

THE DEVELOPMENT, DELIVERY AND EVALUATION OF TARGETED ABORIGINAL MENTAL HEALTH CULTURAL COMPETENCY INTERVENTION PROGRAMS



Background

The following brochure provides an overview of the results of IPS' Aboriginal Mental Health Cultural Competency Intervention Programs (CCIPs) that were delivered to six distinct organisations during 2009-2010. IPS has now been delivering its CCIP's since 2003 in various forms with the outcomes of all programs achieving exceptional outcomes for organisations. In relation to the six programs delivered in the 2009-2010 year, they have involved three stages; (1) measurement of individual and organisational cultural competencies (pre-test) via the administration of the Aboriginal Mental Health Cultural Competency Test (CCT: Westerman, 2003); (2) Development and delivery of a targeted training intervention program aimed at increasing the baseline cultural competencies of participants; (3) re-evaluation of organisational and individual cultural competencies (post-test).



The outcomes of these programs have been particularly pleasing given that the skills improvements achieved by participants were based on a THREE day intervention program. The results have strong implications for the field of Aboriginal mental health. First, it clearly represents the value of an intervention that is able to accurately assess the core baseline cultural competencies of participants; design an intervention specifically to participant needs, and then re-assess cultural competencies at post-intervention. Second, IPS' work provides the first evidence based cultural competency intervention program that will no doubt encourage organisations to provide such programs to their staff due to the fact that participant gains are measurable. Third, in the provision of extensive individual as well as group feedback the CCIP's ensure that a framework of cultural competency is embedded at both individual and organisational levels going forward.

Participants

To date, IPS has delivered its CCIP's to a total of 213 participants with 177 of those being utilised for the analysis in this brochure. Whilst the majority of respondents (70%) were of non-Aboriginal descent, Aboriginal participation was still over one-third (30%). In some sites, there were a particularly high proportion of Aboriginal participants with 8% at one site, 79% at the other.

Measure

The Aboriginal Mental Health Cultural Competency Test (CCT: Westerman, 2003, 2010) is unique to Australia in that it is the only tool that has been both culturally and psychometrically validated as a measure of Aboriginal mental health cultural competence (see Westerman, 2003). The success of IPS' programs can be linked to the unique capacity that the organisation has to not only measure cultural competencies but also directly target areas of need via its unique Aboriginal mental health training packages and finally, measure the impact of the training or other intervention provided. The research (and therefore evidence base) behind the development of the CCT has been extensive. It's initial development commenced in 1998 and involved focus groups with 723 Aboriginal people as a method of determining the key factors that predict Aboriginal mental health competence in practice.

From this, the Aboriginal community defined cultural competency as being made up of the following key areas; (1) Cultural Knowledge – whether there is sufficient cultural, local and mental health specific knowledge to be able to work at an effective level with Aboriginal people; (2) Skills and Abilities – does the individual have the ability to apply their skills in a way that is effective with Aboriginal mental health clients; (3) Attitudes & Beliefs – assesses the degree of attitude and belief 'fit' between Aboriginal client and practitioner; (4) Resources and Linkages determines the availability of community, resources and links to the practitioner, and (5) Organisational Influences which gauges participants views on how their Organisation functions across different levels of Aboriginal mental health service delivery. The CCT has been normed on 572 practitioners Australia wide. The normative data means that average levels of competency have been able to be calculated, thus providing vital information on the nature of the Aboriginal mental health workforce within Australia and allowing baseline skills to be compared against a national average or benchmark. A recent Exploratory Factor Analysis has also confirmed it as a valid tool accounting for 59.4% of the available variance.



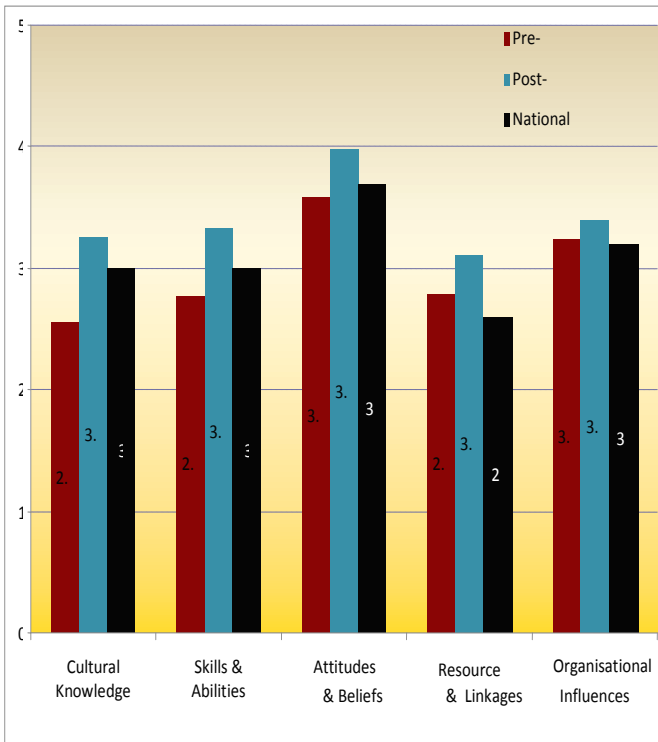


Table 1: Combined results of all six sites at pre and post intervention compared to IPS National Norms

Overall Outcomes of all CCIP's delivered

The most pleasing outcome of the CCIP's has been the extent of improvement in Aboriginal mental health cultural competencies achieved across the 177 participants. The skill improvements are all the more significant given that it involved only THREE days of participant time, making the CCIP's not only capable of measuring factors relevant to cultural competence but also attractive to organisations given the resource intensiveness of the program.

The impacts of the CCIP have been determined by comparing participant's cultural competencies prior to the training intervention (pre-training) and again, following the training intervention (post-training). First, Table 1 shows that participants achieved improvement across all five domains of cultural competency from pre to post-training. Additionally, (at pre-training), participants scores on the

CCT were on average below or equivalent to IPS' National Norms on all but the Resources and Linkages domain. At post-training, participant's scores were above the national norms on all domains of cultural competency. This excellent result validates the success of the program in achieving actual changes to the cultural competencies of all participants.

Outcomes of CCIP's with effect sizes

To determine the extent of improvement between pre and post training intervention, effect sizes were calculated across all five domains of cultural competency. An effect size is defined as a standardised estimate of the practical difference that is achieved between scores at a certain point in time (i.e. prior to intervention and following intervention: pre and post test). Cohen (1988) classified effect sizes of 0.2 as 'small', 0.5 as 'moderate', and 0.8 as 'large'.

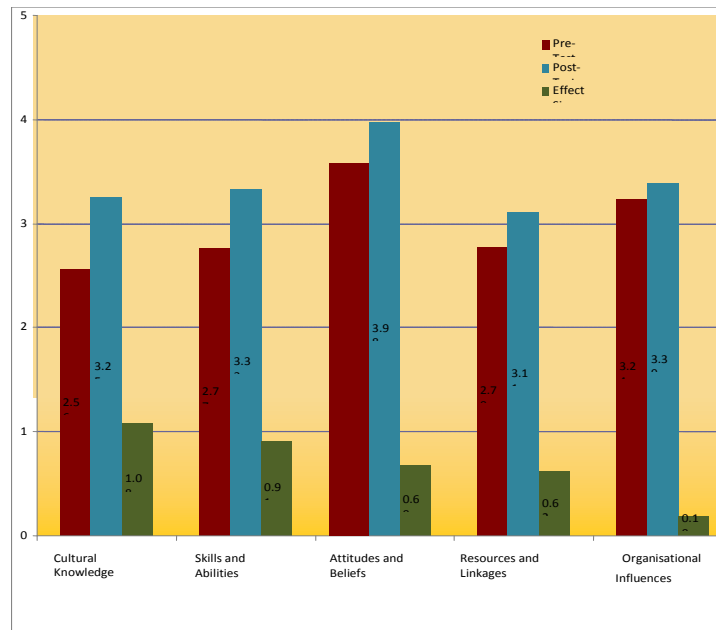


Table 2: Combined results of CCIPs at pre and post-training intervention with Effect Sizes

Table 2 demonstrates *large* effect size changes have occurred on the Cultural Knowledge and Skills and Abilities domains. That is, there has been a strong observable difference in the skills measured by these domains between pre and post training intervention. There was also a *moderate* increase in the remaining domains of Attitudes and Beliefs & Resources and Linkages and a small change for Organisational Influences. It would not be expected that a training intervention would have a significant impact upon Organisational Influences as many of the relevant issues pertain to policies, procedures and systemic issues which many of the participants would not be in the position to alter.



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