

Diversity Dialogues | Cultural interpretations of, & thoughts around mental health

19 August 2014 Report | Health Consumers' Council

A successful Diversity Dialogues forum was held in partnership with CommunityWest at the Mirrabooka Multicultural Centre in Mirrabooka. I would like to extend thanks to Fadzi Whande, Diversity Consultant with CommunityWest, for her enthusiasm for and commitment to the forum and also to Michelle Atkinson-de Garis for her much appreciated assistance in setting up and taking registrations on the day. Huge thanks also go to the Panel members; Pearl Proud, Dr Bernadette Wright and Safi Mutambala, without you the forum could not have happened. The event was attended by forty seven people from a wide variety of organisations including the Redcross, Alzheimer's Australia WA, Advocare, the Dept. of Human Services, the Dept. of Health, the AMEP (counsellors), Relationships Australia, the Independent Living Centre (ILS) and Panorama Health Network.



The Panel (from left to right): Pearl Proud, Dr Bernadette Wright, Safi Mutambala

With the focus on mental health, specifically working with people from diverse cultural backgrounds, including those who have arrived in Australia as refugees, a comment was made that there had been no definition of 'trauma' provided on the day. In the context of this summary it seems appropriate to use a definition of PTSD (Post Traumatic Stress Disorder): "The American Psychiatric Association's current definition of posttraumatic stress disorder (PTSD), introduced in 1994, states that a person must have experienced or witnessed an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, and which involved fear, helplessness, or horror." (Source: <http://www.psychologytoday.com/blog/what-doesnt-kill-us/201201/what-is-trauma>). I have used this definition as it is not so much what experience causes the trauma, it is rather the impact of that experience.



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Panel members provided perspectives on their experience with each stressing the importance of trust to working effectively with clients/patients. Developing trust has an impact on service delivery as it adds additional time to each period of contact and must be allowed for and accommodated. Time is also a factor when working with interpreters, when engaging with people from diverse backgrounds it is imperative to factor extra time into appointment setting.

Several comments/recommendations came out of the forum, these were:

- The cost of interpreters is not covered in private practice (psychology), there is no rebate which means the cost is passed on to the client, many cannot afford that cost so do not access services
- There is a lack of access to psychologists for aged people
- GPs continue to under access interpreter services i.e. TIS, although they can access that service free of charge (it is funded federally)
- Education re mental health, including psychology, needs to be provided to communities, this would also assist with building their confidence about accessing services
- There is a need for continual monitoring/education of interpreters around confidentiality
- There is a need for more bi-lingual/bi-cultural workers
- There is a need for more forums that encourage learning, engagement and networking
- A request was made for an email list of contacts with a brief of services provided

Health Consumers' Council (HCC) has noted these comments and recommendations and will action accordingly.

Feedback from the forum was positive with many suggestions and requests for future forums. The HCC and CommunityWest thank those who participated and made the August Diversity Dialogues so enjoyable and engaging.



Some attendees with Fadzi (3rd from left) and Safi (1st right)