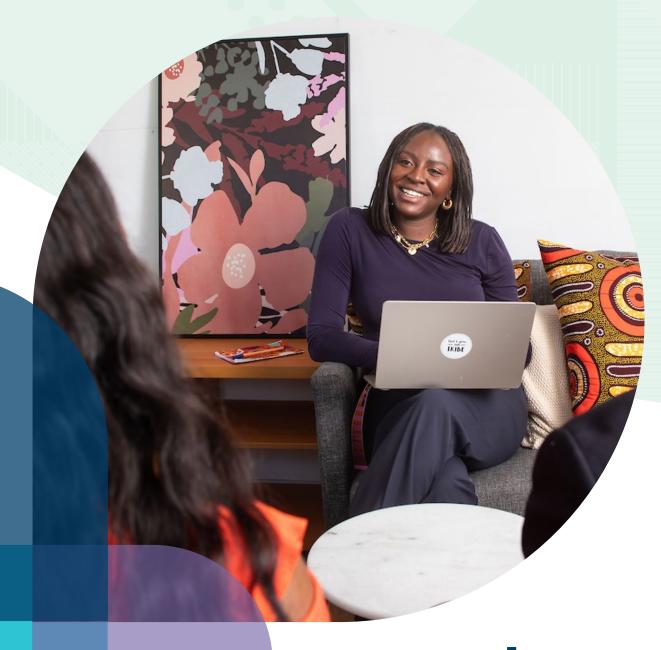
Responsive mental health assessment and support for multicultural consumers

REPORT 2025





An Australian Government Initiative

ASSESSMENT DOMAINS 1 Symptom severity and distress 2 Risk of harm 4 Impact of co-existing conditions 5 Treatment and recovery history 8 Engagement and motivation 8 Engagement and motivation 1 Self-management 1 Self-management

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Acknowledgement

We acknowledge the Traditional Owners of Country across the various lands on which we live and work. We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, water, and community and we pay our respects to Elders past and present. We acknowledge Sovereignty in this country has never been ceded. It always was, and always will be, Aboriginal land.

We also recognise, respect and affirm the central role played in our work by people with lived experience, their families and/or carers.



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Photographs of Polar Practice by Leigh Hennigham







Identifying the issue

It is an essential principle that everyone receives the right health care at the right time regardless of culture, background, income or belief.

The 1.9 million people who live in the 3,200 square kilometres covered by North Western Melbourne Primary Health Network (NWMPHN) is one of the most diverse in Australia.

NWMPHN's health needs assessments revealed that many people from multicultural backgrounds do not access mainstream mental health services. The reasons for this vary, but include stigma, previous poor experiences, and the perception that available services might not provide culturally appropriate care.

In 2019 the Australian Government produced the Initial Assessment and Referral Decision Support Tool (IAR-DST) to assist general practitioners and clinicians in matching consumers with the most appropriate mental health services for their needs.

NWMPHN played a role in training primary health care providers to use the IAR-DST. However, feedback from the sector highlighted it was missing cultural nuances important to understand the needs of consumers from multicultural communities.

The question thus emerged: What can be done to boost culturally appropriate mental health assessment and care?

Diversity in our region





What we did

In 2023 NWMPHN partnered with Ascot Vale mental health service providers Pola Practice to examine components of culturally responsive practice and explore how to build clinician capability to assess need and deliver safe and appropriate care.

The two organisations explored how high-quality mental health and wellbeing support could be made more accessible to people from diverse communities, and whether clinicians could better enable this by adjusting any elements of their usual practice.

Pola Practice is recognised as a leader in culturally responsive intake and care. Its clinicians approach clients holistically, recognising the complex interplay of cultural, social, and individual factors that influence mental health.

Working closely with NWMPHN, the Pola team delivered two projects. The first incorporated the IAR-DST into their existing intake processes, applying it to 50 clients, capturing data and information about the experience. See data from this stage below.

For the second, the team developed a training program for mental health service providers, focused on building confidence and capability to deliver culturally responsive care. It was piloted with 9 clinicians who are part of NWMPHN's CAREINMINDTM system – a service that delivers free one-on-one mental health care.

1: Trialing the IAR-DST in a culturally responsive process



people had their care needs assessed using the IAR-DST in a multicultural service setting.



Aged 20 to 60 years old



Cultural sub-groups represented

2: Culturally responsive training program



Clinicians rated their own confidence and capability on a 5-point scale before and after the training program, individual supervision, and group reflective spaces.

There scores improved by at least one basis point on every measure.

What we found

Evaluating cultural aspects of the IAR-DST

The pilot concluded that although the IAR-DST covers domains such as family and environmental and social stressors, clinicians often may not intuitively explore the implications, such as the interplay between family dynamics, wellbeing, cultural identity, mental health, and the effects of historical trauma and ongoing marginalisation.

To assess and explore cultural nuances, additional questioning explored consumer identity, spirituality, and connection to community, as well as the current sociopolitical landscape and ongoing challenges of chronic marginalisation.

"The IAR-DST is very useful in providing a shared language and objective measure of intensity, and it has become an integral component of our intake and allocation process," said Pola co-founder and senior counsellor, Tigist Kebede.

"However, alone it does not intuitively facilitate culturally responsive assessments. A culturally responsive lens needs to be brought to its application in order for it to consider cultural nuances."

However, results showed that clinicians could achieve a culturally responsive assessment using the tool by incorporating their own cultural awareness and culturally informed clinical judgement. In other words, understanding the nuances revealed by the process is critically important in determining the type of care a person needs.

"It is so important for providers to reflect on their knowledge, skills, attitudes, practices and conscious and unconscious biases and how this influences practice and consumer outcomes," said Pola Practice co-founder and senior clinical psychologist Nasalifya Namwinga.

Current IAR-DST training package designed by the Commonwealth does not actively address how to integrate cultural awareness into assessments and the processes to support this.

In light of this, NWMPHN recognises the opportunity for cultural awareness modules to be incorporated into future iterations of training for the tool and will explore how its Referral and Access team can incorporate culturally responsive practices in its use of the IAR-DST.

Evaluating next steps for culturally responsive provider training

For the second project, the learning package tested by CAREinMIND service providers, participants reported that the training program – including a full day workshop, individual supervision sessions, and group reflective practice sessions improved their capability and confidence to deliver culturally responsive care.

Key to the delivery of this program was the lived experience and clinical expertise of the training facilitators, which provided clear explanations and clinical scenarios to consolidate learnings. Clinicians reported increased self-awareness and critical reflection, deeper exploration of professional roles, enhanced understanding of cultural dimensions in therapy, improved confidence and intentionality and a refreshed understanding of the key components of culturally responsive practice.

The evaluation noted that culturally responsive practice exists across a spectrum, assessing this program to be at the advanced end of practice. As a result, a need was also identified to align the expected level of cultural awareness and responsiveness across the mental health service provider cohort.

NWMPHN is planning to audit existing training assets with a view to determining how well they meet the learning needs of current and future commissioned service providers.



Conclusion

Across two separate but related projects, traversing intake and service delivery, the pilot found that having understanding and capability in culturally responsive practice supports improved application and experience of the IAR-DST when working with culturally diverse communities.

The results also identified substantial variation in the foundational understanding of cultural responsiveness, intersectionality, and clinical practice among participating clinicians, and highlighted an opportunity for NWMPHN to define the expected capability requirements of commissioned providers in culturally responsive practice.



THE OPPORTUNITY is for NWMPHN to define the expected capability requirements of commissioned providers in culturally responsive practice.



To learn more about IAR-DST visit <u>nwmphn.org.au</u>

