

MI Fellowship™ practice framework:

Working with people of CALD backgrounds

It is well known that people from CALD populations are less likely than the general population to use mental health services, are more acutely unwell when they do, have longer lengths of stay and experience increased rates of involuntary admission. Working with people from diverse backgrounds requires a flexible and open approach to understanding need, genuine engagement with families and commitment to working in partnership with the multicultural, immigrant and refugee communities.

1.1 MI Fellowship's CALD principles

When working with people of CALD backgrounds, we will:

- Create a welcoming environment through the use of language, images and physical spaces
- Actively promote and enable family inclusion in decision making and support processes
- Build relationships with community organisations, leaders and faith communities

1.2 Evidence base for MI Fellowship's CALD approach

Research to establish recovery principles for people of CALD backgrounds showed that people experience a number of structural barriers to accessing mental health services, including:

- Lack of familiarity with Australian mental health systems
- Differing conceptual frameworks of mental health
- Lack of trust in authority
- Difference in values

To effectively address these barriers, a whole of organisation approach is needed in developing genuine cross-cultural responsiveness.

This includes the development of targeted strategies for ethnic communities and for new and emerging communities; cultural competence training for staff; and commitment to community education and developing strategies in partnership with community leaders that address stigma, create awareness and improve access for people from these communities (Ramanathan, 2009).

1.3 Features of MI Fellowship's CALD approach

MI Fellowship will:

- Offer culturally-appropriate assessment and involve specialist cultural services where appropriate in considering what the person and their family need
- Involve family at all stages of decision making where appropriate; and welcome involvement and input from important people in a person's life, such as ministers of faith
- Wherever practicable, adapt practices, tools and physical environments in response to cultural and religious needs
- Use interpreters and translate important information into plain English and relevant community languages
- Work in partnership with local ethnic and cultural communities and leaders in these communities to build relationships, address stigma and develop shared approaches to mental health
- Involve people of CALD backgrounds in the development, planning and evaluation of services

1.4 References

Farnan, S, 2010, 'The development of best practice in relation to recovery principles relevant to people with a mental illness from a culturally and linguistically diverse background using the rehabilitation services of Mental Illness Fellowship Victoria'. Unpublished master's thesis, University of Melbourne, Melbourne, Australia.

Ramanthan, R, 2009, 'Improving access for CALD communities', *New Paradigm*, 2008/09, pp 21-28.

Community Recovery Model

People affected by mental illness have the right to create a good life: making a home, engaging in meaningful work or learning, and building good relationships with friends, family and people in their community.

MI Fellowship's Community Recovery Model recognises that real and lasting recovery does not occur in isolation, and can be best achieved by working at three levels to:

- promote recovery and positive change for people with mental illness
- assist families and friends to build resilience
- create welcoming communities.



family and friends

- We understand mental illness
- We know what helps recovery
- We look after our own wellbeing

Individual

- I can take charge of my life
- I feel connected to people
- I am part of my community

Community

- We include people with mental illness
- We stand up for equal rights
- We create opportunities for people