Metro South Addiction and Mental Health Services

Clinical Service Plan
Queensland Transcultural Mental Health Centre
(Transcultural Mental Health Academic Clinical Unit)
Transcultural Mental Health

The Queensland Transcultural Mental Health Centre provides specialist statewide consultation services for culturally and linguistically diverse (CALD) individuals, families, communities and organisations to facilitate culturally responsive mental health care with a focus on complex mental health problems across all age groups and the continuum of care.

Primary, secondary and tertiary consultation is provided at consumer, carer, clinician, support worker and organisational levels. In addition a number of specialist functions are delivered in relation to service development, workforce education and early intervention.

Our plan

This clinical service plan has been written to outline the services provided by the Queensland Transcultural Mental Health Centre within the Metro South Health catchment area for CALD individuals, families, and communities, and as such will be referred to as the Transcultural Mental Health Academic Clinical Unit (ACU) in line with other speciality Academic Clinical Units.

The term ‘culturally and linguistically diverse’ acknowledges that groups and individuals differ according to religion and spirituality, racial backgrounds and ethnicity, as well as language, and reflects intergenerational and contextual issues, not just the migrant experience. In the context of this plan, CALD specifically refers to people from non-English speaking countries and cultures, including their descendants.

A specific focus of the Transcultural Mental Health ACU is to work within the cultural explanatory models of mental health and illness within CALD individuals, families and communities.

When language barriers exist in the assessment and care of a CALD consumer the interpreter service should be utilised, however when cultural barriers exist the Transcultural Mental Health ACU is able to facilitate support either via its consultation service or specialised programs and services.

Our vision

Healthy Minds = Strong and Healthy Multicultural Community.

Our mission

To lead innovative multicultural mental health developments and achieve healthy minds across the lifespan in our community through collaboration.

1 The term ‘multicultural mental health’ is inclusive of transcultural mental health. While often used interchangeably, transcultural mental health commonly refers to clinical mental health services provided to people from CALD backgrounds.
Our strategic objectives for 2014-2017

The Transcultural Mental Health ACU has identified the following key strategic objectives to achieve in the next three years. These support Metro South Addiction and Mental Health Services’ four strategic priorities.

1. Better outcomes for consumers, families, carers and the community
   - Ensure the provision of services are: timely, equitable, accessible and appropriate

2. A partnership approach - linking and engaging with our community
   - Services are delivered through collaboration, consultation and integration

3. Accountability and confidence in our health system
   - Ensuring clinical care is supported by an organisational framework that is based accountable corporate and clinical governance

4. Excellence in clinical care, education and research
   - Support an organisational culture that promotes integrated care through research and education for evidence best practice care

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Transcultural Mental Health Academic Clinical Unit

Strategic Objectives 2014-2017

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<thead>
<tr>
<th>Strategic objectives</th>
<th>Key strategies</th>
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<tr>
<td>1. Deliver a quality transcultural clinical consultation service across the</td>
<td>Integrate all metro south identified-multicultural positions in the delivery</td>
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<td>continuum of care and across the lifespan for CALD people with complex mental health</td>
<td>of primary, secondary and tertiary consultation services.</td>
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<td>problems.</td>
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<td>2. Build on partnerships with key multicultural sector organisations to address the</td>
<td>Deliver outreach consultation services in high volume referring settings (ARC,</td>
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<td>needs of specific at risk groups</td>
<td>MDA, QPASTT)</td>
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<td>Deliver <em>BRITA Futures</em> group programs and group facilitator training in key</td>
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<td>Deliver mental health literacy and stigma reduction programs in key</td>
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<td>multicultural settings</td>
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3. Consolidate current research and publication capabilities by integrating research into core business
   ▪ Formalise partnerships with academic researchers
   ▪ Develop an annual research plan
   ▪ Continue to deliver clinical workforce education based on research and evidence

4. Implement the National Framework for Mental Health in Multicultural Australia
   ▪ Provide leadership and support to undertake the organisational cultural competency self-assessment and implementation of required actions.

Key identified risks:
1. The evidence is that cultural responsiveness is a viable strategy to improve the links between access, equity, quality and safety, better health outcomes for the CALD population and a strategy to enhance the cost effectiveness of health service delivery.
2. Not addressing the cultural responsiveness of the mental health service will not only result in less safe and lower quality services but also inefficiencies and increased costs.

Our service delivery

Transcultural Mental Health ACU works in a prevention and early intervention model to minimise the impact of mental health problems in our multicultural community. We work in partnership with existing providers to facilitate culturally responsive mental health service delivery across the continuum of care.

Typically, the focus is on minimising access barriers, clarifying cultural issues in assessment processes, enhancing engagement with care via psycho-education and support of the consumer and their family and linkages with culturally appropriate support mechanisms.

Specifically we provide:
   ▪ Clinical and cultural consultation services
   ▪ Triage and assessment, including socio-cultural assessments
   ▪ Psycho-education and support
   ▪ Group programs tailored to at-risk group e.g. BRiTA Futures for children, adolescents and adults, Transcultural Depression and Chronic Diseases self-management program
   ▪ Tailored workforce education to build the cultural competency of the workforce
   ▪ Community outreach and education e.g. Stigma reduction, mental health literacy programs
   ▪ Partnership development between multicultural and mental health sectors
   ▪ Research, planning and policy input.
National Projects

The Transcultural Mental Health ACU is a consortium partner of the Commonwealth funded *Mental Health in Multicultural Australia* Project which provides a national focus on mental health and suicide prevention for people from CALD backgrounds.

The national secretariat is hosted and managed by the Metro South Transcultural Mental Health ACU and works in partnership with consortium partners University of South Australia, Melbourne University and the Victorian Transcultural Psychiatry Unit to deliver an agreed work plan across eight work domains. Apart from supporting the secretariat functions, the Transcultural Mental Health ACU is also responsible for the delivery of two work domains: (1) Policy and (2) Promotion, Prevention, Early Intervention, Stigma Reduction & Suicide Prevention.

For more information please refer to [www.mhima.org.ACU](http://www.mhima.org.ACU)

Our team

The Transcultural Mental Health ACU comprises of a multi-disciplinary team of skilled professionals from the backgrounds of:

- Administration officers
- Allied Health professionals
- Mental Health Nurses
- Medical officers
- Consultant Psychiatrists
- Carers and Consumers Workforce
- Cultural Consultants (Operational Officers)
- Bicultural Mental Health Clinicians (Medical/Nursing/Allied Health)
- Project officers
- Professional support to ten full-time Multicultural Mental Health Coordinators based in other Hospital and Health Service Mental Health Services across Queensland.

A specific feature of the Transcultural Mental Health ACU is its large casual workforce enabling it to provide culturally tailored services. Currently it has a casual pool of 150 workers who speak over 100 languages and represent over 100 different cultures and ethnicities.

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2 For more information about our staff in the Mental health Service please refer to the link provided; [http://www.health.qld.gov.ACU/metrosouthmentalhealth/consumer/our-staff.asp#consultant](http://www.health.qld.gov.ACU/metrosouthmentalhealth/consumer/our-staff.asp#consultant)
Our service partners

Metro South Addiction and Mental Health Services acknowledges effective clinician engagement and successful partnerships are essential for high quality consumer care.

A mental health clinician engagement strategy has been developed that explores models addressing how to improve integration and coordination across all health care settings and types between government agencies, non-government and private organisations.

The Transcultural Mental Health ACU has a commitment to ensuring that clinicians actively consider all our key partners, both internal and external who assist in ensuring better health outcomes for an individual experiencing mental illness.

Consumer information is confidential and may only be shared with stakeholders with the consent of the consumer.

Transcultural Mental Health ACU has collaborative partnerships with the following organisations, with the consumer being at the centre of care at all times:

- Other Academic Clinical Units
- General Practitioners
- Public mental health services in other Hospital and Health Services (HHSs)
- Other Health and Hospital Services (HHSs), specifically through the ten full-time Multicultural Mental Health Coordinators based in HHS Mental Health Services throughout the state
- Non-government organisations
- Private sector organisations
- Medicare Locals
- Emergency Services
- Other government organisations
- Royal Australian of New Zealand College Psychiatrists (RANZCP)
- Diamantina Health Partners and universities
- Multicultural sector organisations and groups
- Medical, surgical and paediatric services
- Schools, state, catholic and independent.
Consumer journey- Navigating our service

The Transcultural Mental Health ACU incorporates recovery principles into service delivery, culture and practice providing individuals, carers and families with access and referral to a range of programs that will support sustainable recovery. Typically the patient care system would look like the following diagram:

Access to the Transcultural Mental Health Academic Clinical Unit

Access to the statewide Transcultural Mental Health ACU is on 07 3167 8333 in Brisbane or 1800 188 189 free call outside Metropolitan Brisbane during business hours, 8.30am-5.00pm, Monday to Friday. The Transcultural Mental Health ACU is not able to respond to acute and emergency matters.

After hours callers in the Metro South area can direct all enquiries to the local Acute Care Teams on the centralised triage number 1300 MH CALL (1300 64 22 55) or alternatively contact the Acute Care Teams directly:

- Bayside Mental Health Service: (07) 3825 6000
- Logan–Beaudesert Mental Health Service: (07) 3089 2176
- Princess Alexandra Mental Health Service: 1300 858 998.

1300 MH CALL (1300 64 22 55) is a 24 hour, seven day centralised phone number for mental health referrals, crisis and support. The telephone triage service is staffed by a multi-disciplinary team of mental health professionals who will undertake timely triage and initial assessment of any individual needing mental health assistance from one of our qualified staff. All initial assessments conducted by the triage team will assess the risk and immediate mental health needs of the individual.

Referrals

Referrals can be made by self, family, friend, multicultural sector agency, mental health service, other health service, or any other service provider in consultation with consumers from all age groups and where possible their family. Referral is for assessment of complex mental health problems, particularly where there are:

- Significant cultural barriers
- Mental health problems that arise from complex interactions of settlement and adjustment issues and pre or post migration trauma.

Where possible we would request that our referral form has been completed at the time of referral.
Bulk billing clinics

Under the National Health Care Agreement, Queensland public hospitals and clinics can bulk bill Medicare for some services. This applies where we have a ‘named referral’ from your GP to an approved Consultant Psychiatrist.

It is your choice to be seen as a bulk billed patient or a public patient. If you are seen as a bulk billed patient, you may have access to one of our Consultant Psychiatrists (if available) with right of private practice, rather than being treated by a publicly appointed doctor.

Our clinics will continue to offer services free-of-charge and there will be no additional ‘out of pocket’ expenses for your consultations. Please contact the local Acute Care Teams for any clarification around referral process.

Intake and triage

Access to an intake worker for case discussion and potential referrals is available during business hours, Monday to Friday. All referrals to the Transcultural Mental Health ACU undergo a triage process to assess Acuity and risk of harm to self and others. Access barriers such as language are overcome by offering referrers to call back via an interpreter.

For individuals with an acute mental health crisis, service provision is prioritised in collaboration with emergency services as the need for service and urgency is established. The Transcultural Mental Health ACU does not provide acute mental health services in times of need. The local Acute Care Teams will assist any individual in times of urgent need.

Consultation

Three levels of consultation are provided:

1. Primary
   Consumers are assessed face-to-face. A mental health and/or socio-cultural assessment is completed and feedback is provided to the referrer containing recommendations for the ongoing management of the consumers. If a consumer is unable to attend the Transcultural Mental Health ACU for the assessment due to distance, the assessment may be conducted by videoconferencing. If consumers are inpatients at the time of the referral, arrangements can also be made for the assessment to be conducted on the ward/unit.

2. Secondary
   A secondary consultation involves a discussion, usually via the telephone, between a transcultural mental health clinician and the referrer about a specific consumer. The consumer is not present during the consultation. The aim of the consultation discussion is to clarify pertinent cultural issues and to provide advice. When required, access may be facilitated to a cultural consultant or bilingual/bicultural mental health clinician to provide more in-depth cultural consultation. A secondary consultation may lead onto a primary consultation, if appropriate.

3. Tertiary
   Clinicians and Transcultural Mental Health ACU staff provide consultation regarding aspects of another service’s program. This may involve specific program advice, developing the skills of the professionals in the agency, or collaborative work in regard to a specific matter.
Assessment

In addition to a standard mental health assessment, socio-cultural assessments are conducted utilising cultural formulation questions relating to:

- Cultural identity
- Cultural explanations of the distress/problem
- Cultural factors related to psychosocial environment and levels of functioning
- Cultural elements of the clinician-consumer relationship
- Overall cultural assessment.

Assessment screening tools may include:

- Risk screen
- Mini mental state examination
- Socio cultural assessment guidelines.

Once the assessment has been conducted we provide feedback to the referrer to assist them to work with the consumer in a culturally competent manner and information about culturally appropriate support options.

Where necessary we may provide short term support via a shared care arrangement by our specialised team or back in the general community with the general practitioner at the centre of their care or a non-government organisation in order to facilitate culturally appropriate support.

Key therapeutic treatments

Culturally appropriate therapeutic Interventions in regard to CALD individuals across all ages with mental health presentations and their families fall into four (4) main categories:

- Psychoeducation
- Brief focused therapy focusing on self-management strategies
- Early identification of pathways for culturally appropriate mental health interventions
- Medication advice to treating practitioner and consumer.

The following list identifies the most common conditions managed by the Transcultural ACU:

- Depression and anxiety
- Post-Traumatic Stress Disorder
- Psychosis
- Adjustment disorder
- Suicidal ideation and self-harm.

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Consumers will be supported to access a range of biological, psychological and social interventions such as:

- Supportive counselling and specialised therapy
- Cognitive Behaviour Therapy
- Depression and Anxiety management
- Specialised torture and trauma counselling and treatment
- Community cultural supports.

**Transition of care to other providers**

As a consultation service, the clinical responsibility for the consumer lies with the referring services. Following specialised assessment and in some instances temporary shared care, transition from the Transcultural ACU Academic Clinical Unit is a process that ensures that there is continuity of care or appropriate referral and transfer to other services.

Key elements such as co-morbidity, culturally appropriate support services, consumer capacity and cognitive impairment are addressed at time of transfer.

The General Practitioner, as the primary medical provider, will receive a summary of the service provided. Recommendations regarding culturally appropriate care may also be to the following partners:

- Specialist multicultural services
- Referral to another specialised community mental health service depending on assessment
- Referral to specialist Non-Government Support Service
- Co-morbidity service provision.

**Re-entry**

It is recognised that mental health disorders can be episodic in nature and changes to the consumer's or family circumstances may influence the individual's ability to manage their mental health during this time. Re-referral to our services may be necessary to reassess their current needs and establish what specialised cultural support can be provided.

In times of mental health crisis it is important that close liaison between service providers is maintained to ensure ongoing care needs are met until re-assessment is complete and referral into the appropriate care has occurred.

**Measuring our performance**

**Expected outcomes for a consumer of the Transcultural Mental Health ACU**

The goal of the Transcultural Mental Health ACU is to utilise interventions based on evidence based strategies and work in a culturally competent and recovery oriented paradigm so that we demonstrate positive outcomes for our multicultural community.
It is expected that a **CALD individual, carer or family member** will benefit from the service provided in the following ways:

- Culturally responsive service facilitating trust and engagement
- Decrease in psychological distress during time of Acute stress and illness
- Reduction in risk vulnerability
- Improved understanding around own illness and management
- Increased access to culturally appropriate supports and mental health care
- Development of coping strategies and resilience to reduce likelihood of future occurrence.

It is expected that other key service providers utilising our service will benefit in the following ways:

**Mental Health Services:**

- Improved engagement with CALD consumer and their family
- Clarification around cultural issues in assessment, diagnosis and management of mental disorders
- Improved confidence in engaging with and managing CALD consumers
- Reduction of psychological distress in their CALD consumers.

**Multicultural Services:**

- Increase in Mental Health Literacy to recognise early signs and symptoms of mental illness
- Improved confidence in the management of their clients with mental health problems.

**Model of Service - Guiding our service delivery**

A draft Queensland statewide Model of Service has been established for the provision of transcultural mental health services. The model of service that is applicable to the Transcultural Mental Health ACU is awaiting formal endorsement.

**Mandatory key performance indicators**

The Transcultural Mental Health ACU's organisational performance is measured against the mental health key performance indicators (KPIs) which measure across select domains to ensure care delivery is effective, appropriate, efficient, accessible, timely, safe and sustainable. These are mandatory key performance indicators which it is the responsibility of Metro South to report against as a whole system.

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