Handout 14: Issues in Service Provision to People with a CALD Background

1. Different Beliefs

People from different cultures may have very different systems of beliefs, ways of viewing the world, and different values regarding certain forms of behaviour and social relationships. The way different cultures view and explain 'mental illness' may be similar or very different to that of the dominant culture in which they live. For example, traditional Aboriginal culture sees the wellbeing of an individual as intimately associated with the wellbeing of the community, and both involve harmony in social and spiritual relationships and the fundamental relationship with the land. Diagnosis of 'an individual illness' is meaningless.

In some cultures mental illness may be seen as a spiritual rather than a medical or psychological one. Also, the symptoms of a particular mental illness, and the specific ways in which an individual may experience it, can vary markedly from one culture to another.

2. Barriers to Accessing Services

People from culturally and linguistically different backgrounds might be reluctant to use mental health services in their community because of:

- cultural differences in approaches to mental health care;
- mental illness being stigmatised in their culture;
- fear of government services based on experience in country of origin;
- fear that mental health services staff won't understand their cultural/religious beliefs and practices;
- lack of knowledge of the law in relation to mental illness;
- fear of hospitalisation and removal from their families/communities.

People from CALD backgrounds may want to access mental health services, but have difficulty doing so because of:

- language barriers which can hinder access to information and services;
- lack of knowledge of the range and structure of mental health services in Australia and how to access them;
- lack of knowledge of their rights and responsibilities;
- conflict between the culture, attitudes, values and beliefs of the service and those of the CALD background person;
- staff of mainstream services not understanding the specific needs of CALD background consumers and their carers;
• overt and covert racism;
• direct and indirect discrimination;
• lack of culturally appropriate services;
• lack of bilingual staff/interpreters.

3. Cultural Sensitivity and Awareness (not finished)

It is important that workers in the mental health sector develop greater awareness of some of the differences they can face when providing services to people from different backgrounds to their own. Equally important is greater sensitivity to the causes of problems that may arise in the course of service delivery.

Key Points

• Develop knowledge of the culture, beliefs and values of people from CALD backgrounds. This can be done by consulting community leaders, talking to workers from CALD backgrounds, asking consumers for service feedback, and by undertaking cross cultural awareness training.

• Gender is a major issue in cross cultural health care. In some cultures, a woman is always seen by a female professional and a man by a male professional. People from some cultures where women are subordinate may not accept a female psychiatrist or mental health worker as having any credibility. We need to develop awareness of our own current ethnocentric beliefs, practices, expectations and cultural practices and how these impact on the way we work with people from CALD backgrounds. For example, mental health services in Australia are mainly based on the biomedical model; other cultures may have very different beliefs about the causes and treatment of mental illness.

• Similarly, any mental health service is based on the predominant culture as well as the predominant medical model: this also influences practice and interactions with consumers.

• It is important that members of particular CALD groups are not seen as all being the same (i.e., not stereotyped). Within such groups people vary as to educational and literacy levels, rural/urban background, employment status, English language proficiency, etc.

• Similarly, do not assume all people from a region are the same: e.g., the 'Middle East' covers a wide range of racial, cultural and religious backgrounds. Be aware that people from particular countries are more likely to have experienced war and/or political persecution and torture. This may profoundly affect their ability to trust others, particularly people in positions of authority. Also, be aware that some situations in the workplace, for example waiting in a small treatment room with no windows and door shut, may trigger a traumatic response because of some association with a past incident of torture.

• Be aware that in some cultures, the members of a family see themselves as a single client group with whom a worker must interact, not a collection of
individuals. This may mean that the family unit needs to be involved in discussions and treatment (however, it is not advisable to use family members as interpreters). Also, "family" means different things in different cultures.

- The same body language may express different messages in different cultures.

4. Conclusion

So, if you were a person from a culturally and linguistically diverse (CALD) background, and you walked into a service to seek help for a relative who had a mental illness, what would make this easier for you?

- Someone who can speak your language - staff member or interpreter
- Information on service policy and procedures in your language
- Cultural awareness and sensitivity by staff
- Being treated with dignity and respect
- Staff not being impatient when you have trouble expressing what you feel
- Not being subject to racist remarks or behaviours by staff
- Being consulted and informed by staff about treatment options and procedures