“It’s important to understand our own cultural identity, complexities, values/ beliefs etc. to work with and understand others.”

“The idea that culture encompasses a vast amount of values and understanding, it does not put focus on ethnicity.”

“A holistic approach combined with giving people ownership of their situation/ problem is a positive for everyone.”

“[The] culturally sensitive practice section made me reflect on what I do now and what I can do to improve engagement and outcomes for groups which are likely to be or feel excluded.”

“Listening to and being aware of different thoughts, perspectives and types of practice is very thought provoking and encourages me to reflect on my own practice.”

“This comes to my mind: Respect. No assumption. No judgement. Heightened understanding that culture and one’s own story is diverse.”

“Makes me want to talk more with my colleagues and collaborate with them.”

CULTURAL CONVERSATIONS SESSIONS

Cultural Conversations are theme-based reflective sessions used to enhance engagement in diverse cultural contexts. Using dialectical learning processes facilitated by VTMH staff in a safe and supportive environment, these sessions are available to partnering organisations and help practitioners consider the challenges and recurrent themes that arise in their work with clients and within teams.

2014

Nine Cultural Conversations were conducted in 2014, with 94 individuals based at clinical and community-managed mental health service provider agencies that had partnership arrangements in place with VTMH.

A review of the 87 feedback forms completed by participants revealed:

- 72% have roles in clinical mental health services (including in inpatient, community-based and residential programs), and 13% in community-managed mental health agencies
- 33% were relatively new to their area of work (under three years), and 43% had worked in the area for over eight years.

In response to questions that asked them to reflect on their experience of the session and implications for their own practice in the future:

- 100% agreed that the session had provided them with an opportunity to examine their own experiences with regard to the issue (N=82)
- 100% agreed that what they learnt in the session would allow them to have discussions with colleagues in greater depth on this topic (N= 14)
- 95% agreed that what they learnt in the session would allow them to have discussions with colleagues in greater depth on cultural influences for workplace systems/ changes (N= 68)
- 91% agreed that the session had given them useful skills/ knowledge that would influence their work practice (N= 87)
- 90% agreed that what they learnt in the session would help them re-evaluate the way they thought about the topic (N= 87).

Participants were also asked an open question. In response to 'What was the most important message for you from this session?' four main themes emerged:

- Awareness/ self-awareness
- Reflective practice
- Knowledge provision
- Culturally responsive practices.

Some examples of responses and comments:

"Despite not being a spiritual person, I now have more confidence in starting a conversation with consumers."

"Others include 'me' and I have excluded others without realising it."

"To think more deeply around spiritual ideas in discussion with colleagues/ clients/ community, and the skills and questions to ask clients about beliefs."

2015

Ten Cultural Conversations were conducted in 2015, involving 119 individuals—practitioners based at clinical and community-managed mental health service provider agencies that had partnership arrangements in place with VTMH or members of the state-wide CPH Network.

A review of 119 feedback forms completed by participants revealed:

- 62% have roles in clinical mental health services (including in inpatient, community-based and residential programs), 18% in a prevention and recovery care service, and 13% in community-managed mental health agencies
- 35% were relatively new to their area of work (under three years), and 34% had worked in the area for over eight years.

In response to questions that asked them to reflect on their experience of the session and implications for their own practice in the future:

- 87% indicated that what they learnt from the workshop was likely to change the way they practice (N=51)
- 85% indicated that what they learnt in this session would help them re-evaluate the way they think (N= 67)
- 84% indicated that they are likely to undertake more study in the area (N= 50)
- 83% indicated that what they learnt in this session would allow them to have discussions with colleagues in greater depth on this issue to influence workplace practice/ changes (N= 66)
- 75% indicated that they felt more confident to work with cultural issues, and 24% indicated 'possibly' they felt more confident (N= 51)
- 71% indicated that what they learnt from the workshop would likely help them promote change in the workplace and 28% indicated that 'possibly' it may help them (N= 51).

In response to questions that asked them about *session methods*:

- 96% of participants agreed that the learning methods were effective in identifying areas for personal change/ improvement (N=50)
- 90% of participants agreed that the session was useful in changing the way they think about the topic (N= 50)
- 58% of participants agreed that the learning methods were effective in identifying areas for systems change and 22% rated 'Neither Agree Nor Disagree' (N=50).

Participants were also asked one open question. In response to 'What was the most important message for you from this session?' four main themes emerged:

- Self-reflection
- Culturally sensitive practices

- Capacity building practices
- Culturally responsive practices.

Some examples of their comments:

"The session made me realise the importance of open discussion about values, beliefs and impact on how we work."

"Being mindful of my own values."

"Having open honest discussions with colleagues."

"The importance of an open culture and environment that promotes discussion around change and recognising conflict/ friction in teams is useful."

"To explore both my own values, beliefs and views to allow a transparency in conversations."

"The session has inspired me to remember some of the recovery oriented principles which I started out with but at some point lost sight of."

KEY FINDINGS

Introduction to Cultural Responsiveness in Mental Health Services workshop:

- Forty-four workshops involving 752 participants from clinical mental health, community-managed mental health and other services were held during 2014 and 2015. Eight workshops were held in rural areas; 645 feedback forms were analysed.
- Workshops were delivered as part of a state-wide training calendar, collaborative organisational partnerships as well as with other agencies.
- Feedback from participants was consistently positive: the sessions improved their knowledge, practice and confidence; the learning methods used were effective.
- 'Self-reflection' was a notable response to open questions particularly in the second year. This is consistent with the VTMH team's growing emphasis on this theme across all program areas.
- Learning about inequality and working effectively

with interpreters was consistently highly valued.

- Participants reported that the workshops left them with an intention to change practices related to 'cultural sensitivity' and 'cultural assessment'. 'Community engagement' was commented on more often by respondents in the second year; this also aligns with VTMH's increased work in this program area.

Cultural Conversations

- Nineteen sessions involving 213 participants from clinical mental health, community-managed mental health and other services were held during 2014 and 2015. Two hundred and six feedback forms were analysed.
- Feedback from participants was extremely positive: the sessions were an opportunity for self-reflection, and to gain useful skills, knowledge and confidence.
- Comparisons between closed questions asked in 2014 with those asked in 2015 are difficult to make due to the development of a more comprehensive questionnaire in 2015.
- Comments and responses to open questions indicated that sessions were facilitated in a safe way and effective in helping practitioners explore their personal beliefs and values, and learn more about their colleagues' perspectives. They saw direct implications from the issues raised in the session for their work with clients and their families.

Overall, findings suggest VTMH education and training: improves the cultural awareness and knowledge of practitioners, develops their ability to self-reflect; encourages them to engage in other reflective practice activities, and positively affects their capacity to influence change within organisations.

5. VTMH programs and services

Evaluation objective: *to gain feedback via online surveys from individuals, who had participated in or used at least one of VTMH's services or activities in the previous 12 months, about how contact with VTMH has affected their learning or practice.*

OVERVIEW

In May 2015, VTMH sent an online survey to individuals across Victoria inviting them to provide feedback on any VTMH services and activities they had participated in throughout 2014. A second survey was sent during November 2015, inviting similar feedback from individuals about their participation in VTMH programs during 2015.

The surveys were created in Survey Monkey. A link to the survey was sent by email to the more than 380 individuals on VTMH's mailing list. Each survey remained open for a three-week period.

The survey was designed to be completed anonymously. The same questions were asked in each survey round, with prompts describing VTMH activities adjusted to reflect the main programs and activities offered in each year. Adjustments were also made to the 2015 survey to improve navigation of the survey pages.

Data arising from each survey was collated and analysed separately using Survey Monkey analytics and Excel. Individuals were invited to respond to questions about the services they had used in 2014 or 2015. This meant recalling their participation 5–16 months prior in case of first survey and up to 11 months prior in case of second survey. Respondents were not required to answer all questions; this accounts for the variation in respondent numbers.

Closed questions were asked using 5-point Likert scales of the usefulness of specific services and activities and agreement with statements about the consequences of contact with VTMH as well as perceptions about the responsiveness of the organisation in which the respondent is based. Positive responses to closed questions are reported below by combining strong and moderate ratings of usefulness or agreement.

Responses to open questions were coded for usefulness, impacts, outcomes or other observations, and reviewed by two members of the VTMH evaluation team. The introductory workshop and Cultural Portfolio Holder Network were the services most commonly rated and commented on. Findings related to these activities in 2014 and 2015 and the direct quotes presented below are either representative of common perspectives or especially insightful and detailed.

Comprehensive summaries of survey findings are included in Appendices F & G.

ONLINE SURVEY 2014

Participants

A total of 60 individuals responded to the survey:

- 50% identified as working in clinical mental health services; 30% worked in an adult area mental health service
- 50% as working in a non-government organisation; 38% worked in a community-managed mental health service
- 30% of respondents had worked in the area for over eight and years 27% were relatively new to their area of work (under three years).

Respondents identified one or more work locations (N=62 locations). Categorised by mental health area, they indicated 47 (76%) metropolitan Melbourne locations and 11 (18%) rural and regional locations, three (5%) state-wide roles. One (1.5%) did not specify a location.

Fifty-one individuals identified one or more VTMH service or activity they had used or participated in over the preceding 12 months.

Usefulness of introductory workshop

Most respondents had attended an introductory workshop (88%, N= 45/51); 96% of those who attended this workshop found it useful.

Commonly offered comments about the more useful aspects of the introductory workshop include:

- Learning about language translation and interpreter services (5 comments)
- Networking and discussing with others (3 comments)
- Learning to be more culturally sensitive in work with clients and families (3 comments)
- Focusing less on cultural competence (3 comments)
- Discussing what cultural responsiveness means (3 comments)
- Hearing diverse recovery stories (2 comments)
- Participating in learning that is tailored to workplace and role (2 comments)
- Exploring the examples offered (2 comments)
- Reflecting on practice (2 comments)
- Discussing culture and cultural values (2 comments)

- Discussing different understandings of mental health (2 comments)
- Learning more about Australia's refugee program and asylum seekers (2 comments)
- Applying cultural responsiveness opportunities in workplace (2 comments).

One team leader commented that they:

"Very much appreciated the work [VTMH team members] did with our teams around becoming more culturally responsive/safe."

Three individuals commented that a less useful aspect was finding the level too basic or introductory, given participants' previous professional experience and training. Another individual commented that the workshop:

"Seemed to miss the mark of collaborative practice, system change and working with other services."

A range of positive comments about the impact of the workshop was offered from the perspective of leaders and practitioners. One individual noted that:

"The training has facilitated a strong interest in working with culturally and linguistically diverse (CALD) consumers. I am very confident that we will continue to better our practice when working with people from CALD backgrounds, and a lot is being done in partnership with VTMH at present to improve our practice."

Another stated that the workshop:

"Changed my understanding of cultural responsiveness completely."

Of those who indicated they had attended an *Introduction to Cultural Responsiveness in Mental Health Services* workshop, 21/45 individuals recalled identifying an intention to apply their learning and writing this on a postcard.²⁴ Fifteen individuals recounted acting on a range of intentions.

The most commonly reported actions are:

- Using a cultural formulation approach (2 comments)

²⁴ At the end of the introductory workshop, participants are asked to identify a future action, related to becoming more culturally responsive, that they pledge to undertake in their workplace. They are asked to note this for themselves and to also write it on a postcard that VTMH will send to the participant three months later

- Doing more self-study; increasing one's own knowledge (2 comments).

Usefulness of CPH Network

Fifteen respondents had been involved in the CPH Network (27%, N= 15/51); 93% of individuals who participated in the CPH Network found it useful.

Common comments about the more useful aspects of the network include:

- Sharing ideas, information and staying up-to-date (6 comments)
- Finding out about initiatives undertaken by other agencies and CPHs (3 comments)
- Getting encouragement and support from others (2 comments).

One individual wrote:

"Thanks for reaching out to portfolio holders, it makes me feel not so alone in my position, but part of a team that is open and understanding."

Two individuals commented that a less useful aspect of the network is that meetings don't lead to changes in organisations. One individual made this general comment about the network:

"I would like to know where is the CPH Program going."

A member of the network offered these observations about their contact with VTMH:

"VTMH do an excellent job of promoting cultural awareness and competencies. Their ability to travel to the regions is very important and a wonderful part of their scope. The materials provided in the courses are easy to use and well received."

Usefulness of other VTMH activities and services

- 90% of individuals who participated in a Cultural Conversations session found it useful (N= 11)
- 86% of individuals who attended a secondary cultural consultation found it useful (N= 7)
- 80% of individuals who had enrolled in the Vocational Graduate Certificate course found it useful (N= 5)
- 80% of individuals who had used the external enquiry

service and/or website found it 'Very Useful', although 20% indicated 'Not Very Useful' (N= 5)

- 50% of individuals who had attended a seminar or other event found them useful (N= 4).

Consequences of VTMH contact

Individuals were asked to rate the extent to which they agreed or disagreed with six statements about their contact with VTMH. Forty-one individuals provided responses:

- 83% of individuals agreed that contact with VTMH increased their knowledge about cultural diversity and mental health
- 85% of individuals agreed that contact with VTMH made them more aware of issues around cultural diversity and mental health
- 69% of individuals agreed that contact with VTMH made them feel more confident to work with consumers from culturally diverse backgrounds and their families
- 62% of individuals agreed that contact with VTMH changed the way they practice, although 24% chose 'Neither Agree Nor Disagree'
- 53% of individuals agreed that contact with VTMH helped them to promote change in the workplace although, 38% chose 'Neither Agree Nor Disagree'
- 51% of individuals chose 'Neither Agree Nor Disagree' that contact with VTMH encouraged them to take up further study relevant to cultural diversity and mental health, although 27% agreed that it did.

Responsiveness of organisation

Individuals were asked to rate the extent to which they agreed or disagreed with three statements about the organisation in which they work. Forty-two individuals provided responses:

- 78% of individuals agreed that policies, procedures and plans relevant to cultural diversity are in place in their organisation
- 74% of individuals agreed that the leadership in their organisation is committed to an ongoing implementation of culturally responsive practice
- 71% of individuals agreed that strategies are in place in their organisation to ensure that staff are aware of policies, procedures and plans relevant to cultural diversity.

ONLINE SURVEY 2015

Participants

A total of 69 individuals responded to the survey regarding involvement in VTMH services and activities in 2015:

- 73% identified as working in a non-government organisation; 57% worked in a community-managed mental health service
- 28% identified as working in clinical mental health services; 23% worked in an adult area mental health service
- 60% were relatively new to their area of work (under three years); 17% of respondents had worked in the area for over eight years
- Respondents identified one or more work locations (N=76). Categorised by mental health area, they indicated 60 (79%) metropolitan Melbourne locations, 15 (20%) rural and regional locations. One (1.5%) described working across multiple locations.

Sixty-eight individuals identified one or more VTMH activities they had used or services they had participated in over the preceding 12 months.

Usefulness of introductory workshop

Most had attended an introductory workshop in 2015 (85%, N= 58/68); 98% of individuals who attended this workshop found it useful.

Commonly offered comments about the more useful aspects of the introductory workshop include:

- Gaining more awareness of culture and mental health (14 comments)
- Working with interpreters (8 comments)
- Exploring cultural assessment (6 comments)
- Finding the material relevant and practical (5 comments)
- Receiving information to follow up (4 comments)
- Developing greater self-understanding (4 comments)
- Facilitators were effective (3 comments)
- Getting new perspectives (3 comments)
- Understanding trauma (3 comments)
- Interactive delivery, conversational (3 comments)
- Discussing mental health sector practices and examples (3 comments)

- Networking and discussing with other services (3 comments)
- Discussing cultural responsiveness (2 comments)
- Understanding the person in context (2 comments)
- Understanding the legal status of refugees and asylum seekers (2 comments)
- Exploring health and inequality links (2 comments)
- Learning to be more culturally sensitive in work with clients and families (2 comments)
- Learning about barriers to service access (2 comments)
- Exploring communication (2 comments)
- Reflecting on practice (2 comments)
- Reinforced current approaches (2 comments).

One respondent commented that the workshop:

"Reinforced [that I am] working with the right approach."

and another noted:

"The conversations... really appreciated the pace and training structure."

Two individuals commented that a least useful aspect was that workshop included too much "introductory" level material.

A range of positive comments about the impact of the workshop was offered, including:

"I found it validating... It was really about respecting and embracing diversity, which can only increase the mental health and community sector to respond with greater acceptance awareness and potentially see the 'MANY' ways in which we all experience our world as both personal and political."

"It gave me a framework... to evaluate the effectiveness and sensitivity of my work, my organisation and colleagues in terms of diversity."

Of those who indicated they had attended an *Introduction to Cultural Responsiveness in Mental Health Services* workshop, 38/58 individuals recalled identifying an intention to apply something learnt and writing this on a postcard; 30 individuals recalled acting on a variety of intentions. The most common actions were:

- Discussing workshop content with co-workers (6 comments)

- Being more open-minded about working with people from other cultures (4 comments)
- Further exploring a key concept or author discussed in training (4 comments)
- Incorporating cultural assessment into current approach (3 comments)
- Seeking personal opportunities to do more cross-cultural work (2 comments)
- Taking steps to improve cultural responsiveness of organisation (2 comments).

A commonly reported barrier to carrying out an intended action was experiencing:

- Time constraints and competing work demands (4 comments).

Usefulness of CPH Network

Eight respondents had participated in the CPH Network (12%, N= 8/68); 100% of those who participated in the CPH Network found it useful.

Common comments about the more useful aspects of the network include:

- Being a part of a support network (3 comments)
- Finding out about other agency and CPH initiatives (3 comments).

One network member stated that being involved in piloting new *Applied Skills and Knowledge* workshops enabled them to:

"Mix with other services and participants, [this] allows a true and personal picture of what is happening across the state."

One individual commented that a less useful aspect of the CPH Network for them was:

"That it was difficult for me to attend the face-to-face meetings this year."

Members offered a number of comments about their contact with VTMH. One stated that participation in the CPH Network led to:

"Gaining a perspective of what other services are dealing with – sharing ideas and strategies."

Another described:

"Encouraging my service to apply the community development concept ..."

and noted that the

"Development of new CALD policies, protocol, support for training and portfolios across the service has been tabled for 2016, which is fantastic."

Usefulness of other VTMH activities and services

- 100% of individuals who participated in a Cultural Conversations session found it useful (N= 6)
- 100% of individuals who had attended a seminar or other event found them useful (N=5)
- 100% of individuals who attended an *Applied Skills and Knowledge* workshop found it 'Very Useful', (N=2)
- 100% of individuals who had used the external enquiry service and/or website found it 'Very Useful', (N= 1).

Consequences of VTMH contact

Individuals were asked to rate the extent to which they agreed or disagreed with six statements about their contact with VTMH; 48 individuals responded:

- 85% of individuals agreed that contact with VTMH made them more aware of issues around cultural diversity and mental health
- 78% of individuals agreed that contact with VTMH increased their knowledge about cultural diversity and mental health
- 68% of individuals agreed that contact with VTMH made them feel more confident to work with consumers from culturally diverse backgrounds and their families
- 63% of individuals agreed that contact with VTMH helped them to promote change in the workplace, although 27% chose 'Neither Agree Nor Disagree'
- 54% of individuals agreed that contact with VTMH changed the way they practice, although 29% chose 'Neither Agree Nor Disagree'
- 44% of individuals agreed that contact with VTMH encouraged them to take up further study relevant to cultural diversity and mental health, although 31% chose 'Neither Agree Nor Disagree'.

Responsiveness of organisations

Individuals were asked to rate the extent to which they agreed or disagreed with three statements about the organisation in which they work; 48 individuals responded:

- 86% of individuals agreed that policies, procedures and plans relevant to cultural diversity are in place in their organisation
- 79% of individuals agreed that the leadership in their organisation is committed to an ongoing implementation of culturally responsive practice
- 73% of individuals agreed that strategies are in place in their organisation to ensure that staff are aware of policies, procedures and plans relevant to cultural diversity.

KEY FINDINGS

The same broad VTMH program areas were available throughout 2014 and 2015, with a few differences in types of services and activities provided. Individuals registered with VTMH's database were surveyed in two rounds; 60 individuals responded to the first round and 69 responded to the second. When compared with the 2014 cohort, more community-based mental health practitioners and more individuals who were relatively new to mental health practice responded to the 2015 survey. The proportion of metropolitan and rural respondents to each survey was similar, at around 20%.

Usefulness of activities: Most responses and comments by respondents across the two survey periods related to activities provided as part of VTMH's workforce support program area; in particular, the introductory cultural responsiveness workshop and the Cultural Portfolio Holder (CPH) Network. The services and activities rated by 50% or more of respondents as 'very useful' throughout 2014 and 2015 were the introductory cultural responsiveness workshop and Cultural Conversations sessions. The introductory cultural responsiveness workshop was seen by respondents as an opportunity to become more culturally sensitive and self-aware, gain knowledge, form networks with others, share information and reflect on practice. Members of the CPH Network commented that the program provides opportunities to share information, stay up-to-date and gain ongoing support. Cultural Conversations sessions are helping practitioners consider new perspectives, reflect on their practice and create more open dialogue within teams.

Consequences of contact with VTMH: Of the six statements proposed, most respondents across the two survey periods strongly agreed that contact with VTMH made them more aware of cultural diversity and mental health, and that contact with VTMH had helped them gain more confidence, change their practice and promote change in the workplace.

Organisational factors: Of the three claims proposed, most respondents across the two survey periods strongly agreed with the premise that leaders in their workplace are committed to implementing culturally responsive practice. Most moderately agreed that their organisations had relevant policies, procedures and plans in place or had relevant strategies in place to ensure staff involvement.

Overall, the two survey rounds yielded similar results. The findings support VTMH's current focus on enhancing workforce confidence and capacity to acquire knowledge and skills, develop a reflective approach to practice that has real-life application in work settings. Comments suggest VTMH should continue to prioritise providing education that is embedded in organisational change initiatives and offering flexible online learning and more advanced workshops.

Most responses to the survey related to VTMH's workforce support program. Ongoing monitoring and evaluation across all program areas – including organisational support, consumer participation and community development, and research and projects programs – will require VTMH to use a range of other evaluation methods and strategies.

6. VTMH team perspectives

Evaluation objective: to explore VTMH team perspectives about VTMH approaches, processes, programs and services, including their relevance and effectiveness.

OVERVIEW

During July and August 2015, all members of the VTMH team were interviewed to elicit their perceptions about the operations of VTMH and knowledge about services provided, and activities undertaken in recent years that may have not been documented elsewhere. They were encouraged to provide their sense of the unit's effectiveness and factors that hinder or contribute to meeting the unit's objectives.

One VTMH team member conducted most (N=11/13) interviews with two other VTMH staff conducting one interview each. Interviewees included the unit manager, administration assistant, consumer advisor, education and service development consultants whose professional backgrounds include clinical psychology, community development, mental health nursing and occupational therapy and two consultant psychiatrists. Four staff members have full-time positions. The remaining staff members (N=9/13) work in part-time positions, ranging from 0.4 to 0.8 FTE.

A schedule of questions (see Box 6.1) guided the interviews, which were of 20–40 minutes duration. Individuals were also invited to offer additional information related to VTMH's work.

The interviews with internal staff revealed more than the schedule of questions sought to answer. Team members provided sufficient detail such that it warranted a thematic analysis in its own right. In addition to the material reported in this section, team members' comments have influenced interpretation of all the findings. They also provided information about the rationale for some of VTMH's program changes that had not been documented elsewhere.

One staff member (who was also interviewed and conducted one interview) made notes (not full transcriptions) of the audio-recordings of each session and used standard techniques for analysing qualitative information. Coding was aided by the use of NVivo, a software program that allows the user to categorise and group textual information for later interpretation. The first stage of analysis involved open descriptive coding, assigning descriptive words or phrases that reflected the interviewees' views. Coded content was analysed by creating overarching themes and subthemes.

While all comments were noted, those most frequently made among the team are summarised here alongside the more noteworthy reflections.

Box 6.1 Team member interview questions

Questions asked of VTMH team members

- What is your opinion on the usefulness of the programs and services VTMH provides?
- How well do you think VTMH programs and services reflect national and state mental health policies and reforms?
- To what extent do you consider these in your daily work? If not often, what changes in the workplace (VTMH) would assist you to better reflect these?
- Do you usually consider government policies and reforms in delivering VTMH programs and services?
- Do you find it easy to relate to government policies and reforms in the context of your work?
- From your work with organisations, what is your perception of factors that hinder or facilitate staff ability to apply culturally responsive practices?
- In your experience, what responses do practitioners have to VTMH programs and services?
- What is your view of the recent changes to VTMH's approach to service engagement and discussion of cultural diversity?
- Considering these changes (e.g. diversity approach, service partnerships and engagement with catchments and their networks) what do you find the most or least useful and challenging?
- Do you think partner organisations understand these aspects of VTMH's work? Can you comment on the ease or otherwise of engaging with organisations?
- How successful or effective do you think VTMH's partnerships are?
- What would be the impact on organisations if VTMH did not exist?
- Would you like to make any other comments about VTMH?

INTERVIEW FINDINGS

Eight main themes emerged about the unit's services and activities, internal processes and opportunities for further development.

Exploring diversity discourses

The team commonly encounters practitioners who want to be given information about the particular characteristics and common needs of specific ethno-cultural groups and faith communities. While this view is consistent with some approaches to cultural competency education, it is not an approach that VTMH endorses.

VTMH is more concerned with helping practitioners explore social and cultural 'diversity' in its broadest sense, not 'culture' that is narrowly defined in terms of ethnicity, and not the 'culture of others', but the ways cultural and social perspectives mediate every encounter. Broader conceptions of diversity offer more possibilities for understanding cultural difference and similarities, how social disadvantage is produced and maintained and opportunities for service innovation. While this shift is challenging for some external stakeholders, many are welcoming it.

VTMH has become more committed to, and skilled at, facilitating self-reflection and self-critique on the part of practitioners and service provider agencies. The unit now consistently promotes recovery-oriented practice and incorporates concepts of intersectionality, cultural safety and cultural humility into all its program areas and activities.

Increasing the priority of cultural diversity responsiveness

The team is aware that mental health service providers are responding to populations experiencing a range of significant social and health issues. Services in Victoria are also undergoing significant structural reforms (e.g. the National Disability Insurance Scheme [NDIS] reforms, recent changes to community-based rehabilitation and recovery services). Responding to diversity is one among the many responsibilities of mental health service providers. VTMH's expectations of practitioners need to be realistic. Services are looking for support and assistance to respond to local priorities.

Even so, VTMH aims to position diversity responsiveness as

integral to the effective service delivery of all agencies, the practice of all staff and the experience of all service users.

The team offered some accounts of the challenges that arise when working with mental health service providers to strengthen their capacity to respond to cultural diversity:

- A large provider of clinical mental health services demonstrated a high level of commitment to addressing cultural responsiveness but only for a limited period of time; interest waned once VTMH had delivered some training and when the agency concluded their quality and service development activities leading up to accreditation.
- The senior central management of a large provider of community mental health support programs stopped a team at one of its sites from working directly with VTMH to develop a local cultural responsiveness plan. The local site was asked to wait for a higher-level, organisational state-wide plan to be developed. However, VTMH is not aware of progress toward the higher-level plan and no further work has been undertaken with the local site.
- The scale and complexity of specialist mental health providers presents other challenges. For example, while high level senior managers and clinical leaders at one service supported VTMH's involvement, the impact across the service has been patchy. Only some sites within the agency participated in service improvement activities and medical staff were only minimally involved in education sessions that were well-attended by allied health and nursing staff.

VTMH's partnership planning needs to take an organisation's broad strategic directions and local needs into account: gaining high-level support within partner agencies, coordinating initiatives across agency teams and sites, and fostering the good will and enthusiasm of individual staff are all essential elements.

Applying principles and guidelines in practice

Team members are assisting practitioners to apply the diversity principles and guidelines raised in education sessions by providing CPHs with mentoring opportunities, helping agencies to identify examples of good practice, and working closely with agencies to implement diversity responsive initiatives in partnership arrangements.

It is one thing to talk about cultural concepts in theoretical

or academic ways; it's another thing to be a service provider attempting to implement strategies and practices in the real world.

It is important to encourage services to think about issues in a systemic way. Exploring resonance between contemporary frameworks such as recovery-oriented practice and cultural responsiveness can help practitioners see the relevance of diversity awareness for all service users.

Participating in debates and reflecting policy directions

The team is aware of the social and policy context in which VTMH and mental health services operate. VTMH's work is consistent with national and state government policy commitments to multiculturalism and mindful of broader research and social movements that are seeking greater inclusion and justice for vulnerable groups. The health and social impacts of Australia's responses to the welfare of refugees internationally and to individuals seeking asylum in Australia are of great ongoing concern to the team and many of VTMH's stakeholders.

VTMH's work is informed by relevant health, mental health, diversity and equity policies and guidelines. Policies are levers for change within the sector; being more culturally/ diversity-responsive is not a matter of personal or organisational choice, it is service provider obligation. Team members are also aware of current state and national service reform agendas. The unit engages in policy and service reform discussions with stakeholders, for example, via the state-wide CPH Network, as part of consultations with partner agencies and in workshops and seminars.

A number of staff noted that the unit sometimes lagged behind on integrating key developments in practice. For example, although VTMH offered advice and contributed to national recovery framework consultations, it took a further 18 months for VTMH to design a workshop dedicated to exploring recovery and diversity.

VTMH has participated in a range of consultations regarding major mental health reforms over recent years; for example, the implementation of the new Mental Health Act in Victoria and numerous state and national policy directions and plans. The team would like to see greater consideration of the way people of immigrant and refugee backgrounds and other

vulnerable populations interact with service providers. Staff members noted that the concerns of these groups are routinely neglected in service reform discussions.

VTMH has been proactive in a number of areas. For example, the unit established contact with the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) several years ago and continues to disseminate information about the *Charter of Human Rights and Responsibilities* via workshops, seminars and the CPH Network. Another example is VTMH's decision to base its cultural responsiveness partnership planning guidelines on the Victorian Government's *Cultural Responsiveness Framework: Guidelines of Victorian Health Services* when it was released in 2009.

Team members noted that policies, frameworks, standards and practice guidelines reflect current consensus of opinion. Current diversity responsiveness standards are minimal and non-mandatory for health services; for example, the diversity responsiveness standards of the National Standards for Mental Health Services (NSMHS) are considered 'developmental' (or non-core) to National Safety and Quality Health Service (NSQHS) Standards. The strategies suggested in these documents to meet these objectives are only described in general terms; for example, practitioners are asked to consider working with community leaders to support someone's personal recovery. No other relevant guidelines describe how to implement these and other initiatives. VTMH aims to think beyond 'the basics' and encourage sharing of information about good practice, innovation and excellence in the sector.

Staying up-to-date

Team members need to stay in touch with developments across many fields and ideally develop their own opinions based on direct experience, conversations, evaluation and research. They share information with the sector as part of partnership consultations, the website, education sessions, the external enquiry service and the CPH Network.

Some team members rely on self-directed study to stay up-to-date with current research. Some would like more learning opportunities that would build the capability of the whole team; for example, internal professional development. Others are furthering their own professional expertise; for example, by undertaking postgraduate study or advanced clinical practice training.

While there is a lack of evaluation and research that speaks directly to mental health and diversity in the Australian context – in areas of refugee and immigrant mental health and wellbeing, cultural responsiveness and diversity responsiveness, and approaches to cultural responsiveness education and service development – VTMH plays an important role in synthesising information related to transcultural mental health and making this available to the sector.

Understanding the unit's impacts and outcomes

VTMH's profile in the mental health sector seems to have increased in recent years – the unit has developed a number of online and audio-visual resources and conducted a lot of training and education events. Feedback received from external agencies suggests it is good to think through issues and reflect with members of the team. At a personal level, people in services are saying that they value their interactions with staff at the unit.

Team members were keen to know more about the impact of VTMH's work. Feedback from people who use VTMH programs is reasonable-to-good; however, those who really think we are not useful are probably more likely to withdraw from contact or not engage with us than to tell us. For example, very few senior clinicians and psychiatrists attend VTMH training; this in itself is a kind of feedback.

Individuals were specifically asked to consider what would be lost if VTMH didn't exist. See Box 6.2 for a summary of their impressions.

Box 6.2: "What would be lost if VTMH no longer existed?", VTMH team comments

What would be lost?

- Less capacity built within mental health services regarding cultural responsiveness
- No counter view to the 'one-size-fits-all' approach to service delivery
- No agency within the mental health sector to champion diversity issues and little or no focus on diversity in the mental health sector
- Less guidance and support for services that are planning and implementing diversity-responsive initiatives

Continued - 'Box 6.2: "What would be lost if VTMH no longer existed?", VTMH team comments

- Less workforce support – education, supporting networks, responding to enquires
- Potentially, poorer outcomes for consumers, carers, communities
- Loss of an agency that critiques dominant biopsychosocial paradigms of mental health and illness
- Loss of an agency that has been acquiring expertise in the area of transcultural mental health for a number of years
- Loss of influence at a national level on mental health issues and diversity

That other lead agencies are also addressing diversity, recovery, and human rights in health settings is considered by team members to be a positive development. If other organisations were to take up more of the routine work currently performed by VTMH (e.g. cultural awareness training) the unit would be free to engage in more intensive collaborative partnerships and undertake other kinds of work (e.g. more applied research). As one team member put it, VTMH could “move the goal posts” and achieve more.

Communicating effectively

VTMH needs to communicate clearly with relevant sectors and stakeholders about its objectives and programs. This means letting organisations know that VTMH has changed its approach and modified the services it now provides. Being informed, reliable, flexible and consistent builds credibility and respect.

It is important that the unit communicates in non-academic terms that everyone can grasp. The unit is attempting to provide information in a range of ways, such as through one-day training and online resources as well as offering a range of ways for services to engage.

The changes we've made in recent years (e.g. trialling a network approach, focusing more on community development, integrating recovery-oriented practice), are probably only known to individuals based in services that have had an extensive partnership with us. Even then, awareness of

VTMH seems to vary within partner organisations, with some practitioners knowing a great deal about VTMH and others knowing very little.

VTMH lets people know about programs via the VTMH website, announcements to our mailing list subscribers, partnership contacts and the state-wide CPH Network. Contributing to relevant forums and events are also effective ways to raise awareness and promote VTMH programs. We may need to explore other ways to publicise our work.

Valuing a positive internal culture

Overall, team members described the unit as respectful, a place where people are patient and understanding of each other. This is also evident in the team's treatment of students and visitors. A number of staff members noted that they value the unit's shared decision-making approach and flat structure. Some individuals noted ongoing improvements in the way the unit plans, implements and reviews programs compared with past years.

The unit is operated by a number of part-time staff; this presents its own challenges regarding communication and work allocation. The current staff group includes individuals with clinical mental health practice, community development, teaching and research experience.

VTMH could consider engaging more outside expertise more often. Sourcing external expertise may be difficult to fund and coordinate but it is important to consider, because “we don't know everything about everything”. The unit could also form stronger alliances with agencies that offer similar programs and services and conduct research.

KEY FINDINGS

Eight main themes emerged from internal staff interviews:

- Team members are adopting more contemporary and complex understandings of *culture and diversity discourses* (e.g. intersectionality and cultural safety).
- The unit is committed to *increasing the priority accorded to cultural diversity* within mental health services by discussing inequity and showing how diversity awareness is relevant for all service users.
- Individual team members are assisting practitioners and services to *apply the principles and guidelines* explored in education sessions and organisational consultations *to everyday practice*.
- Individuals acknowledge the importance of VTMH *participating in service reform debates and ensuring current policy directions* in mental health at national and state government levels are reflected in the unit's work. They also value community-led responses to inequality and inequity.
- *Staying up-to-date* across the broad range of areas relevant to transcultural mental health is challenging. Individual team members described their self-study strategies.
- All team members are keen to have a deeper understanding of the unit's *impacts and outcomes*. Participant feedback suggests VTMH programs are effective. There is more to learn about the groups that chose to not use VTMH's services, and why.
- Individuals recognise the importance of *effective communication*. This includes informing relevant sectors, key stakeholders and collaborating agencies about VTMH's objectives and programs and listening to the concerns of practitioners, service providers, service users, and the broader community.
- Team members value the unit's *positive internal culture* and approach to shared decision-making. They are seeking more opportunities to exchange knowledge and share experiences with other individuals and agencies.

APPENDIX



APPENDIX A. AIPCA REPORT: VTMH EVALUATION: KEY STAKEHOLDER INTERVIEWS



Faculty of Health Sciences
School of Nursing & Midwifery

**AUSTRALIAN INSTITUTE FOR PRIMARY CARE &
AGEING**
February 2016

Victorian Transcultural Mental Health (VTMH) Evaluation

KEY STAKEHOLDER INTERVIEWS
February 2016

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Victorian Transcultural Mental Health (VTMH) Evaluation

PURPOSE OF THIS REPORT

This report provides an overview of the findings from interviews with key stakeholders undertaken in November/December 2015 and February 2016.

The intended audience for the report is VTMH.

Key stakeholder interviews

The aim of the interviews was to investigate the views of key stakeholders about the strengths, challenges, barriers and potential areas of improvement for engagement with VTMH and the programs/services provided.

The stakeholders were identified by VTMH staff. A total of sixteen people were interviewed. The stakeholders were from organisations which had engaged with or utilised VTMH services.

The stakeholders interviewed were from the following organisations:

- NorthWestern Mental Health (NWMH) (3 stakeholders)
- Forensicare
- Mind Glenroy
- Action on Disability with Ethnic Communities (ADEC)
- Department of Health Victoria
- St Vincent's Hospital (2 stakeholders)
- Neami (3 stakeholders)
- Breakthru
- Goulburn Valley Health
- North West Area Mental Health Service (part of NWMH)
- Mercy Health

Results

VTMH AIMS

The stakeholders were asked what they thought were the aims of VTMH.

There was general consensus amongst stakeholders that VTMH aims to assist mental health services develop a culturally responsive mental health workforce and supports organisations to reflect upon and improve their cultural responsiveness. In addition VTMH aims to assist mental health services integrate culturally responsive practice into core practice and engage with culturally diverse communities. Stakeholders had similar views about how the aims of VTMH could be achieved and highlighted the importance of focusing on an organisational change approach, ongoing staff training and community engagement.

Stakeholders thought that the aims of VTMH included:

- Increasing awareness within mental health services of the importance of cultural responsiveness
- Providing guidelines and advice about cultural responsiveness
- Providing training to develop the skills of staff so they can effectively support clients
- Assisting organisations build capacity to respond to diverse client needs
- Supporting organisations to have a culturally diverse approach
- Assisting organisations to develop the knowledge and skills required to work with people from different cultural backgrounds
- Developing expertise in cultural responsiveness in the mental health sector
- Assisting services to be more innovative in the way they deliver services
- Assisting services develop and implement policies to improve their cultural responsiveness
- Supporting services to work with diverse communities, increasing their access to mental health services
- Assisting organisations to understand and learn how to appropriately respond to people from culturally and linguistically diverse (CALD) communities
- Providing services with up-to-date research about evidence-based practice
- Undertaking research about cultural diversity and share learnings with mental health sector
- Influencing government policies and advocating on behalf of mental health services about the assistance and resources required to meet the growing needs of new arrivals
- Providing advice, support and training to enable and promote inclusion of a cultural diversity approach in mental health services
- Building and maintaining positive ongoing relationships with mental health services and creating links between services.

All stakeholders were very impressed with VTMH staff, commenting on their high level of skills and knowledge, positive can do attitude, adaptability and the support they provided to services. Comments included that the aims of VTMH couldn't be achieved without the high quality VTMH staff.

Other comments included:

The staff at VTMH are brilliant! They are positive, highly intelligent, understand the mental health sector and are so supportive.

Every staff member I have met has been so helpful and passionate about cultural diversity. I always feel energised after talking with them.

VTMH has a big mandate, fortunately they have very high calibre staff.

VTMH staff have a friendly, responsive, positive approach and they are always encouraging. They praise what we do and are always reaffirming. Their passion for cultural responsiveness is infectious.

CHANGES IN VTMH'S APPROACH

Stakeholders were asked if they were aware of recent changes in VTMH's approach to service engagement and ways of conceptualizing and responding to cultural diversity.

Stakeholders that had a longer-standing relationship with VTMH were more aware. They were very positive about the changes and supported the shift to cultural responsiveness and a population-based approach. In addition, they supported VTMH placing a greater emphasis on reflective practice, finding ways to connect while being aware of cultural similarities and differences and working with communities.

Stakeholder comments included:

We like the population health approach, it reminds us to think and talk about our local population and their different needs. We have a very diverse local population, through our contact with VTMH we realised that we weren't being inclusive.

VTMHs focus on cultural groups and reflective practice fits with our approach, suits a recovery program. We like that it is client focussed and doesn't pigeon hole people into ethnic groups. Also the approach can be used with all our clients, open and reflective.

A few stakeholders thought that VTMH was previously perceived as the expert in working with CALD communities and the unintended consequence of this was the disempowering of some services. They thought that VTMH's changed approach to working with services to create change was more empowering of the services and recognised that the services had learnings they could also share.

Stakeholders thought that VTMH had recognised that improving cultural responsiveness across the mental health sector was too big for them to do on their own and that it required a collective approach with services. This was seen as a positive shift in the way VTMH operated; it provided greater opportunities for collaborative arrangements between VTMH and services.

Stakeholder comments included:

We could see a shift in their approach to empowering and assisting services build capacity, it has created a collaboration between us and VTMH.

It was natural progression for VTMH; focusing on cultural responsiveness and community development made a lot of sense.

VTMH PARTNERSHIPS

“For the settings approach to health to be successful it is paramount that partnerships and networks be developed that can both facilitate the effective use of knowledge and resources and foster co-ordinated action to promote health”

Chu et al. (2000)

Since 2009 VTMH had established formal partnerships with nine mental health services and a Memorandum of Understanding with two mental health services.

The following table outlines the status of various tools/documents that have been part of the VTMH approach to forming partnerships as at February 2016.

Table 1. VTMH Partnership Tool Completion (VTMH February 2016)

Organisations/Agencies	Date of document completion: <ul style="list-style-type: none"> Service Development Plan(SD) Partnership Plan (PP) Sustainability Plan (SP) Memorandum of Understanding (MOU)
Goulburn Valley Health	SD 2009/ SP 2014
Breakthru/ Norwood	SD 2012/ SP 2015
Mercy Health	SD 2009/ SP 2014
MI Fellowship	MOU & SD 2009/ SP 2014
MIND	MOU
St Vincent’s Hospital	PP 2013/SP 2015
Action on Disability with Ethnic Communities (ADEC)	MOU
Orygen Youth Health (NWMH)	SD 2013/ SP upcoming
Forensicare	PP 2013/ SP upcoming
Neami	PP 2015
Inner West Area Mental Health Service (part of NWMH)	PP 2014/SP 2015
Mid West,North West & Northern Area Mental Health Services (NWMH)	PP NOT COMPLETED

Stakeholders were asked if they were aware of the formal partnerships VTMH had established with a number of organisations. The majority of stakeholders knew about the partnerships and several stakeholders knew that their organisation was doing a project or had completed a project with VTMH but were unsure if that constituted a formal partnership.

The stakeholders were overwhelmingly positive about the benefits of the partnership for their organisation, staff and clients. As mentioned previously, they spoke very highly about VTMH and its staff and commented on their high level of professionalism, skills, knowledge and experience. In addition, they talked about the positive, enthusiastic ongoing encouragement that they received from VTMH and reported that this approach had a significant impact upon their services becoming more culturally responsive.

The partnerships were reported to have created a closer working relationship with VTMH and enabled greater access to resources, advice, support and assistance. Regular contact and a close working relationship with specific VTMH staff was seen as a very important positive part of the partnership.

Stakeholders acknowledged that being in a partnership required a commitment from VTMH and their organisation. They understood that for a partnership to be successful it needed to meet the needs of both organisations.

Comments included:

We have a formalised partnership with VTMH, it has made cultural responsiveness a higher priority in our organisation. The partnership requires commitment from both us and VTMH, it is a collaborative arrangement and we both gain from it. We have a stronger relationship with VTMH.

We recognise that VTMH has finite resources. Concentrating on capacity building is clever, it should translate into system change.

Stakeholders thought that the Partnership Planning Framework (PPF) was a good planning tool and helped them focus on cultural responsiveness in their service. Having the VTMH staff guide them through the tool was a very positive process. The planning process also assisted services determine where they were on the continuum of implementing cultural responsiveness. In collaboration with VTMH, they agreed on the advice, support and resources they needed to help them make necessary changes to improve cultural responsiveness.

In summary, stakeholders reported that being in a partnership with VTMH had had a very positive and significant impact upon their service's approach to cultural responsiveness and thought it would be valuable for all mental health services to be in partnership with VTMH.

VTMH SERVICES AND PROGRAMS

VTMH provides a wide range of services and programs. (See Figure 1 below).

Figure 1. VTMH services, 2016

VTMH Core Services and Programs
Cultural awareness training and education development Cultural responsiveness training and resources for specialist mental health services, community networks and tertiary education providers. Some of these services include: <ul style="list-style-type: none">▪ Cultural awareness training▪ Psychiatry registrar training▪ Train-the-trainer initiatives▪ Seminar series▪ Cultural conversations
Specialist mental health service partnerships and support services Capacity building and research partnerships for specialist mental health services developing culturally responsive service systems. Some of these services include: <ul style="list-style-type: none">▪ Intensive partnership support for services with high CALD demographics▪ Support for developmental initiatives that promote innovation and flexibility▪ Cultural portfolio holder information and support network▪ Planning support for services developing cultural responsiveness activities▪ Secondary cultural consultation sessions▪ Research and evaluation support▪ External enquiry clinical support and information
Mental health service system community partnerships Strategic community support for specialist mental health services and primary care networks building sustainable systems access for CALD consumers and carers. Some of these services include: <ul style="list-style-type: none">▪ Assist to develop and support mental health care networks▪ Assist to broker organisational and community partnerships▪ Support and resource network evaluation and research partnerships▪ Provide community development knowledge to facilitate community networks

Stakeholders were asked what they knew about the services and programs provided by VTMH and their opinions about these services and programs.

There was consensus amongst stakeholders that the services and programs provided by VTMH were of a very high quality and that the staff were professional, knowledgeable, experienced and highly skilled. They thought that there was a good breadth of programs and services and VTMH was very responsive to meeting the changing needs and level of sophistication of mental health services. This was reflected in the training, resources and support provided and the flexibility of VTMHs response to services'

needs. VTMH's assistance in 'trouble shooting' and helping services deal with issues/problems was seen as invaluable by stakeholders.

Stakeholders were very positive about the training/workshops run by VTMH and they reported that the training developed staff confidence, knowledge and skills in cultural responsiveness and working with clients from diverse backgrounds. The interactive nature of the training/workshops and the facilitator's ability to draw upon their experiences and up to date research were seen as some of the elements that made the training/workshops so successful. In addition to up-skilling staff, the training was seen as a vehicle for getting mental health services engaged and sharing ideas. Some stakeholders thought that all staff in mental health services should be required to undertake cultural responsiveness training.

I am really impressed with the skills of the VTMH staff who run the training sessions, they are highly skilled and knowledgeable and engage with staff in such a positive way.

Many stakeholders talked about the benefits of VTMH tailoring training to the needs of specific teams and sites, providing follow-up with conversational group sessions and the positive feedback from staff. One stakeholder provided an example of VTMH running training sessions for one organisation that included all the staff, clinicians, managers, administrators, receptionists and cleaners that resulted in a whole of organisation approach to cultural responsiveness.

All the staff were involved in the cultural responsiveness training, it was really positive and showed that management was supportive and committed to cultural responsiveness.

VTMH coming to us meant that more staff attended the training and conversations; it was much easier to get the clinicians engaged. They designed the training to meet the needs of our staff and service.

VTMH's focus on self-reflection was viewed by the stakeholders as an extremely useful process for assisting the service and staff becoming more culturally responsive. Stakeholders acknowledged that some of their staff found self-reflection rather difficult as it challenged their perception of clients and how they engaged with them, but it was reported to be an excellent approach for creating change. Interviewees reported that the VTMH staff were very skilled in facilitating these types of reflective sessions and this contributed to staff actively engaging in discussions about their role in developing culturally responsive services.

Stakeholder comments included:

The partnership requires us to self-reflect, which fits in really well with the philosophy of our organisation. We have to think about our approach, beliefs, priorities, practices and how we are meeting the individual needs of our clients.

The VTMH staff encouraged us to think about cultural similarities and differences with clients and how this affected the way we work clients. It has been a really interesting and at times challenging exercise for our staff.

All stakeholders whose organisation had been having cultural conversation sessions with VTMH reported that they were exceptional and one of the highlights of being in a partnership with VTMH. Stakeholders thought that one of the main reasons that the cultural conversations were so successful

was the level of competence, knowledge and experience of the VTMH staff who organised and facilitated the sessions. Stakeholders were grateful for assistance in exploring and dealing with issues pertinent to their organisation and the level of research undertaken by the VTMH staff who facilitated the sessions. All stakeholders thought that the VTMH staff who ran the cultural conversation sessions were highly skilled and excellent facilitators.

Stakeholders whose organisation had been having cultural conversation sessions with VTMH wanted them to continue.

The cultural conversations were fantastic! The VTMH staff who ran them were all about positive relationships, they really listened to us and we worked together. Our staff were so positive about the conversations, they raved about how skilled and knowledgeable they were. Also so refreshing to have training informed from practice and work we undertaken with clients.

We really appreciate VTMH staff visiting our service, it helps build a working relationship and provides an opportunity for VTMH to get a better understanding of our service and the challenges we have in embedding cultural responsiveness in our services.

We know that we can contact staff at VTMH and get excellent assistance, they understand the environment in which we work and our client population. They are highly skilled and knowledgeable, if they don't know the answer to a problem they do some research then come back and help us. Such a brilliant service.

Access to evidence based information, literature written in different languages, and links to services and resources via the VTMH website were also seen as important services provided by VTMH. Stakeholders appreciated having all the information in one place and knowing it was evidence-based and regularly updated.

We don't have the time to look for resources and services, we rely on VTMH to do that.

The stakeholders identified the Cultural Portfolio Holder (CPH) Network meetings, facilitated by VTMH, as an opportunity for Cultural Portfolio Holders to share information, discuss pertinent issues and support each other.

Stakeholders made a few suggestions about the running of the Network. Suggestions included:

- That Network meetings be held at a different Cultural Portfolio Holders' (CPH) workplaces each quarter. This would provide an opportunity for the CPHs to learn about different services and increase networking opportunities
- CPHs undertake some joint professional development and planning
- CPHs be provided with a role or position description and overview of role context. In addition to providing clarity about the CPH role, the description could be used to convince management about the importance of the role and gain their support.

I struggled explaining the Cultural Portfolio Holder role to the service manager, it would have been so much easier if I had been provided with a Cultural Portfolio Holder position description.

I was asked to do the role but wasn't given some written documentation to help me understand what I was to do. Maybe it is available but I couldn't find it.

- That the aim and structure of the Cultural Portfolio Holder Network meetings should be reviewed.

The Portfolio meetings need more structure, it was nice opportunity to meet people but it lacked focus, wasn't clear why we were meeting.

Having access to phone advice from VTMH through the External Enquiries Service was seen as a valuable. Stakeholders were unable to report how many staff in their service used the phone line or made online enquires, but they did know that the staff that had used the service found it extremely helpful, in particular staff who wanted to have a confidential consultation about a client.

Staff can phone VTMH to chat about issues and get advice when they need it. Not many services can provide that level of assistance. Our clinicians particularly find the direct advice very useful.

Ongoing discussions with VTMH about what the stakeholder's organisation was doing in relation to cultural responsiveness and sharing ideas about what was working in other organisations was seen as very helpful by stakeholders. Stakeholders also reported that the positive approach of VTMH encouraged them to do more in their organisation.

VTMH always make us feel like we are making progress; they provide ideas and gently guide us in new directions. They acknowledge the difficulties we have in implementing a cultural responsiveness approach and help us overcome them.

CONSEQUENCES OF ENGAGING WITH VTMH

The stakeholders were asked to identify any changes or processes within their organisation that resulted from engagement with VTMH.

Stakeholders reported many examples of changes that had occurred in their organisation due to their engagement with VTMH including in relation to staff, the organisation and interface with the community. Some of the consequences are also detailed in other sections of this report.

Staff

All stakeholders reported seeing changes in the approach their staff took to clients as a result of their engagement with VTMH. Staff were reported to have started thinking about clients within a cultural context, rather than focussing simply on language barriers and the need for interpreters. There was general consensus that the change was primarily as a result of VTMH training and VTMH leading discussions in the workplace about values, beliefs and life experiences and how services can shift their approach to cultural responsiveness.

Stakeholders considered that the training and consultations provided by VTMH had a positive impact on a number of clinicians' working relationship with clients and, as the clinicians' understanding of cultural responsiveness increased, they became more interested in participating in secondary consultation sessions and cultural conversation sessions. Stakeholders also believed that VTMH's high status within the mental health sector made it is easier to engage clinicians in discussions with VTMH staff about cultural responsiveness.

Comments included:

Some of our senior clinicians and other staff now mentor new clinicians about cultural responsiveness, it is fantastic!

Some of our staff have developed high level skills and knowledge in cultural responsiveness due to the training and support provided by VTMH. They are now providing guidance and support to new staff, they also have input into the staff orientation. We have a fairly high staff turnover so their involvement in staff training is vital for us.

Stakeholders that had undertaken the accredited cultural responsiveness course training¹ said that it gave them greater confidence in addition to strategies to engage senior managers when seeking their commitment to include a focus on cultural diversity in the organisation.

Stakeholders commented that due to the ongoing training and support provided by VTMH, some staff in their organisations had developed high level skills in cultural responsiveness. Some staff were running cultural responsiveness education sessions for new staff or had included cultural responsiveness in their staff mentorship role. VTMH had also assisted the organisation identify staff training needs and recommended appropriate training and support, and mechanisms to include a culturally responsive approach into service planning.

Stakeholders reported that the reflection approach VTMH uses in training and other session had really helped staff become more aware of their interpretations, biases and behaviour and this had a positive impact on the way they worked with clients.

Staff comment on how VTMH staff really listen to them, give positive feedback, boost their confidence and guide and help rather than direct.

One stakeholder provided an example of the impact of VTMH cultural responsiveness training and where they could see that the training was making a difference to her staff's understanding of cultural responsiveness. After attending training, the staff shared what they had learnt with others in the unit. They said that it hadn't occurred to them before that there was as much difference within cultures as between cultures and that it was important to be aware that your own culture and value systems influenced the way you interact with people.

Another stakeholder reported that they had a staff member in the organisation who found it difficult to work with people from a CALD background and who didn't want to do the VTMH cultural responsiveness training. The staff member was told by management that they had to do the training and the outcome was very positive.

We couldn't believe it; he said he enjoyed the training people and seems to have a more positive relationship with CALD clients.

¹ Vocational Graduate Certificate in Community Services Practice (Assessment and Case Management) 2014

Organisation

Stakeholders reported that working with VTMH had resulted in many changes in their organisation including but not limited to:

- updating or writing policies and procedures to ensure the inclusion of cultural responsiveness
- inclusion of cultural responsiveness on meeting agendas
- increased management support for cultural responsiveness
- higher accountability for inclusion of cultural responsiveness approach
- greater use of language services and translated materials and more effective use of interpreters
- greater monitoring of interpreter use
- inclusion of cultural responsiveness in organisation training plans
- management supporting staff to attend VTMH cultural responsiveness training
- engagement of clinical staff in cultural responsiveness discussions
- development of an organisation cultural diversity plan
- improved clinical standards
- increased understanding of importance of engaging community
- a cultural shift towards a cultural responsiveness approach in the organisation
- increased service connections
- a nominated cultural portfolio holder in the organisation
- assistance with accreditation and service standards

In addition, the inclusion of cultural responsiveness in annual staff appraisals had been introduced by some organisations as a consequence of their engagement with VTMH.

The CPHs were recognised as the catalyst for much of the change in organisations; they had a close working relationship with VTMH and kept cultural responsiveness on the organisation's agenda. In addition, cultural responsiveness working groups or committees were the drivers of system change particularly where membership included managers. Stakeholders highlighted the importance of having a cultural diversity plan and ensuring the cultural responsiveness committee had good links to decision-making structures within the organisation.

Comments included:

VTMH reinvigorates members of our CR working group! Sometimes we feel deflated and feel that we are making little progress, we call in VTMH and they give us a real boost. The VTMH staff are so enthusiastic and supportive; I don't think I could continue as a Portfolio Holder without them.

VTMH helps the CR committee rethink their approach when they are confronted by blockages in the organisation. Because the VTMH staff are such a highly skilled group of professionals the managers listen to them.

The training and support gave me confidence to promote cultural responsiveness across the organisation.

Stakeholders reported that the training workshops and individual support provided by VTMH highlighted the importance of reviewing and updating their organisation's policies and processes. In the majority of cases this was undertaken by the cultural portfolio holder and cultural responsiveness working group.

Community engagement

Stakeholders reported that VTMH had assisted them understand the importance and benefits of engaging with the local community and community leaders, and had provided guidance and assistance in how to engage. Engaging with the community was raised by some stakeholders as an area where they had limited experience before they partnered with VTMH. Some stakeholders said that they hadn't previously considered engaging with the local community.

We hadn't considered actively engaging with the community, VTMH helped us understand why it was important and the benefits for our service, staff and clients. We have had a positive response from local groups and our staff.

Stakeholders reported that they had made connections with community leaders from different cultural backgrounds and local services. This was used as an opportunity to help the community leaders understand the role and function of mental health services, and provided them with a chance to ask questions and give feedback to the services. This was seen by the stakeholders as particularly important for communities that were wary of mental health services due to negative experiences they had with mental health services in their country of origin.

Stakeholder comments included:

VTMH helped us increase our service's understanding of the community. Our service hadn't engaged much with the community before the partnership; it hadn't been on management's radar. We recently held forums and events with a diverse range of community groups. Staff response was very positive.

We needed help from VTMH with strategies and ideas about why and how we should engage with the community. Their advice was fantastic; they obviously were experienced in community engagement and think about connections between services.

Some communities fear mental health services due to negative experiences in their own countries; we need to gain their trust, and this takes time. The backup and support VTMH provided helped us do this; without them we would have struggled.

VTMH also encouraged services to develop a community engagement strategy. The stakeholders who had developed a strategy were very positive about the process and could see the benefits of engaging with the community and other services. Comments included:

Without back up and support from VTMH I don't think our organisation would have put time and resources into community engagement.

It became clear to us that VTMH are experienced in how to work with the community, they could provide practical examples.

FACTORS HINDERING AND FACILITATING CULTURALLY RESPONSIVE PRACTICE

Factors hindering culturally responsive practice

The stakeholders were asked what were the main factors hindering cultural responsive practices in their organisation.

Many stakeholders identified high staff turnover in the mental health sector as an impediment to facilitating cultural responsiveness in their organisation. Staff replacements often had limited understanding of cultural responsiveness and needed to undertake training and mentoring. Agency staff were seen as having the least knowledge of cultural responsiveness and this impacted upon how they related to clients and other staff. One stakeholder recommended that agencies which supplied temporary staff to services be required to provide staff with some level of cultural responsiveness training.

Stakeholder comments included:

I get frustrated when we make great progress with staff understanding the importance of cultural responsiveness, particularly those who were resistant to change, and then they leave. We have included in staff position descriptions 'an understanding of cultural responsiveness'. There seems to be a slight increase in the number of applicants who meet this requirement.

It is always a bonus when a new staff member has come from an organisation which provides staff with cultural responsiveness training.

A few stakeholders found it difficult to convince managers in their organisation that cultural responsiveness wasn't something that could be ticked off their organisation's list as done, and that writing a few policies and providing staff with one-off training wasn't enough.

Staff lack of interest or inability to see the importance of cultural responsiveness was an issue for some services. In some cases staff had been with the service for many years and tended to mainly see CALD clients only as people who required interpreters. They were resistant to engaging in discussions about cultural responsiveness.

Stakeholders reported that staff groups are also comprised of people from different cultural and social backgrounds. The background, life experiences and discipline of a staff member impact on how they interact with clients. These differences need to be taken into account when attempting to change the way they interact with clients. Some staff were very impatient with clients, wanting clients to do exactly what they wanted them to do, and they expressed frustration with clients when they didn't understand them. In addition, they had difficulty reflecting upon their own behaviour and how they interacted with clients. One stakeholder commented; *these staff require a lot of extra resources and manager's time to help them change their approach to clients and understand cultural responsiveness. There are cultural misunderstandings by both Australian and overseas born staff.*

For a few stakeholders, convincing senior clinical staff that it was important and worthwhile to learn about culturally responsive practices and approaches was a major challenge. They reported that some clinicians only wanted information about ethnic groups and how to treat clients based on their ethnicity; they didn't see cultural responsiveness training as being relevant or useful to them. These stakeholders expressed frustration that the clinicians didn't attend cultural responsiveness training and also that it was difficult to convince managers that it was important that the clinicians attend the training.

Comments included:

Staff need to understand that working with CALD clients requires the building of trust and an understanding of cultural issues, it isn't only about language barriers. We need staff who understand the nuances of different cultural groups not necessarily their languages.

Some of our staff are very inflexible and uninterested in changing the way they interact with clients and families.

The feeling of being overwhelmed about the amount of work that needed to be done to ensure their service was culturally responsive was an issue for some stakeholders. This was particularly difficult in organisations where there was limited management support or understanding of cultural responsiveness. The assistance and support provided by VTMH to work through these issues was seen as invaluable by the stakeholders.

The issue of creating a consistent culturally responsive approach across an organisation was raised by several stakeholders, in particular ensuring clients received the same approach from all staff in all sections of the organisation. Some of the organisations which provided services in different geographic locations found it a challenge to get a consistent approach across the different sites. In some cases service site managers decided what staff training was required and for some, cultural responsiveness wasn't a priority.

One organisation had used a number of strategies to overcome the barrier of organisational inconsistency, including requiring all position descriptions to have an understanding of cultural responsiveness, staff performance reviews to include a discussion about cultural responsiveness and all staff being required to attend cultural responsiveness training.

Stakeholders reported that the level of resources available for staff training impacted on staff access to cultural responsiveness training. If cultural responsiveness wasn't a priority area and resources were limited, it was less likely that staff would attend cultural responsiveness training. In addition, there needed to be a champion for cultural responsiveness in the organisation, such as a cultural portfolio holder, to ensure it was included on the staff training calendar.

Factors facilitating culturally responsive practice

Stakeholders were asked what were the main factors facilitating culturally responsive practices in their organisation.

There was consensus amongst the stakeholders that VTMH was one of the most important factors that facilitated culturally responsive practices in their organisation. They reported that the cultural responsiveness training, resources, support, assistance and guidance provided by VTMH was vital in enabling their organisations develop a culturally responsive approach. Stakeholders whose organisations had a formal partnership with VTMH believed the partnership had the most impact on facilitating culturally responsive practices and associated changes within their organisation.

All stakeholders reported that for cultural responsiveness to become normal practice in an organisation it was imperative that managers believed that it was important and that they actively supported this approach throughout the organisation. In addition, it was reported to be important that all managers attend cultural responsiveness training.

Diversity responsiveness involves everyone, just as accreditation standards are a whole of organisation effort; addressing diversity in culture requires all of us. Managers need to be engaged.

Employing staff who understand cultural diversity and can demonstrate their understanding of cultural responsiveness through the way they work with clients and their families was raised by stakeholders as having a very positive impact upon other staff interactions with clients. It was however also reported that employing such staff was not always possible.

Staff who use a cultural responsiveness approach are good role models in our service, increasing the number of these staff will help change staff interactions with clients. Cultural responsiveness is discussed with job applicants.

Stakeholders highlighted the importance of including cultural responsiveness in staff performance appraisals and recruitment procedures and the inclusion of cultural responsiveness in the organisation's mission/vision. In addition, the inclusion of cultural responsiveness training in organisation training/staff development plans and encouraging or preferably mandating that all staff undertake cultural responsiveness training was seen as an important facilitator.

Including cultural responsiveness in team based discussions and encouraging reflection on practice were identified by stakeholders as another positive mechanism for embedding cultural diversity practice into services. It was seen as a way to engage clinicians, particularly those who were resistant to attending cultural responsiveness training. In addition, stakeholders said that it was very important that staff knew how to access and work with interpreters and if not, that training should be provided.

The importance of having cultural responsiveness champions in an organisation was identified as a necessity by all stakeholders. One of the most important champions was reported to be the staff member who was the cultural portfolio holder. Stakeholders stressed that for cultural portfolio holder to undertake their role and be able to facilitate cultural responsive practices they must be given enough time and support by the organisation.

OTHER STAKEHOLDER COMMENTS

Stakeholders were asked if they wanted to make any other suggestions or comments to VTMH.

Stakeholder comments and suggestions included:

- VTMH should continue to establish new formal service partnerships with mental health services. The partnerships are building cultural responsiveness capacity in the sector.
- VTMH has a very important role in convincing senior service managers that cultural responsiveness is important. It is important that VTMH develop working relationships with senior managers in mental health services.

Services need VTMH to do a sales pitch to management in mental health services about cultural responsiveness 'develop a really good sales pitch'. It needs to be a person who has status in the sector, is confident and can explain why organisation should focus on cultural responsiveness.

- VTMH is in a good position to understand the needs of migrants and refugees arriving in Australia and the capacity of mental health services to meet their needs. They could provide advice to government about these impacts and the need for government to plan for the increase in the number of new arrivals requiring access to mental health and public health services.
- VTMH should continue to influence government policies and raise the profile of cultural responsiveness in the health sector.
- If not already doing so, VTMH could broaden the type of organisations they offer their services to, including disability and aged care services. In addition, it was important that VTMH ensure their staff had an understanding of the community services sector.
- The connections between clinical mental health and community services could be strengthened by VTMH by actively developing new networks and outreaching to services within and outside mental health sector. In addition VTMH could assist the community sector to develop links with the clinical sector, thereby strengthening connections and coordination of services.
- VTMH should continue to provide all the services it presently provides to the mental health sector.

Some stakeholders recommended areas to be reviewed by VTMH including consumer engagement and the choice of training options. While there were a number of positive comments, several stakeholders suggested that VTMH's approach to consumer engagement indicated that VTMH was not keeping abreast of the research findings about effective consumer engagement and that VTMH was not aware of the new approaches and practices in consumer engagement being implemented by services.

Stakeholders were unsure if the breadth of training topics and the options for accessing training (e.g., online, on site and in regional and rural areas) had been explored by VTMH. If it had not already done, it was suggested that VTMH survey mental health services to determine training needs in the sector and examine other options for training delivery.

SUMMARY

Stakeholders were overwhelmingly positive about the operation of the VTMH. In particular there were frequent comments about the high calibre and responsiveness of staff and the support they provided. The value of the training and resources provided was also stressed, including the cultural conversations and opportunities for self-reflection. Partnerships with VTMH were valued and stakeholders were able to provide a range of examples of positive outcomes from their involvement with VTMH.

Stakeholders provided some suggestions for improvements including exploring the opportunity to strengthen the reach of VTMH from mental health services into the broader community sector. Many of the suggestions were 'more of the same' rather than additional to current activities.

APPENDIX B. INTRODUCTORY WORKSHOP 2014: PARTICIPANT FEEDBACK

Table b.1: Summary of Introduction to Cultural Responsiveness in Mental Health Services workshop events, 2014

Target group	Agencies	No. of events	No. of participants
State-wide calendar	Metropolitan sites	4	72
	Rural service sites <ul style="list-style-type: none"> Wangaratta Ballarat Bendigo 	3	54
VTMH partners	NWMH (and network agencies) <ul style="list-style-type: none"> NWMH (for staff across NWMH service sites) North West MIND Headspace (northern sites) Neami Partners in Recovery (PIR) with Medicare Local, Northern Region 	12	235
	Forensicare	1	13
Other agencies	<ul style="list-style-type: none"> RMIT Certificate IV training Relationships Australia (2 workshops) McKillop Family Services with Asylum Seeker Resource centre Cairnmillar Institute 	5	71
Total		25	445

Table b.2: Introductory workshop, 2014: participants' learning

Questions about learning	Answer options			
	Highly Likely	Very Likely	Possibly	Not At All
What I have learnt from this workshop will change the way I practice (N= 332)	23%	52%	22%	2%
I now feel more confident to work with cultural issues (N= 330)	22%	55%	20%	2%
What I have learnt from this workshop will help me to promote change in the workplace (N= 336)	21%	45%	32%	2%
I am likely to undertake more study in this area (N= 312)	20%	36%	40%	3.5%

Table b.3: Introductory workshop, 2014: effectiveness of teaching and learning methods

Questions about workshop effectiveness	Answer options				
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The learning methods were effective in identifying areas for personal change or improvement (N= 327)	30%	55%	12%	2%	0%
The learning methods were effective in identifying areas for systems change or improvement (N= 322)	24%	61%	14%	1.5%	0%
The workshop was useful in changing the way I think about culture (N= 313)	25%	56%	16%	3%	0%

APPENDIX C. INTRODUCTORY WORKSHOP 2015: PARTICIPANT FEEDBACK

Table c.1: Summary of Introduction to Cultural Responsiveness for Mental Health Services workshop events, 2015

Target group	Agencies	No. of event	No. of participants
State-wide calendar	Metropolitan sites	3	60
	Rural service sites <ul style="list-style-type: none"> Albury-Wodonga Horsham Sale Warrnambool 	4	64
VTMH partners	Metropolitan services <ul style="list-style-type: none"> Breakthru, Craigieburn MI Fellowship PIR, Box Hill Neami Blackburn, Broadmeadows/Craigieburn and Yarraville (3) NWMH Northern Medicare Local and PIR (one workshop over two days) 	7	117
	Rural service <ul style="list-style-type: none"> Goulburn Valley Health 	1	13
Other agencies	<ul style="list-style-type: none"> Asylum Seeker Resource Centre (3) Diversicare, Queensland 	4	53
Total		19	307

Table c.2: Introductory workshop, 2015: participants' learning

Questions about learning	Answer options			
	Highly Likely	Very Likely	Possibly	Not At All
What I have learnt from this workshop will change the way I practice (N= 279)	30%	53%	16%	1%
I now feel more confident to work with cultural issues (N= 280)	25%	57%	17%	1%
What I have learnt from this workshop will help me to promote change in the workplace (N= 280)	26%	48%	25%	3%
I am likely to undertake more study in this area (N= 281)	30%	36%	32%	2%

Table c.3: Introductory workshop, 2015, effectiveness of teaching and learning methods

Questions about workshop effectiveness	Answer options				
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The learning methods were effective in identifying areas for personal change or improvement (N= 282)	31%	57%	11%	1%	0%
The learning methods were effective in identifying areas for systems change or improvement (N= 280)	27%	61%	10%	2%	0%
The workshop was useful in changing the way I think about culture (N= 282)	25%	61%	11%	3%	0%

APPENDIX D. CULTURAL CONVERSATIONS 2014: PARTICIPANT FEEDBACK

Table d.1: Cultural Conversations, 2014

Partner agencies	No. of events	No. of participants
St Vincent's Hospital, inpatient service, community and residential rehabilitation teams	4	38
Forensicare	3	42
Breakthru, St Albans and Melton sites	2	14
Total	9	94

Table d.2: Cultural Conversations, 2014: learning, reflection and practice

Questions about learning, reflection and practice	Answer options				
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
This session has provided me an opportunity to examine my own experience with regard to this issue (N= 82)	59%	41%	0%	0%	0%
What I learned in this session will allow me to have discussions with colleagues in greater depth on this issue (N= 14)	29%	71%	0%	0%	0%
What I learned in this session will allow me to have discussions with colleagues in greater depth on cultural influences for workplace systems/ changes (N= 68)	38%	57%	3%	0%	1%
This session has given me useful skills/ knowledge that will influence my work practice (N= 87)	48%	43%	8%	1%	0%
What I learned in this session will help me re-evaluate the way I think about this topic (N= 87)	48%	42%	8%	1%	0%

APPENDIX E. CULTURAL CONVERSATIONS 2015: PARTICIPANT FEEDBACK

Table e.1: Cultural Conversations, 2015

Partner agencies	No. of events	No. of participants
NWMH, IWAMH and Mid-West Area Mental Health	2	27
Neami, Abbotsford	1	14
St Vincent's Hospital, inpatient service and community team	4	43
North Fitzroy Prevention and Recovery Centre (PARC)	2	21
Other		
CPH Network	1	14
Total	10	119

Table e.2: Cultural Conversations, 2015: learning, reflection and practice

Questions about learning, reflection and practice	Answer options			
	Highly Likely	Very Likely	Possibly	Not At All
What I have learnt from this workshop will change the way I practice (N= 51)	20%	67%	14%	0%
What I have learnt from this workshop will help me re-evaluate the way I think (N= 67)	42%	43%	15%	0%
I am likely to undertake more study in this area (N= 50)	32%	52%	16%	0
What I learned in this session will allow me to have discussions with colleagues in greater depth on this issue to influence workplace practice/ changes (N= 66)	42%	41%	17%	0%
I now feel more confident to work with cultural issues (N= 51)	20%	55%	24%	2%
What I have learnt from this workshop will help me to promote change in the workplace (N= 51)	26%	45%	28%	2%

Table e.3: Cultural Conversations, 2015: session methods

Questions about session methods	Answer options				
	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
The learning methods were effective in identifying areas for personal change/ improvement (N= 50)	24%	72%	4%	0%	0%
This session was useful in changing the way I think about the topic (N= 50)	16%	74%	10%	0%	0%
The learning methods were effective in identifying areas for systems change (N= 50)	0%	58%	22%	2%	1%

APPENDIX F. VTMH PROGRAMS AND SERVICES 2014: ONLINE SURVEY RESULTS

Figure f.1: Number of metropolitan Melbourne work locations (categorised by adult mental health area) of respondents to 2014 survey (N=47/62 locations)

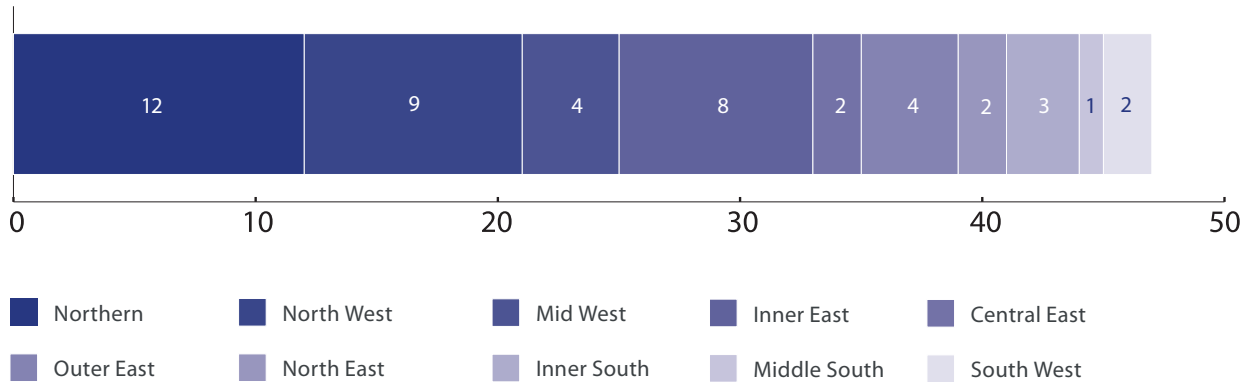


Figure f.2: Number of regional and rural work locations (categorised by adult mental health area) of respondents to 2014 survey (N=11/62 locations)

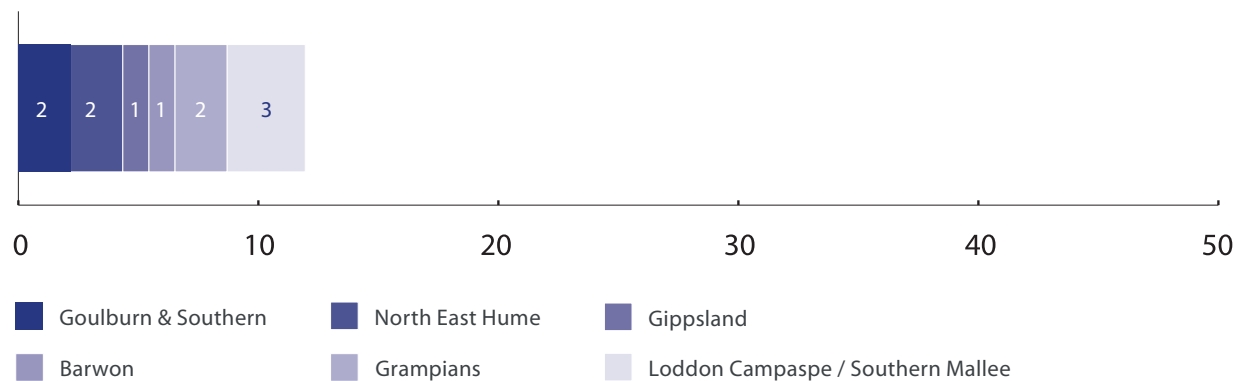


Table f.1: Survey VTMH programs 2014, usefulness of activities

VTMH activities	Answer options				
	Very useful	Somewhat useful	Not very useful	Not at all useful	Missing data
Introductory workshop (N= 45)	60%	36%	2%	2%	0%
CPH Network (N= 15)	33%	60%	7%	0%	0%
Cultural Conversations (N= 11)	63%	27%	9%	0%	0%
Secondary Cultural Consultations (N= 7)	86%	0%	14%	0%	0%
Vocational Graduate Certificate (N= 5)	40%	40%	0%	0%	20%
Enquiry service and website (N= 5)	80%	0%	20%	0%	0%
Seminars or other events (N=4)	25%	25%	25%	0%	25%

Note: Two individuals also rated and commented on participating in group supervision sessions, and rated this as very useful. One individual also rated and commented on contact via an organisational partnership consultation and also rated this as very useful.

Table f.2: Six statements about contact with VTMH in 2014

Contact with VTMH... (N=41)	Answer options				
	Strongly Agree	Moderately Agree	Neither Agree Nor Disagree	Moderately Disagree	Strongly Disagree
increased my knowledge about cultural diversity and mental health	37%	46%	10%	5%	2%
made me more aware of issues around cultural diversity and mental health	46%	39%	12%	2%	0%
made me feel more confident to work with consumers from culturally diverse backgrounds and their families	32%	37%	22%	7%	2%
changed the way I practice	20%	42%	24%	12%	2%
helped me to promote change in the workplace	24%	29%	39%	5%	2%
encouraged me to take up further study relevant to cultural diversity and mental health	20%	7%	51%	22%	0%

Table f.3: Three statements about the respondents' organisation in 2014

Statements about respondents' organisation (N=42)	Answer options				
	Strongly Agree	Moderately Agree	Neither Agree Nor Disagree	Moderately Disagree	Strongly Disagree
Policies, procedures and plans relevant to cultural diversity are in place in my organisation	26%	52%	7%	10%	5%
The leadership in my organisation is committed to an ongoing implementation of culturally responsive practice	38%	36%	19%	5%	2%
Strategies are in place in my organisation to ensure that staff are aware of policies, procedures and plans relevant to cultural diversity	26%	45%	12%	12%	5%

Box f.1: Usefulness and impacts of participation in VTMH programs in 2014

Introductory cultural responsiveness workshop (N=45)

More useful aspects

- Learning about language translation and interpreter services (5 comments)
- Networking and discussing with others (3 comments)
- Learning to be more culturally sensitive in work with clients and families (3 comments)
- Focusing less on cultural competence (3 comments)
- Discussing what cultural responsiveness means (3 comments)
- Hearing diverse recovery stories (2 comments)
- Participating in learning that is tailored to workplace and role (2 comments)
- Exploring the examples offered (2 comments)
- Reflecting on practice (2 comments)
- Discussing culture and cultural values (2 comments)

- Discussing different understandings of mental health (2 comments)
- Learning more about Australia's refugee program and asylum seekers (2 comments)
- Applying cultural responsiveness opportunities in workplace (2 comments)
- Identifying relevant frameworks and policies
- Discussing the relation between health and diversity
- Exploring health and inequality links
- Developing greater self-understanding
- Cultural assessment
- Exploring ways to build relationships with clients
- Discussing ways to engage communities
- Bringing practitioners from community-managed and clinical services together
- Receiving references and information to follow up
- Finding out about VTMH services

"Even though I did two lots of the cultural responsiveness training (one with workplace and one on VTMH calendar) they were each very different experiences even though the content/presentation was the same, which I think showed that the training worked well for different and diverse groups of attendees."

"Very much appreciated the work [VTMH team members] did with our teams around becoming more culturally responsive/safe."

Less useful aspects

- Finding level too basic or introductory, given participants' previous professional experience and training (3 comments)
- Needing more than one day to explore area
- Being personally confronted by activities about power and privilege
- Seeing some content as irrelevant
- Finding some aspects of delivery uninteresting
- Use more videos and talk less
- Practical problem: not receiving the pre-reading

"It seemed to miss the mark of collaborative practice, system change and working with other services."

Impacts and outcomes

"I haven't done the intro training myself yet, but a number of caseworkers I supervise have and they all report that it is fantastic and gives them a new way to think about and approach their work. It gives greater insight and understanding into the significance of their role and subtleties that they may have previously taken for granted."

"VTMH and the staff continue to be a useful resource to me and our workplace. We have never resolved the issue of getting those 'who really need the training' to the training – I look forward to developments around 'workplace culture' which is where this all comes from."

"Added VTMH and other brochures to foyer of my workplace."

"The training has facilitated a strong interest in working with CALD consumers. I am very confident that we will continue to better our practice when working with people from CALD backgrounds, and a lot is being done in partnership with VTMH at present to improve our practice."

"I think annual workshops ought to be part of competency training in mental health service."

"Changed my understanding of cultural responsiveness completely."

CPH Network (N=15)

More useful aspects

- Sharing ideas, information and staying up-to-date (6 comments)
- Finding out about initiatives of other agencies and CPHs (3 comments)
- Getting encouragement and support from others (2 comments)
- Learning about the role from other CPHs
- Connecting via the online network
- Meeting up face-to-face

"Thanks for reaching out to portfolio holders, it makes me feel not so alone in my position, but part of a team that is open and understanding."

Less useful aspects

- CPH meetings don't lead to changes in organisations (2 comments)
- Spending too much time planning the next meeting
- Travelling to meetings is difficult
- CPHs don't get feedback about their work
- The future direction of the program seems unclear

"I would like to know where is the CPH Program going."

Impacts and outcomes

"VTMH do an excellent job of promoting cultural awareness and competencies. Their ability to travel to the regions is very important and a wonderful part of their scope. The materials provided in the courses are easy to use and well received."

Cultural Conversations (N=11)

More useful aspects

- Taking a broader view of clients' issues
- Learning from experience of other practitioners
- Discussing with others
- Raised useful issues for team to debate
- Thinking about carer experiences

"Very useful raised a lot of debate amongst staff."

Less useful aspects

- Not knowing enough about what staff most want to discuss
- Raising questions and not providing answers
- Not pitching the session at the level suited to experience of team

"Some info felt a bit basic, would have been better delivered to graduates/less experienced people, kind of felt like teaching us how to crawl when we're already running"

Impacts and outcomes

- No comments

Secondary cultural consultations (N=7)

More useful aspects

- Learning about referral pathways
- Exploring how to support a client
- Offered a different view point – how culture impacts mental health and treatment

"Getting in to the detail about how to support someone who has mental health issues."

Less useful aspects

- Providing information that is too general to assist work with complex client (2 comments)
- Practical problem: technical issues with video-conferencing

Impacts and outcomes

"Not having [these sessions] anymore."

Vocational Graduate Certificate (N=5)

More useful aspects

- Building and applying skills
- Refreshing knowledge and skills

Less useful aspects

- No comments

Impacts and outcomes

- No comments

Enquiry service and website (N=5)

More useful aspects

- An external source of good advice
- Team members communicate effectively

Website has useful information

"I have found the helpline to VTMH very useful and have used in the past... to get specific advice on a case. This service should be promoted more broadly."

Less useful aspects

- Not receiving the particular information sought

Impacts and outcomes

- No comments

Seminars and other events (N=4)

More useful aspects

- The theme discussed was relevant
- The session provided an introduction to topic

"People with a lot of expertise and experience and generally the sessions I have attended have been very good."

Less useful aspects

- Performance of presenters are variable

Impacts and outcomes

- No comments

Group supervision (N=2)

More useful aspects

- Extensive knowledge and capability of particular VTMH team member
- Helps staff working in challenging environments

"[VTMH team member] has a wealth of experience and knowledge... [and] incredible insight and reassurance to offer."

Less useful aspects

- No comments

Impacts and outcomes

"Tremendous support to [organisation name]."

"[VTMH team member]'s approach provided a therapeutic intervention for myself in responding to vicarious trauma."

Service development consultation (N=1)

More useful aspects

- A resource and a source of relevant knowledge

Less useful aspects

- No comments

Impacts and outcomes

"Directly [assisting] in the work we are undertaking [in our organisation]."

Box f.2: Follow-up of postcard activity in 2014, intention to apply learning

Survey participants, who indicated that they had attended an *Introduction to Cultural Responsiveness in Mental Health Services* workshop, were asked if they recalled completing a postcard activity: workshop participants complete a postcard that is posted to the individual three months later to remind them of their intention to act in relation to cultural responsiveness in their workplace.

Twenty-one individuals recalled receiving their postcard and details about the action they intended to take. Fifteen reported that they had undertaken or planned to:

- Use cultural formulation approach (2 comments)
- Increase own knowledge, do more self-study (2 comments)
- Incorporate concepts into an education course that participant is designing
- Find out more about interpreter policies
- Request a secondary cultural consultation
- Seek out an interpreter
- Explore interpreter role as provider of cultural and language advice
- Avoid stereotyping of clients
- Improve their team's awareness of working with interpreters
- Provide co-workers with summary of workshop
- Avoid making assumptions about people based on country of origin
- Find out more about each person's explanatory model of illness
- Ensure ongoing discussion of CALD in the workplace
- Ensure ongoing discussion with their team about mental health in diverse communities

No barriers were noted.

APPENDIX G. VTMH PROGRAMS AND SERVICES 2015: ONLINE SURVEY RESULTS

Figure g.1: Number of metropolitan Melbourne work locations (categorised by adult mental health area) of respondents to 2015 survey (N=60/76 locations)

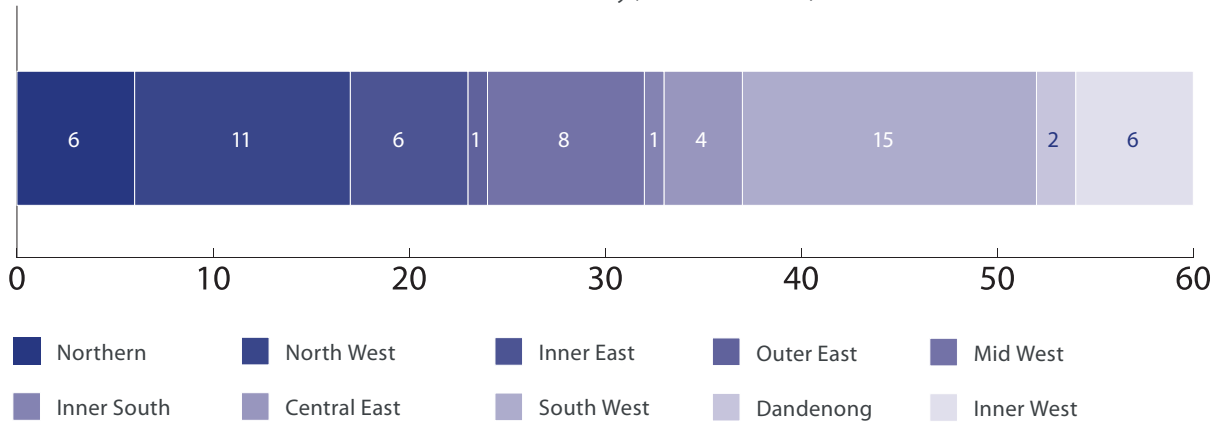


Figure g.2: Number of regional and rural work locations (categorised by adult mental health area) of respondents to 2015 survey (N=15/76 locations)

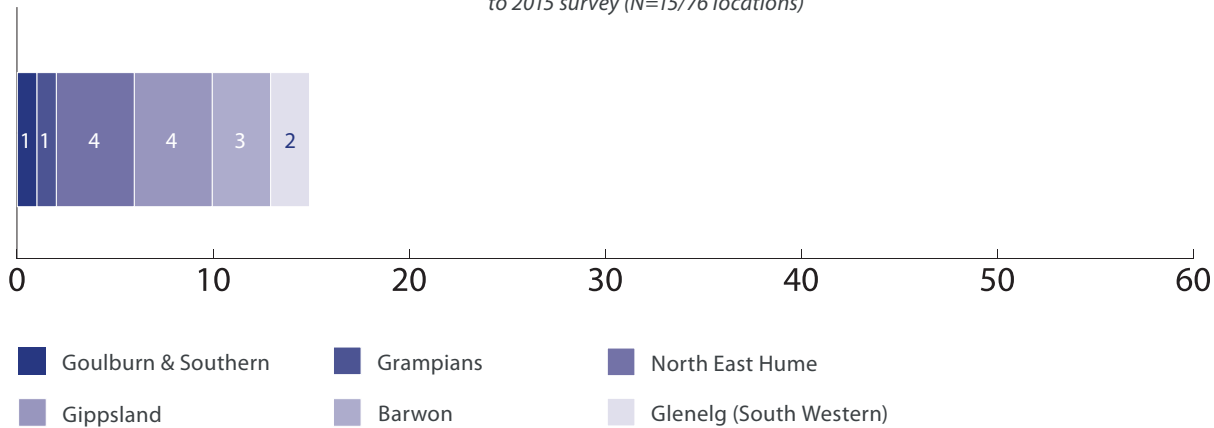


Table g.1: Survey VTMH programs 2015, usefulness of activities

VTMH activities	Answer options				
	Very useful	Somewhat useful	Not very useful	Not at all useful	Missing data
Introductory workshop (N= 58)	62%	36%	2%	0%	0%
CPH Network (N= 8)	38%	50%	0%	0%	13%
Cultural Conversations (N= 6)	67%	33%	0%	0%	0%
Seminars and other events (N=5)	20%	80%	0%	0%	0%

Note: Two individuals also rated participation in *Applied Skills and Knowledge* workshops as very useful. One individual also rated and commented on using the enquiry service and website and also rated this as very useful.

Table g.2: Six statements about contact with VTMH in 2015

Contact with VTMH... (N=48)	Answer options					
	Strongly Agree	Moderately Agree	Neither Agree Nor Disagree	Moderately Disagree	Strongly Disagree	Missing Data
made me more aware of issues around cultural diversity and mental health	52%	33%	4%	2%	8%	0%
increased my knowledge about cultural diversity and mental health	50%	28%	10%	6%	6%	0%
made me feel more confident to work with consumers from culturally diverse backgrounds and their families	29%	39%	19%	6%	4%	2%
helped me to promote change in the workplace	21%	42%	27%	8%	2%	0%
changed the way I practice	21%	33%	29%	8%	4%	4%
encouraged me to take up further study relevant to cultural diversity and mental health	23%	21%	31%	10%	10%	4%

Table g.3: Three statements about the respondents' organisation in 2015

Statements about respondents' organisation (N=48)	Answer options				
	Strongly Agree	Moderately Agree	Neither Agree Nor Disagree	Moderately Disagree	Strongly Disagree
Policies, procedures and plans relevant to cultural diversity are in place in my organisation	38%	48%	13%	2%	0%
The leadership in my organisation is committed to an ongoing implementation of culturally responsive practice	48%	31%	13%	4%	4%
Strategies are in place in my organisation to ensure that staff are aware of policies, procedures and plans relevant to cultural diversity	27%	46%	17%	8%	2%

Box g.1: Usefulness and impacts of participation in VTMH programs in 2015

Introductory cultural responsiveness workshop (N=58)

More useful aspects

- Gaining more awareness of culture and mental health (14 comments)
- Working with interpreters (8 comments)
- Exploring cultural assessment (6 comments)
- Finding the material relevant and practical (5 comments)
- Receiving information to follow up (4 comments)
- Developing greater self-understanding (4 comments)
- Facilitators were effective (3 comments)
- Getting new perspectives (3 comments)

- Understanding trauma (3 comments)
- Interactive delivery, conversational (3 comments)
- Discussing mental health sector practices and examples (3 comments)
- Networking and discussing with other services (3 comments)
- Discussing cultural responsiveness (2 comments)
- Understanding the person in context (2 comments)
- Understanding the legal status of refugees and asylum seekers (2 comments)
- Exploring health and inequality links (2 comments)
- Learning to be more culturally sensitive in work with clients and families (2 comments)
- Learning about barriers to service access (2 comments)
- Exploring communication (2 comments)
- Reflecting on practice (2 comments)
- Reinforced current approaches (2 comments)
- Promoting curiosity
- Thinking about culture differently
- Discussing theories and exploring ideas
- Understanding the influence of media, generalisations and assumptions on practice
- Understanding the danger of a 'single story'
- Relating material to current international affairs
- Gaining awareness about community mental health
- Attending to cultural needs
- Involving consumers and carers
- Learning more about communities
- Engaging with consumer perspectives
- Applying a strengths-based approach
- Exploring approaches to effective listening
- Acquiring a framework with which to evaluate responsiveness
- Having conversations about culture with co-workers
- Realising that responsiveness needs to be broadly held responsibility
- Participating in learning that is tailored to workplace and role
- Learning from videos
- Finding out about support services available for clients
- Finding out about more training and other resources

"The conversations... really appreciated the pace and training structure."

"Reinforced [that I am] working with the right approach."

"Having a discussion with a consumer was enlightening."

"The training was tailored to our needs and interactive."

Less useful aspects

- Too much “introductory” level material (2 comments)
- Some principles were not relevant to my work role
- Socio-gram activity on power and privilege
- Finding level too basic or introductory, given participants’ professional experience and training
- Using ‘your problem’ rather than ‘the problem’ when discussing ways to engage consumers
- Lacked specific strategies for workers to use
- [Training was] just a way of discussing stereotyping

“A little too much time was spent on the very introductory material on ‘what is culture.’”

“Skimmed over the top, needed to be in more depth.”

“Too broad, no clear focus, lacked specific strategies or techniques for workers to employ in their work with CALD clients.”

Impacts and outcomes

“Made us think and reflect on current practices.”

“Exploring ideas and their impacts on practice.”

“[My] first introduction to ‘cultural responsiveness’. Impressed by the training and has greatly informed practice working with people from different cultural backgrounds. Looking to use these ideas in program development through my new role as team leader.”

“Attending the workshop increased... the importance of culture in my assessment and working with students from cultures [different to my own]. As a result I am more direct in questioning clients about what influence their own cultures have on their experience, current difficulties and understanding their mental health status.”

“I found it validating... It was really about respecting and embracing diversity, which can only increase the mental health and community sector to respond with greater acceptance awareness and potentially see the ‘MANY’ ways in which we all experience our world as both personal and political.”

“I found that I became more aware of what different cultures mean.”

“The activities were eye-opening, [made me] consider things that I had not even thought about before.”

“Changed the way I work with interpreters.”

“Gave me a new perspective on the things that can shape people’s world view.”

“It gave me a framework... to evaluate the effectiveness and sensitivity of my work, my organisation and colleagues in terms of diversity.”

CPH Network (N=8)

More useful aspects

- Being a part of a support network (3 comments)
- Finding out about other agency and CPH initiatives (3 comments)

- Sharing ideas, information and staying up-to-date
- Getting inspiration
- Opportunities for self-development
- Assistance to implement organisation's cultural responsiveness work
- Receiving assistance by email
- Getting technical assistance
- Having access to resources

"Being involved in piloting new Applied Skills and Knowledge workshops: Being able to mix with other services and participants allows a true and personal picture of what is happening across the state."

Less useful aspects

- Finding time to attend
- Time away from work duties

"It was difficult for me to attend the face-to-face meetings this year... due to conflicts in my schedule."

Impacts and outcomes

"[Participation in this activity led to] networking and gaining a perspective of what other services are dealing with – sharing ideas and strategies."

"I am encouraging my service to apply the community development concept ... Development of new CALD policies, protocol, support for training and portfolios across the service has been tabled for 2016, which is fantastic."

Cultural Conversations (N=6)

More useful aspects

- Being introduced to new ideas
- Being provided with resources
- Reflecting and discussion
- Applying social inclusion to discussions with clients and assessments

"Reflection and discussion as a team."

Less useful aspects

- Hesitancy of some team members
- Talking about systems
- Insufficient time

"Insufficient time to develop strategies."

Impacts and outcomes

- No comments

Seminars and other events (N=5)

More useful aspects

- Interesting and useful topic (3 comments)
- Attending formal clinical case presentation
- Hearing from service users with multicultural backgrounds
- Questions and answers, and discussion
- Sharing ideas, information
- Networking with others

"All sessions have been informative and interesting."

"The case conceptualisation... that the presenter worked through step by step with us was valuable."

Less useful aspects

- Not hearing directly from members of vulnerable groups
- Small group numbers attending case presentation
- Occasion when advertised presenter was changed at last minute

"I want to hear from people seeking asylum and refugees and hear their perspectives about these issues and not only hearing from 'professionals'."

Impacts and outcomes

"The VTMH seminars are a great way to network with individuals across the health sector and in similar roles. Whenever I attend a seminar I usually take away some new knowledge which assists my work... I think my attendance contributed to finally getting a VTMH and [name of organisation] partnership off the ground."

Enquiry service and website (N=1)

More useful aspects

- Getting specific information

Less useful aspects

- Waiting time

Impacts and outcomes

"The intranet link we have with VTMH's new webpage is valuable resource for clinicians."

Box g.2: Follow-up of postcard activity in 2015, intention to apply learning

Survey participants who indicated they had attended an *Introduction to Cultural Responsiveness in Mental Health Services* workshop completed the postcard activity: workshop participants complete a postcard that is posted to the individual three months later to remind them of their intention to do something related to cultural responsiveness in their workplace.

Thirty-eight individuals recalled receiving their postcard and details about the action they intended to take. Thirty reported acting on an intention to:

- Discuss workshop content with co-workers (6 comments)
- Be more open-minded about working with people from other cultures (4 comments)
- Further explore a key concept or author discussed in training (4 comments)
- Incorporate cultural assessment into current approach (3 comments)
- Seek personal opportunities to do more cross-cultural work (2 comments)
- Take steps to improve cultural responsiveness of organisation (2 comments)
- Remember other family and community-based recovery resources available to clients
- Review freely available video material shown in workshop
- Explore VTMH website
- Update local resources
- Reflect more on own learning
- Attend more training
- Take steps to increase CALD participation in groups
- Learn more about community service sector
- Advocate for improved use of interpreter services by agency

Actual and potential barriers to achieving intended action were identified as:

- Time constraints and competing work demands (4 comments)
- Internal organisational factors that led to delays
- Not knowing how to proceed
- Lacking experience and capability
- Perceived lack of interest from co-workers
- Limited interpreter resources

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