CHIEF PSYCHIATRIST
of Western Australia

13 July 2022

Chief Psychiatrist's Community of Practice
Multicultural Sub-Network

Acknowledgement of Country

I would like to acknowledge the Traditional Custodians of the lands on which we all meet today, throughout Western Australia, and for us here in Perth the Whadjuk Nyoongar people. I pay my respects to their Elders past and present.

Emma Blackman, Principal Officer Reviews, OCP

Recognition of Lived Experience

I recognise the individual and collective expertise of those with lived experience of mental health, alcohol and other drug issues.

Emma Blackman, Principal Officer Reviews, OCP

Introduction to Community of Practice

Australia is an ethnically diverse country and Western Australia is one of the most diverse and fastest growing of all the states and territories in Australia. The international evidence is clear that experience of bias and racism can cause trauma and is a factor in mental ill health. We also know that people don't always receive care in a bias-free environment and services are not always established with this in mind.

Today, we warmly welcome Manjit Kaur and Dr Bernadette Wright to help us consider how we work with those who are ethnoculturally and linguistically diverse (ELD). As ever, all feedback and ideas for future topics are welcomed.

Dr Emma Crampin, Deputy Chief Psychiatrist

Key Messages

"Ethnoculturally and Linguistically Diverse (ELD)" rather than "Culturally and Linguistically Diverse (CALD)"

- Recognises the ethnic identity of the person, and any history of persecution and discrimination because of it. As much as culture, ethnicity can significantly influence values and belief systems surrounding timely mental health service access, utilisation and anticipated outcomes that may be perceived by the person.

Expectation of service and experience of service is influenced by previous experiences.

- The person comes with their cultural norms, beliefs and values surrounding mental health and treatment.
- Knowledge and expectations of mental health services based on experiences in the country of origin is likely to be generalised to perceptions of the Australian system. This includes any experience of persecution or discrimination.
- Cultural-based deference to authority figures, such as clinicians and health practitioners, may lead to reluctance to question aspects of treatment (e.g. complaints about side effects of medication etc).

Skilled interpreters are important

- Negative experiences with unsuitable or inexperienced interpreters can hinder therapeutic rapport and trust.
- Use a professional interpreter, preferably one trained to work in mental health. Always avoid using family.
- Give the consumer choice about interpreter as much as possible, look for an interpreter who speaks their dialect and consider a phone interpreter service.
- Be sensitive to the possibility of the interpreter being a member of the consumer's community.
- Do not assume that when someone is fluent in English, their ethnic and cultural background is not relevant.

The expert in the room is the consumer with their cultural knowledge.

- Ask the consumer about how their issues would be treated in their country, what they see as the clinician's role and what they expect from coming to see you.
- The consumer is assessing you as well.

Consider how you work with those who are ELD

- Engage in a 'transcultural process' where clinician and person meet midpoint to get a shared understanding of each other's beliefs and values about mental health. Negotiate what help will look and feel like.
- The referrals processes and system of our mental health services may be very unfamiliar and threatening.
- Across many cultures, stigma about mental health issues and the connotation of being "crazy" can lead to ostracization of the person and their carers/families by their own community and extended family. Providing support and acknowledging this difficulty is needed through the journey.
- There are more similarities than differences when working transculturally. What would you respect, appreciate, or understand better if you were the person seeking treatment in a culture so different from yours? Put yourself in their shoes.
- It's not about staff being transcultural, or the people you work with being transcultural, the word is about the process with which you work.
- The person is the expert in their values and beliefs, and it will take time to develop understanding.

Dr Bernadette Wright, Co-Chair, Multicultural Sub-Network Steering Committee

See the person

- Understand their story – how they came to Australia, why, when, with who, anyone left behind? Any cultural bereavement? Cultural adjustment challenges? Intergenerational conflicts due to resettlement?
- Consider the mental health literacy level of the family.
- Be aware that the western concept of a 'nuclear' family unit may not be equivalent to what is upheld in the person's culture. Find the balance of listening to the consumer and their family. Avoid the situation of family members or the consumer being ashamed and sidelined.
- See the person not the illness presentation. When you see the person your language changes and your practice may change too.

Manjit Kaur, Co-Chair, Multicultural Sub-Network Steering Committee

Sharing Experiences

I've had the experience of someone not having a word they could relate back to in their language.

- We often assume that across languages there is a 1:1 match for vocabulary. However, this is incorrect. There may not be a word in another language that correctly reflects the same meaning as in English.
- Avoid jargon, deconstruct concepts through metaphors that the person may easily relate to in daily life.

The experience of children and young people can be different to that of their parents.

- Some children adapt really easily, and others can experience a cultural identity crisis.
- Acculturation for the younger generation can be challenging. They wish to integrate and feel pressured by two sets of cultural values and norms.
- It is important to understand the parents'/carers' receptiveness towards the level of acculturation that they see as acceptable for their children.

I don't want to put people in a box and assume they believe certain things based on their culture.

- True; do not assume. Ask the right question. The cultural expert in the room is always the consumer.
- Enquire about person's expectations they have of you and the service. Grounding unrealistic expectations about your role as a clinician, the limitations of the service and what choices are available, is a good start.

Sometimes the interpreter is not the right fit for the person, or there's a lack of suitable interpreters.

- Always give the consumer a choice – telephone or on-site interpreter? Male or female?
- Be aware that the *same* language may be spoken differently depending on world geographical regions.
- The interpreting pool is not large and at times there may be difficulty in finding a suitable interpreter.
- The Office of Multicultural Interest website has resources and links to a variety of interpreting services to get resources and book interpreters. https://www.omi.wa.gov.au/languages/translating-and-interpreting