

Transcultural

Project I4003: Transcultural Psychiatric Service Project

Aims: This project was undertaken by the Dandenong Hospital, Victoria and Monash University (\$175,856). The Transcultural Psychiatric Service Project aimed to facilitate access to psychiatric services for non-English speaking Asian communities and promote early recognition and intervention of psychiatric disorders among the communities.

Description: The Transcultural Psychiatric Service Project reviewed a model of mental health service delivery designed to address the needs of non-English speaking Asian communities, targeted at Indo-Chinese, Indian and Sir Lankan communities residing in the municipalities of Springvale and Dandenong, Victoria.

The project team used several strategies to improve awareness of psychiatric disorders in the target communities, including “radio talks” on ethnic radio stations, meetings with high school counsellors, and the production of brochures about psychiatric disorders. A major strategy involved understanding the target population’s cultural “model of illness” which reportedly affects the way patients communicate, both verbally and non-verbally, with clinicians and can lead to under-utilisation of mainstream psychiatric services. Other factors reviewed which might contribute to the under-utilisation of state psychiatric services by non-English speaking Asian communities were:

- lack of awareness of mainstream services;
- unfamiliarity with Western systems of health care;
- stigma associated with mental illness; and
- denial of mental illness.

To improve liaison between psychiatric services and the target communities, seminars were organised with a wide range of welfare and

ethnic organisations. The seminars discussed strategies for the detection and referral of common psychiatric disorders including making the referral process familiar and simple and encouraging the treatment of patients in the community, where possible. General practitioners used by the target population, who were mostly bilingual and of different ethnic backgrounds, assisted in identifying patients in the target population.

To facilitate early detection of post-natal disorders, a liaison network was established with infant welfare sisters and midwives. This network assisted in detecting and referring post-natal psychiatric disorders in non-English Asian patients. Most patients were treated in the community and management goals included increasing the patient's social support network as a large number were socially isolated, being unable to face the stigma of being unmarried mothers.

Outcomes:

The Transcultural Psychiatric Service Project explored the attitudes of Asian communities towards mental illness. The Project identified that a major impediment to providing an effective psychiatric service to the Asian population is their tendency to under-utilise mainstream psychiatric services, partly due to lack of awareness of psychiatric disorders and to the stigma of mental illness. The Project identified the importance of incorporating strategies for community education and community development into strategies used to improve utilisation of psychiatric services. It also identified that community education campaigns targeting Asian communities should involve ethnic associations which work closely with the non-English speaking Asian population. The Project also highlights the value of including transcultural teams as part of hospital-based community treatment services, comprising bilingual doctors, psychiatric nurses, and social workers.

More general to the provision of clinical services, the Project identified several factors conducive to good therapeutic engagement with non-English speaking populations:

- At the first assessment, more emphasis should be placed on the physical examination and detailed history taking should be taken on successive visits (patients who have experienced excessively

controlling regimes are initially suspicious of interviewers who ask questions about their personal life).

- Supportive or cognitive psychotherapy is acceptable to Asian communities when provided together with other treatment modalities, such as occupational therapy (a psychiatric disorder is often viewed as being due to spirits or black magic and Indo-Chinese patients tend to expect little gain from psychotherapy alone).

Other factors were found to have a facilitating effect:

- being male and being of advanced years (confers a degree of authority);
- holding educational qualifications (held in high regard in Asian culture);
- being recommended by others in the Asian community (confers credibility);
- gift-giving (giving of something tangible to the patient at the beginning of therapy, for example “the giving of hope” or assistance in finding suitable accommodation);
- eliciting the patient’s cultural “model of illness”;
- establishing rapport with the family (in Asian communities, patient compliance often depends on the attitude of the family to the treatment); and
- clearly explaining the time lag between the need for medication and symptom improvement (influenced by their experiences with indigenous and folk healers, Asian patients expect rapid results and drop-out of therapy at an early stage because of a lack of perceived benefit).

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Project 18013: A community based program aimed at reducing mental disorders amongst refugees in Western Australia

Aims: This project was undertaken by the Association for Services to Torture and Trauma Survivors (\$262,500). The aim of the project was to pilot a community-based model of primary prevention in refugee communities identified as being at risk of developing severe mental illness in the early period of resettlement.

Description: The objectives of the project were intended to “reduce risk and reduce impact” for the refugee groups by:

- reducing settlement stress;
- identifying mental health problems early in their development; and
- facilitating the development of community networks and seeking to integrate isolated members of the community into these networks.

The project linked two community workers with 2-4 recently arrived refugee groups to assist them in recognising and dealing with possible factors which placed them at risk for the development of mental disorders following their settlement experiences. Target groups from former Yugoslavia and from the Horn of Africa (Somalia, Eritrea and Ethiopia) were selected from fourteen refugee groups considered to be at risk of episodes of mental illness. The two community workers became involved with the refugees by initially being available at the “on-arrival” accommodation, at social events and official functions and through the assistance of government workers and spiritual and community representatives.

A range of issues which impacted on the mental health of refugees were identified. The issues were grouped into three categories: settlement; recovery from trauma; and community development. Strategies were developed to address the issues.

By liaising with other services, and acting as an advocate for the refugees, community workers assisted the refugees to secure basic needs such as housing, employment and training, financial assistance and language training. Workers monitored the refugees for mental health problems such as post traumatic stress disorder, and where appropriate linked refugees with service providers and counselling services.

Community development was a major task for the community workers. Community education with the groups and the formation of community networks assisted in establishing supportive links between isolated refugees and the community. Examples of community building activities cited in the report were: the Ethiopian men's employment project, the African Mother's Union, a Tenant Participation Project and a Retreat for newly arrived refugee women and their families.

Outcomes:

As the project progressed, factors influencing the wellbeing of torture and trauma survivors became evident. The project highlighted the importance of community workers meeting newly arrived people as soon as possible to acknowledge their torture and trauma experiences, assist in settlement by introducing them to small groups of like ethnic or members of the host society, and to form networks with relevant service providers.

Further outcomes as a result of the project were the:

- development of the Early Intervention Program and the provision of case coordination for torture and trauma survivors;
- arrangement of retreats with other groups in a safe environment where experiences were expressed and shared in a locality most suited to the particular group of survivors;
- implementation of a General Practitioner Liaison Project raising the awareness of local doctors of issues of concern to survivors of torture and trauma and an increase in the number of available counsellors for refugees;
- provision of dental care, looking at damage, disease and decay including the incidence of deliberate torture to the head and neck. Refugees were screened through the University of Western Australia's School of Oral Health Services and the East Perth Public Health Unit Dental project;
- appointment of a psychiatrist from the Mental Health Division of the University of Western Australia to assess refugees at risk of mental health problems, and to assist in training health professionals about the specific needs of torture and trauma survivors;
- appointment of a culturally appropriate spiritual leader to support the healing processes of newly arrived refugees;

The project comprised a Steering Committee, project manager, project coordinator and four workers from Cambodian, Chinese, Polish and Vietnamese backgrounds. Four communities were selected to address the aims and objectives of the project.

The workers took on roles of cultural consultants, community educators and advocate/support workers. These workers worked closely with mental health service providers to ensure that mainstream services and workers developed and implemented appropriate programs and treatment plans reflective of individuals, families and carers involved in the project.

A total of ninety-three (93) people (people with a mental illness and their carers) participated in the project. The participants were primarily refugees of low socio-economic background. Many of the participants also had a rural background, and were illiterate in English and their own language.

Outcomes: The service model that emerged through the project was a model of partnership between three separate and discrete systems; cultural experts, mainstream mental health, and non-English speaking background individuals and communities.

A number of elements characterised a change towards greater access and quality of service for members of non-English speaking background communities:

- management commitment;
- development of working agreements;
- effective communication;
- policy development;
- participation in service planning and delivery;
- development of culturally relevant programs;
- training and education; and
- commitment to a key liaison person.

The project is now incorporated under the South Australian Incorporations Act (1895) as the Multicultural Mental Health Access Program.

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