

Cross Cultural Newsletter

“Asian People’s Experiences and Views of Mental Health Services” Discussions on Research Findings and Method by Counties Manukau Health 27th May 2014

Dear Members,

This is again to report that we had a very interesting and elaborate presentation on the 27th May. 30 of our very enthusiastic members attended. The topic was: “**Asian People’s Experiences and Views of Mental Health Services provided by Counties Manukau Health**”. The presenters included Christine Dong, Liz Stewart and Kitty Ko, all researchers involved with the project.

The presentation was divided into *four parts: an overview* of the need for the research; *quantitative* explorations and results; *qualitative analysis* through the use of interviews; *implications and recommendations* and finally an overall summary of the *lessons the researchers learnt*. It was a very detailed presentation of the subject. Space-limitation does not allow me to report in depth. Those interested should send for the DVD.

First, Christine highlighted the *need for research* on this topic. *Asian population* in the catchment areas of CMDHB has over the past several years increased rapidly. In 2010 it was 18% and it is forecasted that in 10 years, the population will reach 23 %. On the other hand, the increase in Service *utilisation rate* over the past 10 years did not match the growth ie 8.9% to only 12/1000 as compared with the Maori’s 24.8 to 34.3/1000. A number of theories have been advanced to explain the discrepancy viz language, culture, inappropriateness of the service to cater for the needs of Asian people and privacy concerns. This research was to explore reasons for this discrepancy and to suggest improvements.

Christine then presented her part of *the quantitative research*. The team recruited 629 subjects (consumers and family inclusive) and utilised paper and pencil questionnaire which they sent out by mail. The response rate was 15% (consumer) and 17 % (family). The team made adjustment for the bias in response. The results revealed that respondents reported *two major issues*: - barriers to access (68%) and lack of awareness of Services. *Barriers to access* included cultural misconceptions about illness and service provisions, thinking that the latter only are provided for the very sick. Shame surrounding mental health issues was another. Other barriers included language issues, staff attitudes (only 54% felt listened to by staff); and last but not least important is the cultural relevance of service provisions. (Most wanted staff from same ethnicity and language over and above the use of interpreters). *Lack of awareness about services for Asians* was another major hindrance (only 52% aware of interpreter services and 28% have information about mental disorder.) There were numerous other reasons. Please consult the hand-out and DVD for details.

Liz then described her part of *the qualitative research* and quoted number respondents’ remarks. 12 consumers and 3 families were interviewed. The *emerging themes* seemed to be issues with *access to services*; their positive and negative feed-backs about services; and their perceptions of a good service. As to access to services, the perceived difficulties were: - varying reluctance of GPs to refer; and shame and stigma surrounding mental illness. As to *service satisfaction*, whilst a number cited merit points such as the sincere, compassionate and positive mentality of the staff; good support and educational systems being in place such as the WRAP; and attempts to involve families; others expressed dire concerns about the lack of respect of some staff; lack of patient centeredness in that consumers were not adequately involved with the plans or even given simple information about changes in such (e.g. change in clinicians in-charge); lack of language relevant pamphlets and more importantly, less-than-satisfactory follow-up arrangements.

The respondents then were asked about *suggestions about key improvements they wished to see*. There were three major areas of change suggested (1) **the availability of well- trained of professional calibre** (2) **employment of staff of same ethnicity/language** and (3) **more treatment choices for the consumers from various Asian settings**. Staff should not make decisions on choices basing on concepts that stereotyped the consumers. On the other hand, selection of treatment basing on consideration of each individual's cultural and ethnic orientations would be preferred.

Kitty then talked about the *implications, recommendations and brief overview of the existing services* that are available. The implications included improving public education; increase of culture relevant support services in the community and changes to the service to increase acceptance. In relation to psycho-education, Kitty emphasised the need to further **increase education** to the public regarding mental problems, to de-stigmatise such and increase awareness of the various services. As pertaining to **increase of support services**, Kitty suggested strengthening the communication and support to GPs to allow them to manage patients more appropriately in their own community; and establishment of family support Services. **Improvement to the existing culture relevant services** would include enhancing the interpreter services and improve the cultural responsiveness and appropriateness of mental health services by relevant staff training in cultural competency. Finally, Kitty was glad to inform that many of the above have existed in primordial forms awaiting enhancement.

Lastly, the three presenters discussed with the audience the *lessons they learnt* on the research methods. In short, the discussion topics related to: **what worked well; what did not work so well; what challenges that lie ahead; and how to deal with the difficulties**. For those of you, who are interested, please consult the DVD.

Like previous sessions, the *discussion* went well into the night. One of the major issues, one that has never been answered is : **“How do you know that the Asians do not enjoy better mental health and hence accounting for the low utilisation rate?”** - a major reason for the research. It is unfortunate that financial constraints had in the past made it difficult for **an epidemiological survey** to be conducted. However, it is hoped that those research minded techno-buffs among you would carry the flame and ultimately achieved this goal that our pioneers had not been able to do.

HIGHLIGHT OF FUTURE PRESENTATIONS

On 22nd July, Ingo Lambrecht would continue with his unfinished talk on “Culture Intrinsic Therapies: EFT.”

In August, Dr Nada would tentatively give us an overview of EPI services in Singapore.

In September, Dr Aram would give us an update on developments in the field of psycho-pharmaco-therapy for Asians.

**Preview of
next session**

**Dr Ingo Lambrecht
“Culture Intrinsic Therapies
– EFT”
Tuesday, 22nd July**

Thank you again for your incessant support. On behalf of our Group, I look forward to seeing you in our next meeting,

S Wong

For Cross Cultural Interest Group



May 2014 - Happy Mother's Day!!

For a more accurate rendition of the presentation, please request the DVD from Diane Evans at dianee@adhb.govt.nz
(please send \$2 stamps to help cover costs)

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link
http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm