A local research project
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BARRIERS TO MENTAL HEALTH SERVICES DESCRIBED BY CALD YOUTH
The First Fleet.

Boat People! We should build a detention centre.

Nah! Let’s see what they want.
……in many European countries, the present political climate has led to an acceleration in the processing of requests, an escalation of restrictions in the granting of asylum, and severe limitations on access to social benefits. As recent literature has demonstrated that protracted procedures increase the risk of developing psychiatric problems in asylum seekers

( Laban et al., 2004; Momartin et al., 2006, in The Journal of Nervous and Mental Disease, Volume 195(9), pp 723-728, September 2007. )
…..in general, the foreign born have higher rates of admission for schizophrenia, and a higher proportion of all diagnoses accounted for by this disorder than do the native born.

The aim of the project is to explore perceived obstacles affecting engagement with GVHealth Mental Health Services by youth from Culturally and Linguistically Diverse (CALD) communities.
The Forums

- Four forums of around 90 minutes were held with young people recently arrived in Shepparton as migrants or refugees.

- Groups were relatively homogenous with respect to gender, age and cultural experience.

- Qualitative data was sought around understandings of western perceptions of mental illness, GVHealth services and obstacles to accessing mental health services in particular.
# The Participants

<table>
<thead>
<tr>
<th>Country of Birth</th>
<th>Males (14)</th>
<th>Females (18)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Age range</td>
<td>Age range</td>
</tr>
<tr>
<td></td>
<td>10-15</td>
<td>10-15</td>
</tr>
<tr>
<td>Afghanistan</td>
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<td>2</td>
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<td>4</td>
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<td>Turkey</td>
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</tbody>
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CAUTIONS

- Because of the age of the students – cultural respect, transparency and parental consent.
- Re-traumatising participants through disclosure
- Vicarious trauma from hearing stories of others
- Homogeneity of groups for gender and age
- Ensure participants understand what is said and what they say
- Guidance without control
The conversations were recorded with the permission of participants. Transcriptions of the recorded sessions were examined and perceptions and perspectives of participants were coded according to the nature of the reference. Themes were noted and possible cultural or experiential influences which may have shaped or generated statements were considered.
Ismail was a 20 year old student who has been in Australia for only two years. He has recently started locking himself in his room and not talking to his friends if they visit. Until recently Ismail was a good student but he failed his last exams. His mother said that he now spends hours staring into space. Sometimes he mutters to himself as if he is talking to an imaginary person. It is very difficult to get Ismail to talk to someone about how he is feeling. At first he refused to talk to his brother, but after a while he said he believed that that someone was interfering with his mind. Ismail says he can hear his neighbours talk about him and say nasty things outside his door. He says he does not see why he should see a doctor because he is not ill.
“It’s just imagination” (M)

“....like he’s sad, like very sad about, like, living there or something” (M)

“....because he’s failed his exam” (F)

“....he may be scared” (F)

“....maybe he was stressed about his exams or something. Too much pressure on his brain.” (F)

“....he’s being bullied” (M2)
“....I think he’s depressed” (M)

“....because he’s failed his exam and he thinks everyone will talk about him and say that he’s failed” (M)

“....in Iraq they would think he’s stupid” (M)
PRAGMATIC RESPONSE TO SYMPTOMS:

“...they would try to help him by talking” “maybe they would take him to ....a holiday” (F)

“....take him to a hospital” (M)

PERCEPTION BY THE FAMILY THEY CAN ‘HANDLE’ SYMPTOMS

“...because you think it will cure itself, you can cure it in that period of time. Two days three days it will be gone” (M)
“DEPRESSED”

DEFINITION OF ‘DEPRESSED’ EXPRESSED AS:

“....you don’t want to talk to anyone, you just sitting in your room, do nothing.” (F)

“....he’s locked himself in a room. Like depressed people do that you know.” (M)

WHICH FIT THEIR PERCEPTION of ‘DEPRESSED’ BECAUSE:

“....because I usually do it. Like when I’ve got too much stress, I just leave everything, just have like chillax. Go to your room, do nothing.” (M)
CULTURAL BARRIERS TO HELP-SEEKING

“Mostly people don’t spread (knowledge of their child’s illness) out so people won’t say their child is psycho or something” (M)

“...like in our community what people say it really matters. Like, it’s a big thing” (M)

“...no if they’re son’s in danger they wouldn’t be worried about that” (M)
SOCIAL BARRIERS TO HELP SEEKING

“....sometimes lack of experience can be an issue” (M)

“I guess because they don’t have the knowledge, about mental illness, so probably they gonna think it’s a normal thing” (M)

“....maybe hey don’t have enough money” (F)
Depressed

Symptoms seen as Reality

Counselling mentioned

Talk to him

Medical problem

No Cure

Take to a doctor

Parent’s fear of mental illness

Parents' fear of mental illness

Social/Cultural limitations

Reasons about understandings

Ideas for education

Info has changed participants’ ideas

Info will change parents’ ideas

Language as a barrier

Parents do know the Australian system

Family will handle it

Family will find it hard to manage

Doctors may worsen symptoms

No understanding of mental illness

Suicide?
Thematic Overview

As Reality (M: 26, F: 9)
That MI is not understood (M: 15, F: 4)
Social / Cultural effects (M: 11, F: 12)
The family will handle it themselves (M: 9, F: 4)
Ideas for educating community (M: 5, F: 11)
“they gonna be scared, he might kill himself” (M)

“they gonna lose their son” (M)
**Some Suggestions for Information Dispersal**

**Vehicle for Information:**
Real Person/Real Stories
Poster
Video (but *not* with community members)

**Info to Disperse:**
“How easy it is to get help”
“explain need for help in early stages”
“The way to treat mental illness”

**Where to disperse:**
“summer schools”
The “fishbowl” where leaders and community meet
“contact community leaders at the mosque”
“use the big mosque in Melbourne.”
"It's no big deal, just call": Why don't younger people from refugee backgrounds call a rural early psychosis service?

Introduction

The Introduction section of the paper is focused on the issue of younger people from refugee backgrounds not calling for help when they need it. The text discusses the barriers that these individuals face, such as cultural and language differences, and the need for specialized services that can address these issues.

The Sample

The Sample section of the paper identifies the characteristics of the sample used in the research. This section includes information on the number of participants, their demographics, and the methods used to recruit them.

Method

The Method section of the paper outlines the research design and the methods used to collect and analyze data. This section includes information on the measures used to assess the participants' symptoms, as well as the statistical analyses performed.

Acknowledgements

The Acknowledgements section of the paper lists the individuals and organizations that contributed to the research. This section includes information on grants, funding, and other support.

References

The References section of the paper lists the sources cited in the research. This section includes information on journal articles, books, and other resources.

Results

The Results section of the paper presents the findings of the research. This section includes information on the statistical analyses performed and the conclusions drawn from the data.

Discussion

The Discussion section of the paper interprets the findings and discusses their implications for future research and practice. This section includes information on the limitations of the study and suggestions for future research.

Conclusions

The Conclusions section of the paper summarizes the main findings of the research and highlights the key implications. This section includes information on the recommendations for future research and practice.