



HEALTH CONSUMERS'
COUNCIL
YOUR VOICE ON HEALTH

Diversity Dialogues

Dementia | May 2014

LOUISE FORD

UNDERSTAND ALZHEIMER'S
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Summary | 7 May 2014

The HCC and Alzheimer's Australia WA would like to extend their sincere thanks to the Panel members who contributed so willingly and knowledgeably to the Forum. They were:

- Safi Mutambala (RUAH /Congo)
- Shahla Haidari (ISHAR /Iran/Persia)
- Jillian Pan (Chung Wah Community and Aged Care /China)
- Pina Catalano (Italo-Australian Welfare & Cultural Centre /Italy)

The HCC would also like to thank Isha Koroma for her voluntary assistance with the registration process at the forum. Isha arrived from Sierra Leone in October 2013, this was her first experience of such an event. Forty-eight people from a variety of organisations attended. There was a positive and warm atmosphere as they engaged in building their understanding of the needs of people from the above cultural backgrounds.

Initially each of the panel members provided a briefing on ways in which their culture identifies dementia (and if they do), how it is named, the meanings behind the names, how their society deals with dementia, whether there is stigma attached, what people think causes the disease and how they treat both it and the person with dementia.

A very interesting comment was made by Safi; in her culture the word for dementia is, essentially, loneliness. A family and community orientated (collective) culture does not allow people to be alone and will ensure individuals are visited, included and have people around all the time to assist with their well-being. This was reinforced by other panel members some of whom contributed the importance of music and dance to the well-being of community members, including those with dementia.



Interaction during Q&A was engaging and included the following:

Q) Our organisation is starting up a group as we have many Culturally and Linguistically Diverse (CaLD) people in our locality; how do we go about engaging with African people and encouraging them to attend?

A) Start with approaching churches in your area and link in with pastors

Q) How can we take a non-pharmacological approach with people from different cultures?

A) Italian – accommodate social interaction in Italian

A) Chinese – accommodate language – make sure you know the mother language. 'Chinese' is a written language, find out if people speak Mandarin, Cantonese or another dialect. Create a culturally friendly environment e.g. have Lucky Bamboo on your desk, talk about food, do your homework on where people come from.

A) Iranian/Persian – Use music (that people are familiar with), talk about family history, talk about family

A) Congo/African – identify their need/s first to gain trust



Q) We have multicultural staff, their perspectives on dementia are different from 'Australian' perspectives, how do we manage this?

A) Continue to explain and train your staff

A) Use culturally appropriate approaches

A) When training carers/staff do something different, make the workshops active, use food, use music, it will engage people more and they will learn more

This question raised further discussion from which we learnt that Iranian/Persian people like to keep problems to themselves, they may not visit a Persian GP etc. because of this. We also learnt the importance of noting down conversations when working with Chinese people, it

shows they are being taken seriously; in addition, we learnt that it is more acceptable to shake hands and use people's family name (e.g. Mr/Mrs...) in this community.

Q) If communities are embarrassed re their own community members assisting (and therefore knowing they are unwell) how does this fit with using community members as carers?

A) Italian – the importance of language cannot be underplayed, carers who speak the same language are invaluable to assisting family members with acceptance and with being able to communicate with the patient/client

A) Chinese – it helps to have the same cultural background in order to fully support the patient/client and the family



Q) Does it help if we use media to advertise/inform communities?

A) There is Cantonese Radio however older Chinese tend to listen to this, younger ones use the web etc.

A) Africans tend to be informed via word of mouth, information will include opinions on service providers, not only the service but the way in which it is delivered and by whom

A) Many Persians listen to the radio

A) The Italian community uses both radio and newspapers (in Italian, produced in Australia)

Q) Families are confused around putting people in homes (Chinese and African people in particular, are really upset and struggling), how can we support them?

A) With the African families, it is useful to locate spiritual/church leaders to assist

A) The Chung Wah Association has many ways and programs to assist Chinese families

Comment: A member of the audience informed us that there is a Government funded training package related to cultural diversity within the aged care and disability work place. It is available on line and is free, however it does need a facilitator.

Recommendations:

As result of the discussions the following recommendations are made:

- That service providers work supportively with families to accommodate culturally relevant strategies (e.g. traditional music) for and visitors to those with dementia
- That service providers proactively engage with CaLD communities and leaders to learn about cultural values and beliefs to better support those in their care
- That service providers include discussion about western concepts and understanding of dementia in training to carers and encourage trainees to share their cultural understanding of the condition
- That people from CaLD backgrounds are encouraged to work as bi-lingual, bi-cultural carers
- That cultural competency is a component of carer and staff training

