Mental Health Network

A model for an effective and sustainable state-wide Transcultural Mental Health Service for Western Australia

Project Proposal

May 2018

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Executive summary

According to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025, by the end of 2017, work should begin towards the establishment or enhancement of community based state-wide specialised services including transcultural mental health services (recommendation 11.6.3, page 64).

This document provides a detailed description of a proposed hub and spoke model of service aimed at addressing identified gaps in mental health service delivery to people from ethnoculturally diverse backgrounds.

According to the literature, hub and spoke models are more likely to increase numbers of people accessing and engaging in treatment, get patients into treatment faster and be more cost effective. The hub and spoke model is particularly useful and effective for those services endeavouring to connect with marginalised groups and services working in isolated, remote areas.

The proposed model is designed to ensure seamless ease of access, to specialist multicultural support and advice for service providers in the community and clinical mental health sector, while building the capacity of the mental health workforce to competently and confidently engage transculturally with consumers, carers and families. To further ensure this inclusive approach, it is a recognised imperative for all relevant stakeholders and service providers in the clinical and community sector to be engaged from the outset.

It is within the scope of this document to detail the core functions of the model. Achievement of key benefits and critical success factors will define the efficacy of the proposed service. A number of constraints are identified which may be systemic, or geographical which will present challenges as the model is implemented. However, the model will be required to reflect the “Principles for Delivery and Development of Trans-regional Services”, which has been developed by the WA Mental Health Network.

The development of a detailed budget is not within the scope of this work. However, an indicative budget for a minimal service has been provided with the support of Mental Health Commission staff. Alternative funding models could be developed to reflect a staged development of the minimal service outlined in this current proposal.

1. Project description

1.1 Background

According to the 2016 Census data, Australia has a rich mix of cultural backgrounds and heritage, with the number of people living in Australia who were born overseas continuing to increase. The number of people born overseas increased by almost one million people between the 2011 and 2016 Censuses, rising from 25% of the population in 2011 to 26% in 2016. The data further shows that two thirds (67 per cent) of the Australian population were born in Australia. Nearly half (49 per cent) of Australians had either been born overseas (first generation Australian) or one or both parents had been born overseas (second generation Australian). In 2016, there were over 300 separately identified languages spoken in Australian homes. More than one-fifth (21 per cent) of Australians spoke a language other than English at home.[1]

The whole Australian population is culturally and linguistically diverse with characteristics varying amongst the population. People may face language and cultural barriers when accessing mental health care.[2]

Western Australia is the most culturally diverse state in the 2nd most culturally diverse country in the world. It was the first state to establish a state-wide transcultural mental health service which was subsequently replicated in Queensland, Victoria, and New South Wales. These interstate counterparts, namely, Queensland Transcultural Mental Health Centre, Victoria Transcultural Mental Health Unit, and the New South Wales Transcultural Mental Health Centre, have over the years, continued to survive, thrive, and expand in their capacity to deliver a comprehensive, culturally sensitive repertoire of services to the increasingly multicultural population groups settling in their respective jurisdictions. In contrast, at the

[1] http://www.abs.gov.au/ausstats/abs@.nsf/lookup/Media%20Release3:
[2] http://www.health.gov.au/internet/main/publishing.nsf/content/mental-multi-review

current time there is no comparable service in Western Australia. Policy, planning and coordination gaps have led to a weakening of what was a vibrant and pioneering initiative.

A recommendation from the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015- 2025 refers to the need for commencing the establishment or enhancement of community based specialised state-wide services including Transcultural Services by the end of 2017. Specifically, the Plan argues for *"…a service that would increase consultation and liaison to mainstream services, assist with access to multi-lingual information and services, and assist with the establishment of partnerships with local services targeting ethnoculturally diverse groups. In addition, the service would inform policy development, service modelling, and facilitate training to ensure all staff are competent in using interpreter services".* (The Western Australian Mental Health, Alcohol, and Other Drug Services Plan 2015 – 2025; Recommendation 11.5.2, pg. 60)

The existence of Multicultural Mental Health Sub Network now provides an unprecedented opportunity to reset the sector and design a contemporary, updated model for a state-wide transcultural mental health service. This document outlines the design of a strategic mechanism for the operation of a centre of excellence in transcultural mental health underpinned by inter-sectoral partnership. This work will ensure ease of access, equitability of service received, and a consistent robustness in its competency to deliver a meaningful service to people from ethnoculturally diverse backgrounds in a dynamic funding and political environment.

1.2 Existing gaps

On 20th June 2016, an inaugural open meeting of the Sub Network convened. At this meeting stakeholders were invited to identify and discuss issues and gaps in service delivery for ethnoculturally diverse groups that ought to be considered as priorities needing to be addressed.

The proceedings of this meeting were encapsulated in a report summarising the findings from this event and is outlined below under several key themes.

- Establishment of a centralised coordinating function to address navigation challenges for consumers, carers and families from ethnoculturally diverse backgrounds – potentially a centralised Transcultural Mental Health Centre of Excellence.

- Need for cultural competency education, upskilling and training to build awareness of issues faced by cultural groups, address cultural assumptions, and reduce stigma. In particular, a service that works with mainstream to upskill service providers working directly with consumers, carers and families from ethnoculturally diverse backgrounds.

- Gaps in supporting people with multiple diagnoses (disability and mental health) and comorbidity alcohol and other drugs (AOD).

- Gaps in diagnostic processes for those with *undiagnosed* mental health conditions and disability.

- Lack of appropriately resourced programs or supports established to meet the resources needs of this population cohort. For example, a dedicated bicultural/bilingual mental health workforce needs to be established; treatment, support and discharge not provided in a culturally appropriate manner.

- Limited provision of culturally and linguistically appropriate information, especially lack of funding for, and access to, interpreters.

- A need for more effective involvement of ethnoculturally diverse communities, consumers, carers and workers in the co-production and implementation of services (e.g. trainers from ethnoculturally diverse backgrounds).

- Need for increased research and data on mental health experiences of people from ethnoculturally diverse backgrounds, including data on access issues and consumer outcomes.

- Culturally sensitive approaches required for addressing specific experiences of trauma specific to a given cultural context – this includes an effective understanding of the impact on identity formation in a new culture and cultural dilemmas.

The most highly rated issues identified were:

- The need for a Hub and Spoke model (of a Centre of Excellence providing a statewide service) to ensure access geographically for all and to integrate research, interagency collaboration, prevention and intervention.
- Effective mechanisms to mitigate the information overload for consumers, carers and families when navigating the mental health system.

Other gaps not explicitly stated above but identified by the Sub Network Steering Committee include a lack of culturally responsive services with appropriately qualified mental health and AOD practitioners who can competently work transculturally across the lifespan.

1.3 Objectives

The establishment of an effective and sustainable state-wide transcultural mental health service that meets the needs of practitioners and ethnoculturally diverse groups across the lifespan from metropolitan, rural and regional areas. The model of service will adopt a hub-and-spoke model that will enable the following sub-objectives to be met:

- Integrate a strong capacity building function through training and strategic service development initiatives aimed at upskilling clinicians in acute and mainstream community sectors in how to effectively respond to mental illness presentations from people of ethnoculturally diverse backgrounds and to ensure all mental health, alcohol and other drugs (AOD) and forensic services are culturally secure.

- Mentor mainstream services in planning, developing and implementing quality improvement initiatives that will successfully engage ethnoculturally diverse communities in their catchment areas.

- Be instrumental in the development of a transcultural mental health and AOD data collection system that will collect, analyse and report on data to inform research and service planning across the sector.

- Strengthen, support and promote participation strategies for consumers and carers from ethnoculturally diverse backgrounds.

- Effectively engage in high-level consultation and collaboration with State and Commonwealth departments, and interstate-based programs and agencies on mental health initiatives and policy that will impact on WA's ethnoculturally diverse groups.

1.4 Key benefits

- People from ethnoculturally diverse backgrounds across the lifespan who have mental health issues will receive a culturally responsive service, with their cultural values and beliefs being heard, respected and understood, regardless of where they live in WA.

- Improved mental health literacy by consumers, carers and families from ethnoculturally diverse backgrounds to promote one's mental health and prevent mental illness.

- Improved understanding about types of mental health services available and the pathways to access these by consumers, carers and families from ethnoculturally diverse backgrounds.

- Reduced stigma surrounding mental illness among ethnoculturally diverse communities.

- A culturally competent workforce across all mental health programmes and services.

- Contemporary, evidence-based training programmes available to stakeholders.

- Better integrated collaborative engagement with key stakeholders across sectors, e.g. police, AOD services, justice and corrective services.

1.4.1 Tangible benefits

- Accessibility/simplicity – through a hub and spoke model of service delivery *(refer 3.1 - Approach)* - a "one stop shop" for individuals across the lifespan to access services:
  - families need only to attend one spoke location for appointments instead of requiring multiple referrals to different services;
  - simplifies referral processes for clinicians;

- the availability of a centralised point for clinicians and all stakeholders to access information and Triage functions;
- timely access to culturally appropriate information, advice and services, which can improve clinical and recovery outcomes and reduce non-attendance rates; and
- improved data collection regarding the mental health needs, clinical outcomes and service provision for people from ethnoculturally diverse backgrounds in WA.

- Increased early intervention opportunities leading to decreased rates of hospital admissions and decreased financial burden to the health system.

- Practitioners at the spoke-sites are supported in their transcultural engagement by the Hub (e.g. useful resources, secondary opinion, professional development etc.).

- Valuable and sustainable networks developed between health service providers.

- Genuine, trusting relationships fostered between mental health service providers and consumers, carers and families from ethnoculturally diverse backgrounds leading to ongoing engagement with the consumer and their respective communities.

1.4.2 Intangible benefits

- Reduction of stigma among ethnoculturally diverse groups leading to accessing timely mental health assistance.

- Development of confidence and trust in the mental health system for individuals whose cultural orientation and language barriers have been perceived as barriers in seeking help.

- Increased trust between consumers, carers and families and mental health service providers, therefore improved engagement in community life.

1.5 Critical success factors

- Improved treatment outcomes for ethnoculturally diverse individuals with mental health issues:

- improved maintenance of mental health for this cohort, carers and families;
- reduced inpatient admissions;
- reduced length of stay, and timely increased access and utilisation of mental health services;
- integration of the work of the Hub with other mental health services and programs;
- demonstrated effective strategies for mutual engagement and consultation between the mental health system and ethnoculturally diverse groups for policy development, service planning etc.; and
- improved wellbeing indicators e.g. justice, employment, education, housing for consumers, carers and families across the lifespan.

1.6 Constraints

- *Systemic:* disparity between the priorities of the health system and the political system.

- *Geographical:* notwithstanding video conferencing (VC) facilities available, there may be insufficient locally-based expertise and support in regional and remote areas.

- *Funding:* Competing priorities in funding of mental health services.

- *Comorbidity:* People with multiple co-morbidities (such as health issues, homelessness, legal issues, AOD issues) as well as mental health issues will need comprehensive services to be delivered in collaboration with other health and social sectors.

- *Information and communication technology systems:* the current information technology infrastructure in the health and social services sectors differs at various sites. This variation therefore produces barriers for collecting meaningful, relevant and useful ethnocultural data.

2. Project scope

2.1 In scope

The proposal will recommend and detail the following core service functions:

i. Establish a Centre of Excellence comprising a team of transcultural mental health practitioners. It will be a stand-alone service, physically sited in a central Perth location, and will lead the development of Transcultural mental health services for WA.

ii. Establish a co-ordinated approach to facilitate state-wide referral pathways across public-funded services and programmes to ensure a culturally responsive mental health service. This can be done in partnership with WA Primary Health Alliance (WAPHA) through their HealthPathways Project.

iii. Advocate for the MHC to include in its purchasing agreements, compliance by all MHC-funded programs to implement the endorsed National Cultural Competency Tool (NCCT). The Centre of Excellence will play a key supporting role in facilitating and monitoring cultural responsiveness of service delivery.

iv. Advocate for the Mental Health Commission (MHC) and Mental Health Unit (MHU) to develop data collection strategies related to, but not exclusive to, prevalence and service utilisation rates for mandatory compliance across all MHC-funded mental health programs.

v. Inform, develop, monitor and evaluate cultural competency training programs that are delivered to the workforce of MHC-funded programs and services.

2.2 Out of scope

The Sub Network Steering Group is not in a position to provide detailed budgeting. However, some indicative budget for a minimal service has been provided with the support of Mental Health Commission staff. Alternative funding models could be developed to reflect a staged development of the minimal service outlined in this current proposal.

2.2.1 Further considerations

It is proposed that operation of the transcultural model of service will incorporate ongoing collection of the following information:

- mental health needs identified by those supported by the service;
- referrals;
- number of clients supported;
- occasions of service;
- clinical outcomes; and
- benefits to other services utilising the transcultural service to support their clients.

Further details on how this information will be collected are to be determined upon endorsement of the model.

To ensure continuation of funding following the initial budgeted period, it is recommended that the development of a process and impact evaluation for the proposed model of service should be conducted toward the end of the funded period. Whilst the development of the evaluation is outside of the scope of the sub-network steering committee, it is to be determined whether the resources to develop the evaluation requirements would occur within the Mental Health Commission or Department of Health, or whether an additional budget is required to be allocated for an external evaluation to occur.

An operational budget was not developed or provided in the proposal. If endorsement and approval for the model to progress is to be funded, an operational budget will be required to support core function activities of the service including a vehicle pool for staff to conduct their capacity building work at spoke-sites, community engagement initiatives with consumers and carers from ethnoculturally diverse backgrounds in the community; a budget for development of relevant resources and tools that are culturally and linguistically appropriate. It is the opinion of the sub-network steering committee that the cost of these resources under an OGS budget must include resources for a process and impact evaluation of the model.

3. Project plan

3.1 Approach

A hub and spoke approach to the proposed model is recommended. According to the literature, hub and spoke models are more likely to increase numbers of people accessing and engaging in treatment, get patients into treatment faster, and be more cost effective (Goff et al, 2013)[1]. The hub and spoke model is particularly useful and effective for those services endeavouring to connect with marginalised groups and services working in isolated, remote areas. The role of existing videoconferencing technology can be optimised to allow remotely based practitioners to participate and mutually share experience and specialist knowledge about clinical practice in the transcultural context.

Whilst a pure definition of hub and spoke is difficult to explicitly convey, for the purposes of this Project Plan, however, the following definition of hub and spoke model of service delivery applies:

> *"...a hub centre has responsibility for coordinating services across one or more satellite or 'spoke' centres. The hub centre has its own leader and spokes may or may not be led by an individual centre manager... The hub may provide core services that are not available in spoke centres" (Goff et al, 2013)[3].*
>
> A slight variant of this defined model is outlined in this Project Plan.

[3] Goff, J., et al., Evaluation of Children's Centres in England (ECCE): Strand 3, delivery of family services by children's centres, research report. 2013: London. Cited in Bostock & Britt (2014), Effective Approaches to Hub and Spoke Provision: A rapid review of the literature. Social Care Research Associates.
[4] Mental Health Commission, Mental Health, Alcohol and Other Drug Plan 2015-2020, pg.75.

Notwithstanding the above definition, there are many variants to a hub and spoke model. The most suitable and effective variant that is recommended for this proposal is one that provides a one-stop-shop facility and services. The 'spokes' are *personified* by transcultural mental health practitioners who are employed and managed by the Hub. These spoke-practitioners will provide a sessional transcultural consultation-liaison service to mental health services and programs. These services and programs will be in the local community and be one of the 'partnership organisations', managed independently (from the Hub) but the partnership arrangement will be underpinned by a Memorandum of Understanding with the Hub. Through the active in-situ participation of the spoke-practitioner with site-based mental health teams, there will be integration of the specialist work with the rest of the mental health sector.

The above approach is consistent with what has been outlined within the Mental Health Commission's Mental Health, Alcohol and Other Drug Plan 2015-2020 as a desirable model for delivery of specialised statewide services, that *"…some services can be developed as centres of excellence… and other services, where possible, can be delivered through a hub and spoke model….Where hub and spoke models refer to services that have a central, coordinating service located in one location (e.g. metropolitan area) with smaller outreach services located in other locations (e.g. regional areas)"*[4]

3.1.1 The Hub

The Hub will act as a Centre of Excellence. It will be a stand-alone service, physically sited in a central Perth location. It must have clear governance and quarantined funding from MHC so that both governance and funding are not eroded as was the case when such a service was embedded in mainstream (Area) mental health service.

Undertaking the role of strategic lead in transcultural mental health across Western Australia, it will be responsible for coordinating the activities specific to transcultural service delivery that occur at the spokes *(refer 3.1.2 for the definition of "spokes" for the purposes of this project)*. The activities of the Hub in proactive community engagement will enable it to develop an expansive network or pool of bicultural and bilingual consultants from whom insight into ethnospecific culture-based mental health concepts may be accessed as and when required *(refer 3.3 – Developing a Brokerage Model of Service)*.

As a 'go-to' point for all transcultural mental health related queries across Western Australia, the Hub will provide culturally relevant information, advice, support, and information on culturally-responsive referral pathways to appropriate agencies.

The Hub will maintain a commitment to enhancing the capacity of other agencies to increase their cultural competency and confidence in working with ethnoculturally diverse groups. This fulfils a primary objective of embedding transcultural mental health best practice in-situ.

Among the core functions of the Hub are:

(a) State-wide Co-ordination

- Coordinate transcultural mental health activities with key agencies and services in the sector at a local (metropolitan and rural) and where necessary, at a national level. Effective coordination will serve to prevent duplication of services and ensure that mental health needs are met where they are needed.
- Be a major point of reference for provision of key information on state-wide transcultural mental health issues for service providers and policy makers.

(b) Capacity building

- Build capacity and increase mental health literacy levels of ethnoculturally diverse communities through relationship building and engagement.
- Assist the mental health sector in the development of policies to achieve and if possible exceed the standards regarding provision of culturally appropriate mental health care and treatment.

(c) Culturally-Sensitive Consumer and Carer Engagement

- Facilitate the endeavours of other agencies in developing a culturally responsive support program for carers and families from ethnoculturally diverse groups.
- Partner with relevant peak agencies in building the capacity of consumers and carers from ethnoculturally diverse groups to develop the necessary skills and a stronger voice to effectively inform and participate in policy development and program design.

(d) Education and Training

- Develop and deliver an education and training programme for the workforce in public mental health services and community agencies (including primary care practitioners) focusing on best-practice transcultural mental health care and management.
- Create placement opportunities in its consultation-liaison program for undergraduate and postgraduate medical, nursing and allied health practitioners.
- Provide cultural clinical supervision in person or via video-conference to practitioners in mental health programs and services who are engaging with ethnoculturally diverse clientele.

(e) Resource Development

- Develop transcultural mental health resources (e.g. translated information packages, directory of resources) and tools for clinicians to implement best-practice.
- Actively promote the implementation of the WA version of the National Cultural Competency Tool (NCCT) – a resource that will allow mental health programs and services to measure their cultural competency levels and to continuously improve through self-initiated prompts. Driven strategically by the Hub, the widespread utility of the NCCT by all MHC-funded programs will ensure all consumers from ethnoculturally diverse backgrounds will receive equitable services.

(f) Clinical Consultation-Liaison

- Provide a sessional transcultural consultation-liaison service to mental health services in the community *(refer 3.1.2 – The Spokes)*.
- Provide secondary opinion on appropriate transcultural mental health care via VC/telephone to practitioners, particularly in country areas and including primary health care.

(g) Research

- Identify and address gaps in relevant data sets collected currently across mental health programmes and services.
- Coordinate partnerships with relevant educational institutions to develop a clear transcultural mental health research and evaluation agenda to inform service development and planning.
- Collate information about research on transcultural mental health issues and other developments and dissemination of this information in a systematic manner to the sector.

3.1.2 The spokes

For the purposes of this recommendation, the 'spokes' are *personified* by transcultural mental health practitioners employed by the Hub, and will provide a sessional transcultural consultation-liaison service, as the allocated transcultural "spokes-practitioner" to the community mental health service and program sites. Service and program sites to be selected would reflect a whole-of-life span approach i.e. a transcultural consultation-liaison service would be available to mental health programs and services for children, adolescents, adults and older adults.

These transcultural spokes-practitioners will work jointly, with site-based clinicians, to assess patients from ethnoculturally diverse backgrounds for whom cultural issues have been identified by the site-based clinicians/team, as impediments to effective management and treatment.

Spokes-practitioners assigned to the service will initially work alongside site-based clinicians, the patient, their carer and/or families in developing a culturally sensitive management plan aimed at providing culturally responsive care that considers the person's life situation including cultural elements e.g. any identified culturally-influenced stressors, social circumstances, and phase of acculturation. Joint case engagement will be for an agreed specified period, until such time the site-based clinicians develop the confidence and cultural competence in working with the patient and their carers independently. However, upon termination of the period in which joint management occurs, the spokes-practitioner will

remain available for further consultation about the patient, as and when required by site-based clinicians.

In summary, the role of the spokes-practitioners will be to facilitate and guide site-based clinicians/teams in making cultural formulation of the patient's presentation, jointly develop culturally appropriate management and treatment plans. Depending on the patient's ethnocultural background and level of need, the spokes-practitioner will draw upon the cultural expertise of a bilingual/bicultural consultant from the pool of consultants that will be developed by the Hub *(see 3.3 – Developing a Brokerage Model of Service)*. Where necessary, and to promote a holistic approach to treatment, the spokes-practitioner will further act as a broker to refer the patient to multicultural community managed organisations agencies, and other resources that may assist with other issues which maybe impacting on the person's mental health.

Transcultural spokes-practitioners will not take on a case-management role. The transcultural consultation-liaison service is a partner to the mainstream mental health services and programs, which remain responsible for the overall clinical management of the patient.

This transcultural consultation-liaison service will serve as a hands-on learning modality for site-based clinicians for enhancing their skills in delivering culturally competent care.

3.2 Staffing complement

The proposed staffing complement details are outlined below. It should be noted that the details outline the ***minimum starting*** staffing requirement for the proposed service at the inception phase.

Transcultural Mental Health Service – assumes commencement 1 July 2019

Manager	1.0FTE
Education and Service Development Consultant	0.5FTE
Carer Capacity Building Consultant	0.2FTE
Consumer Capacity Building Consultant	0.2FTE
Senior Transcultural Practitioner Consultant Lead (allied health)	1.0FTE
Senior Transcultural Practitioner Consultant Lead (mental health nurse)	1.0FTE
Sessional Psychiatrist	0.2FTE
Project/Resource Officer	0.6FTE
Administration	1.0FTE
Reception	1.0FTE
Casual Bilingual/Bicultural Consultants	3.0FTE

Please also note the following:

- It is suggested that the Bilingual/Bicultural Consultants are employed on a casual basis to meet the needs of clients. These positions would typically be filled by bilingual/bicultural mental health professionals, and the pool of casual consultants will be increased over time as the Brokerage Model will be developed to include more language/cultural groups *(refer 3.3 – Developing a Brokerage Model of Service)*;

- The Senior Transcultural Practitioner Leads will be senior clinicians such as Social Workers, Psychologists, Occupational Therapists or Mental Health Nurses. These positions will have their own caseloads (as spokes-practitioners), coordinate referrals, broker and coordinate, the services of bicultural/bilingual consultants; and

- A sessional Psychiatrist is required to provide supervision and oversight of clinical governance, chairing clinical case reviews, conducting assessment of any complex cases referred, providing medical education for other medical staff.

3.3 Developing a "Brokerage" Model of Service

For the purposes of this document – 'brokerage' in this context implies the action of coordinating and cultural/linguistic match as far as possible between the consumer and a bicultural/bilingual consultant who will be casually contracted to the Service, as and when required. As the service becomes more established, expansion of the casual pool of bicultural/bilingual consultants will need to occur to continue to make the service viable. Consistent with similar "brokerage" models of service operating in other states, the aim would be to have a pool of bicultural/bilingual consultants of whom two-thirds are mental health professionals, and one-third have no clinical background but can refer to insight of their own culture and inform on the development of cultural formulation as they jointly work with on-site mental health teams to assist the patient that is from the same ethnocultural background.

This particular interpretation of "brokerage" model of mental health service delivery is known to be effective for people of ethnoculturally diverse backgrounds. It is considered in the literature as the most appropriate model in mental health where "ethnic matching" between professional and client has been reported to achieve higher rates of follow-up and retention in mental health care.

According to the model, bilingual and bicultural consultants may be registered with the Hub. This pool of consultants will continue to be expanded to increase its ethnocultural diversity. Bilingual and bicultural consultants may include Psychiatrists, Psychiatric Registrars, allied health professionals (e.g. psychologists, social workers) working within WA Health and private mental health practitioners who, when called upon and for which their time is paid, will draw on their cultural expertise in providing assistance ranging from advice on cultural appropriateness in care plans and working with the spoke service (as would a spoke-practitioner – see above) to enhance existing care. In these arrangements, professional responsibility for the consumer's care remains with the spoke service.

3.4 Stakeholder engagement

The Service will, from the outset, engage with relevant stakeholders to ensure that service access and utilisation is optimised. The aim of the engagement will be to maximise beneficial gains for the service and each respective stakeholder in enhancing mutually respective goal for client service delivery.

3.5 Deliverables

The deliverables for this Sub Network is to develop a model of service for an effective, state-wide Transcultural Mental Health Service, and to align the requirements of such a model with the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025 - Recommendation 11.5.2, pg. 60.

Once the service is established, other deliverables that can then be progressed within this infrastructure include, the implementation of the National Cultural Competency Tool (NCCT), the Transcultural Consultation-Liaison (commencing the work of spokes-practitioners at targeted service provider sites) and embarking on processes to improve data collection surrounding ethnoculturally diverse groups and mental health services, access and utilisation.

3.6 Project schedule

According to the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025, by the end of 2017, work towards commencing the establishment or enhancement of community based state-wide specialised services including transcultural mental health services, should begin (recommendation 11.6.3, page 64).

Level 1, 1 Nash Street
Perth Western Australia 6000
Telephone 08 6553 0600
Email MHNetwork@mhc.wa.gov.au
Website www.mhc.wa.gov.au/about-us/mental-health-network/

Mental Health Network