What Works? Services for Culturally and Linguistically Diverse Women with Co-occurring Mental Health and Drug and Alcohol Issues

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Introduction

Co-occurrence of mental health issues and problematic substance use a significant concern (AIHW, 2005; Cole & Sacks, 2008.; Davis, 2003; Shand et al, 2003; Teesson & Byrnes, 2001; Todd, et al, 1999).

Introduction (cont)

- Gender a factor in:
  - occurrence and effects of mental illness
  - drug and alcohol misuse
  - social determinants contributing to these issues
- Women in vulnerable populations face multiple and systemic barriers to health care

Some statistics

First generation[1] culturally and linguistically diverse people make up a significant proportion (almost one-eighth) of Western Australia's population (ABS, 2006).

[1] People born overseas in a non-English speaking country.

- five largest groups Italy, Malaysia, India, Singapore, and Viet Nam;
- new and emerging communities fastest growing settler groups;
- majority settle in major centres.

Methodology

The research involved a desktop review of:

- academic & ‘grey’ Australian and international literature on the extent, treatment, and barriers to service for CaLD women with co-occurring disorders,
- training needs of professionals working with them, and

Methodology (cont)

Eight interviews with practitioners from services primarily concerned with:

- general health care,
- women's health policy,
- drug and alcohol issues,
- maternal and child health,
- mental health,
- domestic violence, and
- trauma.

The six questions

- Who and what is the CaLD community in Perth, Western Australia?
- What is the evidence of the extent of the problem of comorbidity for CaLD women?
- What works for CaLD women in terms of service?
- What are the core elements of good practice?
- How can gender and cultural sensitivity be integrated as an essential element of service delivery?
- What are the training needs of professionals working with this group?

Who are the CaLD community in Perth?

- Client groups include people from:
  - Italy, Greece, Viet Nam, eastern Europe, Bangladesh, Afghanistan, Iraq, South East Asia, Somalia, the Sudan, and other countries on the African sub-continent;
  - the mix of client groups varied dependent upon service location.

What is the CaLD community in Perth?

When we're talking about CaLD communities we're talking about anyone here who has either linguistic differences ... or they've got cultural diversity. So they may be someone who is born in Australia, but whose parents have come from overseas, and so there are completely different expectations of them in their home versus the everyday outside social environment.

- CaLD women utilising services very diverse:
  - different age groups;
  - birthplaces here and overseas;
  - often parents;
  - in Australia as migrants or as refugees and humanitarian entrants;
  - from established and new and emerging communities;
  - from many countries, cultures, and sub-groups within those cultures.

The extent of the problem – Drugs and Alcohol

- Epidemiological evidence of drug and//or alcohol use among CaLD communities/CaLD women varies.
- Under-utilisation vs lower need for services.
- Additional pressures related to higher risk factors.
- Higher still for newly arrived refugees.

Drugs and alcohol

- Where women do have personal drug/alcohol issues, service providers attributed these to causes such as a sudden feeling of wealth and freedom, escape from difficult situations, or lack of support.

Drugs and alcohol

Experience of service providers says

more often a family member – partner/child – misusing drugs and/or alcohol.

A lot of our women are exposed to alcohol and drug issues. They are not users, but they are dependants, since their partners have been users of drugs or alcohol.

I was just thinking of a Vietnamese family, and a Burmese family, where there were young men – 18 or 19 – and yes, they had quite substantial drug issues [and] the shame in the family was quite significant.

Mental health

In some languages, there is no equivalent vocabulary to what we use ... they would say they feel sad ...

Because of the stigma attached to mental health issues, in more or less every society, they wouldn't talk about it.

Mental health

- Mismatch between the western medical model and different cultural world views:
  - being cursed,
  - visited by malign spirits,
  - somatic consequences of psychological states.

Mental health

- Overwhelmingly, the CaLD women utilising services included in the research were seen to be experiencing stress, anxiety, depression;
- smaller numbers suffering from the more ‘serious’ mental illnesses such as bipolar disorder or psychoses.

- Service providers highlighted a number of issues contributing to or exacerbating these conditions:
  - resettlement difficulties;
  - intergenerational (and marital) clashes;
  - distrust of the Australian culture;
  - past trauma;
  - separation and isolation from family and community;
  - lack of sufficient and long-enough term institutional support;
  - domestic violence.

Mental health

- *A high percentage of our clients are very, very socially isolated ... many of them have no family at all.*
- *I think there's a honeymoon period ... then the whole cold hard realities of life [start] to hit home. I suspect that it would be around then that people might start to have emerging issues.*

Domestic violence

- Recurrent theme throughout interviews.
- Another difficult topic for CaLD women to speak about for a number of reasons:
  - shame;
  - economic necessity;
  - fear for family in country of origin;
  - fear of authorities.

Domestic violence

There is less understanding of our understandings of domestic violence. So if it's hitting and shoving, that's seen as 'real' violence, but being screamed at, denied access to things – yeah, that takes a bit of learning that that is also not okay.

More clients I deal with are mental health issues that are caused by domestic violence.

The crossover between alcohol and drugs and domestic violence is huge.

Very often we see a history of DV, we see mental health, drug and alcohol, housing, no support, education issues, very litte employment. So you have complex issues and they are all having to be unpacked.

Comorbidity

- Far more complex than co-existence of substance misuse/mental health issues.
- Cultural understandings of family/individual.

Core elements of good practice … what works?

- respectful attitude;
- taking time;
- treating each client as an individual;
- not making assumptions based on ethnicity;
- not assuming knowledge of culture; and
- really listening, and taking what they say seriously.

What works?

I think what works for CaLD women is what works for most people – that is, coming in with respect, a gentle approach, not assuming you know anything about their culture.

What works?

- Offering concrete support;
- Taking in the bigger picture;
- Providing opportunities for interaction with ‘mainstream’ people and communities;
- Having an inclusive attitude;
- Avoiding encouraging dependency.

Essential elements of service delivery

Gender and culture are two elements of social determination, so they are both important, to the patient and to the practice ... you have to be careful about how you put them together. You can't just say because they want this, they need that – they relate differently in different circumstances.

Essential elements

- Specific sensitivities – around such things as the need for a female doctor, cultural taboos, Western ‘essential’ preventative procedures;
- General sensitivities – to the language barrier, to the expectations of both cultures, to realities of clients’ lives.

Training

- gender and cultural sensitivity not difficult to learn
- training availability in Perth is good
- high staff turnover requires continuous training.

Training

- Training needs were seen to be around:
  - cultural competence;
  - development of clinical service models;
  - on-the-job training;
  - mentoring of less experienced staff;
  - awareness of trust and power issues;
  - creation of multicultural workplaces;
  - frequent updating of ‘specialised’ training;
  - extension of training out of the services into the general community.

Training

- Responses to questions about training needs mixed.
- Formal training important, but needs to be overlaid with informal on-the-job learning

Summary

Women more likely than men to be affected by and requiring assistance for:

- mental health, in particular affective disorders;
- domestic violence;
- trauma;
- the ‘health’ of the family, or the mother/child dyad, as a unit.

- The research on which this presentation is based was funded by the Womens Health Services, Perth, as part of a COAG Comorbidity Capacity Building Project.
- Roarty, L. & Saggers, S. (2010). Evaluation of services to culturally and linguistically diverse (CaLD) women with comorbid mental health and drug and alcohol issues. Perth: National Drug Research Institute.