PARTNERS IN DIVERSITY

A transcultural and community mental health
collaboration to build organisational
cultural responsiveness

Victorian Transcultural
MENTAL HEALTH

ST VINCENT'S
HOSPITAL
MELBOURNE
A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

OUR VISION

Working together:
to create healthy connected communities,
where no one is left behind.

ACKNOWLEDGEMENT

CONTENTS

LIST OF TABLES AND FIGURES

OVERVIEW

This report is written by Victorian Transcultural Mental Health (VTMH), a state-wide capacity building unit that focuses on improving responses to culturally diverse populations. At any one time, VTMH partners with a number of publicly funded providers of mental health care, including clinical services and community-managed services and other community agencies.

The report discusses and reviews a collaboration between VTMH and Neami National (Neami), a community-based provider of psychosocial mental health support services. It focuses on the period between 2015 and 2018, acknowledging that some work was undertaken before 2015.

The main purpose of the collaboration was for VTMH to assist Neami to build organisational cultural responsiveness.

OVERVIEW

Strategies

Neami adopted three main strategies:

- Setting up a leadership group at Neami to support the partnership and its work.
- Supporting site-based cultural portfolio holders (CPHs) or 'change champions' and establishing a Neami-specific CPH network.
- Culturally responsive education and training plan for all sites.

Documentation and review

VTMH gathered information about the partnership as it progressed using:

- the VTMH Partnership Framework.
- the mid-partnership review and monitoring document.
- sustainability tools.
- project progress notes.

Key findings and conclusions

Both parties gained significant knowledge from the collaboration. VTMH is sharing this knowledge with other service providers.

Neami diversity leadership and multiple practitioners were extremely positive about the services that VTMH provided.

Initiatives undertaken together were well coordinated by VMTH and Neami.

Neami reported that the focus on capacity-building meant that sustainability is built into the approach and that the partnership was robust enough to see them through significant change.

The level of commitment and sustained effort demonstrated by Neami in this partnership was extra-ordinary.

Work undertaken as part of this initiative was underpinned by principles of cultural safety and cultural humility.

There is no one way to do this work. The instruments we use to guide our partnership work have been created to assist the process; they are not the most important thing.

The partnership has helped to consolidate VTMH's partnership model, an approach we designed to work with large multi-site, clinical and community-managed mental health service providers.

The partnership model encompasses five core elements: applying a range of frameworks; taking a staged approach; focusing on enabling factors; identifying priorities for change; and documenting the work.

Implications

There is evidence that focusing on whole-of-organisation change is critically important and associated with lasting improvements in cultural responsiveness (Hernandez et al., 2009; Darnell et al., 2006).

The capacity-building work of VTMH and 'Partners in Diversity' in particular is supported by DHHS, however mental health service agencies are not required to address inequalities in health care access or undertake cultural responsiveness initiatives beyond meeting broad standards.

We conceptualise populations of disadvantage and diversity in terms of key frameworks: 'human rights' and 'equity and access' and – as we would now add – intersectionality. VTMH has developed a systematic approach to organisational capacity-building that has emerged from experience, and incorporates lessons learnt from working with numerous organisations for over a decade. These concepts and practices are not yet reflected in major policy documents.

PARTNERS IN DIVERSITY

This report discusses and reviews a collaboration between Neami National (Neami), a community-based provider of psychosocial mental health support services, and Victorian Transcultural Mental Health (VTMH), a state-wide capacity building unit that focuses on improving responses to culturally diverse populations. The main purpose of the collaboration was for VTMH to assist Neami to build organisational cultural responsiveness.

It reports on the collaborative work conducted by VTMH and Neami, mainly in Victoria and across numerous service delivery sites, focusing on the period between 2015 and 2018 but acknowledging that some work was also undertaken before 2015.

INTRODUCTION

Purpose of the report

There seems to currently be a lack of significant documentation and reporting on the topics of implementing culturally responsive strategies in mental health in Australia, as well as approaches to collaboration or partnership between a transcultural service and health provider agencies.

As such, VTMH prepared this report to contribute to knowledge on implementing such strategies, and how organisations might collaborate to do so.

Summary

This report:

- Describes the key elements of conducting a partnership.
- Describes how we collaborated.
- Reviews the partnership process based on several partnership enabling factors.
- Explores what was done and achieved in working with Neami.
- Explores associations between the activities and outcomes.
- Reflects on what we learnt about issues, strategies and outcomes.
- Considers broader implications for the work of Neami and VTMH.

Documentation and review

VTMH gathered information about the partnership as it progressed using:

- the VTMH Partnership Framework.
- a mid-partnership review and monitoring document.
- sustainability tools.
- project progress notes.

We also gathered and used:

- material from people directly involved in activities (for example, from education session participants).
- records of meetings and conversations between VTMH and Neami leadership and consultants.
- material prepared by Neami including briefing, strategy and planning documents.

This evaluation data appears in various sections of this report, including the tables in the appendices that specifically break down and comment on the partnership actions, outcomes and review. At any one time, VTMH partners with a small number of publicly funded providers of mental health care, including clinical services and community-managed services. Such collaborations are guided by our model and framework instruments. They are informed by policy debates, international literature and first-hand experience supporting numerous organisations to respond to the mental health needs of diverse communities.

Partnerships with mental health service providers are forms of 'meso' and 'micro' level advocacy; they are opportunities to support services to implement culturally responsive strategies as part of routine service delivery and clinical encounters.

The VTMH Partnership Model – Partners in Diversity

The VMTH Partnership Model, also known as 'Partners in Diversity', has five core elements (see *Figure 1 The VMTH Partnership Model, 'Partners in Diversity'* overleaf):

1. Apply values and evidence-informed frameworks.
2. Take a staged approach to implementation.
3. Focus on factors associated with enabling change.
4. Identify short-term and long-term priorities for change.
5. Document the work.

THE VMTH PARTNERSHIP MODEL, 'PARTNERS IN DIVERSITY':
working together to improve the cultural responsiveness of mental health services

APPLY FRAMEWORKS

Human rights – social and cultural models of health – intersectionality

Transcultural mental health principles and practices

Co-production – capacity building – knowledge translation

Design thinking and agile project management

STAGED APPROACH

Engage and explore

Develop comprehensive plans

Support implementation

Evolve relationships and sustain achievements

IDENTIFY OUTCOMES

Become a more effective organisation

Address health rights, cultural safety and communication

Involve consumers, carers and communities

Develop workforce through learning and reflection

ENABLE CHANGE

Respond to external and internal factors

Build capacity

Focus on partnership processes

DOCUMENTATION

Organisational and population assessments

Records of plans and progress

Inter-service agreements

Sustainability commitments

Figure 1. The VMTH Partnership Model, 'Partners in Diversity'

VTMH PARTNERSHIP APPROACH

1 ENGAGE	2 PLAN	3 IMPLEMENT	4 SUSTAIN
Engagement and exploration	**Developing comprehensive plans**	**Supporting the organisation to implement strategies**	**Evolving the relationship and sustaining achievements**
Forming relationships, exploring the issues, and learning about the organisation's culture and climate, and environment.	Guiding the organisation through processes that will identity service and population needs and gaps, developing comprehensive plans and assisting to monitor progress and sustain the work.	Offering consultancy, learning and other services and programs that have been outlined in a partnership agreement.	Re-setting the alliance for future growth, finding ways to sustain strategies and outcomes, offering targeted support during a transition period.

Four implementation stages

Collaborations between VTMH and a partner typically extend at least three years, and unfold in four stages. Particular activities are important during each stage.

In practice, each partnership has its own pace. It is often helpful to start some implementation stage activities early on, such as offering education. The overall process tends to be cyclical. We tend to revisit engagement and planning stages at various times during the partnership period, for example, before commencing a new initiative.

In the Neami partnership, for example, these implementation activities were undertaken in different combinations over a three-phase approach. This is detailed under What We Did in this report.

VTMH Partnership Framework (VPF)

The VTMH Partnership Framework (VPF) guides collaborations between VTMH and service providers. This framework includes provision for developing sustainability plans that support the agency to consolidate and extend the gains made.

The VTMH Partnership Framework was initially designed in 2010. It aligns with the Victorian Government's (2009) *Cultural Responsiveness Framework: Guidelines* for *Victorian Health Services*, and helps mental health services identify strategies across four domains:

- organisational effectiveness
- health rights, cultural safety and communication
- consumer, carer and community participation
- an effective workforce

The VPF serves two main functions:

- It invites organisational representatives – leaders, quality managers, educators, cultural portfolio holders (CPHs), and others – to appraise their agency's cultural responsiveness, and develop an organisational plan.

- It informs the development of a partnership agreement with VTMH and sets out the range of services and activities VTMH will provide over time.

The VPF includes prompt questions related to each priority area and rating scales. It records plans, targets and activities and is used to create a shared account of progress, decisions and observations.

VTMH PARTNERSHIP APPROACH

Partnership enabling factors

In developing plans and agreements with each organisation, and later evaluating and reviewing the quality of the partnership, we also consider several enabling factors, as outlined below.

Partnership enabling factors are the features of the partnership associated with organisations achieving cultural responsiveness (CR) outcomes. These include the various situational factors, partnership strategies and their features that lead to positive change, as outlined below.

When looking at these factors, VTMH explores the existing situation for the partnering organisation and looks for opportunities to enhance the work they are already doing. We also consider that circumstances can change in ways that enable or hinder progress at any given time.

Situational factors
These are external and internal to the organisation:

· **Authorising environment:** relevant political, policy and social considerations and accreditation requirements; and the particular agency's concerns, internal culture and external links, readiness for change, and workforce capacity.

· **Diversity-oriented leadership:** mental health and multicultural policy debates; and the agency's strategic direction, and the strength, experience and commitment of leaders to systemic advocacy in relation to multiple minority populations.

Partnership strategies
VTMH collaborates by:

· **Building relationships:** regular and frequent contact with VTMH consultants; providing consistent contact persons; and fostering connections between people, groups and between agencies.

· **Support to implement evidence-informed strategies:** providing information and guidance as required; pacing projects to suit the agency's needs; managing the flow of information and ideas; documenting, monitoring and evaluating progress; contingency planning and sustainability.

· **Offering learning programs:** this includes training and professional development, reflective conversations, mentoring and supervision.

Partnership process features
The important features of these strategies are:

· **Collaboration:** identifying shared goals; using planning tools to encourage conversation; enlisting multiple perspectives; consulting widely.

· **Reciprocity:** sharing information and expertise; two-way learning; co-creating resources; adopting open processes.

· **Reflection:** facilitating conversations for critical self-awareness; reviewing partnership plans and re-negotiating partnership agreements; exploring theories of change.

BACKGROUND TO THE VTMH–NEAMI COLLABORATION

The organisations

NEAMI NATIONAL is a community mental health service that provides rehabilitation and recovery support services across Australia.
They support people to improve their health, live independently and pursue a fulfilling life based on their strengths and goals.

As one of Australia's largest providers of community mental health services, Neami National works with diverse communities across Australia.

VICTORIAN TRANSCULTURAL MENTAL HEALTH is a state-wide service that builds capacity, co-produces resources, and translates knowledge in order to support the mental health and social and emotional wellbeing of diverse people, communities and systems.

VTMH is funded by the Mental Health, Drugs and Regions Division of the Victorian Department of Health and Human Services (DHHS) and is administered by St Vincent's Hospital, Melbourne.

How we came to collaborate

VTMH and Neami attempted to engage in a partnership in 2011. This did not materialise at the time, with Neami considering that they were potentially not at an appropriate state of readiness to provide the level of commitment required to partner with VTMH.

In 2015, to improve cultural responsiveness practice at the Abbotsford site, the manager of Neami Abbotsford completed the VPF for Neami Abbotsford. This was after completing the accredited course in cultural responsiveness, which was a pilot course through Gippsland TAFE that was later accredited through RMIT as Vocational Graduate Certificate in Community Services Practice (Client Assessment and Case Management). After completing the VPF, Neami approached VTMH with a request to support them to implement the plan.

Discussions with VTMH then developed to the point where Neami felt this work should apply to the whole of the state rather than just Abbotsford. VTMH staff, including the manager and various consultants, then met with Neami's cultural responsiveness working group and some of the Neami regional managers to finalise the partnership plan.

Also, in response to requests from numerous sites for professional development opportunities and secondary consultation, the two agencies formalised a plan to address the learning and development needs of the staff.

KEY GOALS FOR THE COLLABORATION

The issues Neami wanted to address

Neami wanted a more consistent approach to cultural responsiveness across its Victorian sites. Whilst it was recognised that there was a need to improve access for culturally diverse communities, there was also a need to strengthen and build partnerships with multicultural services.

They wanted to improve their organisational guidelines and policies on cultural responsiveness. For example, designated cultural portfolio holders were asking for more support and were located at some sites but not all, and structures needed to be put in place if they were to act as change champions across the Neami service. Neami also wanted to develop the ability and confidence of staff to deliver culturally responsive practice.

Finally, they felt that more opportunities were needed for consumers to influence culturally responsive practice, and that access to information for consumers needed to be improved.

Main strategies

Neami adopted three main strategies:

- Setting up a leadership group at Neami to support the partnership and its work.
- Supporting site-based cultural portfolio holders (CPHs) or 'change champions' and establishing a Neami-specific CPH network.
- Culturally responsive education and training plan for all sites.

CPHs, Neami leaders (including some site managers and regional managers) and the majority of staff across the agency would be involved in the initiative.

VTMH expectations

Based on several years of doing this kind of collaborative work, VTMH had some ideas about the circumstances in which mental health services operate, how to facilitate and sustain change, and which outcomes are more important to pursue. These included:

- That mental health agencies are struggling to meet the mental health needs of diverse populations and require assistance to understand the issues, identify effective strategies and implement them.
- Knowing that involving the leadership of a service provider agency is critical – including people responsible for governance and strategic direction, and people who have experience and expertise in cultural diversity practice. In this respect, Neami expressed strong commitment at senior level and indicated they would allocate time and resources.

- That if the strategies can involve the whole of an organisation – or as many parts as possible –potential for embedding lasting change increases. It also helps build momentum and motivation across the agency and ensures more resources can be mobilised.
- That agencies need assistance to implement and sustain change over an extended time period not just to identify problems and make plans. Generating ideas and making plans can feel exciting and energising; however, putting ideas into practice requires patience, persistence and resources. VTMH has significant knowledge and experience about culturally responsive strategies – including what works and what to prioritise – that we can share with agencies.
- We have learnt, over time, that there are partnering processes that agencies appreciate and which seem to be associated with improved culturally responsive outcomes.

More information about VTMH's approach to capacity building can be found in two reports on the topic, which are listed in the references section of this report (VTPU, 2011; VTMH, 2016).

The change we wanted to see

VTMH and Neami agreed that what was needed was a whole-of-organisation change approach. Neami would lead the process, and VTMH would take a consultative approach.

Neami had some broad goals. They wanted the partnership to have an impact right across the organisation and were keen that this should involve not only working with VTMH but also other key agencies working across Victoria. They wanted to build on work they were already doing at the time, including strengthening the CPH program.

They were committed to ensuring that diverse lived experience voices had a strong role to play, and knew that improving staff confidence and competence would be key to the success of this effort.

In the short-term, this meant working closely with the lived experience leadership to embed consumer perspectives in the work, clarify roles and expectations for change champions working at each site, and developing a professional development plan.

In the longer term, it was anticipated that there would be more opportunities for research and evaluation related to cultural responsiveness across Neami, improved and more meaningful client and service data collection, a more strategic approach to cultural responsiveness training, improvements in the use of language services and the capacity to recruit a more diverse workforce.

WHAT WE DID

The VTMH–Neami three-phase approach

As outlined earlier in this report, collaborations between VTMH and a partner unfold in four stages – engagement, planning, implementation and sustaining outcomes – with certain activities important at each stage.

In the Neami partnership, these implementation activities were undertaken in different combinations throughout a three-phase approach:

· **Phase 1** focused on developing relationships, organisational self-assessment, developing an initial partnership plan and getting started by delivering initial education sessions to build the agency's diversity leadership capability.

· **Phase 2** was devoted to working across the whole organisation, focusing on community engagement, the policy and practice environment, workforce education, and any other priority areas.

· **Phase 3** consolidated gains, planned for sustainability and renegotiated the partnership terms, including the level of ongoing support and services VTMH would continue to provide.

The most substantial work was undertaken in the second phase.

Figure 2 VTMH-Neami 3-phase partnership, below shows how the standard VTMH partnership implementation stages and activities were combined in an approach appropriate for the Neami partnership.

WHAT WE DID

Key VTMH actions

VTMH undertook a range of actions across the three phases of the VTMH–Neami partnership. See p. 12 for more information about how the VTMH partnership approach unfolds in four stages. For a full list of actions, see *Table 1 VTMH actions, phase-by-phase in Appendix 1*.

PHASE 1
Engagement, planning and initial implementation: VTMH engaged diversity leaders within Neami, developed comprehensive plans, and 'started small' by supporting activities at some sites.

PHASE 2
Whole-of-organisation implementation: we supported Neami to develop new internal structures, policies and procedures, helped establish a network of local champions and gave advice on Neami's national approach to diversity and inclusion.

PHASE 3
Continue implementation and sustain outcomes: we helped to create online training for staff across Australia, reviewed partnership plans and made new agreements to support sustainability.

1
ENGAGE
Engagement and exploration

2
PLAN
Developing comprehensive plans

3
IMPLEMENT
Supporting the organisation to implement strategies

4
SUSTAIN
Evolving the relationship and sustaining achievements

PHASE 1
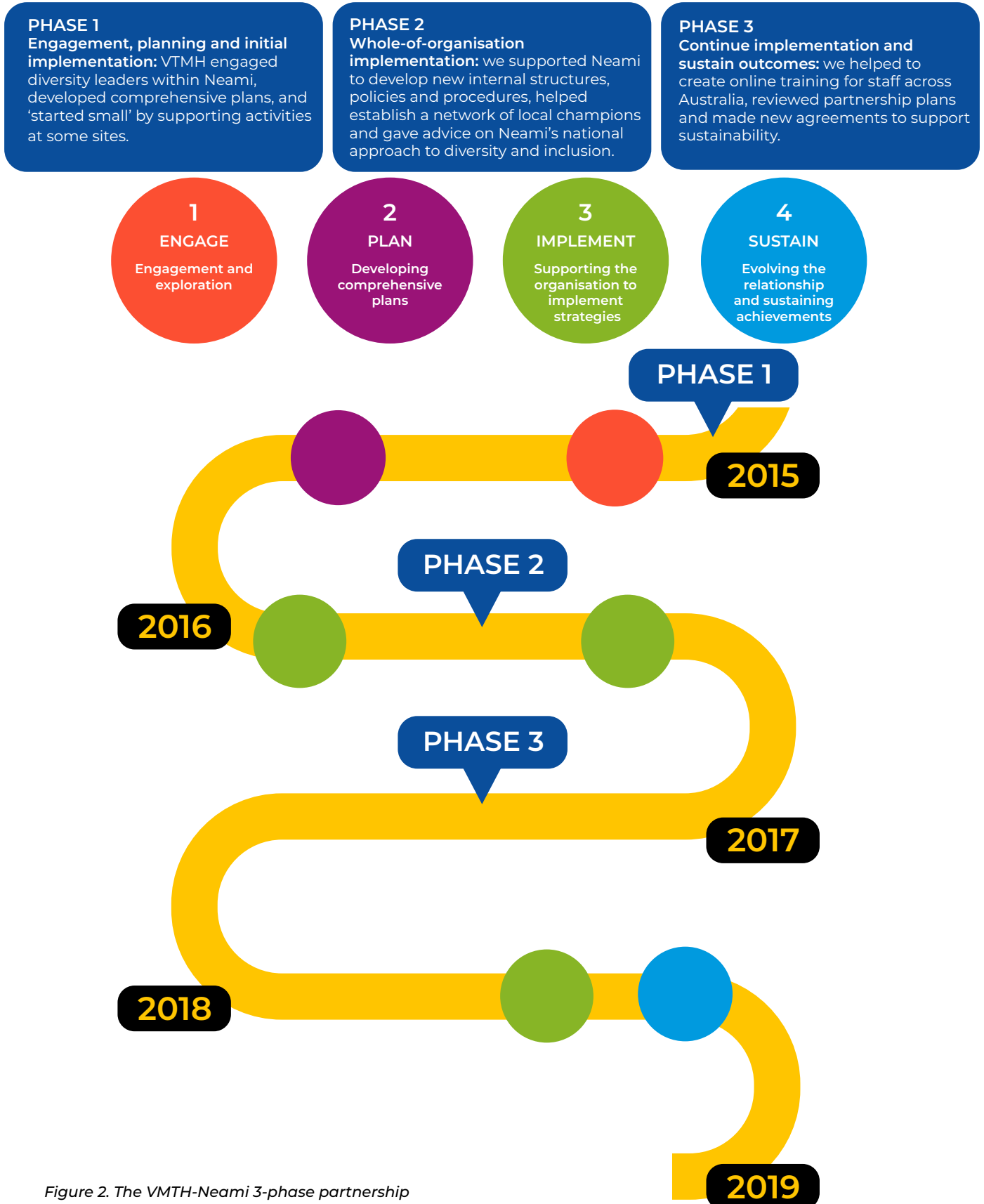
2015

PHASE 2

2016

PHASE 3

2017

2018

2019

Figure 2. The VMTH-Neami 3-phase partnership

WHAT WE DID

Outcomes achieved by Neami

Neami made significant gains against each of the four main cultural responsiveness improvement outcomes (as per the VPF), as the summary below shows:

OUTCOME 1

Effectiveness as an organisation

By end of 2015, internal networks of local champions were in place and within eighteen months, were implementing new local initiatives.

OUTCOME 2

Health rights, cultural safety and communication

Neami improved the cultural appropriateness of the Collaborative Recovery Model and in 2017 lent a strong voice to a coalition of agencies that successfully advocated to increase funding allocated by government to language services in community mental health settings.

OUTCOME 3

Consumer, carer and community participation

Service users were consulted throughout the partnership, and this deepened Neami's understanding of their issues regarding access, inclusivity and participation, with a focus on the challenges and preferences of those with low levels of English proficiency.

OUTCOME 4

Workforce capability

Staff confidence grew due to participation in workshops and team-based conversations. Ethical issues and cultural themes were explored in facilitated reflective sessions. Staff welcomed the opportunity to discuss their concerns and experiences in depth. By 2018 their feedback included strong commitments to putting learning into practice.

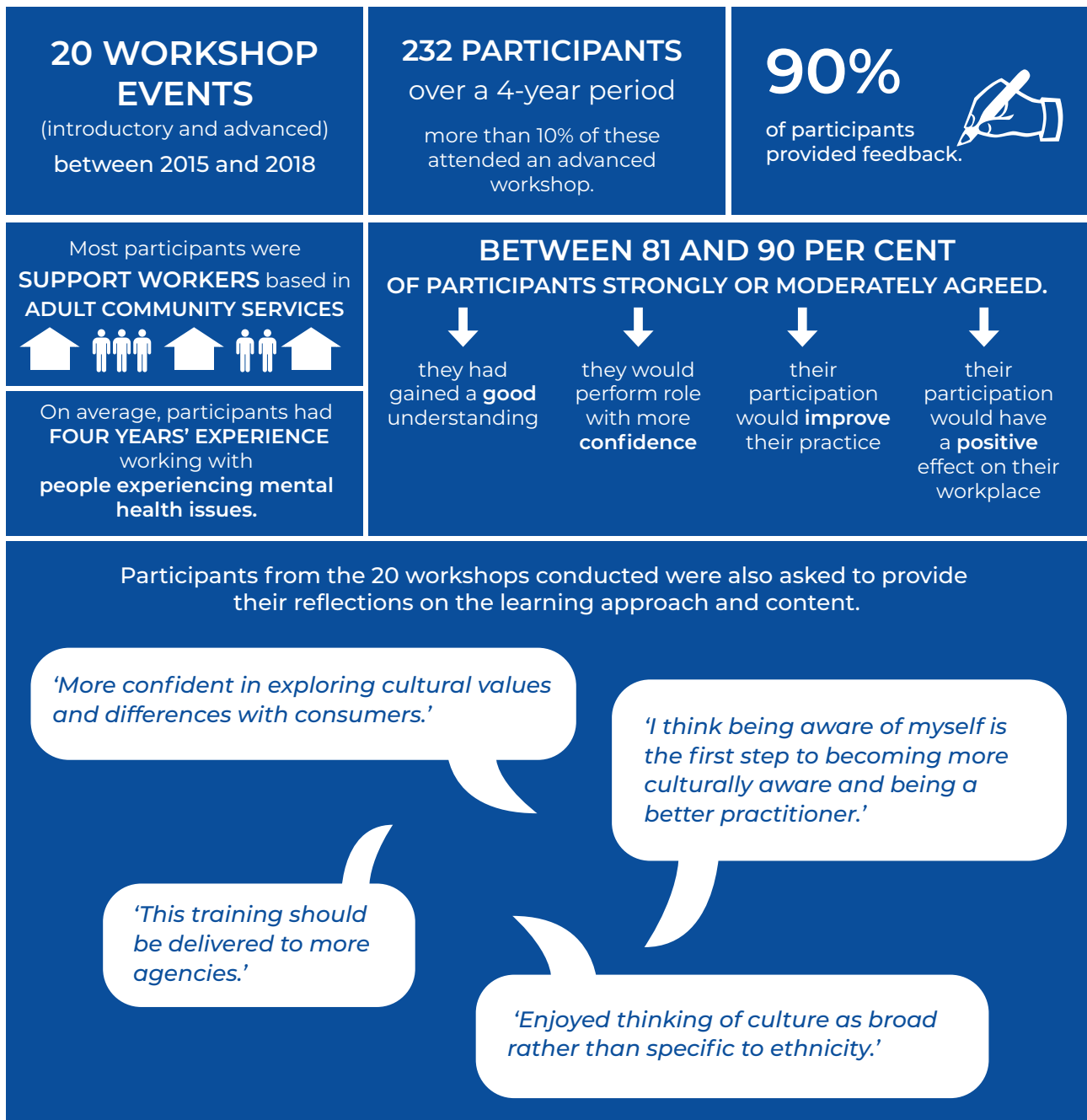For a full list, see *Table 2 Outcomes achieved by Neami in Appendix 1.*

WHAT WE DID

Cultural responsiveness workshops

Cultural responsiveness and cultural safety education for practitioners working in mental health settings can lead to improvements in knowledge, skills and practice.

As such, VTMH conducted half and full-day workshops, single professional development sessions, reflective conversations sessions, and transcultural clinical discussions. A summary is provided below:

Workshop summary

For a full list of feedback and reflections, see *Table 5 Particpant comments about session features and topic relevance in Appendix 1.*

20 WORKSHOP EVENTS
(introductory and advanced)
between 2015 and 2018

232 PARTICIPANTS
over a 4-year period
more than 10% of these attended an advanced workshop.

90%
of participants provided feedback.

Most participants were **SUPPORT WORKERS** based in **ADULT COMMUNITY SERVICES**

On average, participants had **FOUR YEARS' EXPERIENCE** working with **people experiencing mental health issues.**

BETWEEN 81 AND 90 PER CENT
OF PARTICIPANTS STRONGLY OR MODERATELY AGREED.

they had gained a **good** understanding

they would perform role with more **confidence**

their participation would **improve** their practice

their participation would have a **positive** effect on their workplace

Participants from the 20 workshops conducted were also asked to provide their reflections on the learning approach and content.

'More confident in exploring cultural values and differences with consumers.'

'I think being aware of myself is the first step to becoming more culturally aware and being a better practitioner.'

'This training should be delivered to more agencies.'

'Enjoyed thinking of culture as broad rather than specific to ethnicity.'

WHAT WE DID

Here is a sample of specific feedback on workshop content, pedagogical approach and facilitators:

Content: knowledge, skills and practices discussed and their application	
Expectations	Would like '[to] explore in more depth or more intensive'
Relevance	Thought the 'information was relevant and current' and liked the 'call to action section'
Themes	Liked 'how diversity of culture is not about ethnicity'
	'I very much enjoy reflections/conversations around power, politics and systems'
	'How inequality effects mental health'
	Liked exploring practices on 'working with communities', 'how to do a cultural assessment and cultural formulation interview', and 'translator briefing & debriefing' 'working with interpreters'
	Found the 'Single story' video was 'very interesting and useful'
	Interested in 'more examples of lived experience', learning more about 'cultural safety' and '[ways to] address systemic oppressions and community needs in some contexts'
Pedagogical approach: the teaching and learning methods	
Stories and examples	'the workshop gave me a framework for understanding the concepts'. Would like 'more practical strategies' and 'more case studies to unpack [specific work] roles'
Group work	Liked the 'interactive group activities' and 'brainstorming'
Learning from facilitators	Appreciated learning from 'presenters' knowledge and sharing new thinking'
Learning from peers	Liked the 'peer learning' and 'hearing examples and experience of people'
Self-reflection	'I liked especially those parts where we were asked to reflect on our own experience e.g. if you were distressed, if you were in a foreign country'. Some thought 'more silent reflection time would have been useful to allow ideas and information to settle'
Audio-visual material	Liked the use of 'video presentations' and would like to see 'more videos of peoples' experiences'
Additional resources	Thought that the handouts and information about other 'resources will be useful'
Blended learning	Found that the 'online module was really helpful'
Structure: within sessions, and between sessions as part of organisational processes	
Pacing	Some thought the session was 'well-paced'. Others noted that didn't complete all activities. Some group work instructions were unclear'
Length	Some wanted longer sessions
Organisation	Would like 'more training sessions in the western suburbs'
People: focus on facilitator features	
Facilitators' knowledge	Believed they 'seemed to know their subject matter well'
Facilitators' style	Facilitators were 'really warm, friendly, approachable' and used a 'strong presentation style'

WHAT WE DID

Review

The partnership was reviewed at its mid-point and in the final year by VTMH and Neami. The assessments of key Neami staff were documented using framework instruments and reviewed in line with the partnership enabling features outlined earlier in this document.

See below for a selection of comments.

Situational factors for Neami – consider the authorising environment and diversity-oriented leadership

'Knowledge is not held by individuals within the organisation but is embedded within the organisation itself.'

Partnership strategies – consider VTMH efforts to build relationships, support implementation strategies and offer learning programs

'Despite the formal partnership coming to an end, Neami will still maintain a relationship with VTMH.'

'Regular feedback and reports enhanced a sense of commitment to the project and improved accountability.'

'VTMH have a strong knowledge of the sectors and the principles and philosophies underlying reflective practice.'

Partnership processes – consider use of collaboration, reflection and reciprocity in the partnership

'VTMH's communication style was engaging, warm and professional.'

'Cultural responsiveness is an active conversation in team meetings.'

For more reflections on the partnership with VTMH from the perspective of the Neami diversity leadership team, see *Table 3 Review of enabling features in written records, with Neami comments in Appendix 1.*

WHAT WE LEARNT

This review mostly describes partnership processes and outcomes without setting targets and benchmarks for change. Even so, the partnership generated significant amounts of new knowledge about implementing strategies and activities – and the relationships between activities and outcomes – and we are sharing this knowledge with other service providers.

The partnership has enriched VTMH's work across all program areas. As with all collaborations we undertake, we have learnt lessons that we take forward to enhance our work with each subsequent partner agency implementing organisational partnering of this kind, as well as into other collaborative work that we do.

This work was undertaken while Neami and the community mental health service sector underwent a major reform. The introduction of NDIS saw many Neami sites close, their programs change, and a significant re-structure of staff roles and conditions. Indeed, we were delivering this partnership while Neami knew that major changes were coming but nevertheless wanted to go ahead and develop their cultural responsiveness capacity as much as possible, as part of a broader aim to strengthen their organisation in anticipation of change.

WHAT WE LEARNT

How our understanding of the issues facing services deepened

How Neami characterised their issues at the outset was affirmed. VTMH learnt a lot about issues facing organisations and practitioners by getting closely involved with services over an extended period, and can generalise this for the benefit of our other program areas – for example, for generating new projects, feeding into the content of our practitioner education, connecting us with networks we need to undertake community engagement, and informing how we represent issues in policy forums.

What we learnt about the partnership approach

Neami diversity leadership and multiple practitioners were extremely positive about the services that VTMH provided.

VTMH's support in setting up the CPH network was a useful strategy. It helped the site champions influence some of the culturally responsive practice in Neami – for example, writing position descriptions and addressing NDIS interpreter issues.

The training undertaken during the first and second phases was especially useful as the sector changed and staff changes had not yet taken effect. However, upon reflection, we could have curtailed the formal training and offered more informal education opportunities, such as reflective sessions.

Neami demonstrated a strong internal drive to undertake this work, to a considerable depth and right across the organisation. They were also open to and experienced in collaborating with external agencies. They allocated resources to the initiative, including hours dedicated to project leadership.

What we learnt about the outcomes and sustaining them

Though early thought was given to theory of change – in terms particularly of the plan and logic of what we would do – things developed organically as well. Approaches were reviewed and changed as required, based on what worked and how the situation was changing.

It was identified that there had to be organisation-wide training and learning opportunities made available for all staff. This saw us plan a thorough training program that was rolled out to all the sites. All sites were offered the opportunity to have reflective conversations and transcultural case discussions.

> **It was important to achieve a basic level of understanding across the workforce before introducing them to advanced skills workshops or encouraging them to explore and develop focused projects.**

Neami also told us that the focus on capacity-building meant that sustainability was built into the approach and that the partnership was robust enough to see them through significant change.

As Neami Regional Manager Peter Warden commented:

> *'As the NDIS rolled out in Victoria, the community mental health sector experienced a huge amount of upheaval. This resulted in large staff turnover, job losses and closure of programs. Consequently, much of the content knowledge established in the teams through the Cultural Portfolio holders was lost. Connection through these means became difficult to maintain…*
>
> *Luckily, significant work had been achieved by this point, with many structures and supporting frameworks developed within the agency. This meant that the lack of consistent leadership had less impact than it would have, should it have occurred at the beginning of the project.'*

In addition to providing learning opportunities for practitioners working directly with consumers and carers, we learnt that we needed to continue to focus on building leadership capability in general (for example via Graduate Certificate education and workshop-based sessions for leaders). Targeted efforts to improve working with interpreters or cultural assessment practices or doing outreach to underserved communities were also important.

Implications for VTMH

This partnership has helped to consolidate VTMH's partnership model, an approach we designed to work with large multi-site, clinical and community-managed mental health service providers. We have also applied the framework to working with groups of agencies that are operating in a given locality, which we have identified as a 'network approach'.

Further, given that the service eco-system is changing rapidly, we are also using the model when working with large primary health care providers that provide mental health programs. This is requiring us to adapt and incorporate guidelines and policies that apply in different settings – for example, within NDIS funded programs.

WHAT WE LEARNT

We believe that it is an advantage that the VTMH approach not only includes organisational assessment and planning, but also supports implementation over an extended period, through consultation advice and offering services such as mentoring and workshops – that is, it can offer capacity-building. The framework instruments assist VTMH to take a rigorous approach and follow a similar process for all our work with organisations, based on practice experience, and to adapt and apply it as required.

Clearly, there is no one way to do this work. This partnership with Neami, for example, is only one of several that VTMH has conducted since starting to undertake service development partnerships in 2009. Each partnership needs to be approached by understanding the particular agency, their situation, the local context, and the current policy and sector environment. Things are always in flux, and there is considerable variation between agencies both across sectors and within the same sector. The instruments we use to guide our partnership work have been created to assist the process; they are not the most important things.

VTMH has developed a systematic approach to organisational capacity-building that has emerged from the experience of VTMH and partner agencies, and incorporates lessons learnt from working with numerous organisations for more than a decade. *Figure 1 The VTMH Partnership Model* earlier in this document shows the approach to improving the cultural responsiveness of mental health services that was used in this partnership.

The capacity-building work of VTMH and 'Partners in Diversity' in particular is supported by DHHS, however mental health service providers are not required to undertake cultural responsiveness initiatives beyond meeting broad standards. The level of commitment and sustained effort demonstrated by Neami in this partnership was extra-ordinary.

While there is evidence that focusing on whole-of-organisation change is critically important and associated with lasting improvements in cultural responsiveness (Hernandez et al., 2009; Darnell et al., 2006), there are challenges. These include working in a complex service system that does not prioritise addressing enduring patterns of social inequality or adequately resourcing initiatives that support the uptake of evidence-informed practices.

We are working in a health policy environment that has not been updated in relation to cultural responsiveness at state Government level since 2009. We have adapted and grown in how we conceptualise diversity in that time, but this is not yet reflected in major policy documents. Even so, the inequity issues remain the same overall, and we have matured in how we conceptualise populations of disadvantage and diversity; to 'human rights' and 'equity and access' considerations we would now add 'intersectionality'. Contemporary thought about 'cultural competency' and 'cultural responsiveness' is also shifting. Among the principles that we believe should be placed at the heart of culturally responsive mental health care, we put:

· cultural safety

· cultural humility

· attending to language and meaning-making

Many of the practices that are important in working with culturally and linguistically diverse communities should be seen as part of the suite of the progressive approaches that are advocated (but not yet necessarily implemented) in so-called mainstream policies and service environments.

In this way, culturally responsive practices – such as working with interpreters, undertaking comprehensive cultural assessments, being open to using a range of interventions, and working with communities – when adopted by mainstream service providers, enrich the treatment, care and recovery of all populations.

APPENDIX 1

PARTNERSHIP REPORT FIGURES AND TABLES

APPENDIX 1

Table 1. VTMH actions, phase-by-phase

PHASE 1
Engagement, planning and initial implementation

- Engaged diversity leaders within Neami
- Developed a greater understanding of Neami as an organisation
- Some Neami leaders undertook VTMH-coordinated Grad Dip program (no longer available)
- Undertook early preparation and planning with a view to developing a comprehensive partnership
- 'Started small' – that is, VTMH conducted some initial implementation activities with some individuals, some teams, some Neami sites by conducting training sessions
- Commenced review of recovery-oriented model of care and consumer participatory frameworks

PHASE 2
Whole-of-organisation implementation

- Completed VTMH Partnership Framework and formally undertook a mid-point review of partnership plan
- Assisted Neami to develop internal structures and processes related to cultural responsiveness, including policies and procedures
- Participated in regular meetings with different leadership teams
- Met with Neami's learning and development team to further embed high-quality practice, including developing site-specific education plans
- Neami staff were encouraged to participate in VTMH state-wide education sessions and networks that were open to all mental health practitioners
- Conducted comprehensive education and supervision sessions available to all Neami staff. This aimed to improve introductory knowledge and skills and introduce more advanced principles and practices related to cultural awareness and safety.
- Facilitated six reflective team discussions at different sites to encourage practitioners on cultural and ethical issues in their practice
- Confidential supervision of partners in recovery (PIR) team, multiple sessions and some VTMH-led secondary consultation discussions
- Assisted to establish diversity-related networks and online communication, supported the development of local champions
- Assisted connections with other agencies and networks, e.g. VTMH connected Neami with the university responsible for interpreter training, and this led to placements for trainees in Neami teams
- Completed review of recovery-oriented model of care
- Provided advice on various service improvement and community engagement projects, for example reviewing intake procedures, ways to communicate with local community groups, using digital storytelling approaches with young consumers, designing questionnaires to explore working with people of Islamic faith and exploring the role of bilingual and bicultural practitioners
- Provided feedback on Neami Victoria's development of cultural responsibility standards
- Offered advice regarding preparation of Neami's national diversity and inclusion framework

PHASE 3
Continue implementation and sustain outcomes

- Continued to assist Neami to develop internal structures and processes related to cultural responsiveness, including policies and procedures
- Neami staff continued to participate in VTMH state-wide education sessions and networks that are open to all mental health practitioners
- VTMH continued to conduct comprehensive education and supervision sessions available to all Neami staff.
- Advised on design and content of online training for Neami National, which will be available to staff across Australia and includes links to VTMH resources
- Completed final review of partnership plan which included agreements regarding sustainability
- As a post-partnership agency, Neami may request VTMH to conduct team-based reflective conversation sessions and transcultural mental health discussions.

APPENDIX 1

Table 2. Outcomes achieved by Neami

OUTCOME 1
How and to what extent did Neami's organisational effectiveness in relation to cultural responsiveness change?

2015

- An internal network of local champions was formed
- Cultural Responsiveness plans were developed at each site
- The Neami education and training team allocated staff resources and time to workshops and reflective conversation sessions
- Neami prepared an internal discussion paper on Cultural Responsiveness and briefed managers and leaders
- A Cultural Responsiveness leadership and project group was formed within Neami
- An overall Cultural Responsiveness plan was developed by Neami

2016

- The Cultural Responsiveness project group gained more knowledge of staff learning needs by conducting an agency-wide survey
- Neami intake procedures and documentation changed to include Cultural Responsiveness principles

2017

- Methods and tools for collating information and learning session feedback created by a Master of Public Health student based at VTMH
- Neami language services procedures and guidelines were updated
- Cultural Responsiveness practice standards were developed (documented this in a poster and report)
- The site plan and the site local champion's role became a template for new practice development initiatives, which has fed into other projects
- Local champions learnt about practice changes and how to implement new initiatives from those working at other sites
- Explicit increase in Neami's commitment to recruiting staff of diverse ethno-cultural backgrounds

2018

- Neami National developed a Diversity and Inclusion Framework
- Staff have ready access to professional development via a suite of diversity and inclusion training materials developed by Neami
- Further review of Neami intake procedures and documentation

OUTCOME 2
How and to what extent did Neami take steps to address health rights, cultural safety and and improve service user-providers' use of language services?

2015

- Commenced the review of the Collaborative Recovery Model

2016

- Completed the review of the Collaborative Recovery Model

2017

- Improvements in government allocation of resources for language services for culturally and linguistically diverse (CaLD) NDIS participants following systemic advocacy by Neami in collaboration with other agencies

APPENDIX 1

OUTCOME 3
How and to what extent did levels of consumer, carer and community participation improve?

2015

- Neami service users' experiences of accessibility and inclusivity explored

2016

- Neami is explores Community Engagement activities in their programming

2017

- More understanding of service user experience of consumers with low-level English proficiency; Neami undertook consultations to explore challenges and preferences
- More exploration of how to engage young people experiencing mental health issues; VTMH advised Neami regarding a project proposal to produce digital stories

OUTCOME 4:
How and to what extent did the cultural responsiveness capabilities of the Neami workforce improve?

2015

- Improvements in confidence to explore cultural themes following participation in Reflective Conversation session (1 site, theme – exploring cultural narrative with consumers)
- Improvements in learning and intention to apply learning following participation in an introductory Cultural Responsiveness workshop (multiple sites)
- Partners in recover (PIR) facilitators gained confidence following participation in supervision sessions facilitated by VTMH

2016

- Improvements in confidence to explore cultural themes following participation in Reflective Conversation session (multiple sites, themes – recovery and diversity lens, cultural self-reflection, person-centred care, responsive listening, gender roles)
- Improvements in learning and intention to apply learning following participation in an introductory Cultural Responsiveness workshop (multiple sites)
- Improvements in learning and intention to apply learning following participation in working with interpreters workshop (1 site)
- Local champions became clearer about their roles and responsibilities, felt supported and attended network meetings
- PIR facilitators reported sustained benefits from supervisions held in previous year – more insight into their own practice and practice dilemmas and were providing higher quality secondary consultations
- Local champions at each site developed resource folders by and made this information available to their teams
- VTMH interpreter guidelines in use across all sites
- VTMH gave advice to Neami for developing a proposal to conduct a professional development event with local mental health alliance practitioners

2017

- Improvements and confidence to be more aware of their own experiences as care providers and leaders, confidence in identifying support and education needs of the staff
- Improvements in learning and intention to apply learning following participation in an introductory Cultural Responsiveness workshop (multiple sites)
- Site managers more informed about local learning needs based on information gathered by VTMH at sessions

2018

- Improvements in learning and intention to apply learning following participation in working with interpreters, recovery and community development workshops
- Staff to continue to access VTMH training activities

See *Appendix 2 for more information about learning outcomes for workshop attendees.*

APPENDIX 1

Table 3. Review of enabling features in written records, with Neami comments

SITUATIONAL FACTORS

Authorising environment

Neami committed to undertaking partnership strategies across the whole organisation operating in Victoria. Senior management, including regional managers, service managers and team leaders were involved. Funding and resource implications were discussed and approved. Members of service delivery teams, quality improvement, learning and development and communications teams were also involved throughout.

Diversity leadership

Diversity leadership within Neami was evident at all levels. Members of the senior leadership team held responsibility for the partnership and liaised internally with other key committees. These individuals had previously participated in comprehensive cultural responsiveness in mental health education. At a site level, cultural portfolio holders, together with their site manager, led initiatives and coordinated education events.

Neami demonstrated insight into the need for ongoing systemic advocacy by leading change within the organisation, participating in other networks and lobbying for change in government resourcing and policy.

Neami comments:

There has been a careful focus on not just changing practice, but changing the systems and guidelines that support practice.

New staff will begin their time at Neami with inclusivity built into their practice as supported by online training modules.

PARTNERSHIP STRATEGIES

Building relationships

VTMH had had connections with Neami for several years prior to formalising the partnership. This included contact with individuals via workforce development activities – CPH network, education Prior relationships, and incidental enquiries for assistance.

VTMH provided consistent contacts who were consultants to the project. Other members of the VTMH team were directly involved in delivering activities as required. This enriched the quality of what VTMH was able to offer.

Formalised meetings occurring at regular intervals and there was a great deal of informal contact between the agencies as well.

A combination of formal and informal access to VTMH staff fostered trust.

Support to implement evidence-informed strategies

CPH and management inclusion meant that leadership was encouraged across multiple sites and levels. Responsibilities were clearly delineated and overseen by the project working group.

Goals set had clear contacts assigned responsibility, increasing accountability.

Setting of realistic and achievable project aims, set in collaboration with the agency.

Development of partnership plan and project plan to enable a clear vision and intent.

Offering learning programs

VTMH provided a range of learning and development opportunities, mentoring and supervision education

VTMH manager consultations provided tailored approaches to training.

Neami comments:

Good informal relationships with consistent points of contact.

VTMH shared this knowledge through consultation; they were respectful and strengths-focussed.

Good listening skills displayed by VTMH.

Despite the formal partnership coming to an end, Neami will still maintain a relationship with VTMH.

Used formal processes, including the partnership plan and scheduled meetings

Set and documented collaborative goals in partnership and project plans

Regular feedback and reports enhanced a sense of commitment to the project and improved accountability.

VTMH have a strong knowledge of the sectors and the principles and philosophies underlying reflective practice

APPENDIX 1

PARTNERSHIP PROCESS FEATURES

Collaboration Targets and goals were set collaboratively. Training provided the ground for a shared language and improved understanding about cultural responsiveness across the agency, which was integrated into the partnership work **Reciprocity** Neami deepened VTMH's understanding of what partnering for Cultural Responsiveness involves, as well as contemporary approaches to recovery-oriented practice. The agencies shared relevant documents and resources. **Reflection** Regular time and space were allocated to review goals in the partnership and project plan. Opportunities for reflection were provided in CPH meetings, project working group and partnership meetings.	**Neami comments:** *VTMH shared this knowledge through consultation in a manner which was respectful, and strengths-focussed.* *While suggestions were made, these were of a consultative rather than directive nature* *VTMH's communication style was engaging, warm and professional.* *Neami continues to seek specialist consultation from VTMH when embarking on new projects or pieces of work that require a cultural inclusivity lens.* *Cultural responsiveness is an active conversation in team meetings.*

APPENDIX 2

REPORT OF CULTURAL RESPONSIVENESS WORKSHOPS

APPENDIX 2

INTRODUCTION

Cultural responsiveness and cultural safety education for practitioners working in mental health settings can lead to improvements in knowledge, skills and practice. Organisation-level strategies are needed to ensure benefits are maintained and learning is applied (Bennett, 2013). Health professionals also need learning opportunities that encourage critical reflection (Pernell-Arnold et al., 2012).

As part of the VTMH-Neami cultural responsiveness partnership, VTMH conducted half and full-day workshops, single professional development sessions, and transcultural clinical discussions. Six reflective conversation sessions were conducted during 2015 to 2016, which reached a total of 76 participants

This report relates to the four types of workshops delivered between 2015 and 2018, all of which were interactive and tailored to address the learning needs of the Neami workforce[1].

The workshops are described on p. 34-35.

METHODOLOGY

Standard data gathering, analysis and reports

VTMH routinely gathers comprehensive feedback from workshop participants. Participants are asked to complete a short questionnaire at the end of each session.

The questionnaire considers participants' perceptions of workshop presentation, structure, topic relevance, and learning effects by asking up to 22 closed questions and three open questions.

The closed questions ask participants to rate participants' level of agreement or disagreement with several statements and uses a 6-point Likert scale plus a 'not applicable' (N/A) option. The open questions enquire about usefulness and potential impacts and seek participant suggestions regarding ways to improve the workshop.

Numerical data are analysed for frequencies using an Excel spreadsheet. Results report response frequency to closed questions using 6 categories and also when combined to create 3 categories. Non-responses are reported along with 'N/A'. Open text responses are thematically reviewed.

A report is compiled for each workshop event. Data across workshop events are collated as required. Examples of collated reports include a report of all of a single type of workshop in a specified period, or a report of all workshops provided as part of a collaboration with a mental health agency.

This analysis

This report presents analysis of responses to four closed questions; these questions enquire about participant perceptions of learning and its application. It also presents themes (with examples from the data) that emerged from an analysis of open text about session features, topic relevance, and learning outcomes.

See *Table 4 Workshop information* for more about the sessions delivered and participant characteristics. The number of individuals who provided feedback is also included.

[1]During 2015, VTMH also conducted three additional introductory workshops and one working interpreters' workshop with Neami sites, with a total of 46 participants. These events are not included in this evaluation as they precede VTMH developing the evaluation tools that were used to gather information for this report.

APPENDIX 2

RESULTS

Twenty workshop events were held between 2015 and 2018 as part of the VTMH-Neami partnership. 94 per cent (219/232) of participants attempted or completed a post-workshop questionnaire.

Table 5 Participant comments about session features and topic relevance outlines participant responses to the three open questions from the questionnaire. The material is organised based on the features identified in a cultural competence education for health professionals study protocol: session content, pedagogical approach, session structure, and facilitator features (Horvat et al., 2011).

Learning outcomes

The following presents responses to the four closed questions that relate to learning and applying learning in practice.

Numerical data from feedback was aggregated for all workshops (introductory and advanced topics on recovery and assessment, community engagement and working with interpreters) held between 2015 and 2018 (n= 219).

Figure 3 All workshop events: 6 categories and *Figure 4 All workshop events: 3 categories* present data related to level of agreement or disagreement with two statements about learning (gains in knowledge and confidence) and two statements about practice (likelihood that own practice will improve or practice of others will change).

Responses ranged from 'slightly agree' to 'strongly agree'. A large proportion of respondents (between 81 and 90 per cent across all training event types delivered throughout the partnership period) were in strong or moderate agreement with each of the four questions.

'My participation in the workshop is likely to have a positive impact my workplace,' is the statement with which the largest proportion (90 per cent) were in strong or moderate agreement across all events and throughout the partnership period. See *Figure 5 Proportion of agreement with Q 21 on positive workplace effects.*

The themes that emerged from analysis of open text responses that relate to learning outcomes are presented in *Table 6 Individual participant comments about their own learning.*

CONCLUSION

There are very few documented and published studies of cultural responsiveness training programs designed especially for mental health practitioners (Bäärnhielm & Mösko, 2012). This report aims to contribute to the knowledge that is publically available.

Participant feedback about the range of workshops delivered over several years as part of the VTMH-Neami partnership was consistently extremely positive. The workshops reached 232 participants over a 4-year period.

This is reflected in numerical and open text data. The findings of this evaluation support international commentary about the importance of working to support organisational-level reforms and incorporating experiential pedagogical approaches into cultural responsiveness education.

The process and outcome themes that emerged from this analysis have been subsequently integrated into VTMH quality improvement plans and contributed to VTMH's 'theory building' – that is, the ways we articulate how and why we assume cultural responsiveness education works.

APPENDIX 2

TYPES OF WORKSHOPS CONDUCTED

CULTURAL DIVERSITY DIALOGUES AND PRACTICES WORKSHOP

Course content: Explores Culturally responsive practices, Equality, equity, diversity and its implications for mental health, Human Rights, Discrimination and Racism, principles of Cultural safety and Cultural humility, practice skills including Working with Interpreters in mental health settings, engaging with communities and Cultural Assessment.

Pedagogical approach and teaching methods: addresses and explores principles of culturally responsive practice through online and interactive workshops using presentations, discussions and group work.

Structure: 1/2-day face-to-face workshop with a self-paced online learning 'Orientation to cultural responsiveness' that participants complete prior to the workshop

Following workshop: each team was given a written summary of the 'call to action' items that they identified in the session. Based on this, VTMH offered each team other learning opportunities e.g. workshop, theme-based reflective practice discussions, mentoring, consultancy regarding local community engagement initiatives.

RECOVERY & DIVERSITY

Course content: explores working with individuals and families in their social and cultural context, integrating social and cultural concerns into personal assessments and recovery plans, using aspects of cultural assessment as presented in DSM-5 and ensuring the cultural safety of consumers, families and carers when supporting personal recovery.

Pedagogical approach and teaching methods: This workshop uses a diversity lens to explore contemporary approaches to recovery-oriented practice in mental health settings using presentations, discussions and group work.

Structure: a self-paced online learning 'Cultural Diversity and Assessment' is completed prior to 1-day face-to-face workshop.

COMMUNITY DEVELOPMENT

Course content: Explores the role of community development in relation to diversity and mental health and the role of community development in recovery oriented mental health care. Explore the role of community development in advancing the human rights of mental health consumers and carers, and issues of power. Exploring the role of practitioners in undertaking community development. Discuss community development process and practice principles and the role of community development in creating service development strategies and approaches. Reflecting on ethical practice and challenges in community development work.

Pedagogical approach and teaching methods: Introduce mental health practitioners to community development principles and practices in mental health service delivery and recovery care. Uses presentations, discussions and group work.

Structure 1-day face-to-face workshop and a designated pre-reading to be completed prior to the workshop.

WORKING WITH INTERPRETERS IN MENTAL HEALTH SETTINGS

Course content: consider the applicability of cultural safety and cultural humility in interpreted encounters, explore meaning making and language, reflect on the challenges and realities in the interpreting environment, discuss and explore the role of the interpreter and the practitioner, discuss engagement strategies prior to, during and after the interpreted encounter and explore institutional and individual responsibilities.

Pedagogical approach and teaching methods: addresses and explores practice skills of working with interpreters in mental health settings. This is undertaken through online and interactive workshops using presentations, discussions and group work.

Structure: 1-day face-to-face workshop with a self-paced online learning 'Working with interpreters' that participants complete prior to the workshop.

APPENDIX 2

NOTES RELATED TO ALL WORKSHOPS

Assessment: self-assessment of learning using the post-workshop feedback form (developed by VTMH).

Organisational approach: part of an organisational service development strategy. Workshop participation was mandatory.

Participants: participation was open to mental practitioners from a range of disciplines, community support workers, team managers, members of the consumer or carer peer workforce and those in cultural portfolio holder roles.

Facilitators: Each session had two facilitators from VTMH. Members of the VTMH team have backgrounds in community development, nursing, occupational therapy, psychiatry, psychology, and social work as transcultural practitioners and/or education and service development consultants

APPENDIX 2

Table 4. Workshop information

EVENTS	NO. OF WORKSHOPS CONDUCTED	NO. REGISTERED	NO. OF ATTENDEES	NO. OF RESPONDENTS	ROLES AND POSITIONS (CODED)OF ATTENDEES	TYPE OF ORGANISATION OR AGENCY (CODED)	YEARS WORKING WITH PEOPLE EXPERIENCING MENTAL HEALTH OR ISSUES
CULTURAL RESPONSIVENESS INTRODUCTORY WORKSHOPS VARIOUS NEAMI SITES							
Cultural Diversity Dialogues and Practices 2015-16	13	177	148	143	Mental Health Practitioner (n=1); Community Support Worker (n=112); Team Manager or Leader (n=13); Consumer/Carer Peer Support Worker (n=13); Student (n=4)	Community Rehabilitation Mental Health Service (n=139); Tertiary Institution (n=4)	Mean of 5 years. Range: less than one year to 40 years
Cultural Diversity Dialogues and Practices (various sites) 2017-18	4	61	55	49	Community Support Worker (n=35); Team Manager or Leader (n=4); Mental Health Practitioner (n=6); Student (n=4)	Community Rehabilitation Mental Health Service (n=43); Clinical mental health service (n=3); Youth Health Service (n=1); Residential service (n=1); Other (n=1)	Mean of 3 years. Range: less than one year to 13 years (data n=43/49)
Total Introductory	17	238	203	192			
ADVANCED SKILLS AND KNOWLEDGE WORKSHOPS							
Recovery and diversity 2018	1	10	7	7	Community Rehab Support Worker (n=7)	Clinical Mental Health Service (n=1); Community Rehabilitation Mental Health Service (n=6)	Mean of 3 years
Working with interpreters 2018	1	8	5	5	Community Rehab Support Worker (n=4); Team Manager or Leader (n=1);	Community Rehabilitation Mental Health Service (n=5	Mean of 2 years
Community development 2018	1	21	17	15	Community Support Worker (n=14); Consumer/ Carer/ Service User Advocate or Advisor (n=1)	Community Rehabilitation Mental Health Service (n=15)	Mean of 3 years
TOTAL ADVANCED	**3**	**39**	**29**	**27**			
TOTAL ALL	**20**	**277**	**232**	**219**			

Table 5. Participant comments about session features and topic relevance

CONTENT: KNOWLEDGE, SKILLS AND PRACTICES DISCUSSED AND THEIR APPLICATION		
Theme	**Participants liked the following**	**Participant requests or suggestions**
Expectation regarding learning objectives		Would prefer *'more advanced [content]'* *'[to] explore in more depth or more intensive'*
Relevance of learning to practice	Relevance *'I reflected all discussions from personal perspective and found they related to me'* *'information was relevant and current'* Liked the focus on strategies and action *'call to action section'* *'strategies that will help'* *'strategies to put rules into practice'* *'exercise on achievements and improvements we can make in our organisation'* *'how it relates to my role'*	
Content areas that participants appreciated	Broadly liked *'a history perspective as to how cultural diversity has come about and why it is so important'* *'how diversity of culture is not about ethnicity, include about sensory deprivation'* *'non-western models of wellbeing'* *'I very much enjoy reflections/conversations around power, politics and systems'* *'terminology'* *'lived experience'* On frameworks *'cultural diversity''cultural responsiveness'* *'equality, inequality and equity 'how inequality effects mental health'* *'financial disparity'* *'intersectionality'* On principles: *'cultural safety' 'cultural humility'* On practices *'working with communities'* *'examples of community work'* *'how to do a cultural assessment and cultural formulation interview'*, *'The 3 Rs - rituals, relationships, restrictions'* *'conceptualising, assimilation, integrations and isolation'* *'interpreter information'* *'translator briefing & debriefing' 'working with interpreters'* On information *'health translation website'*	Wanted more focus on the following content *'more examples around correct language to use or brainstorm ways on what language to use in different scenarios'* *'more examples of lived experience'* *'more material on LGBTQI & intersectionality'* *'more spirituality and mental health information'* *'more depth on cultural humility and cultural safety'* *'more time spent on cultural safety'* *'social determinants of health should be covered in more depth'* *'working alongside interpreters in training to understand their point of view* Wanted information on *'specific information related to mental illness/ distress'* *'[ways to] address systemic oppressions that create community needs in some contexts'*

APPENDIX 2

CONTENT: KNOWLEDGE, SKILLS AND PRACTICES DISCUSSED AND THEIR APPLICATION		
Theme	**Participants liked the following**	**Participant requests or suggestions**
Response to video content	Liked the following specific video content *'Richard Wilkins video'* *'Shut up and listen' working in Zambia* *'the 'Single story' video was very interesting and useful'*	

PEDAGOGICAL APPROACH: THE TEACHING AND LEARNING METHODS		
Use of stories, examples and focus on application	Use of examples appreciated *'hearing stories and perspectives'* *'the workshop gave me a framework for understanding the concepts'*	Suggestions regarding use of examples *'more examples to explain concepts'* *'more application of concepts'* *'more practical strategies'* *'more scenarios for practical application'* *'more case studies to unpack [specific work] roles'* *'more real life examples'*
Use of large group or small group work	Some preferred large group discussions over small Liked these aspects of small group work: *'interactive group activities'* *'workshop of ideas at the end'* *'brainstorming at the end'*	Some wanted more small group work: *'more group activities'* *'more interactive tasks'*
Learning from the facilitator	Appreciated learning from *'presenters' knowledge and sharing new thinking'*	
Learning from session peers-	Liked the use of peer-to-peer learning *'hearing from others in group'* *'hearing examples and experience of people'* *'activities'* hearing *'team reflections* *'peer learning'* *'hearing each person's ideas'* *'I was aware of most of the concepts it was nice to hear from others about their experiences.'* *'conversations with group* *and discussions'*	
Use of approach that encouraged self-reflection	Personal reflection *'I liked especially those parts where we were asked to reflect on our own experience e.g. if you were distressed, if you were in a foreign country'*	Some wanted more personal reflection time: *'more silent reflection time would have been useful to allow ideas and information to settle'* Some wanted *'less talking of experiences'*

APPENDIX 2

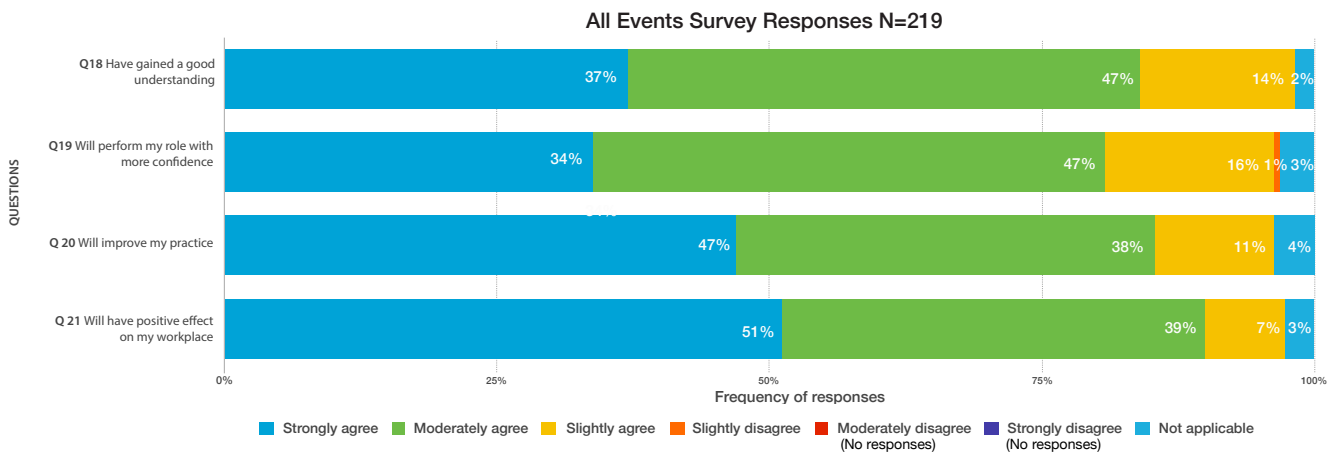| PEDAGOGICAL APPROACH: THE TEACHING AND LEARNING METHODS		
Theme	**Participants liked the following**	**Participant requests or suggestions**
Use of audio-visual material	Liked *'video presentation'* *'videos of community work'*	Would like *'more videos'* *'more videos of peoples experiences'* *'need to process videos'*
Sense that additional resource material will be useful	Handouts *'resources will be useful'*	
How experienced use of blended online and face-to-face learning	Positive about online component *'online module was really helpful'* *'appreciate the additional online resources'* *'the web activity'*	Comment about repetition of online material in face-to-face session *'less online videos as had already watched online'*
STRUCTURE: WITHIN SESSIONS, AND BETWEEN SESSIONS AS PART OF ORGANISATIONAL PROCESSES		
Pacing of session delivery or structure within sessions	Pacing *'well-paced'*	Pacing *'felt a bit rushed at times but overall good'* *'consider the breaks and time frames to improve level of engagement'* Consider structure of activities to get the most of them *'some small group activity instructions needed to be clearer'* *'more structure in delivery'* *'more balanced presentation of material'*
Length of the session		Some wanted longer sessions *'longer sessions'* *'a full day would be really useful'* *'a whole day would have been better to have longer to learn and discuss'* *'the time of the booster training was very short allowing us very less time to reflect and brainstorm ideas discussed during the training'* *'further attendance at a workshop would be more helpful'*
Organisation-wide considerations		Parts of organisation need more sessions *'holding more training sessions in the Western suburbs'*

APPENDIX 2

PEOPLE: FOCUS ON FACILITATOR FEATURES		
Theme	**Participants liked the following**	**Participant requests or suggestions**
Impressions about facilitators' knowledge	Facilitators *'[have]great knowledge'* *'[are] knowledgeable'* *'seemed to know their subject matter well'*	
Assessments of the facilitators' style	Facilitators were: *'engaging'* *'great presenters'* *'fabulous'* *'very inclusive'* *'really warm, friendly, approachable'* Liked their: *'friendly approach - made it easy to get involved'* *'strong presentation style'*	

Figure 3. All workshop events: 6 categories

All Events Survey Responses N=219

	Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree	Not applicable
Q18 Have gained a good understanding	37.0%	47.0%	14.2%	0.0%	0.0%	0.0%	1.8%
Q19 Will perform my role with more confidence	33.8%	47.0%	15.5%	0.5%	0.0%	0.0%	3.2%
Q20 Will improve my practice	47.0%	38.4%	11.0%	0.0%	0.0%	0.0%	3.7%
Q21 Will have positive effect on my workplace	51.1%	38.8%	7.3%	0.0%	0.0%	0.0%	2.7%

All Events Survey Responses N=219

APPENDIX 2

Figure 4. All workshop events: 3 categories

All Events Survey Responses (Categories Combined) N=219

	Moderately agree/ Strongly agree	Slightly agree/ Slightly disagree	Moderately agree/ Strongly disagree	Not applicable
Q18 Have gained a good understanding	84.0%	14.2%	0.0%	1.8%
Q19 Will perform my role with more confidence	80.8%	16.0%	0.0%	3.2%
Q20 Will improve my practice	85.4%	11.0%	0.0%	3.7%
Q21 Will have positive effect on my workplace	90.0%	7.3%	0.0%	2.7%

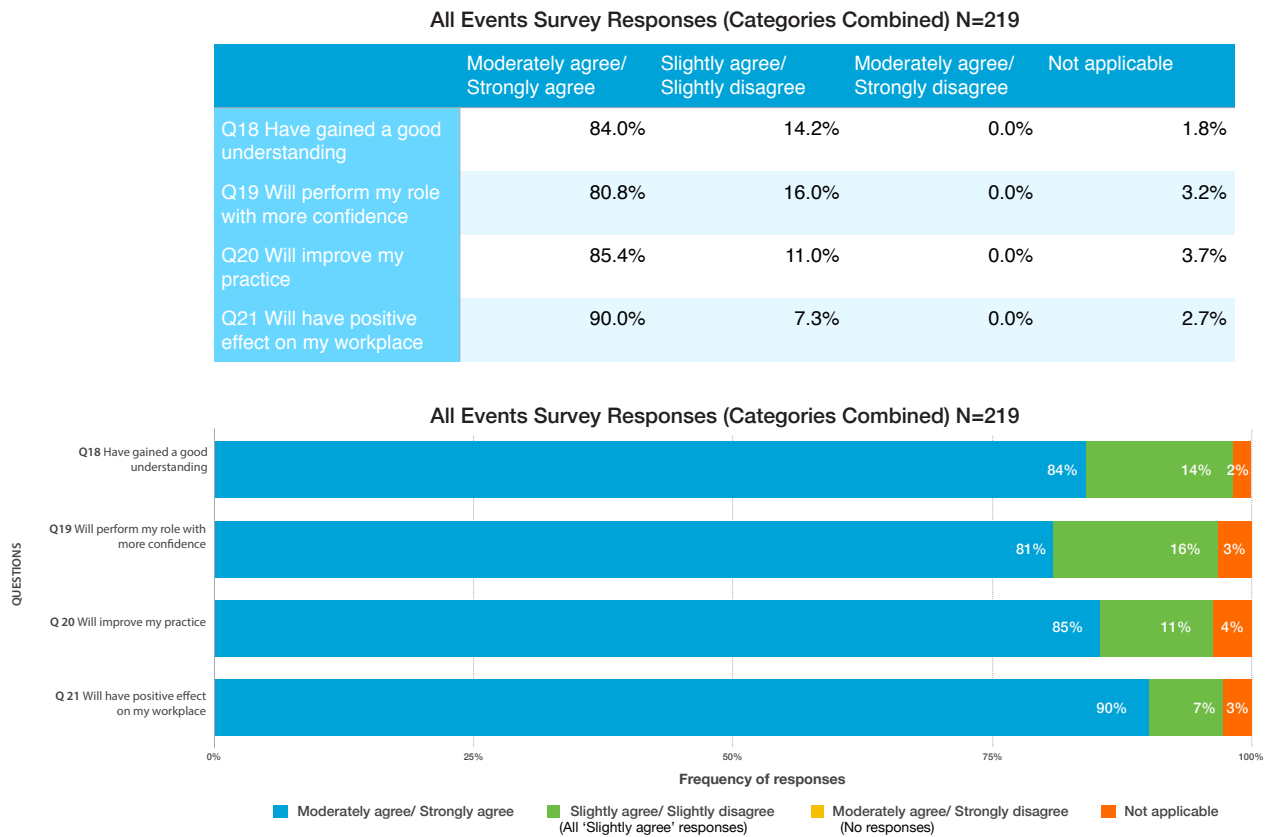**All Events Survey Responses (Categories Combined) N=219**

Figure 5. Proportion of agreement with Q 21 on positive workplace effects

Responses to 'Q21 Will have a positive effect on my workplace' (N=219)

Type of workshop	Year conducted	Number of surveys received	'Strongly agree/ Moderately agree'
Introduction to cultural responsiveness	2015-2016	143	0.923
Introduction to cultural responsiveness	2017-2018	49	0.837
Recovery and diversity	2018	7	1
Working with interpreters	2018	5	0.8
Community development	2018	15	0.867

APPENDIX 2

Table 6. Individual participant comments about their own learning

THEMES	COMMENTS
No change yet, need more time	*'I think I need some time to process information in order to learn from it'* *'Food for thought'*
Consolidating existing levels of awareness, skill or practice	*'Adds to the richness of my own practice!'* *'Reinforce openness and awareness'* *'Good to revisit info or learn new info'* *'It was a good refresher of my existing knowledge'*
Change in level of confidence in engagement	*'More confident in exploring cultural values and differences with consumers'.* *'Gave me some ideas for greater community engagement with multicultural communication'*
Change in level of knowledge about practices	*'I feel like it has given me some great tools to support me in continuing to develop a culturally responsive practice'*
Change in awareness about relation between self & practice	*'I think being aware of myself is the first step to becoming more culturally aware and being a better practitioner'* *'Helped make me more mindful of my practice and the impact of service provision on rapport'* *'Be more aware'*
Change to way of seeing the issues	*'It is ALWAYS beneficial to have another 'lens' to take time to consider and reflect on'* *'Enjoyed thinking of culture as broad rather than specific to ethnicity'* *'Has inspired me to take a [community development] CD view'*
Want others to experience the session	*'This training should be delivered to more agencies'*
Expressing commitment to act	*'Raised some good action points to take back to inform operational/ system issues'* *'[plan to] continue cultural discussions in the workplace'* *'[plan to] discuss with senior leadership about how we can implement these practices - more collective focus, new business opportunities'* *'I plan to take what I learned into a new project which is about to begin'* *'Invaluable to take back to my current practice'*
Motivated to learn more	*'Most enjoyable - definitely want to do more training'* *'Looking forward to booster*

REFERENCES

References

Bäärnhielm, S. & Mösko, M. (2012). Cross-cultural training in mental health care—Challenges and experiences from Sweden and Germany. *European Psychiatry,* 27(Suppl 2), S70-S75.

Bennet, J. (2013). Training mental health professionals in cultural capability: Sustainability of knowledge and skills. *International Journal of Culture and Mental Health, 6*(1), 72-80.

Darnell, A. & Kuperminc, G. (2006). Organizational cultural competence in mental health service delivery: A multilevel analysis. *Journal of Multicultural Counseling and Development, 34*(4), 194–207.

Hernandez, M., Nesman, T., Mowery, D., Acevedo-Polakovich, I. & Callejas, L. (2009). Cultural competence: A literature review and conceptual model for mental health services. *Psychiatric Services, 60*(8), 1046–1050.

Horvat, L., Horey, D., Romis, P. & Kis-Rigo, J. (2011). Cultural competence education for health professionals *Cochrane Database of Systematic Review,* Issue 10. Art. No.: CD009405.

Pernell-Arnold, A., Finley, L., Sands, R. G., Bourjolly, J. & Stanhope, V. (2012). Training mental health providers in cultural competence: A transformative learning process. *American Journal of Psychiatric Rehabilitation, 15*(4), 334-356.

Victorian Transcultural Mental Health (VTMH) (2019). *Cultural Responsiveness: Introduction to Principles and Practices* [Workshop].

Victorian Transcultural Mental Health (VTMH) (2016). *Responding to diversity: An evaluation of VTMH programs and services*, 2013–2015. Fitzroy, Victoria: Victorian Transcultural Mental Health.

Victorian Transcultural Psychiatry Unit (2011). *Cultural responsiveness in specialist mental health services: Service development as a component of a capacity building project*. Melbourne: Victorian Transcultural Psychiatry Unit.