



CULTURAL PORTFOLIO HOLDERS

SNAPSHOT – MAY 2008

Background

The *Cultural Diversity Plan for Victoria's specialist mental health services 2006-2010* (Department of Human Services [DHS], 2006) outlines the responsibilities of specialist mental health services in relation to their culturally diverse communities. It stipulates the appointment of Cultural Portfolio Holders by mental health services as the means by which the implementation of the Cultural Diversity Plan can be supported. (DHS, 2006, p. 25)

The Victorian Transcultural Psychiatry Unit (VTPU) is funded by the DHS to assist mental health services to meet national mental health standards pertaining to work with consumers and carers from culturally diverse backgrounds. (DHS, 2006, p. 11)

Further to this responsibility, the VTPU is seeking to develop its role with Cultural Portfolio Holders (CPHs). Input was needed from CPHs to clearly define the nature of the support that they would find relevant and useful.

The VTPU has:

- Collated the names and contact details of CPHs on a database. To date, sixty-seven (68) Cultural Portfolio Holders have been nominated: 37 from Psychiatric Disability Rehabilitation Support (PDRSS) services and 31 from clinical mental health services.
- A **survey** was developed and sent to all Cultural Portfolio Holders, seeking additional information about their location in the services and their understanding of the CPH role.
- A **forum** was held on April 9, 2008 to learn of the support needs of Cultural Portfolio Holders and also to obtain an overview of the breadth of issues that Cultural Portfolio Holders were confronting in their services
- A web page has been developed for Cultural Portfolio Holders on the VTPU website: <http://www.vtpu.org.au/programs/cultural.php>

This report documents the information received from the survey and also from the meeting of CPHs.

OUTCOMES FROM THE SURVEY OF CULTURAL PORTFOLIO HOLDERS

A survey of Cultural Portfolio Holders (CPHs) was undertaken and the following details emerged:

- 28 CPHs responded to the survey of whom 40% were managers and 25% were clinical educators
- Participants came from a variety of settings including CAMHS, adult clinical, aged, PDRSS and youth services
- Disciplines: 28.6% were social workers, 25% nurses and 17% were support workers
- 60.7% did not have an EFT allocation for the CPH role
- 64.3% had no formal job description
- 60.7% felt they had good access to organisational management and 47% to quality or clinical governance structures
- 64.3% of CPHs felt they had access to management support
- 57% did not have formal administrative support
- CPHs cited clinical, personal and equity reasons for their interest in the CPH position

Table 1 outlines the views of the 28 CPHs that responded to the survey of the functions that they believe to be part of the CPH role.

Table 1 Perceived functions of the CPH role

Role	Percentage
Development of CALD policy	64.3
Establishing structures	60.7
Establishing systems and processes	75
Identifying needs of service recipients	78.6
Developing a CALD Plan	64
Monitoring and booking interpreter use	46.4
Responding to staff queries	71.4
Build resources for staff support	67.9
Make links with ethnic groups	71.4
Co-ordinating and running training	53.6

OUTCOMES FROM CULTURAL PORTFOLIO HOLDERS FORUM

Twenty-eight Cultural Portfolio Holders (CPHs) attended the forum held on April 9 2008. The aim of the meetings was to obtain input from Cultural Portfolio Holders on:

- a. The type of support required of the VTPU
- b. The way they perceived their roles and
- c. Their capacity to work collaboratively with other mental health services on common areas.

After a preliminary presentation, CPHs were divided into groups and asked a series of questions. The responses were analysed and the key themes are summarised below:

1. How do you understand your role as a Cultural Portfolio Holder CPH and what activities do you do?

Cultural Portfolio Holders defined their roles as promoting and implementing the DHS Cultural Diversity Plan at a team specific and service wide level. The following functions and activities were mentioned (in order of importance):

- *Identifying and developing internal organisational structures and communication channels (e.g. Cultural Working groups) to effectively implement identified CALD-related initiatives.*
- *Receiving and disseminating CALD-related information / resources between external organisations and within the mental health service.*
- *Identifying the training needs of staff (including on working effectively with interpreters) and co-ordinating/facilitating the delivery of training from external organisations or from internal professional development teams.*
- *Developing links with CALD communities and between different external services.*
- *Collecting relevant data from external (e.g. VTPU website resource) and internal sources and analysing it for service development.*
- *Developing an effective system for interpreter service provision and utilisation.*
- *Collecting information about the cultural needs of clients, ethnic communities and demographic data of potential and actual clients in order to target service improvement initiatives or quality activities such as the development of needed resources or possible alternative service models.*

2. To what extent would you be able to work to the Service Reform Agenda (SRA)¹?

In answer to this question, Cultural Portfolio Holders provided a comprehensive list of possible activities that they could be engaged in.

A. Ensuring languages services are accessible and that staff are able to work with them.

- *The development and promotion of suitable systems for staff to access and work with interpreters and for ensuring ongoing improvement in the quality of work undertaken with interpreters*
- *Policy and procedure manuals on when to call interpreters, booking processes and how to work with interpreters should be widely promoted and made accessible to staff*
- *Collecting useful data on interpreter use*
- *Securing the availability and access of interpreters in rural and regional areas*
- *Regular training for staff on how to work with interpreters*
- *Available and accessible printed translated information*
- *Having appropriate telephones available*

B. That staff receive relevant cross cultural training.

A process should be developed for obtaining an overview of training including:

- *Possible training providers (internal or external eg VTPU)*
- *Factors determining staff attendance at training sessions*
- *Orientation/induction needs of new staff*
- *Cross cultural training needs of staff*

Access to training could be facilitated via on-line resources or using technologies such as video-conferencing.

C. Structure and processes exist in the service to support you and CALD-related initiatives

- *Cultural Working Groups should be developed that incorporate CALD issues into the core business of the services and link in with quality improvement systems and structures.*
- *Stronger links and collaborations should be developed with ethno-specific agencies and local government, health and welfare services, including PDRSSs.*

¹ The Service Reform Agenda refers to the six areas for action in the DHS *Cultural Diversity Plan articulated in "The Cultural Diversity Plan, Cultural Portfolio Holders and recommendations to services on working effectively with clients and carers from CALD background" VTPU, 2008*

D. To develop links with ethnic organisations for bilingual services and discharge planning.

- *It is vital that the CPH works with existing management structures and individuals to promote CALD issues and advocate for community needs.*
- *Increasing awareness of mental health issues can be facilitated by developing links/liasing with ethno specific agencies and institutions such as the media.*

E. That CALD work is reported in the services quality reports.

In order for CALD work to become core work, it needs to be incorporated into service and Quality plans. Cultural Working Groups are an effective way of channelling information and providing feedback to management.

3. What challenges are you confronting in your role as CPH?

There are many difficulties confronting the CPHs. These include:

- *Motivating and energising other staff to look at and address issues related to CALD clients, especially in light of many other competing priorities.*
- *Juggling multiple roles and responsibilities with little or no EFT*
- *Translating policy into practice in a way that is co-ordinated, sustained and relates to the work practices of all staff*
- *CPHs need for knowledge in relation to issues such as the needs of staff and CALD background consumers and carers, existing CALD strategies within the service, local communities, their access levels and reasons for this (e.g. stigma)*
- *Not having a uniform understanding or even a position description of the CPH role and isolation in the role*
- *Obtaining access to management, the executive and quality processes*
- *Divergence of priorities and objectives between the service's requirements for service provision (e.g. access criteria) and ethno-specific communities' needs. Access to services is often low or provided in acute situations.*
- *Implementing practices by staff that are culturally sensitive (employing bilingual staff, working collectively with families) is difficult.*
- *Relationship building takes time and resources both of which may be limited.*

4. What sort of support from the VTPU would you find useful to do this work? (Training on various topics such as how to write policies, engaging communities' consultancy, forums, advocacy, existing resources and templates)

Support from the VTPU that would be useful includes:

- *The provision of examples or templates of policies and procedures, or tools for data collection and analysis*
- *A process for the effective review and evaluation of the CPH program across services in Victoria*
- *Up to date website with information on resources including demographic and service utilisation data, research articles, evidence-based service delivery models, information on best practice, translated material, possible referral options.*
- *Tailored training in: Culturally sensitive practice, Train the trainer workshops on working with interpreters, Engaging with ethnic communities*
- *Specific professional development events for CPHs e.g. conferences*
- *Consultancy service to assisting CPHs to develop projects that increase cultural sensitivity*
- *Mentorship*
- *Networking structures and systems (electronic and face to face) for the CPHs*
- *Reflection and relaying of CPH issues between DHS and the various clinical areas e.g CAMHS*
- *Advocacy for system change and better collaboration between clinical areas and DHS.*

5. What structures would help: (Peer support, receiving advice from VTPU, group support and supervision)

The VTPU should provide support and leadership by developing effective networks such as regular peer support meetings for CPHs. These could be state-wide or based on regional location or service type. Such meetings would reduce CPH isolation, encourage cross regional collaboration and networking and facilitate information sharing via project presentations. The VTPU could organise an annual forum for CPHs. The VTPU can facilitate linkage between CPHs (e.g. for collaborations) by providing their contact and location details.

Other useful structures that CPHs should develop within their own services and in their local areas include:

- *Internal organisational structures (e.g. working groups) with access to management and peer support structures*
- *Networks with local services e.g. PDRSSs, community groups, health and welfare services, local government, other government structures and support options, local business*

Ongoing ways of facilitating communication and information sharing without meeting are important. This could include initiatives such as newsletters, blog forums or CPH chat rooms.



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