



Workforce implementation guide

Key Outcome Area 1

Consumer, carer and family participation

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Consumer and carer participation is a central tenet in policies and plans. Set standards and benchmarks are outlined in the *National Standards for Mental Health Services (2010)*. Participation encompasses a range of processes in which consumers, carers and family members are engaged to have their say at both individual and system levels and in the planning, development, delivery and evaluation of services.

CALD consumer and carer participation varies across jurisdictions, and generally lags behind mainstream achievements in participation. There are important factors to consider and acknowledge when working with CALD consumers and carers:

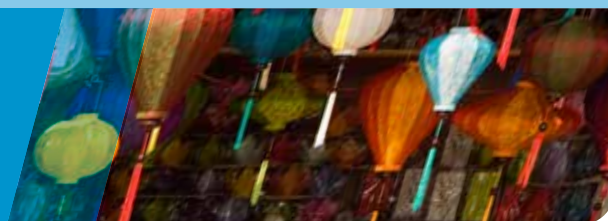
- Consumer and carer participation may be understood differently by diverse cultural groups.
- The consumer concept originated in western consumer-driven societies.
- CALD communities may not share ideas around the role of the consumer, the bio-medical mental health system or the concept of choice and power.
- The variety of mechanisms that are generally used to facilitate consumer and carer participation may not be applicable to CALD consumers, carers and their families.

The key cultural factors impacting participation levels are known to be:

- Familiarity with the concept of consumer participation
- Familiarity with, and acceptance of, concepts of advocacy
- Unrealistic expectations
- Mechanisms (e.g. committees, voluntary/paid advocates) which are linked to cultural values
- Diverse and varied understandings of mental health and mental illness which may impede group processes.

Barriers such as stigma and shame, differing explanatory models of mental illness, low levels of mental health literacy, inappropriate or unfamiliar engagement strategies, and language barriers must be addressed before meaningful participation can be achieved.

Consumer, carer and family participation



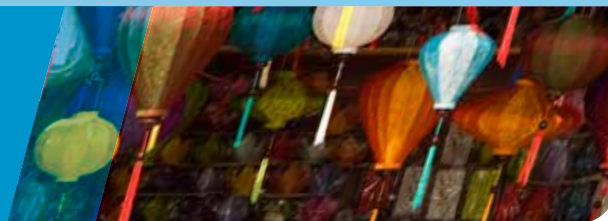
CALD consumers and carers effectively participate at all levels of mental health service planning, delivery and evaluation.

Level	Strategy	Good Practice Examples	Referencing
Outcome Indicator 1.1: CALD consumers and carers are represented on committees and mechanisms in relation to service development, planning, service delivery, implementation, evaluation and policy development			
Entry	I accept and respect the importance of CALD consumer and carer participation in their treatment and care plan.	★ The Queensland Transcultural Mental Health Centre (QTMHC) – CALD Consumer Participation Model www.health.qld.gov.au/metrosouthmentalhealth/qtmhc/docs/model_cald_cons.pdf ★ Victorian Transcultural Mental Health’s Spectrum of Cultures Mental Health Consumer Group www.vtput.org.au/programs/consumers_and_carers_initiatives/spectrumofcultures.html	NSMHS: 3.1, 3.2, 5.3, 6.7, 7.2, 7.10, 7.11, 7.12, 7.14 NSQHSS: 1.1, 1.2, 2.1, 2.2, 2.3, 2.5, 2.6, 2.9, 6.5
Developing	I work in collaboration with CALD consumers and carers to ensure they have input in their treatment and care planning.		
Advanced	I have access to a range of mechanisms to facilitate CALD consumer and carer participation in their treatment and care planning such as specialist services or cultural informants.		

Outcome Indicator 1.2: Training and support for CALD consumers and carers is provided, including mentoring and supervision			
Entry	I accept and respect the need to provide support to facilitate CALD consumer and carer participation in their care planning and treatment.	★ NSW Transcultural Mental Health Centre (TMHC) – Carers’ project www.dhi.health.nsw.gov.au/default.aspx?ArticleID=209 ★ Ethnic Disability Advocacy Centre (EDAC) WA, Multicultural Carers Group Project and Muslim Carers Project www.edac.org.au/index.php/en/our-services/vicinity	NSMHS: 3.3, 3.5, 3.6, 6.18, 7.15, 7.16 NSQHSS: 2.3, 2.6
Developing	I work in collaboration with CALD consumers and carers to ensure they have input in their care planning and treatment.		
Advanced	I proactively support CALD consumers and carers and seek additional supports to improve services, ensuring culturally inclusive treatment and care.		

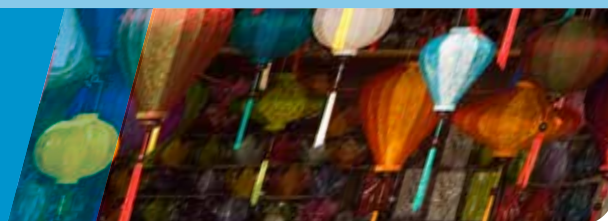
Outcome Indicator 1.3: Culturally responsive approaches are incorporated into person-centred and recovery-oriented care			
Entry	I accept and respect the need for client-centered and recovery-oriented care that is tailored to the culture of the consumer.		NSMHS: 10.1, 10.5
Developing	I ensure that the cultural needs and input of CALD consumers and carers are elicited and client-centred care is provided.		
Advanced	I routinely integrate into my practice ongoing reflection and professional development regarding my work with CALD consumers and carers.		

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Level	Strategy	Good Practice Examples	Referencing
Outcome Indicator 1.4: Working relationships with CALD community leaders and multicultural organisations are developed and maintained			
Entry	I accept and respect the need to engage with specialist/multicultural support agencies to facilitate culturally inclusive practice.		NSMHS: 4.4
Developing	I have established working relationships with specialist/multicultural support agencies to facilitate culturally inclusive practice.		
Advanced	I have effective working relationships with CALD specialist/multicultural support agencies to facilitate culturally inclusive practice.		
Outcome Indicator 1.5: CALD specific approaches are incorporated in peer support models			
Entry	I accept and respect the need to work with CALD specific peer support workers.		
Developing	I work with CALD specific peer support workers where available.		
Advanced	I work routinely with CALD specific peer support workers where available and evaluate and improve these services based on client satisfaction.		
Outcome Indicator 1.6: CALD consumers are provided with information, including their rights, in a language and format that is appropriate to them			
Entry	I accept and respect that CALD consumers have a right to be provided with suitable information in their preferred language.		NSMHS: 6.1, 6.2, 6.3, 6.4, 6.5, 6.10, 6.11, 6.14, 6.16 NSQHSS: 2.4
Developing	I provide CALD consumers with suitable information in their preferred language.		
Advanced	I routinely provide information to CALD consumers in their preferred language, and continue to evaluate and improve these practices.		

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Level	Strategy	Good Practice Examples	Referencing
Outcome Indicator 1.7: CALD carers are provided with information, including their rights, in an appropriate language and format			
Entry	I accept and respect the need to provide appropriate information to CALD carers in their preferred language.		NSMHS: 7.1, 7.3, 7.4, 7.7, 7.8, 7.9, 7.17 NSQHSS: 1.18, 2.4
Developing	I ensure that CALD carers are provided with information in their preferred language.		
Advanced	I routinely provide information to CALD carers in their preferred language, so they can support CALD consumers more effectively.		

Outcome Indicator 1.8: CALD consumers are provided with culturally appropriate mental health care			
Entry	I accept and respect that CALD consumers have the right to mental health care that is tailored to their individual cultural needs.		NSMHS: 4.3 NSQHSS: 2.5
Developing	I provide culturally appropriate mental health care that is tailored to the individual needs of CALD consumers, and work in collaboration with specialist services.		
Advanced	I routinely use a range of internal and external resources to deliver culturally appropriate mental health care that is tailored to the individual needs of CALD consumers.		

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