

## 25 September 2013 Report | Health Consumers' Council

**Panel members:** Safi Mutambala (Ruah), Stan Chirenda (Ruah), Joansy Pegrum (MSC) and Sheikh Mohammed (Imam at the Mirrabooka Mosque)

### Issues discussed during the Diversity Dialogue

After brief introductions by panel members and participants, the forum took an 'open discussion' approach. The main topic arising out of the forum was interpreting services: its challenges and how to overcome some of those challenges.

Discussions amongst panel members and participants identified some barriers faced by health consumers who have limited English language skills:

#### Language diversity amongst people

Variations in language can lead to misinterpretations because a wrong interpreter was used. For example, the health provider may not be aware that there are several versions of Swahili, and may therefore appoint the wrong interpreter for the job.

Also, family members may be fluent in different languages. This makes explaining even simple concepts difficult. A situation may arise where the husband is fluent in both Karen and Burmese, but the wife can understand only Karen. The interpreter who speaks only Burmese will have to explain what the health professional is saying to the husband. The wife is then reliant on her husband to relay the message to her in Karen.

In WA, Karen (Burma/Myanmar) language interpreters are not available

#### Breaking down the cultural barrier

Clients from other cultural backgrounds may perceive the social worker, interpreter and/or health professional to be in a position of authority, and thus are unwilling to divulge personal health information. The perception of authority may even have a negative impact on the clinical consultation as clients remember previous unpleasant encounters with authorities in their home country. Therefore it is very important for people working with such clients to find a way to gain their trust at the outset.

One tip from the panel members is to be aware and talk about the client's background and culture. For example, extend and change common comments like 'it is sunny today', to simple questions such as 'does it rain a lot where you come from'. This breaks down the barrier between the patient, the interpreter and the health professional, and helps the client open up about the personal health and other circumstances.

Also, health professionals should be mindful that the gender of the interpreter could have a big impact on the outcome of the consultation, especially where sensitive health issues are involved. It should also be noted that having an interpreter explain sensitive health issues sometimes makes the patient feel uneasy and awkward.

#### Explanation rather than interpretation

Sometimes an explanation of the health condition would be more useful rather than an interpretation of the medical term. For example, a language may not contain a direct interpretation of a particular word (like 'dementia').

Also, often interpreters are not medically-trained, and may find it difficult to understand the terms used by the health professional. The interpreter may be required to ask the health professional to explain what the condition is first. This makes the job a little easier as the interpreter can then interpret the health professional's explanation to the patient.

### **Lack of funding for interpreting services**

There is little or no incentive for interpreters to specialise or to view interpreting as a career, as their employment is sporadic, casual and not highly paid. This adds to the shortage of interpreters in WA. A solution proposed was that WA needs to offer more frequent training sessions to better equip interpreters to address current issues in healthcare service provision.

### **457 visas**

A panel member answered a question on migrants coming into Australia with a 457 visa by saying that they are not entitled to any English language classes.

### **Actions for the future**

The forum identified some areas where things can be done to address the needs of culturally diverse clients

- Health professionals going out to the communities to talk about healthcare
- Health care providers to be aware of the need to build rapport with patients from diverse cultural and linguistic backgrounds.
- Improve career paths for interpreters to maintain dedicated and professional interpreter services
- With increased knowledge of the language diversity, healthcare professionals should try to establish the exact language spoken by the patient and family.

### **Possible topics for future forums**

Participants were asked to identify other topics which they would like to cover in future Diversity Dialogue forums. They are:

- Birth control discussions with local communities.
- Dementia, and how to prevent its onset.
- Nutrition and health: barriers faced when reading nutritional labels.

## **Evaluation of Diversity Dialogue**

The following is a summary of the results from an evaluation form given out at the conclusion of the forum.

### **Overall I found this forum to be**

Six respondents found the forum to be 'Good', and six respondents found the forum to be 'Very Good'.

### **After attending this form I have increased knowledge and awareness of barriers to health care experienced by people from new and emerging communities**

Seven respondents 'Agree' with the statement above, and five respondents 'Strongly agree' with the statement.

### **How did you find out about this forum?**

Eight respondents found about the forum through their workplace, two found out via HCC's eNews, and three found out from HCC staff.

### **Which part of the forum was of most interest to you?**

The following summarises feedback obtained from participants on the question above. The responses are listed which the highest responses at the top:

- Service available through interpreter in health institutions and the common problems faced (n= 3)
- Networking opportunities (n = 3)
  - o Being more aware of other organisations that we can refer our clients to such as the community advisory council (n=1)
- Open discussion (n = 2)
- Awareness of the wider range of cultures and languages (n=2)
- Update of issues and concerns of the CaLD community (n=1)
- Techniques on how to make people feel comfortable (n=1)
- All aspects (n=1)

### **Are there other areas of interest to you that HCC could provide forums on?**

The following summarises feedback obtained from participants on the question above:

- More facilitator groups in future
- Youth- related: mental health, detention, government strategic planning
- Child health perspective
- How to better inform clients of their rights and consent to procedures
- Engaging diverse cultures in Healthcare Consumer Councils
- Understanding mental health in CaLD groups

## **Any other comments?**

The following summarises feedback obtained from participants on the question above:

- I would like to see how many other community providers are associated with this group
- Communication relationship and referral system through the service
- Worth attending, very interesting
- Important topic/informative
- Louise is a great facilitator- respectful and sensitive in her approach
- I think volunteer groups bringing different cultures together for health information.
- Having a forum is good as it provides different viewpoints from different backgrounds.
- I would like to recommend more sessions of this kind.
- Could we have a petition to the Commonwealth government for better interpreter services in Western Australia.

**Please see HCC's eNews for a feature of the forum including some pictures!**