Mental Health in a Multicultural Society

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Mental Health in a Multicultural Society

- Mental health issues for people of NESB
- Access to mental health services
- Utilization of mental health services
- TMHC Services
- TMHC Clinical Service Model
- Profile of clients referred by NGOs
- Summary Comments

Mental Health Issues for People of NESB

- Delay in seeking help, and in accurate detection and diagnosis of symptoms
- The role of GPs, and the need to provide resources to and increase skills of GPs to provide mental health care and timely referral to appropriate mental health services
- Lack of information about mental health issues and available health and mental health services.

Mental Health Issues for People of NESB

- Pathways to care are different (GP, family, NGO, etc)
- Language barriers to access
- Lack of cultural awareness and sensitivity by service providers
- Stigma and shame associated with mental health problems and mental illness

Issues re Utilisation of Mental Health Services by People of NESB

- Use hospital and community based mental health services significantly less than people in the general community
- The majority of people of NESB receive mental health treatment and support through their GP, psychiatrist or family members
- Some people from a NESB are less likely to voluntarily use mental health services for a mental disorder and are more likely to be hospitalised on an involuntary basis (McDonald & Steel 1997)

Older People and Mental Health

- McDonald & Steel (1997) ‘Immigrants and Mental Health: An Epidemiological Analysis’ found:
- NESB males aged 75+ had suicide rates 65.6% higher than the general community; and
- NESB females 75+ had suicide rates 177% higher than those for the general community.

Older People and Mental Health TMHC Community Consultations

Social isolation was the most identified problem, with contributing factors:

- Immobility caused by physical problems, limited access to transport & language difficulties,
- Reluctance to seek help outside family,
- Lack of awareness about services,
- Lack of disclosure of difficulties, and
- Family conflict caused by generational and cultural issues.

TMHC Carer Project Feedback

- NESB carers encounter relentless difficulties, more than Australian or English-speaking carers, because of:
- the language and cultural barriers
- the different beliefs and understanding about mental illness
- being unfamiliar with the mental health system in their newly adopted country
- high levels of stigma and shame
- and the experience of (or exposure to) torture and trauma prior to coming to Australia.

Factors associated with migration and the process of settlement which may contribute to increase the risk of developing a mental health problem:

- A decrease in socio-economic status consequent to migration and settlement, such as prolonged unemployment
- Low levels of English language learning and proficiency
- Separation from social, religious and cultural networks, particularly from family and relatives

Factors associated with migration and settlement (cont'd)

- Age - whether adolescent or elderly at the time of migration
- Difficulties in accessing health or other social services in a timely manner, and
- Experience of trauma or prolonged stress prior to migration, especially in the case of survivors of war, torture and other forms of extreme human rights violations.
- *Source: Caring for Mental Health in a Multicultural Society (1998)*

NSW Transcultural Mental Health Centre

Mission Statement:

To work in partnership with mental health services, consumers, carers and the community to improve the mental health and wellbeing of people from non-English speaking backgrounds living in New South Wales.

NSW Transcultural Mental Health Centre

- Research
- Community Liaison
- Education and Training
- Policy and Quality Management
- Mental Health Promotion
- Multilingual Resource Development
- Suicide Prevention Projects

NSW Transcultural Mental Health Centre

- Consumer and Carer Projects
- Child and Adolescent Mental Health Project
- GP Project
- Older People Projects
- Psychology Intern Program
- Language and General Subcommittees
- Clinical Consultation and Assessment Service

TMHC Clinical Service: Nature and Range of Services Provided

- Intake Service Monday to Friday
- Clinical Intervention/ Group Intervention
- 24 Hour Counselling Service/After Hours Contact
- Individual support and supervision for bilingual sessional workers
- Clinical Group Supervision Program
- Outreach Assessment and Counselling Clinics in Illawarra
- Translation of Kessler 10 and MH-OAT Client Information brochure in 15 community languages

TMHC Clinical Service
Role of the Bilingual Sessional Worker

- Psychosocial/psychological/psychiatric assessment to clarify:
  - diagnostic issues
  - cultural issues
  - psychosocial issues
  - political and religious issues
  - case management issues (eg non compliance)
- Family assessment
- Neuropsychological or IQ assessments

TMHC Clinical Service

Role of the Bilingual Sessional Worker

- Psychoeducation for client and relatives
- Assisting the Case Manager to formulate general, medication and rehabilitation care plans
- Short Term Counselling
- Short Term Therapy (some cases only)
- Group psychoeducation with a focus on mental health promotion and prevention.

TMHC Clinical Service

Profile of the Bilingual Sessional Workers

Total currently contracted: 115

- Speak a total of 48 languages

Professional backgrounds:

- Psychologist (63%)
- Social Worker (20.5%)
- Mental Health Nurse (10.5%)
- Psychiatrist (4.3%)
- Occupational Therapist (1.7%)

TMHC Model of Clinical Service Delivery

- The TMHC model of service delivery promotes the concept of complimentary service delivery. It strives to work together with other sectors of the health and mental health systems in enhancing access to and delivery of quality mental health services to the diverse community of New South Wales.

TMHC Model of Clinical Service Delivery

- The model promotes the concept of sharing scarce resources without duplicating what is already available through the mainstream system. The core of the model is the utilisation of skills of experienced clinicians who themselves are of a non-English speaking background. These clinicians are engaged to work with the TMHC through a contract for sessional clinical work, for a fee for service.

- The model promotes a free of charge, flexible, culturally appropriate and responsive type of service delivery, that can be easily accessed by the NESB community in NSW. Help is available regardless of:
- gender, age or migration status
- for a wide range of mental health problems, from first onset symptoms of depression and anxiety or other disorders through to assisting people living with a chronic mental illness.
- Referrals to the Service can be made by anyone and referrals by consumers and carers are greatly encouraged.

Referrals by Non-Government Organisations

- Between 1998 and 2003 – 4,309 clients were referred for clinical intervention
- 854 (19.8%) were referred by NGOs
- These include ethnic community organisations, migrant resource centres, community centres, Centacare, women's refuges, Anglicare, Mission Australia, family support services, Asylum Seekers Centre

Referrals by Non-Government Organisations

- 21.8% were refugees (and asylum seekers)
- 62.1% were female
- 37.9% were male

44 Language groups represented:

- Farsi (11.9%), Spanish (11.8%), Arabic (11.7%), Turkish (10%), Bosnian (6.1%), Vietnamese (5.2%), Serbian (4.2%), Other (33.1%)

Referrals by Non-Government Organisations

Mental Health Problem:

- Trauma Reaction (includes war related trauma, Domestic Violence) 32.3%
- Depression 28.9%
- Anxiety 9.4%
- Grief Reaction 5.8%
- Other 23.6%

Referrals by Non-Government Organisations

Residential Area:

- Western Sydney 26.8%
- South West Sydney 20.9%
- Central Sydney 20.3%
- South East Sydney 14.6%
- North Sydney 8.8%
- Other 8.6%

Summary Comments

- Continued focus on the maintaining and extending partnerships with NGOs
- Education and Training
- Mental health promotion, appropriate resource development
- Reduce stigma and isolation
- Enhance resilience and well-being
- Continue to work effectively with consumers, carers, GPs, Govt sector, and the community.

How to Contact the TMHC:

- Contact us on **1800 648 911**
- Or **02 98403800**
- Or visit **www.tmhc.nsw.gov.au**
- The **Clinical Service is available 8.30-5.00 Monday to Friday.**