chapter 2:
workplace preparation and recruitment

This chapter is presented in four sections. The first section, 'Preparing the workplace', covers what needs to be considered when preparing for a Trainee, from assessing team capacity to clarifying roles and responsibilities. The second section, 'Recruiting a Trainee', leads the team through strategies for successfully recruiting the right person for the job. The third section, 'Planning the orientation and induction', provides a checklist of what to consider so that the workplace is ready for the new Trainee. The fourth section, 'Considering culture', covers some of the important concepts about cultural matters that are used in relation to delivering services to Aboriginal individuals, families and communities. These sections include summaries of sound practice, standard definitions of commonly used terms, information about cultural awareness training programs, a number of useful checklists, templates, an example of a position description, and lists of resources and websites.

Preparing the workplace

Assessing the capacity of a mental health team to support the professional development of a Trainee is the first step when deciding where to locate a Trainee position. Other considerations are the composition and type of the mental health service. It is important to involve the team prior to employing the Trainee and to identify the team members who will have responsibility for training, supervising and supporting the Trainee. Developing an orientation and induction program and ordering the necessary resources can take place at the same time as recruitment.

Sound practice

During the implementation review of the Aboriginal Mental Health Worker Training Program, the reviewers conducted interviews with mental health staff, Aboriginal Medical Service (AMS) personnel and Trainees, and, from these interviews, established the following sound practices for workplace preparation.

- It is important for Managers to have a process for assessing a mental health team's capacity to incorporate a Trainee into the team to ensure that the Trainee will be well supported.

- Mental health teams with the capacity to support a Trainee described the Trainee as fitting in with the overall work of the team. These teams usually had six or more staff, at least two of whom were senior clinicians.

- Multidisciplinary teams were able to offer Trainees varied experiences and different occupational perspectives.

- Community mental health teams provided Trainees with the opportunity to observe the range of mental health services from prevention to acute care, and home and inpatient visits.

- Support staff who had been briefed about the aim and objectives of the Program, the role and expectations of the Trainee, and their roles and responsibilities in training and supporting the Trainee reported more positive experiences than those who were not thoroughly briefed.

- In teams that had prepared an office space and identified support people beforehand, Trainees reported feeling welcomed and supported.[1]

Assessing the workplace capacity to train and support a Trainee

The workplace checklist is a summary of staff resources, physical resources and processes required to provide the Trainee with sound on-the job training, and the team with the rewarding experience of training and supporting a co-worker to become a competent, confident and independent Aboriginal mental health professional.

If the team is unable to meet the general needs listed, think carefully about whether the team is ready to take on a Trainee. If the team decides to go ahead even though it may be under-resourced, it is important to have a back-up plan for how to continue to meet the commitment to the Trainee in case there are additional staff losses.

Cultural safety is an important consideration in all activities.

Workplace checklist

Is the workplace able to offer the Trainee the orientation and induction, supervision, support and on-the-job training needed to develop a competent, confident and independent Aboriginal mental health professional?

Commitment and time

❏ Has the team recognised the need for an Aboriginal Mental Health Worker?

❏ Does the team appreciate the benefits of employing a Trainee?

❏ Is the team of sufficient size for staff members to take turns working side by side with the Trainee? If several staff members were to leave the team, would the Trainee's on-the-job training be compromised?

❏ Is there an experienced clinician who can provide clinical supervision and support?

❏ Is there an expectation that the team will supervise students, such as nursing, social work and medical students? How many students will the team be able to host, as well as provide on-the-job training for a Trainee?

Recruitment, orientation and induction

❏ Is the service/team clear about the Aboriginal Mental Health Worker Trainee's role?

❏ Is there a clearly written position description that sets out what the job is, what is expected and what the duties are?

❑ Can the service/team provide the Trainee with orientation and face-to-face induction to talk about:

- the organisation
- the key policies and how things work
- team introductions
- work culture
- role expectations
- community relationships, protocols and expectations
- codes of conduct?

❑ Can the service/team provide the Trainee with an orientation and induction kit containing:

- position description
- introduction to the workplace, the agency, the mental health team, employment conditions and policies
- lists of key contacts, maps and community guides as needed
- background to the mental health workplace and key documents and guidelines in the area of work
- guide to mental health terminology and language
- procedures manual with step-by-step work guides and/or help to locate this information on a computer
- forms (confidentiality agreement, time sheets, leave forms, travel forms etc.)
- information about accessing departmental orientation and induction training, including mandatory training (occupational health and safety, cross-cultural training etc)?

Management and support

❑ Is there a Line Manager and a Clinical Leader Aboriginal Mental Health who can:

- give information and advice about codes of conduct
- help link the Trainee up with key community members and organisations
- undertake a skills audit to assess the Trainee's individual training needs

- plan on-the-job training and develop a work plan

- meet regularly to talk about progress, concerns etc.

- review and assess the Trainee's development every three months and annually

- help to review the Trainee's work targets

- organise the range of mental health workplace experiences through rotations to other teams if they are not available in the employing team?

Learning support

❏   Are there staff members who can:

- offer expert guidance and support for mental health work

- provide clinical supervision

- give practical support to help Trainees meet identified learning needs

- provide social/emotional support by offering to debrief and assist with resolving problems concerning the workplace as they arise

- assist the Trainee reflect on what is going on and ask questions

- be role models and mentors who are willing and have the time to share knowledge and skills?

Facilities, equipment and resources

❏   Is there:

- a quiet place to think and work

- a desk and chair

- telephone access and access to a secure, private area for telephone interviews and confidential conversations

- computer access, internet access and instruction in relevant computer applications

- photocopier access

- library access (department or nearby university or TAFE)

- an allocated day each week during each term for learning and development

- access to a vehicle when required?[2]

Team and service type

Teams of six or more, with several senior clinicians, are large enough to 'absorb' the Trainee's professional development into the team's everyday work. The Trainee can be assigned to different workers over a week, thereby sharing the responsibility and lessening the time one person needs to commit to training. Trainees will be exposed to different people's work styles and their development will become the team's responsibility rather than one person's. Having some senior clinicians who are trained in clinical supervision and/or with preceptor training is an advantage.

Having a Trainee can put considerable pressures on small teams in terms of time management. It takes more time and effort than is realised to offer a quality training program and to provide on-the-job training. In small teams there can be problems if one or more staff members leave, putting more pressure on the remaining team members to take up the training responsibilities. If the remaining team members are also inexperienced clinicians, the situation can become stressful for the Trainee and the team.

If a team lacks or loses capacity, some ideas are to:

• provide extra support by rotating staff from larger to smaller teams

• provide outreach support to the smaller team

• assign the Clinical Leader Aboriginal Mental Health to the team in a clinical role for a period of time to support the other clinicians and the Trainee

• set up regular teleconferences or videoconferences with other teams

• rotate the Trainee to a nearby larger service until staff numbers increase.

Multidisciplinary teams, which comprise clinicians trained in the different disciplines such as social work, psychology, nursing, and occupational and diversional therapies, provide Trainees with exposure to the range of professional practices and perspectives. Trainees located in teams made up of clinicians from only one or two professional groups, such as nurses and doctors, may not have the opportunity to work with other professional groups without specifically planning the workplace experience. In this situation, Trainees could be offered a rotation in other teams with a greater multidisciplinary mix.

Community mental health teams are able to offer a wide range of professional practice experience to Trainees. Being employed in either an in-patient or health promotion setting can present unanticipated challenges to both the Trainee and the team. In the first case, the Trainee is exposed primarily to treatment of acutely unwell consumers to the point of discharge from the in-patient unit. In the second case, the Trainee is focused on promoting the mental health of the whole community and the prevention and early detection of mental health problems. Both are specialist areas and at either end of the mental health intervention spectrum. Careful consideration needs to be given to ensuring Trainees gain broad mental health workplace experience through rotations in multidisciplinary, community mental health services and through clinical placement experiences.

Role clarification

Prior to commencement of Trainees, some essential workplace preparation is required to clarify roles, responsibilities and relationships of the different people and agencies involved in providing support for the Training Program and the processes that will be used. Once clarified, these decisions can be incorporated into mental health staff work plans and into the orientation and induction program.

The following points must be clarified.

- Who will ensure that very basic but critical tasks occur, such as making sure the Trainee has a workstation, computer and necessary other equipment before he/she commences work?

- Who will 'buddy' with the Trainee during the orientation and induction period to ensure that administrative tasks are completed, the Trainee's questions are answered, and the Trainee feels welcomed and supported?

- Who will introduce the Trainee to local people, agencies and other relevant providers working closely with the mental health team?

- Who will be involved in setting work plans and targets for the Trainee, providing support and monitoring workload guidelines to enable the Trainee to achieve the work targets?

- What different layers of support are required for the Trainee and who will ensure that these are in place?

- How will the Line Manager, Clinical Leader and relevant university staff communicate with each other? Who will ensure that communication occurs and that Trainees are being given consistent messages?

- Who will facilitate and support the Trainee to meet study requirements and make good use of learning and development days, and make the links between work and study?

- Who will support the Trainee in negotiating the university experience?

Spending time to clarify the roles, responsibilities and relationships and embedding the information into orientation and induction processes will enhance the experience for the Trainee and the workplace.

The more experienced clinicians are, the more able they are to act as preceptors and supervisors. They will be able to provide Trainees with high quality on-the-job training. It is recommended that preceptors have at least two years of mental health clinical experience and formal preceptor training.

See 'Mental health staff: Roles and responsibilities' in 'Supporting documents and resources' at the end of this chapter and 'Education provider: Roles and responsibilities' in Chapter 4.

Invite the State-wide Coordinator or the Clinical Leader Aboriginal Mental Health or the Area Health Service representative on the NSW State-wide Aboriginal Mental Health Workforce Program Reference Group to provide an overview of the Training Program and answer questions the team may have about the on-the-job training and links with university study.

Recruiting a Trainee

This section covers the key factors in successfully recruiting a Trainee. Local recruitment at the mental health service and team levels promotes a sense of ownership for the Training Program and responsibility for the Trainee.

Sound practice

During the implementation review of the Aboriginal Mental Health Worker Training Program, the reviewers conducted interviews with mental health staff, Aboriginal Medical Service (AMS) personnel and Trainees, and, from these interviews, established the following sound practices for recruiting a Trainee.

- A good position description clearly stated that the Traineeship encompassed full-time work and full-time study and that successful performance in both are required for continued employment.

- Area Health Services that used a variety of media (internet, local papers and Indigenous media) and networks to advertise the Trainee positions received a large number of applications.

- Involving the local Aboriginal community in the recruitment process ensured a positive response to advertisements and willingness to engage in the ongoing support of the Trainees.

- Involvement of the Aboriginal Health Unit in the recruitment process had a number of benefits, including access to Aboriginal expertise and networks and ongoing support for the Program.

- When there was a balanced panel with Aboriginal representation, questions made available before the interview and a comfortable venue, Trainees expressed a positive view of the interview process.

- Allowing sufficient time for the criminal record check and adopting a flexible approach if the suitable applicant had a past criminal record were identified to be important considerations.

- Trainees and their support staff reported a smoother transition to combining work with study when Area Health Services began recruitment processes in time for Trainees to spend at least three months in the workplace before they began university studies.

- Consideration of a Trainee's life, work and study experiences enabled the workplace to put suitable structures and processes into place to support the Trainee's development as a mental health professional.[3]

Key points for position descriptions, interviews and letters of offer

Each Area Health Service will have its own processes for developing a position description for the Trainee position. The following conditions of the Traineeship will need to be included in any documentation related to the Traineeship.

- The Aboriginal Mental Health Worker position is a permanent, full-time, clinical mental health worker position. For the first three years of employment in the Area Health Service, the person is an Aboriginal Mental Health Worker Trainee.

- It is a requirement of the position to undertake an approved university course leading to a tertiary qualification in a recognised mental health field during the three-year Traineeship period. The current educational provider is Charles Sturt University. It offers the Bachelor of Health Science (Mental Health) degree through the Djirruwang Program at its Wagga Wagga campus. Other courses that meet the requirements of the Training Program can be considered in consultation with the State-wide Coordinator and the Senior Project Officer, Aboriginal Mental Health Programs, NSW Health.

- Due to the compulsory requirement to enrol in an approved tertiary degree course, the Area Health Service will pay the student contribution amount associated with the course for the period of the three-year Traineeship. It is expected that the recommended course will be completed within the three-year timeframe and that any cost and additional time associated with repeating a subject(s) will be the responsibility of the Trainee. In exceptional circumstances, these may be waived by the Director.

- A Trainee must be prepared to attend residential teaching blocks four times each year. In order to undertake required clinical placements associated with particular course subjects (total of 20 weeks over three years), a Trainee may be required to travel to another location. All travel costs are covered through the university.

- Throughout the three-year Traineeship period, it is a requirement that both satisfactory academic progress and satisfactory workplace performance be maintained as a condition of continued employment in this position. Academic progress will be monitored through the Trainee's academic transcripts, along with compliance with the relevant codes of conduct, and workplace performance will be monitored through the Area Health Service's annual performance appraisal processes for staff.

- From time to time, the Line Manager will be required to have discussions with the university and the Clinical Leader Aboriginal Mental Health in regard to the Trainee's academic performance, grades and compliance with relevant codes of conduct. A Trainee is required to sign the consent form, approved by the university, to enable this process to occur.

- On successful completion of the workplace and academic requirements, the Trainee will assume a full-time position as a qualified mental health worker.

At the discretion of the Area Health Service, the following key points may be included.

- In the event the Trainee leaves the Aboriginal Mental Health Worker Training Program prior to the completion of the three-year Traineeship, the person can be asked to repay any student contribution amount paid by the Area Health Service on the Trainee's behalf during the period of the Traineeship on a pro rata basis. Note: consideration may need to be given to extenuating circumstances (for example, realisation that mental health is not the right career choice, family reasons and so forth).

- If the person leaves the Area Health Service's employment within the first two years of graduation and employment as a mental health worker, the person can be asked to repay any student contribution amount paid by the Area Health Service on the Trainee's behalf during the period of the Traineeship. Note: this statement aims to remind the employee that the Area Health Service and the mental health service have invested in the Trainee's career as a qualified worker and skilled team member. It is reasonable to expect the person, as a member of the mental health team, to provide a mental health service to the local community for at least two years post-graduation.

It is recommended that the position be titled 'Aboriginal Mental Health Worker Trainee' and that the Trainee be employed under the classification 'Aboriginal Health Education Officer' at the non- graduate level.

See the 'Example Trainee position description' in 'Supporting documents and resources' at the end of this chapter.

Advertising the position

Use a variety of media to advertise the position (for example, *Koori Mail*, *National Indigenous Times* and local papers, the NSW Health website and the NSW Government Job Search). Previously recruited Trainees have reported that they heard about the position in one of the following ways: they saw it on a NSW Government intranet or internet website, in the local paper or in the *Koori Mail* or they heard about it from a colleague, a friend or a family member. No Trainee reported seeing the advertisement in the *Sydney Morning Herald*.[4]

Recruiting tips: getting input

- Talk with Aboriginal people employed in the health field about the best way to go about recruiting and selecting the right person.

- Hold a workshop with community representatives to discuss:

  o the Trainee position and what the Trainee will be doing

  o the skills and attitudes needed for the job

  o on-the-job training and university study

  o community perspectives, concerns and priorities for selection

  o concerns about the pressures that can be put on locally recruited Trainees

  o support structures for the Trainee and the importance of local community support.

Recruiting tips: getting the word out

- Organise a public meeting to promote the Training Program, and allow plenty of lead-in time.

- Spread the word about the meeting and the position through the local paper and radio, and put flyers on public bulletin boards and send some to the Aboriginal non-government organisations and other government departments.

- Hold the meeting at the most convenient time for people (after work during the week is often a good time, but ask around before setting a time).

- At the meeting:
  - o offer attendees something to eat and drink, especially if they attend right after work
  - o provide material about the Traineeship that people can take away
  - o be honest about how demanding the position is—potential applicants will need to consider their personal circumstances and whether they will realistically be able to cope
  - o when clarifying what Trainees will be doing over the three years of the Traineeship, talk about selection processes and let people know how to apply for the position.

- After the meeting, follow up with people who expressed an interest in the Program.

- Work with the Area Health Service Aboriginal Health branch to spread the word. Staff may have access to other networks, especially via email. If there is no senior Aboriginal Mental Health Worker in the local area, it may be possible for a senior Aboriginal Health Worker to assist by being the contact person for information. People inquiring about the position may feel more comfortable talking with another Aboriginal person.

The selection panel and interview process

Each Area Health Service will have policies and procedures related to recruiting and selecting employees. The aim is to select the person who has the best potential to develop as a mental health professional.

Previously recruited Trainees who had prior exposure to higher education, a solid work history (particularly in some area of government work) and a mature approach to challenges were able to cope with the demands of the Traineeship and remain positive.[5]

The following considerations set the scene for a successful interviewing process. Ensure that:

- the interview panel comprises at least one Aboriginal person from the mental health or health area and ideally another Aboriginal person from the community (for example, from the Elders group, Aboriginal Medical Service or an Aboriginal non-government organisation)

- the panel is balanced with regard to age and gender

- the interview panel, especially the chairperson, is well briefed about the Traineeship and its requirements and about what will be expected of the Trainee

- the interview room feels comfortable and welcoming—if the applicants feel relaxed, they are more likely to perform at their best

- the applicants have time to ask questions and be told what the next steps in the process are, including the necessity for criminal record checks. The whole process is likely to take longer than anticipated, particularly if there are any issues around the criminal record checks and a risk assessment needs to be undertaken with Human Resources.

Timing of recruitment

Time the recruitment so that Trainees have at least three months in the workplace before they begin university. This timing will ensure that the Trainee has time to settle in and develop relationships with team members. It usually takes about six months in a new workplace to become properly orientated and inducted and to begin to feel part of a team.

It is important to recall what a new Trainee is expected to learn about in the first six months:

- a new workplace

- the bureaucratic structure, processes and rules of NSW Health

- the mental health discipline, with its own language and legal requirements

- how to study at university level.

The time needed to recruit an employee will vary from one Area Health Service to the next. Consider the length of time it takes for the whole recruitment process and calculate timing to ensure Trainees are employed by 1 October in any year. This start date will allow time for the Trainee to enrol and be accepted into a university course and about three months in the workplace before university begins.

What next?

Once Trainees have been appointed:

- advise the State-wide Coordinator who the successful applicants are—a letter from the State-wide Coordinator will be sent to the new Trainees welcoming them to the Training Program

- send the *NSW Health Code of Conduct*[6] to successful applicants with the letter of offer—they are likely to be most enthusiastic and keen to read it at this time (a tip from a former Trainee).

Planning the orientation and induction

Orientation and induction of new Aboriginal Mental Health Worker Trainees into the workplace is a critical first step towards successfully preparing Trainees as new employees of NSW Health and as members of a mental health team. It is important to invest time in the development of the orientation and induction program.

Orientation is an introduction to the organisation, what it does and how it works. Each Area Health Service will have an orientation program for working for NSW Health and the Area Health Service. Information given to new employees at formal orientation programs generally includes corporate information about the organisation, organisational structures, policies and procedures, documentation requirements, rules and guidelines, and information on mandatory training such as fire training, infection control and other safety information.

Checklist for orientation folder

Check that the orientation folder for each new Trainee contains:

❏ an introduction to NSW Health and the Area Health Service

❏ an organisational chart

❏ employment conditions and policies

❏ the *NSW Health Code of Conduct* and a list of workplace values

❏ workplace policies and guidelines

❏ copies of forms and documents (e.g. leave form, timesheet)

❏ health and safety information (e.g. emergency procedures and numbers, employee assistance program, incident reporting)

❏ mandatory training schedule and forms

❏ regulations (e.g. personal use of internet, use of work vehicles).

Induction is an introduction to the workplace and the mental health team. It provides explanations and an opportunity for the new employee to discuss and clarify the information provided in the formal orientation. Induction information includes position descriptions, maps, lists of key roles and names associated with these, and detailed information about how the work unit operates on a day-to-day basis, including the workplace culture. It may include information about such team 'rules' as staff rostering for cleaning the service's work car, whether it is expected that staff members bring their own coffee cups to work and staff common room etiquette.

Checklist for induction folder

Check that the induction folder for each new Trainee contains:

❏   a position description

❏   an introduction to the mental health service and team (e.g. functions of the team, who does what)

❏   lists of local mental health, health and community services and organisations (names, roles and contact numbers)—a list of Aboriginal staff and/or external Aboriginal contacts can help the Trainee set up networks

❏   maps (e.g. facility, community) and any information about the local community (e.g. population, community organisations, cultural information, key contacts)

❏   medical records/clinical documentation requirements such as the Mental Health Outcomes and Assessment Tool (MH-OAT)

❏   a glossary of mental health terms (e.g. *Victoria's Mental Health Services: A Guide to Mental Health Terminology*)[7]

❏   Instructions about how to access the Practical Guide through the internet

❏   any other useful information about the workplace environment and culture.

It is a good idea to download and/or order some key mental health resources for the Trainee at this time, such as policies (for example, the *NSW Aboriginal Mental Health and Well Being Policy 2006–2010*[8]) and resources such as the *Way Ahead* directory.[9]

See 'A guide for new staff: Example of table of contents' and the 'Pre-arrival checklist' in 'Supporting documents and resources' at the end of this chapter.

See Chapter 3: Workplace Training and Support for a further section on orientation and induction, covering the first three months of Trainees' employment.

Considering culture

Workplace preparation needs to include becoming aware of the importance of culture to health and service delivery; how cultural differences between individuals in the workplace are respected; acknowledging the diversity within groups of people with shared cultural backgrounds; and developing awareness of what is and what is not culturally appropriate.

Why is culture so important in health care?

> Because health care is cultural. Although the scientific bases for medical treatment and care is considered 'objective', the way that we choose and use health services, whether we accept a diagnosis, how we decide if we will continue with a particular medical treatment, and the sorts of questions we ask health staff are all culturally influenced. Staff need to recognise the beliefs and values that affect our health decisions and take account of them when treating us.[10]

> Culture is central to how Aboriginal people and most people view individual, family and community health and wellbeing. Culture can influence Aboriginal people's decision about when and why they seek services, their acceptance or rejection of treatment, the likelihood of adherence to treatment and follow up, the likely success of prevention and health promotion strategies, the client's assessment of the quality of care and their views about the facility and its staff.

> Aboriginal people have for many decades pointed to the problems that are created when health and community services fail to take culture into account.[11]

Trainees and cultural considerations

There are several important reasons for considering culture in relation to the Trainees and teams in which they will be working. For Trainees employed in workplaces with no or few other Aboriginal workers, there is a risk that they will feel culturally isolated. It can be challenging to be the only Aboriginal worker and to feel the responsibility of explaining everything about Aboriginal culture or be expected to assume all roles and tasks that have anything to do with Aboriginal people.

Trainees are likely to have had varied experiences with and knowledge of Aboriginal culture and of the local Aboriginal community. While some Trainees will belong to the local community, others will have come from other communities, regions or states, from highly urban areas to quite remote ones. They will need time to get to know the local Aboriginal people and organisations and the cultural protocols.

Organising for a Trainee to have 'cultural supervision' at the Aboriginal Medical Service or other type of Aboriginal health or community organisation in the area for at least one day per fortnight (ideally one day a week) is an effective way to provide the Trainee with additional support. It also provides a means to meet local community members and to learn the protocols. It can have the added benefit of breaking down barriers and improving the relationships between non-government and government health services. Aboriginal people accessing either service will know that there is an Aboriginal person working across both health services and this may make them feel safer and more comfortable.

See 'Supporting Trainees and teams' in Chapter 3: Workplace Training and Support.

Trainees can come under pressure from their communities, family members, health staff and team members to undertake work that they are not yet qualified or authorised to do. They can also be expected to perform certain tasks or to know certain things simply because they are Aboriginal. There are important protocols for determining who is appropriate within the local Aboriginal community for different roles, such as who the recognised Elder or leader is for performing a 'Welcome to Country' and who to consult with about service planning and delivery.

There may be cultural reasons why Trainees are not able to meet certain expectations. Given the nature and extent of Aboriginal family relationships, it may not be appropriate for the Trainee to see certain people as consumers. It may also not be appropriate for reasons of age or gender differences. Managing all of these expectations can be one of the most challenging aspects of the Traineeship for Trainees.

It was suggested in the *Implementation Review* that workplaces would benefit from being exposed to more cultural awareness and cultural competency programs and resources.[12] Trainees (and other Aboriginal Mental Health Workers) appreciate their colleagues understanding the kinds of pressure Aboriginal workers are under when trying to be conscientious health service employees and members of their community.

To gain a greater understanding about contemporary issues relating to and impacting on Aboriginal people:

- invite senior Aboriginal health professionals from the local health and community services to present to the team on topics such as 'creating a supportive environment for Trainees', 'providing a culturally responsive service' and other topics of cultural relevance

- encourage Trainees to discuss with team members if there are cultural reasons or concerns for not seeing certain consumers or doing certain tasks—it may be possible to find acceptable approaches to overcome these concerns and the team will gain a greater understanding of the cultural constraints that Trainees face

- if a cultural awareness program is offered in the Area Health Service, ensure all team members attend it

- consider ordering the *National Indigenous Times* and *Koori Mail* to have available in the staff room

    Produced fortnightly, Koori Mail is distributed Australia-wide, providing news, views, advertisements and other material of vital interest to Indigenous Australians and Australians interested in Indigenous affairs.[13]

    [The] National Indigenous Times is Australia's leading Indigenous Affairs news provider… From land rights, native title and treaty to reconciliation, stolen wages and Aboriginal art, [The National Indigenous Times] gives an in-depth look at black and white Australia.[14]

- consider subscribing to the *Aboriginal & Islander Health Worker Journal*—each issue covers a range of topics relevant to 'health workers, service providers, program funders and anyone working in Aboriginal and Torres Strait Islander service provision'.[15]

See 'Supporting documents and resources' at the end of this chapter for a list of cultural awareness programs and additional resource material.

Mental health services and cultural considerations

Mental health teams will have varying experiences providing a service to Aboriginal people due to, for example, the demographic profile of the service's catchment area or the presence of Aboriginal community-controlled services.

Trainees will have certain cultural knowledge that they are able to share with the team. It is important to acknowledge the important contribution they can make to improving service delivery from the very beginning. However, teams will need to appreciate that Trainees may have to work hard to overcome the stigma mental illness has in Aboriginal communities; the fear people have of being caught up in a 'culturally insensitive' mental health service; and, in some places, a history of poor service delivery to Aboriginal people. Also be aware that if the Trainee is not from the local area, he/she may need some time to get to know the community and families and to learn what the local protocols are.

It is expected that workplaces will endeavour to achieve 'Standard 3: Awareness of diversity' as outlined in the *National Practice Standards for the Mental Health Workforce*:

> Mental health professionals practise in an appropriate manner through actively responding to the social, cultural, linguistic, spiritual and gender diversity of consumers and carers, incorporating those differences in their practice.[16]

Figure 4 shows the general location of Aboriginal groups in NSW, and illustrates the diversity of Aboriginal culture.

Figure 4: New South Wales Area Health Services Aboriginal Nations map
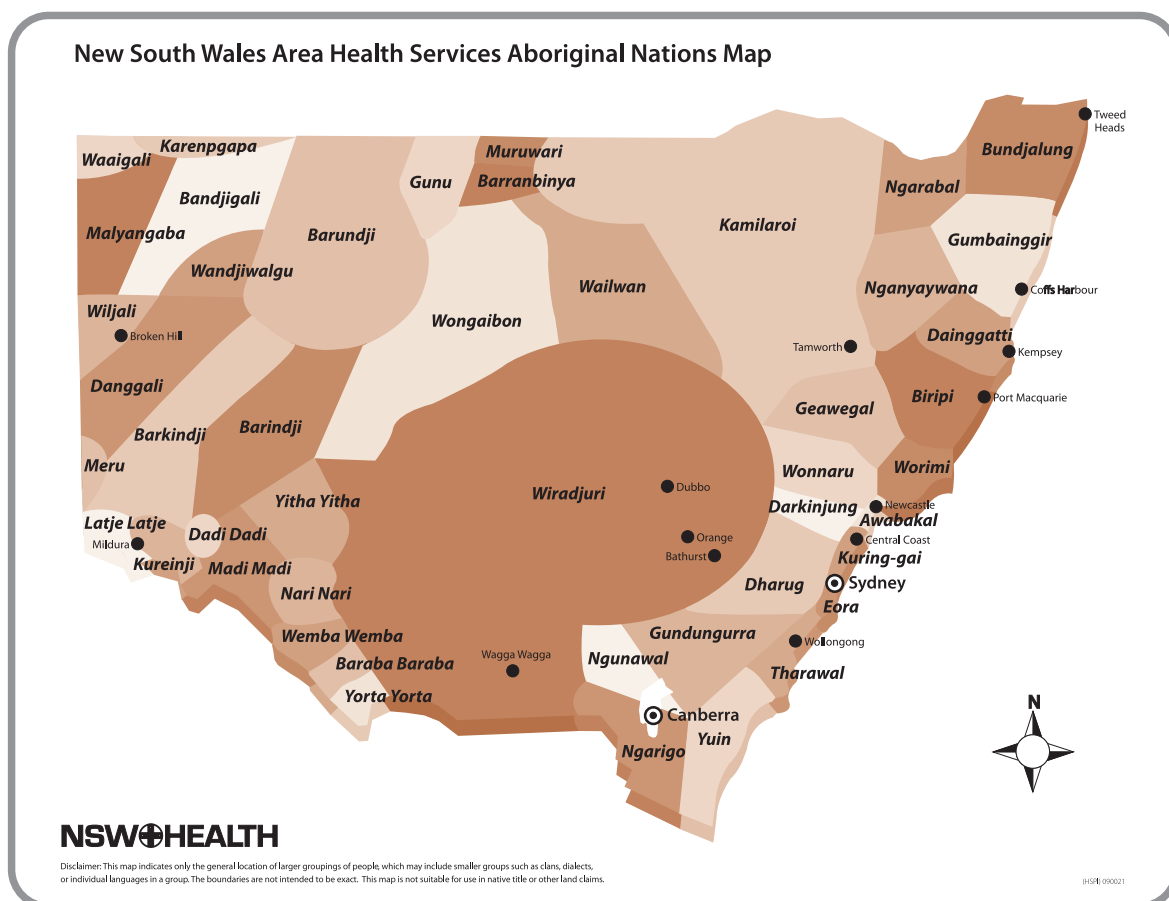
Achieving cultural competence and ensuring cultural safety for Trainees and Aboriginal people accessing services are not one-off events. They require a commitment from Area Health Services to maintain ongoing cultural awareness/cultural competency programs and for teams to continually reflect on how they measure up. Asking for feedback and guidance from Trainees, other Aboriginal staff and Aboriginal consumers and acting on suggestions for improvement will enable the mental health team to provide a considered and responsive workplace environment and mental health service.

> To gain a greater appreciation of the diversity of cultures across Aboriginal Australia, see Norman Tindale's map, 'Tribal Boundaries in Aboriginal Australia', first published in 1940.[17] It is available at: <www.samuseum.sa.gov.au/page/default.asp?site=2&page=TIN_Tribal>.

Glossary

Cultural awareness:

Aboriginal Cultural Awareness means having knowledge and understanding of Aboriginal people's histories, values, belief systems, experience and lifestyles. It is not about becoming an expert on Aboriginal culture; however it is about being aware of the cultural differences that exist, appreciating and having an understanding of those differences, and accepting them.[18]

Cultural competence:

Cultural competence is the ability to interact effectively with people across different cultures. It has four components:

- Awareness of one's own cultural worldview (assumptions, biases)
- A positive attitude towards cultural differences
- Knowledge of different cultural practices and worldviews
- Cross-cultural communication skills[19]

Being culturally competent… involves:

- Being aware that a person's culture will shape how they understand health and ill-health
- Learning about the specific cultural beliefs that surround mental illness in the person's community
- Learning how mental illness is described in the person's community (knowing what words and ideas are used to talk about the symptoms or behaviours)
- Being aware of what concepts, behaviours or language are taboo (knowing what might cause shame)[20]

Cultural respect:

Cultural Respect is the: recognition, protection and continued advancement of the inherent rights, cultures and traditions of Aboriginal and Torres Strait Islander Peoples… Cultural Respect is achieved when the health system is a safe environment for Aboriginal people and where cultural differences are respected.[21]

Cultural safety:

An environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning, living and working together with dignity and truly listening.[22]

Practising cultural safety means:

• Respecting the culture of the community by using the appropriate language and behaviour
• Never doing anything that causes the person to feel shame
• Supporting the person's right to make decisions about seeking culturally-based care[23]

Cultural security:

Cultural Security seeks to ensure that the construct and delivery of health and community services functions occurs within a framework that sensitively unites Aboriginal cultural rights, views and values and the science of human services. In doing so the policy intends to produce a best practice model that optimises the benefits Aboriginal people derive from an efficient and quality health system.[24]

Supporting documents and resources

Supporting document	File type	File name	Purpose
Preparing the workplace			
Mental health staff: Roles and responsibilities	PDF	WPR_1	Information
Recruiting a Trainee			
Example Trainee position description	Word document	WPR_2	Example
Planning the orientation and induction			
A guide for new staff: Example of table of contents	Word document	WPR_3	Example
Pre-arrival checklist	Word document	WPR_4	Example

Resource	Description
Planning the orientation and induction	
Workplace Induction Booklet	Queensland University of Technology (n.d.). *Workplace Induction Booklet*, QUT, Brisbane. Available as a Word document at: <www.hrd.qut.edu.au/managers/managing/induction.jsp>.

The *Workplace Induction Booklet*, developed by Queensland University of Technology in Brisbane, is useful for developing a workplace induction program.

The induction of a new staff member is the final stage of the recruitment and selection process and the beginning of their training experience and career development. As a supervisor/manager it is your responsibility to supply specific information about the work area and the job, and provide a positive role model to your staff.

A good workplace induction program provides the necessary information, resources and motivation to assist a new employee to adjust to the work environment as quickly as possible.

Research in adult education shows that people are most open to learning in the first few days on the job. This is your best opportunity [to] show that [organisation] is committed to the new staff member.

An effective induction program will confirm your interview choice by promoting a sense of belonging and achievement in the staff member and helping them to contribute to the [organisation's] vision.[25] |

Way Ahead	Mental Health Association NSW (2010) *Way Ahead: Mental Health Information and Services Directory NSW*, 9th edn, Mental Health Association NSW, Sydney.
	A very useful and highly recommended resource, the *Way Ahead* is published by the Mental Health Association NSW.
	The Way Ahead contains up-to-date information on more than 2000 mental health and welfare related services across NSW.
	Updated annually and now in its 9th edition the directory is available as a CD-Rom, which can be uploaded to your intranet, and [as] a Book.
	It is a valuable, time saving resource for any community worker [or] health practitioner needing to make referrals, or to 'simply know what's out there'. It is used by staff at the Mental Health Information Service on a daily basis to assist the general public, professionals and service providers.
	The Way Ahead also includes a helpful guide to acronyms and jargon, details of the important Acts of Parliament that mental health workers, consumers and carers need to be aware of, and much more.
	To purchase the Way Ahead… contact an Information Officer either via email [info@mentalhealth.asn.au] or by phone on (02) 9339 6000.[26]

Considering culture

Cultural awareness training	Workplaces need to consider and be aware of Aboriginal culture in order to provide a safe and supportive environment for Trainees and to improve the quality and responsiveness of service delivery to Aboriginal people. In some Area Health Services, it is mandatory for all employees to attend Aboriginal cultural awareness training offered either by the Area Health Service or contracted to a local organisation. Importantly, these training programs involve local Aboriginal people—a crucial factor to ensure the relevance of any training programs and adaptations of resources.
	Numerous Aboriginal cultural awareness programs are available through organisations such as government departments, educational institutions, Aboriginal and Torres Strait Islander organisations and private providers. Check which organisations in an area offer programs. A few are listed here.
	Cross-Cultural Awareness Program, Broken Hill Department of Rural Health (see <www.drh.med.usyd.edu.au/courses/ccap.php>)
	Aboriginal Cultural Awareness Program, North Coast Area Health Service and the Nguyundi Aboriginal Health Council (see <www.ncahs.nsw.gov.au/news/fullstory.php?storyid=681&siteid=142>)
	Aboriginal Cross Cultural Awareness, Northern Rivers Social Development Council (see <www.nrsdc.org.au/courses-a-seminars/details/72-aboriginal-cross-cultural-awareness.html>)
	Aboriginal Cultural Awareness Training, TAFE NSW Hunter Institute (see <www.hunter.tafensw.edu.au/preemploy/Pages/CulturalAwareness.aspx>)
	Indigenous Cultural Awareness Training, Arrilla Training and Development Consultants (see <www.arrilla.com.au/services/AboriginalCrossCulturalAwarenessTraining.html>)
	Cultural Competence, Mental Health Coordinating Council (see <http://www.mhcc.org.au/whats-on/course.aspx?ecid=9>).

Cultural awareness, competency and safety training	A number of resources are available for use in preparing workplaces to be respectful and responsive to Aboriginal Mental Health Worker Trainees and, more broadly, to enhance service delivery to Aboriginal people.
	Training materials and organisations include the following.
	The Western Australian Aboriginal Community Controlled Health Organisation (now known as the Aboriginal Health Council of WA) has produced five training modules on cultural safety. Each module is three hours long. It is possible to customise the modules and for them to be delivered to suit participants. For more information, see Cultural Safety Training website (<www.culturalsafetytraining.com.au/>).
	Contact the National Aboriginal Community Controlled Health Organisation for queries about available trainers for NSW (<www.naccho.org.au/aboutus/aboutus.html>).
	The Indigenous Psychological Services' Aboriginal Mental Health Cultural Competency Test has been developed for workers to assess their level of competence for working with Aboriginal people. Training, supervision and support programs have also been developed and delivered nationally to a broad range of people working with Aboriginal people, including in NSW (see <www.indigenouspsychservices.com.au/> for details).
	The Menzies School of Health Research Indigenous Development Unit has developed Cultural Protocols for working with Indigenous people, along with training in cultural awareness and coaching for new staff (see <www.menzies.edu.au/about-us/indigenous-development-unit/about-indigenous-development-unit>).
	Chapter 6 ('Cultural Considerations') of the *Remote Health Atlas*, developed by the NT Department of Health and Families, provides cultural guidelines for remote health workers (see <www.health.nt.gov.au/Remote_Health_Atlas/Contents/Cultural_Considerations/index.aspx>).
	The NT Department of Health and Families has developed an Aboriginal Cultural Security Policy (see <www.health.nt.gov.au/Aboriginal_Health/index.aspx>).
	General Practice NSW works at a state level to support and promote the work of NSW Divisions Network to maintain good working relationships with NSW Health and other stakeholders and to maximise the capacity and influence of Divisions in the primary health care sector. It has some useful resources related to Aboriginal health (see <www.gpnsw.com.au>).
	A useful fact sheet titled 'Resources for workers in the drug and alcohol field who work with Indigenous communities' has links to e-lists, workforce development and training, guidelines and strategies. It is available at <www.druginfo.adf.org.au/downloads/fact_sheets/FS_7.9_resources.pdf>.

Cultural tools and frameworks	Cultural tools and frameworks are increasingly being developed in different states and territories for use when working with Indigenous people. Some examples follow.
	The NSW Department of Community Services has developed a resource called *Working with Aboriginal People and Communities: A Practice Resource* (available at <www.community.nsw.gov.au>.) *Working with Aboriginal people and communities* provides important information to improve our knowledge and understanding of the diverse cultural dynamics that exist within Aboriginal families and communities. It suggests some engagement and communication strategies that will improve the way we work with and relate to Aboriginal people.[27]
	Community Cultural Development NSW is the peak body for community arts and community cultural development in NSW. In 2003 it published the first Indigenous protocols for Western Sydney: *Respect, Acknowledge, Listen: Practical Protocols for Working with the Indigenous Community of Western Sydney* (available at <www.ccdnsw.org/assets/files/toolsandresources/protocols.pdf>).
	Communicating Positively: A Guide to Appropriate Aboriginal Terminology was published by the NSW Department of Health in May 2004 and is available at <www.health.nsw.gov.au/pubs/2004/aboriginal_terms.html>. The use of accurate, appropriate and non-offensive language is essential for effective communication with Aboriginal people and an important way of showing cultural respect. 'Communicating positively' provides NSW Health staff with guidance on appropriate language to be used when working with Aboriginal people and communities or developing policies and programs.[28]
	The Koori Practice Checklist was developed by the Ngwala Willumbong Co-operative Ltd in Victoria to specifically focus and draw attention to the particular needs of Aboriginal people accessing alcohol and other drug services. It is available at: <www.ngwala.org/Koori_checklist.doc>. The purpose of the [Koori Practice Checklist] is to provide mainstream organisations, their management and staff with a basic framework for self-evaluation of its policies and practices in relation to Aboriginal people/clients. In addition the [Koori Practice Checklist] seeks to assist agencies in the identification of tasks & activities to address any identified problem areas.[29]

Cultural tools and frameworks	Making Two Worlds Work: Building the Capacity of the Health and Community Sector to Work Effectively and Respectfully with Our Aboriginal Community project is an initiative of Mungabareena Aboriginal Corporation and Women's Health Goulburn North East, two organisations based in north-east Victoria.
	The original idea for the project came from non-Aboriginal workers attending cultural training at Mungabareena Aboriginal Corporation during 2005. They expressed a desire to have:
	• Locally produced Aboriginal artwork and images they could display in their agencies • Accessible information about local Aboriginal history and culture, protocols, key organisations and contacts • Resources to support their work with Aboriginal clients, families and community…
	The resource kit contains:

	• Suite of six colour posters, developed from the original paintings
	• 'Working with Aboriginal clients and community' audit tool for agency planning and review
	• Checklist for working with Aboriginal clients
	• Health Promotion Framework with an 'Aboriginal lens'
	• CD of over 100 graphic images based on the six paintings for agencies to use when designing written or visual information for Aboriginal clients and community
	• DVD that
	  - explains 'Indigenous Welcomes' and 'Acknowledging Country', and
	  - describes the importance of art for Aboriginal communities.
	• Signage for services to welcome Aboriginal and Torres Strait Islander people to their agency
	• Information guide that includes local knowledge about culture and history, frequently asked questions, key Aboriginal organisations and contacts.[30]

	The resources were developed collaboratively with the local community to ensure relevance and ownership; however, much of the material will be useful for other localities, or easily adapted. The developers encourage the broad use and adaptation of the resources. Please acknowledge the *Making Two Worlds Work* project as the original source. The resource kit is available at <www.whealth.com.au/mtww/>.

Cultural tools and frameworks	*Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, edited by Nola Purdie, Pat Dudgeon and Roz Walker, was released in July 2010. It was developed by the Australian Council for Educational Research and the Kulunga Research Network, Telethon Institute for Child Health Research, with funding through OATSIH, Australian Government Department of Health and Ageing. The book offers a high-quality, comprehensive examination of issues and strategies influencing Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing. The *Working Together* book contains 21 chapters and is divided into four parts. • Part 1 contains four chapters that outline the historical, social, cultural, and policy contexts that have shaped Aboriginal and Torres Strait Islander mental health and wellbeing. • Part 2 contains seven chapters on a number of issues that are particularly relevant to Aboriginal and Torres Strait Islander mental health and wellbeing. • Part 3 contains five chapters that focus on practice within the field. • Part 4 presents examples of models and programs for practitioners working with different groups.[31] Free hard copies are available by emailing <enquiry@ichr.uwa.edu.au>. Electronic files are available at <www.ichr.uwa.edu.au/kulunga/working_together/book>.
	OATSIH has developed *The Cultural Respect Framework 2004–2009* alongside many other important publications relating to health care for Aboriginal people. This framework document outlines the principles required for cultural respect in health care, including an understanding of the historical background that influences wellbeing of Aboriginal people. Reference is made to culturally appropriate communication and behaviour that should be adopted by health providers. The framework has been developed by the AHMAC Standing Committee on Aboriginal and Torres Strait Islander Health Working Party and can be found at <www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm>.
	The National Health and Medical Research Council (NHMRC) has developed a guide called *Cultural Competency in Health: A Guide for Policy, Partnerships and Participation*. The principles of cultural competence outlined in the guide apply to health care for all Australians. It recognises the limitations of trying to cover cultural competency in relation to Aboriginal and Torres Strait Islander people in sufficient depth and breadth. However, there are aspects of the guide that may be useful for the development of culturally competent health practice such as the recognition of the critical role of partnership structures and processes and the need for a multi-dimensional approach to cultural competency and effective and culturally inclusive research and evaluation. It is available at <www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/hp19.pdf>.
	Menzies School of Health Research Healing and Resilience Division has many resources available for assessment and brief interventions with Indigenous people. These have been developed within the program called AIMhi (Australian Integrated Mental Health Initiative). The website provides links to tools and information on their use (see <http://menzies.edu.au/research/healing-and-resilience/mental-health/aimhi-nt-australian-integrated-mental-health-initiativ>).

Cultural tools and frameworks	The Aboriginal and Torres Strait Islander Healing Foundation is being developed 'to provide an independent national body to support grass roots healing initiatives, including a focus on health promotion and education strategies, and emphasising research and evaluation of healing approaches' (see The Aboriginal and Torres Strait Islander Healing Foundation <www.fahcsia.gov.au/sa/indigenous/progserv/engagement/Pages/aboriginal_and_torres_strait_islander_healing_foundation_.aspx and http://healingfoundation.org.au/>.
	Mental Health First Aid has developed a range of guidelines and a specific Aboriginal Mental Health First Aid course for Aboriginal communities. The course contains a chapter on social and emotional well-being and mental health. The chapter and course content can assist non-Aboriginal staff to better understand the reasons for social and emotional wellbeing and mental health problems in Aboriginal and Torres Strait Islander communities (see <www.mhfa.com.au/documents/guidelines/8307_AMHFA_Cultural_guidelinesemail.pdf>).
	The Kimberley Indigenous Cognitive Assessment has been developed in Western Australia and is being used extensively across Australia. Resources for using this assessment tool and related information can be found at <www.wacha.org.au/kica.html>.
	In Western Australia, Dr Tracy Westerman, Indigenous Psychological Services, has developed several tools for people providing a mental health service to Aboriginal people, including the Westerman Aboriginal Symptom Checklist—Youth (<www.indigenouspsychservices.com.au/>).
	The University of Queensland and Queensland Health have developed *Protocols for the Delivery of Social and Emotional Well Being and Mental Health Services in Indigenous Communities: Guidelines for Health Workers, Clinicians, Consumers and Carers* (available at <http://healthbulletin.org.au/articles/protocols-for-the-delivery-of-social-and-emotional-well-being-and-mental-health-services-in-indigenous-communities-guidelines-for-health-workers-clinicians-consumers-and-carers-first-edition/>).
	Also from Far North Queensland, management guidelines have been developed to guide programs in working with alcohol and other drugs in Indigenous communities, the *National Recommendations for the Clinical Management of Alcohol-Related Problems in Indigenous Primary Care Settings* (see <www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-alco.htm>).
	In the Northern Territory, the Central Australian Rural Practitioners Association (CARPA) has developed the *CARPA Standard Treatment Manual*, which includes recommended practice in rural Indigenous primary health care settings (see <www.carpa.org.au/manual_reference.htm>).
	The Family Wellbeing Program has been conducted in the Northern Territory and Queensland to provide training for community members in capacity building and valuing families and communities (see <www.tangentyere.org.au/services/family_youth/family_wellbeing/>).
	A Collaborative Focus on Cultural Security and the ACE Program (Adolescent Coping with Emotions) is an overview of modification to a health program to increase cultural security in program delivery (see <www.wacountry.health.wa.gov.au/uploaddocs/joukjemulder_collaborativefocus.pdf>).

Other useful websites for accessing knowledge about Aboriginal culture and service delivery	Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) <www.health.vic.gov.au/koori/icap/icap-guidelines/icap-guidelines.pdf>
	Onemda VicHealth Koori Health Unit <www.onemda.unimelb.edu.au>
	Victorian Department of Health <www.dhs.vic.gov.au/>
	Western Australian Department of Health <www.aboriginal.health.wa.gov.au/>
	South Australian Department of Health <www.cywhs.sa.gov.au/library/sah_aboriginal_cultural_respect_framework.pdf>
	Australian Indigenous Health*InfoNet* <www.healthinfonet.ecu.net.au>
	Abtsi_hr, an e-message stick for networking and discussing Aboriginal and Torres Strait Islander health and related issues <http://listserver.ecu.edu.au/mailman/listinfo/abtsi_hr>
	Australian Human Rights Commission <www.hreoc.gov.au>
	Aboriginal & Torres Strait Islander Social Justice <www.hreoc.gov.au/social_justice/index.html>
	Aboriginal and Islander Health Worker Journal <www.aihwj.com.au>
	Drug Info Clearinghouse, Australian Drug Foundation <www.druginfo.adf.org.au>
	Indigenous Justice Clearinghouse <www.indigenousjustice.gov.au/>
	Mental Health First Aid <www.mhfa.com.au>
	MulgaNet (online network for the rural mental health sector) <www.mulganet.net.au/index.php>
	New South Wales Government, Aboriginal Health <www.health.nsw.gov.au/topics/aboriginal.asp>
	Victorian Koori Health <www.health.vic.gov.au/koori>
	Western Australian Office of Aboriginal Health <www.aboriginal.health.wa.gov.au>
	NSW Health, *The Physical Health and Mental Health Handbook* <www.health.nsw.gov.au/pubs/2009/phmh_handbook.html>.

....

Notes:

1   C Watson and N Harrison (2009). op. cit., page 12.

2   Adapted from A Laycock with D Walker, N Harrison and J Brands (2009). *Supporting Indigenous Researchers: A Practical Guide for Supervisors*, CRCAH, Darwin, pages 102–105.

3   C Watson and N Harrison (2009). op. cit., page 20.

4   C Watson and N Harrison (2009). op. cit., page 21.

5   C Watson and N Harrison (2009). op. cit., page 27.

6   NSW Department of Health (2005). *NSW Health Code of Conduct*, NSW Department of Health, Sydney.

7   State Government of Victoria (2008). *Victoria's Mental Health Services: A Guide to Mental Health Terminology*, Department of Health, Melbourne. Viewed 31 August 2010 at: <www.health.vic.gov.au/mentalhealth/termnlgy.htm>.

8   NSW Health (2007a). op. cit.

9   Mental Health Association NSW (2010) *Way Ahead: Mental Health Information and Services Directory NSW*, 9th edn, Mental Health Association NSW, Sydney.

10 South East Sydney Illawarra Area Health Service (2010). 'Cultural competence'. Viewed 31 August 2010 at: <www.sesiahs.health.nsw.gov.au/Multicultural_Health_Service/culturalcomp.asp>.

11 Department of Health and Community Services (2008). *Aboriginal Cultural Security: An Outline of the Policy and its Implementation*, Northern Territory Government, Darwin, page 3.

12 C Watson and N Harrison (2009). op. cit., page 42.

13 Koori Mail (2010.) 'History'. Viewed 31 August 2010 at: <www.koorimail.com/index.php?page=History>.

14 National Indigenous Times (2010.) 'Welcome to NIT'. Viewed 31 August 2010 at: <www.nit.com.au/default.aspx>.

15 Aboriginal & Islander Health Worker Journal (2010.) 'Welcome'. Viewed 31 August 2010 at: <www.aihwj.com.au/>.

16 Department of Health and Ageing (2002). op. cit., page 14.

17 South Australian Museum (n.d). 'Tindale: Tribal boundaries'. Viewed 31 August 2010 at: <www.samuseum.sa.gov.au/page/default.asp?site=2&page=TIN_Tribal>.

18 South Australian Centre for Rural and Remote Health (2001). *Working with Aboriginal People in Rural and Remote South Australia: A Cultural Awareness Handbook for People Working in Health Professions*, Adelaide University and the University of South Australia, Whyalla, page 2. Viewed 9 September 2010 at: <www.sacrrh.sa.edu.au>.

19 South Eastern Sydney Illawarra Health (2010). 'Cultural competence'. Viewed 31 August 2010 at: <www.sesiahs.health.nsw.gov.au/Multicultural_Health_Service/culturalcomp.asp>. Note: the term was originally used with reference to culturally and linguistically diverse communities; however, it is equally applicable to Aboriginal communities (see T Westerman (2004). 'Engagement of Indigenous clients in mental health services: What role do cultural differences play?', *Australian e-Journal for the Advancement of Mental Health*, Vol. 3(3), and the Indigenous Psychological Services website at <www.indigenouspsychservices.com.au/>).

20 Aboriginal Mental Health First Aid Training and Research Program (2008). *Cultural Considerations & Communication Techniques: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person*, Orygen Youth Health Research Centre, University of Melbourne, and beyondblue, the national depression initiative, Melbourne, page 2. Viewed 31 August 2010 at: <www.mhfa.com.au/documents/guidelines/8307_AMHFA_Cultural_guidelinesemail.pdf>.

21 Australian Health Ministers' Advisory Council Standing Committee on Aboriginal and Torres Strait Islander Health Working Party (2004). *National Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009*, Department of Health South Australia, Adelaide, page 7. Viewed 8 September 2010 at: <www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-crf.htm/$FILE/Cultural_Respect_Framework.pdf>.

22 R Williams (1999). 'Cultural safety: What does it mean for our work practice?', *Australian and New Zealand Journal of Public Health*, Vol. 23(2), pages 213–14.

23 Aboriginal Mental Health First Aid Training and Research Program (2008). op. cit., page 3.

24 Department of Health and Community Services (2008). op. cit., page 7.

25 Queensland University of Technology (n.d.). *Workplace Induction Booklet*, QUT, Brisbane, page 3. Viewed 31 August 2010 at: <www.hrd.qut.edu.au/managers/managing/induction.jsp>.

26 Mental Health Association NSW (2010). 'Way Ahead Directory'. Viewed 31 August 2010 at: <www.mentalhealth.asn.au/be-informed/way-ahead-directory.html>.

27 Aboriginal Services Branch (2009). *Working with Aboriginal People and Communities: A Practice Resource*, NSW Department of Community Services, Sydney, page 2.

28 NSW Health (n.d.). 'Communicating positively—a guide to appropriate Aboriginal terminology: Summary'. Viewed 31 August 2010 at: <www.health.nsw.gov.au/pubs/2004/aboriginal_terms.html>.

29 Ngwala Willumbong Co-operative Ltd (n.d.). *Koori Practice Checklist: A Cultural Audit Tool for the Alcohol & Other Drugs Service Sector*, Ngwala Willumbong Co-operative Ltd, Melbourne, page 3.

30 Making Two Worlds Work (n.d.). 'Welcome to Making Two Worlds Work'. Viewed 2 September 2010 at: <www.whealth.com.au/mtww/>.

31 Kulunga Research Network (2010). 'Copies of the book'. Viewed 31 August 2010 at: <www.ichr.uwa.edu.au/kulunga/working_together/book>.