



Chief Psychiatrist's Standards for Clinical Care

As required under Section 547 of the Mental Health Act 2014

Standard: Aboriginal Practice

The Mental Health Act 2014 requires the Chief Psychiatrist to be responsible for overseeing the treatment and care to a range of users of mental health services. The Chief Psychiatrist is required to discharge that responsibility by publishing a set of standards for treatment and care provided by Mental Health Services and overseeing compliance with those standards.

The Chief Psychiatrist of Western Australia has accepted two sets of standards as the overarching standards relevant for the Mental Health Act 2014.

- For clinical mental health services: [National Safety and Quality Health Service](#) (NSQHS) Standards.
 - Implemented from 1 November 2023
- For other mental health services: [National Safety and Quality Mental Health Standards for Community Managed Organisations](#) (NSQMHS for CMOs).
 - In the process of implementation. Until implementation is complete, the accepted standards remain the [National Standards for Mental Health Services](#).

In addition, the Chief Psychiatrist has published the Chief Psychiatrist's Standards for Clinical Care. These standards have been developed within the following context:

- The specific Chief Psychiatrist's Standards are not designed to replace the NSMHS but enhance them where local development is identified as needed.
- They cover certain areas the Chief Psychiatrist deems to be either of central importance or requiring local jurisdictional focus.
- They are designed to leverage quality clinical care and are purposefully and predominantly targeted towards clinical practice.
- They are designed to be easily and quickly read by clinicians, and also by consumers and carers - hence they are relatively brief, not exhaustive.

Version

Purpose	Statutory Requirement under the Mental Health Act 2014
Relevant To	All Mental Health Service Providers
Approval Authority:	Dr Nathan Gibson Chief Psychiatrist
Effective Date:	30 November 2015
Responsible Group:	Chief Psychiatrist Standards and Guidelines Working Group
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Standard: Aboriginal Practice

This Standard applies to all public and private mental health services as defined by the *Mental Health Act 2014*.

Definition

All Western Australian mental health services and service providers are within scope for this Practice Standard, which defines the service context, criteria and measures for best practice in responding to the cultural needs of Aboriginal people with mental illness and their carer's, families and communities.

Purpose

To facilitate equitable access and improved mental health outcomes for Aboriginal people with mental illness, and their carer's, families and communities, by defining Practice Standards for:

1. Delivering mental health services that take into account the cultural and social diversity of Aboriginal people with mental illness and meeting their needs and those of their carers and community throughout all phases of care.
2. Actively and respectfully reducing barriers to access, providing culturally secure systems of care, and improving social and emotional wellbeing.¹

Context

Mental health services and providers should:

1. Work collaboratively and in partnership with Aboriginal people with mental illness and their carers to improve the safety and quality of care.²
2. Practice in accordance with the National framework for recovery-oriented mental health services.³
3. Have regard to the Charter of Mental Health Care Principles.⁴
4. Recognise the potential value of traditional healing practices in the treatment of mental health and social and emotional problems; understand the mental health implications of the history of contact between Aboriginal communities and Australia's mainstream society; and acknowledge that understanding of mental health within Aboriginal communities involves a holistic construct of social, emotional, cultural and spiritual wellbeing.^{5 6 7 8 9}
5. Provide trauma-informed care and practice in a strengths-based framework.¹⁰

¹ Australian Government (2013) National Practice Standards for the Mental Health Workforce.

² Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney

³ A National Framework for Recovery-oriented mental health services 2013.

⁴ Western Australia Mental Health Bill 2014

⁵ RANZCP Principles and Guidelines for Aboriginal and Torres Strait Islander Mental Health 2014

⁶ Working Together: Aboriginal and Torres Strait Islander Mental health and Wellbeing Principles and Practice

⁷ WA Aboriginal Health and Wellbeing Framework 2015-2030

⁸ National Aboriginal and Torres Strait Islander Health Plan 2013 - 2023

⁹ Social and emotional wellbeing framework 2004-2009

¹⁰ Mental Health Coordinating Council (MHCC) 2013, Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia, A National Strategic Direction, Position Paper and Recommendations of the National Trauma-Informed Care and Practice Advisory Working Group, Authors: Bateman, J & Henderson, C (MHCC) Kezelman, C (Adults Surviving Child Abuse, ASCA)

Criteria

1. Access
 - 1.1. Enhancing access to and engagement with mental health services for Aboriginal people and communities.
 - 1.2. Culturally appropriate resource development (Aboriginal community education and awareness, clinical resources).
 - 1.3. Interpreter services (well-resourced and readily accessible).
 - 1.4. Interdisciplinary care.⁶
2. Governance
 - 2.1. Leadership in Aboriginal mental health service delivery.
 - 2.1.1. Dedicated Aboriginal leadership positions in mental health.
 - 2.1.2. Community engagement in the development, planning, delivery and evaluation of services.
 - 2.1.3. Consumer and carer involvement in the development, planning, delivery and evaluation of services.
 - 2.2. Partnership to deliver coordinated culturally capable health care.
 - 2.2.1. Traditional Healers.
 - 2.2.2. Consumer, family, carer and community.
 - 2.2.3. Interagency and intersector partnerships in service delivery.
3. Workforce
 - 3.1. Cultural supervision for all mental health workers.
 - 3.2. Interpreter services training for all mental health workers.
 - 3.3. Cultural competence for non-Aboriginal mental health workforce.
 - 3.3.1. Cultural awareness training.
 - 3.3.2. Organisational culture that is supportive of cultural competence.
 - 3.4. Aboriginal mental health workforce development.
 - 3.4.1. Maximise the potential for providing culturally responsive, safe and capable services through the recruitment and retention of Aboriginal mental health workers.
 - 3.4.2. Mental health workforce competency framework.⁷
 - 3.4.3. Participation in an Aboriginal Mental Health Network (for peer mentoring and support).
 - 3.4.4. Workplace/organisational support to obtain clinical qualifications.
 - 3.4.5. Establish a cross-sectoral career structure for Aboriginal Mental Health Workers.
4. Data and information collection, use and analysis
 - 4.1. Identification of Aboriginal consumers.
 - 4.2. Culturally-informed information collection for epidemiological and clinical purposes.
 - 4.3. Culturally-informed clinical assessment, care planning and review.
 - 4.4. Monitoring, analysis and use of such data and information in health service planning, patient safety and continuous quality improvement.

Measures

Criterion	Measure
Access	<ul style="list-style-type: none">• The number of Aboriginal consumers accessing and engaging with alcohol, drug and/or mental health services; the proportion of cases with input from an Aboriginal mental health worker, family member, carer, elder, community member and/or traditional healer; and expressing satisfaction with the level of cultural appropriateness of service delivery.
Governance	<ul style="list-style-type: none">• Number and proportion of Aboriginal leadership position(s) reflected in the organisational chart and influencing service delivery through cultural supervision/mentoring contracts/plans developed and successfully acquitted.
Workforce	<ul style="list-style-type: none">• Proportion of Aboriginal workforce retained, the number of workforce development initiatives/opportunities for Aboriginal staff provided by organisation and the proportion of Aboriginal staff completing/demonstrating satisfactory progress.

Acknowledgement

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