

translinks

Newsletter of the Queensland Transcultural Mental Health Centre
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Editor: Penny D'Ath

Welcome

Welcome to the July edition of *Translinks* as we enter the second half of 2003 and what a busy year it has been so far! We have settled in very nicely at our new office in Annerley and our new staff have well and truly settled into their jobs. You can read about some of the projects they are working on in this newsletter.

The other good news is that we are entering this new financial year with significant new project funding and we will be tackling some interesting and challenging issues: building transcultural partnerships with district mental health services in Cairns, Logan and the Gold Coast; researching the cross-cultural application of mental health outcomes measures; and building on the work we commenced with our community development project to establish consumer and community participation mechanisms in ethnic communities.

I would like to say a special thank you to all our clinical consultation service sessional workers for bearing with us during the changes to employment arrangements which have been introduced this financial year. In essence we have just gone through a process of re-employing over 100 workers on a casual basis which has been a major effort, so a big thank you to everyone involved!

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Earle Duus Memorial Award presented by the Queensland Wattle League for the Disabled

This year will see the inaugural presentation of the Earle Duus Memorial Award. The Earle Duus Memorial Award is presented annually in recognition of achievement in the advancement of people with a psychiatric illness within the community. The Award is under the auspice of the Queensland Wattle League and is open to any individual or group resident in Queensland.

The Award is open to those who promote the advancement of people with a psychiatric disability in community settings. The Award will consist of a trophy and financial grant to be used in the advancement of people with psychiatric disabilities. The Award will be presented at a publicised ceremony, with the aim of bringing the needs of people with psychiatric disabilities to the attention of the wider community.

To be eligible for consideration for the Award, consenting individuals, groups or organizations need to be nominated by two (2) Queensland residents. The nomination form requests applicant and nominee details and a summary of applicants' achievement relating to the above. Nominations will close on 31st August, 2003. A panel established by the Qld Wattle League will assess all applicants using the criteria outlined and will decide the most deserving applications. The Award will be presented at a luncheon on 7th October, 2003. For further information and nomination forms, contact the Qld Wattle League on (07) 3844-7481.

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Islamic women get active!

According to the National Physical Activity Survey 2000, non-English speaking background (NESB) women are among the least physically active groups in Australia. Language and lack of supportive environments are the major contributors. Many studies show that NESB women also experience high levels of depression largely due to social isolation. Coupled with the above is the increasing evidence that regular moderate physical activity promotes mental wellbeing.

The QTMHC has been working in partnership with the Islamic Women's Association of Qld Inc, who received funding from Multicultural Affairs Qld and Qld Health, to implement the project *Enhancing the community capacity of isolated Islamic women*. The 12 month project, which just finished, is enhancing the mental wellbeing of Islamic women by keeping them active, walking and swimming.

The success of the project is the result of:

- a strong community involvement,
- the up-skilling of community members, and
- the re-orientation of the policies of a swimming space to accommodate the special needs of the women.

The project surveyed the capacities within the community and used them to power the project. A psychologist conducted a religiously appropriate self-development group program for four language groups. Organisers are still running local walking groups. A project coordinator managed this health promotion project and coordinated a separate community event building on other capacities and interests identified by this project.

Seven bilingual peer-educators attended training on physical activity, mental health and peer-education. The peer-educators and other women attended training on the *Just Walk It Program* run by the Heart Foundation. Peer-supporters assisted in the swimming, survey application and personal development program.

The short-term impact of the project on participants reported:

- A sense of control over the activities being run.
- Increased levels of self-confidence to participate.
- Increased knowledge on physical activity and mental wellbeing.
- Increased community connections within and across ethnic groups.
- Increased levels of physical activity.
- No longer feeling the need to take anti-depressants.

For more information, contact Elvia Ramirez on (07) 3240-2833 or email to elvia_ramirez@health.qld.gov.au.



Left to right: Suraya Khan, project coordinator, peer-educators Laila Elias (facing back), Fadumo Yusuf and Lula Hersi, planning a role play during a training session.

Transcultural Clinical Consultation Service Update

Group Supervision Program

The Transcultural Clinical Consultation Service (TCCS) has developed a group supervision program to provide support to bilingual/bicultural mental health consultants registered with TCCS.

The group supervision program aims to provide bilingual/bicultural mental health consultants with an opportunity to discuss and reflect on cross-cultural practise, explore clinical and cultural issues, and share experience, knowledge and skills with other bilingual/bicultural mental health consultants.

With the successful completion of our most recent group supervision program in June 2003, TCCS would like to take this opportunity to thank Diana Schmalkuche for facilitating the supervision group. Participants reported that the chance to receive support from peers, the opportunity to learn and grow in a supportive environment, and the building of professional relationships through networking were the highlights of the program.

The TCCS is continually exploring ways to improve its supervision program. Recently, TCCS conducted a comprehensive survey to ascertain supervision requirements for its bilingual/bicultural mental health consultants. The survey will aid in the further development of the supervision program to ensure it meets the changing needs of our bilingual/bicultural mental health consultants. The group supervision program will re-commence in August 2003.

TCCS Promotional Visits

The TCCS has spent the last four months visiting mental health services throughout South East Queensland to conduct presentations at team meetings.

The presentations have been designed to promote to mental health clinicians the merits of TCCS and how TCCS can play an integral part in the assessment, diagnosis and treatment of clients and patients from culturally and linguistically diverse (CALD) backgrounds.

Our travels have given us an opportunity to meet mental health clinicians and hear first hand the service and treatment issues that are associated with meeting the needs of CALD client and patients.

From the anecdotal evidence provided to us from our visits to the mental health services, TCCS continues to provide an important linkage between mental health service providers and their CALD clients.

While it is our intention to continue to promote TCCS throughout the state, we welcome requests and invitations for our TCCS Clinical Services Worker to discuss with you how TCCS can be of benefit to your service.

Recruitment of bilingual mental health consultants

The TCCS is always on the look out for individuals with a background in mental health who have a keen interest in utilising their knowledge and experience of their own cultural heritage. TCCS encourages individuals to contact us and speak to a Clinical Services Worker to discuss the valuable role a bilingual/bicultural mental health consultant plays in the assessment, diagnosis and mental health care of people from culturally and linguistically diverse backgrounds. Current priority languages groups are: Hindi, Tagalog, Thai, Khmer, languages from the Pacific Islands (eg. Tongan, Samoan), languages from the Horn of Africa (eg. Amharic, Somali, Dinka).

For further information, please contact Clifford Soo or Deborah Mitchell on (07) 3240-2833.

'Melting Pot'



The Transcultural Clinical Consultant Service (TCCS) has a vested interest in providing "support and encouragement" to our bilingual/bicultural mental health consultants. One way of achieving this end is to build a spirit of partnership, collaboration and team work.

For the month of July, TCCS has organised a number of informal gatherings where by bilingual/bicultural mental health consultants and TCCS staff have an opportunity to mingle, chat and enjoy the company of others without the burden of case notes, charts, appointments and assessment reports.

We hope such gatherings and social events will enhance and strengthen the already productive relationship that exists between TCCS and its bilingual/bicultural mental health consultants.

Left to right: (seated at front) *Saad Al-Obeidy, Nikola Tomasevic, Deborah Mitchell, Belinda Khong*, (standing) *Samira Fattal, Dr Katrina Samios & Yuri Hada*.

News in brief

Staff news

Congratulations to Simone Bell and John Schomberg for the arrival of their baby boy Euan Alexander who weighed in at a healthy 3.9 kg! Simone is on maternity leave until the end of the year and we welcome Deborah Mitchell who has joined the team as one of the clinical services workers.

We say goodbye to Ignacio Correa-Velez who has left the community development project to pursue his interests in medical/alternative therapies research. Ignacio, who really shaped phase one of the community development project, will be greatly missed and we are currently recruiting for a new community development project coordinator.

We also welcome Laura Liefert who has joined us for six weeks on a global internship program from the USA.

Multicultural Community Development in Mental Health Project

QTMHC and Harmony Place are very excited to have been able to secure funding from Queensland Health for two years to continue the work it has commenced in the multicultural community development project focusing on establishing community networks to facilitate consumer and carer participation. The project has recently expanded to incorporate two new communities, the Somali and Sudanese communities, with additional funding from Multicultural Affairs Qld. Over the next two years bilingual community development workers will be working in their communities conducting community education activities to increase mental health literacy issues based on the priorities identified in each community during phase one of the project. Mental health literacy issues are of vital importance as part of a process of strengthening community networks to support consumers and carers.

Presenting to a wider audience



2003 seems to be big year for conference participation for QTMHC. In June, both Elvia and Rita presented at the Qld Health Mental Health "Partnerships in Recovery" Showcase conference. Elvia and Suraya Khan from the Islamic Women's Association presented the *Islamic women get active* project and Rita and Paula Petersen from the Qld Program of Survivors of Torture and Trauma presented the *Early intervention and clinical care project for refugees on temporary protection visas*. QTMHC has been invited to present a session on CALD consumer participation issues at the next TheMHS conference in Canberra in September, which will be presented by Greg Turner, and to conduct a workshop on *Diversity in Participation* at the Diversity in Health Conference in Sydney in October.



Above: *Elvia Ramirez & Suraya Khan*

Above: *Rita Prasad-Ildes & Paula Petersen*

Mental health outcome measures - what are the cross-cultural implications?

Everyone working in public mental health services will be aware that standardised outcome measures have been introduced in Queensland as part of a national approach to use standardised measures that enable regular assessment and monitoring of mental health patient outcomes.

Although the selection of core measures was based on issues of validity, sensitivity and practical use, the issues of cross-cultural applications of the measures with consumers of non English speaking and indigenous backgrounds needs to be further explored. Mental health services have been instructed to use the outcome measures, where possible, with all population groups regardless of their cultural backgrounds.

The QTMHC will be researching the cross-cultural implications of the outcome measures as they relate to consumers from non-English speaking backgrounds over the next 12 months. Anyone intent on using standard assessment and outcome measurement tools on people from diverse cultural and linguistic backgrounds need to be aware that it is an area of professional practice that has been criticised because of differential treatment of people from ethnic minorities, and that it is possible for standard assessment tools to contribute to the perpetuation of social, economic and political barriers confronting minority population groups¹.

Even the most widely used measures and tools have been criticised because of claimed cultural and ethnic bias. Researchers have long argued that assessment and measurement instruments, normed on majority group populations or developed using Eurocentric approaches, cannot be indiscriminately used with individuals who differ from the majority population².

Given the multicultural nature of our society, with over 17% of the Queensland population being overseas born according to the 2001 census, there is no doubt that the mental health outcome measures introduced in Queensland will be used in cross-cultural situations where clinicians will be completing measures on consumers who are from a different cultural background to themselves and consumers from culturally and linguistically diverse backgrounds will be asked to complete the consumer self rated measures.

QTMHC will be focusing on the following in order to address some of these issues:

- Translation and cultural contextualisation of the mental health inventory (MHI) into 13 community languages.

The translation of standardised tools from a 'source' language into a second 'target' language has generally not been an acceptable solution to the pervasive problem of inappropriate measurement tools as the underlying psychological constructs assessed by translated tools are sometimes not universal across cultures, furthermore, translation may potentially threaten validity due to lack of procedures to ensure equivalent meaning across languages³.

QTMHC will therefore be conducting focus groups with representatives of each of the 13 cultural and language groups that the MHI will be translated in to determine cultural context issues in relation to language, meaning and constructs and work closely with the translators in the translation process.

- Researching the transcultural application issues in relation to the HoNOS, HoNOSCA, HoNOS 65+ and LSP-16 by comparing the data from outcome measures completed by mental health clinicians, with outcome measures completed by bilingual mental health consultants who are working with the same consumer.

QTMHC will be working in partnership with the NSW Clinical Consultation Service on the research component of the project focusing on the clinician rated outcome measures. The project will also be conducting an extensive literature review and developing a training module incorporating the project findings.

¹ Padilla, AM "Issues in Culturally Appropriate Assessment" in Handbook of Multicultural Assessment, Suzuki et al (Eds), A Wiley Co, USA, 2001

² Gopaul-McNicol S and Armour-Thomas E, *Assessment and Culture – psychological tests with minority populations*, Academic Press, USA, 2002

³ Suzuki L, Ponterotto JG, Meller PJ, (Eds) *Handbook of Multicultural Assessment: Clinical, Psychological and Educational Applications*, A Wiley Co, USA, 2001

Update on the BRiTA Project: Building resilience in transcultural adolescents

This exciting project is now well and truly underway, and is already gaining attention both nationally and internationally. The project working group, and the team at QTMHC, completed the development of the 10-session program in June, and preparations are now well underway for the pilot to be conducted in several schools and community settings in Queensland and the ACT.



Built around an international review of group-based programs designed to promote young people's life skills, it is unique in that it places emphasis on those resiliency-protective skills that are specific to young people from diverse cultural backgrounds.

For example, whilst other resilience promotion programs address issues of adolescent identity, this program focuses specifically on the way cultural heritage shapes young people's sense of self. It also addresses the issue of interpersonal communication from the perspective of cultural roles and how positions within families, especially those from diverse cultural backgrounds, determine acceptable communication patterns, and influence conflicts between people within families and communities. The significant issue of coping with stereotypes and discrimination is included in the program, with a rich variety of structured activities aimed at helping young people not only discuss these issues, but also build their capacity for managing problems constructively. No other programs have been identified where the importance of spirituality as a protective factor is addressed, ways to cope with anger related to "forced migration" or personal loss, along with strategies for coping with mental health problems in a culturally appropriate framework. These issues are particularly relevant for young refugees. Family, peer and community connectedness are dealt with, along with the role of humour for health, and setting life goals.

A two-day training program was held in June for the four group facilitators and their respective co-facilitators who will be piloting the program in four locations – Logan, Gold Coast, Townsville and Canberra. The training program itself will be written shortly in order to provide a "train-the-trainer" package to complement the program. The pilot program will be run in four schools as well as four community settings from July to October this year, with the evaluation due to be completed by early 2004.

In the meantime, the project team is preparing a number of grant submissions for additional funding to extend the evaluation of the project, as well as to fund a national pilot and exploring ways the program could be integrated into school curricula, as well as exploring ways in which better integration of services for young people from culturally diverse back-



Above: Left to right: Participants in two-day training program for group facilitators and co-facilitators held in June, 2003 - Edna MacArthur (Gold Coast), Megan Franklin (Townsville) & Farvardin Daliri (Townsville)

Below: Left to right: Participants in two-day training program for group facilitators and co-facilitators held in June, 2003 - Amelia Callaghan (Gold Coast), Christine Foley (Gold Coast) & Rob Hoitink (Canberra)



Working with interpreters in mental health settings

By Greg Turner, Education & Development Co-ordinator

Language is fundamentally important in the provision of mental health care. It forms the basis of assessment and is central to most forms of treatment. Perhaps most importantly, language provides the primary vehicle for the development of the therapeutic rapport and trust between the clinician and the client.

When a client cannot communicate in the same language as the clinician an interpreter must be used. When an interpreter is used the complexity of transferring meaning through language is greatly increased on a number of levels. An interpreter is not a mechanistic translating machine through which people communicate, but rather is a person with their own perspectives, feelings, beliefs, values and desires. These may be derived from the interpreters culture of origin, their level of acculturation, and the individual characteristics of the interpreter. No matter how objective an interpreter tries to be there will always be elements of subjectivity in an interpreted interview.

It is imperative that clinicians have a clear understanding of the role of the interpreter in mental health and vice-versa. Interpreters will acquire this understanding through completion of the specialist training course "*Mental Health Interpreting*" currently being developed by the Queensland Transcultural Mental Health Centre (QTMHC). Mental health clinicians acquire this understanding through attending professional development courses on *Language Matters in Mental Health Care* (contact QTMHC), which prepares clinicians to work with mental health interpreters. A model of interpreting which is very appropriate in mental health settings, and which forms the basis of these training programs is the 'Interpreter as Colleague' model. Components of this model include:

1. Pre-interview case discussion between clinician and interpreter
2. Planning the interview process
3. The clinical interview
4. Post-interview discussion between clinician and interpreter
5. Debriefing of the interpreter

In mental health settings, interpreters are often utilised as cultural brokers. Not only does the clinician need to have an English interpretation of what the client is saying, he/she also needs to understand what the client is saying in the context of the client's culture and societal norms. Clinicians are also making clinical attributions in regard to the client's behaviour, body language, clothing and appearance, beliefs, values, lifestyle, etc. In clinical situations it is not possible to work alongside an interpreter and a cultural broker – the dynamics of having four people interacting is just not possible. Hence interpreters, if appropriate, are often used as cultural brokers. If this is to be the case, clinicians should make it clear when requesting an interpreter that they wish to utilise that interpreter as a cultural broker. They therefore need to know the language of the client as well as the identified culture of the client. There is also a need to understand intra-cultural differences, such as rural and urban differences, different language groups and dialects, and socio-economic differences.

Only by working collaboratively with the interpreter can a mental health clinician arrive at an accurate assessment and develop an appropriate treatment plan for the culturally and linguistically diverse client.

For more information on working with interpreters, or on issues relating to language and culture in general, contact Greg Turner, Education and Development Coordinator on (07) 3240-2833 or email at greg_turner@health.qld.gov.au.



October 27-29, 2003

Sydney Convention and Exhibition Centre

For further information, contact: the Conference Secretariat
Ph. (02) 9280-0577 or Fax (02) 9280-0533.



QTMHC Library New Additions



BOOKS

- Andary, L., Stolk, Y. & Klimidis, S. (2003). **Assessing mental health across cultures**. Brisbane, Australian Academic Press: 194.(ASSE.4)
- Australian Red Cross (2002). **Images of us: A photographic journey by women from the Eritrean, Ethiopian, Somali and Sudanese communities of Brisbane**. Brisbane, Australia Council for the Arts.(Video & Audio available)
- Australian Red Cross (2003). **Final report. Horn of Africa Family Support Program April 2001-December 2002**. Brisbane, Commonwealth Department of Families and Community Services: 50.(HORN.3) (Video also available)
- Barnes, D., Ed. (2003). **Asylum seekers and refugees: Issues of mental health and wellbeing**. Culture and mental health: Current issues in transcultural mental health. Sydney, Transcultural Mental Health Centre.(ASYL.2)
- Beavis, K. (2002). **Safe places: A community cultural development workers' guide to working with young people from a refugee background**. Brisbane, Contact Inc, QPASTT: 73.(SAFE.1) (Video also available)
- Bush, R., Dower, J. & Mutch, A. (2002). **Community capacity index**. Brisbane, Centre for Primary Health Care: 17.(COMM.13)
- Bush, R., Dower, J. & Mutch, A. (2002). **Community capacity index manual**. Brisbane, Centre for Primary Health Care: 47.(COMM.12)
- Carland, S. & Chandra-Shekeran, K. (2003). **No space for racism: Young people's voices and recommendations**. Footscray: Vic, Western Independent Young Women's Network: 24.(RACE.2)
- Coventry, L., Guerra, C., Mackenzie, D. & Pinkney, S. (2002). **Wealth of all nations: Identification of strategies to assist refugee young people in transition to independence**. Hobart, Australian Clearinghouse for Youth Studies: 126.(REFU.17)
- Morrow, L., Verins, I. & Willis, E., Eds. (2002). **Mental health and work: Issues and perspectives**. Adelaide, Auseinet.(WORK.4)
- O'Hanlon, A., Ratnaike, D., Parham, J., Kosky, R. & Martin, G. (2002). **Building capacity for mental health: A two and a half year follow-up of the Auseinet reorientation of services projects**. Adelaide, Auseinet: 61.(CAPA.1)
- SANE Australia (2002). **The SANE guide to fighting stigma**. Melbourne, SANE Australia: 45.(STIG.4)
- SANE Australia (2003). **The SANE guide to staying alive**. Melbourne, SANE Australia: 35.(SANE.1)
- SANE Australia (2003). **You're not alone: A SANE guide to mental illness for children**. Melbourne, SANE Australia: 37.(CHIL.17)
- Spiteri, J., Sozomenou, A., Cassaniti, M., Scanlon, K. & Pope, S. (2002). **A better state of mental health for all: A multilingual multimedia community awareness campaign promoting the mental health and well-being of children, adolescents, young people and their families**. Sydney, Transcultural Mental Health Centre: 155.(BETT.1)
- Victorian Foundation for Survivors of Torture (2002). **Promoting refugee health: A handbook for doctors and other health care providers caring for people from refugee backgrounds**. Melbourne, Victorian Foundation for Survivors of Torture: 220.(PROM.19)

If you would like to borrow any of the above books or use the Resource Library, please contact Penny D'Ath on 3240-2833.

QTMHC on the Web!

The QTMHC website, previously only accessible to Queensland Health staff through the Queensland Health intranet, is now able to be accessed by everyone as it is now on the Queensland Health internet site. Apart from multilingual mental health resources, the website also contains other useful downloadable information such as QTMHC resources and publications.

www.health.qld.gov.au/pahospital/mentalhealth/qtmhc_index.htm