**ST2-INDAU-EPA2 – Management plan for an Aboriginal or Torres Strait Islander patient**

<table>
<thead>
<tr>
<th>Area of practice</th>
<th>Indigenous – Australia</th>
<th>EPA identification</th>
<th>ST2-INDAU-EPA2</th>
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<tbody>
<tr>
<td>Stage of training</td>
<td>Stage 2 – Proficient</td>
<td>Version</td>
<td>v0.9 (BOE-approved 15/10/12)</td>
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</table>

The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.

**Title**

**Develop a mental healthcare management plan for an Aboriginal or Torres Strait Islander patient.**

**Description**

Maximum 150 words

The trainee can develop an innovative and creative mental healthcare management plan for an Aboriginal or Torres Strait Islander patient in collaboration with stakeholders as appropriate. They understand the impact of socioeconomic disadvantage, historical trauma, transgenerational trauma and re-traumatisation on vulnerability to mental illness and the manner in which these factors contribute to barriers to accessing mental healthcare. They consider the availability of standard services in the community and utilise the alternate resources available, including extended family, non-government organisations and informal resources. The trainee has knowledge of the patient’s community of origin and cultural beliefs and facilitates incorporation of cultural supports such as traditional healers, Elders and Aboriginal and Torres Strait Islander mental health workers into the care plan.

**Fellowship competencies**

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<thead>
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<th>ME</th>
<th>4, 5, 6, 7</th>
<th>HA</th>
<th>1,</th>
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<tr>
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<tr>
<td>MAN</td>
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**Knowledge, skills and attitude required**

The following lists are neither exhaustive nor prescriptive. Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.

**Ability to apply an adequate knowledge base**

- Knowledge of limitations of service delivery and government resources in some Aboriginal and Torres Strait Islander communities.
- Knowledge of alternative community resources that may be included in a management plan.
- Understands the strengths and difficulties present in different Aboriginal and Torres Strait Islander communities and the complexity this adds to the development of a mental healthcare plan.
- Understands the crucial role of family and the wider community in supporting the treatment and recovery of an Aboriginal or Torres Strait Islander person with mental illness.
- Understands Aboriginal and Torres Strait Islander kinship structure.
- Knowledge of culture-bound syndromes and the role of the traditional healer.
- Understands the historical context of Aboriginal and Torres Strait Islander peoples and the implications for mental health.
- Understands the link between social determinants and mental illness in the Aboriginal and Torres Strait Islander population.

**Skills**
- Ability to develop a collaborative relationship with the extended family/community in order to develop a management plan.
- Ability to consult and liaise with a wide range of stakeholders.
- Ability to work with an Aboriginal and Torres Strait Islander mental health worker and/or other members of the Aboriginal and Torres Strait Islander workforce to develop an understanding of available resources and barriers to mental health treatment in any given Aboriginal or Torres Strait Islander community.
- Ability to communicate with Aboriginal and Torres Strait Islander patients and family in jargon-free language to promote understanding of the patient's condition and ongoing treatment needs.
- Ability to, where appropriate, incorporate the role of a traditional healer into a patient's treatment plan.
- Ability to advocate, and lobby for, improved socioeconomic conditions in Aboriginal and/or Torres Strait Islander communities.

**Attitude**
- Sensitivity to specific community factors that may contribute to risk.
- Patience in attaining information and coordinating a care plan with multiple stakeholders.
- Willingness to consider oneself as the ‘coordinator’ and others as the experts.
- Creative thinking in utilising limited resources to come up with solutions to complex problems.
- Adopt a pro-active leadership role in advocating for the patient and their community.

**Assessment method**
Progressively assessed during individual and clinical supervision, including three appropriate WBAs.

**Suggested assessment method details**
- Observed Clinical Activity (OCA).
- Mini-Clinical Evaluation Exercise.
- Case-based discussion.
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<tr>
<td>THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS. Module 2: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient. Melbourne: RANZCP, October 2014. Viewed 20 November 2014, &lt;Learnit: Developing a mental health management plan for an Aboriginal or Torres Strait Islander patient&gt;</td>
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COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar