



# **Dual Diagnosis**

## **A Forum on Mental Health and Intellectual Disability**

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# Outline

- Understanding culture's influence on disability & intellectual disability (ID)
  - How culture interacts with Disability & Intellectual Disability.
    - Case example
    - TMHC service



# New South Wales' Diversity

2006 census statistics (Australian Bureau of Statistics)

POPULATION	6,326,579	%
LOTE (Language other than English)	1,183,070	18.7 of NSW
0-14 YEARS	1,298,917	19.8 of NSW
0-14 Y (LOTE)	228,494	17.6 of children less than 15



# Prevalence rates of ID in kids 1-3\*\* or 7%

0-14 Y (LOTE)	1-3**	7%
228,494	76164.7	15994.54



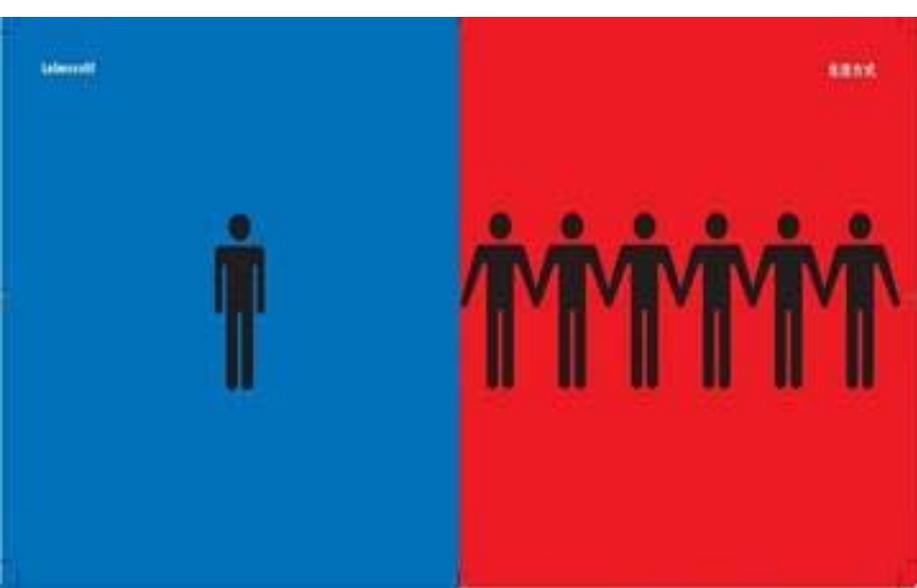
# 15994.54 CALD with ID 0-14 years old



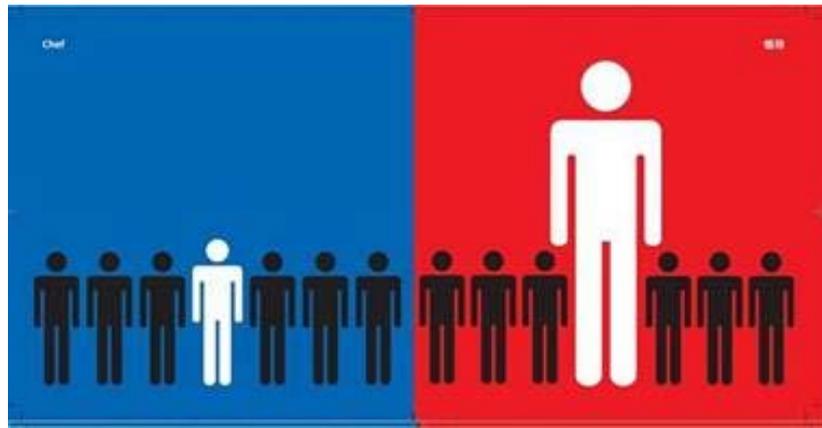
# Definition of Culture

Culture is a group of people's way of life, consisting of predictable patterns of values, beliefs, attitudes and behaviours. These patterns are learned and passed from generation to generation. They play a major role in the way families address deviations in their children's development and may influence the extent to which they subscribe to various intervention strategies. (Kakai et al, 2003).





curiosity, self confidence, Assertiveness, independence, Modesty, obedience, respect, dependence, part of the group

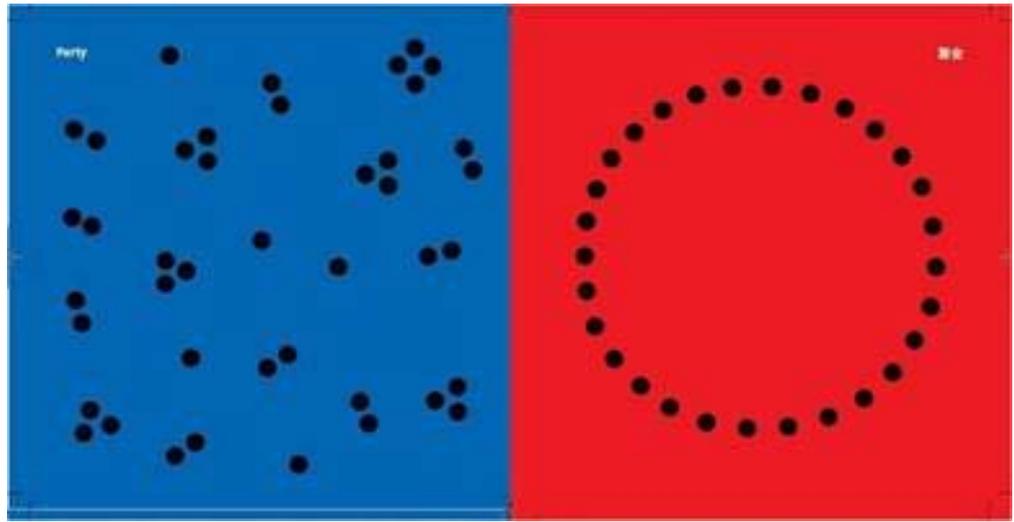


**Egalitarian**

**Hierarchical**

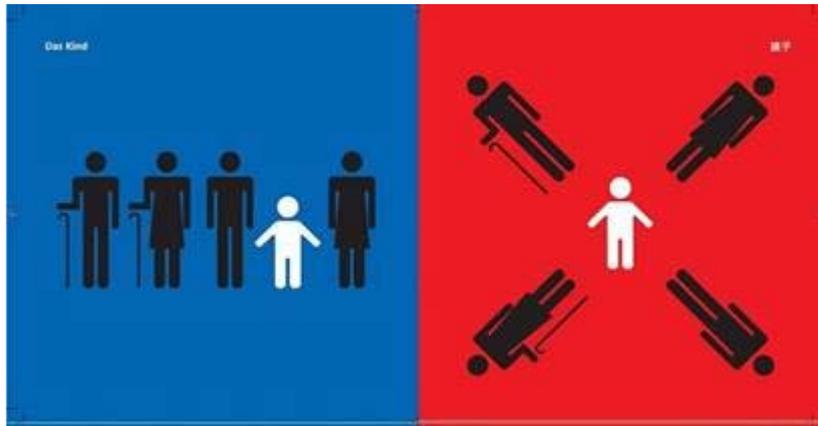
In Western culture we encourage the family to work as a team

Traditional non-Western families have an hierarchal system/role, the father is the head of the family



Only greater with their own group

All focus on the one activity one group



**The kid is going to be independent and make his/her own living**

**Work & live for the kids, kids are centre of life**



**dependability**



**When old, there is Snoopy for companionship.**

**When old, guarantee they will not be lonely, Grandparents are most of the time involved with the grandkids**

**Extended family has a big influence on raising children**

# How culture interacts with disability

- Lack of available information and resources
- Interpretation of disability 
- Reactions and Impact on Family 



# Interpretation of disability

- Each culture has different roles and expectations for people with disabilities
- people with disabilities may not be seen as vital, important members of society.
- People with disabilities may be protected from the outside world by their families, isolated in institutions or restricted from full community involvement by a lack of resources, including adaptive equipment or services, accessible transportation and others.



# Interpretation of disability/Cont'd

- Family beliefs are unique. Each family holds different beliefs about disability.
- The interpretation of disability will be influenced by:
  - socio-culture including education, understanding and awareness
  - characteristics & physical appearance;
    - socio-political perspectives and identity;
    - religious beliefs & practice
  - values and experience
  - gender



# How Culture Interacts with Disabilities

- Lack of awareness about existing services can affect seeking professional help.
- Cultural perspective of treatment: families often run to relatives, friends and religious groups before seeking professional help.
- Community GPs
- Sense of control is affected; hardiness and powerlessness evolve over time in response to specific experience. E.g. service delivery & school system.



# Reactions and Impact on Family/Cont'd

- Shock
- Stigma and embarrassment: some families are reluctant to have their children identified with disability to avoid stigma.
- Anger (focus on coping and fixing the child)
- Confusion (different opinions)
- Cultural remedies
- Guilt (for causing it and neglecting other family members)
- Relief



# Reactions and Impact on Family/Cont'd

- Some found meaning in the belief that everything happens for a reason; whether or not they had been able to discern the reason behind the diagnosis, they believed that ultimate meaning was there.
- Some believe that the diagnosis was sent or permitted by God to teach them something or to result in blessing to them, to the child, or to another person.
- Alternatively, some believe that things simply “happen,” and searching for a reason or purpose was futile. The goal here is to determine how they would “live” following the diagnosis.
- Others believed that suffering is universal, and they accepted the diagnosis as evidence.



# Reactions and Impact on Family/Cont'd

- studies from northern Mexico and Botswana report that the birth of a disabled child is viewed as evidence of God's trust in specific parents' ability to care well for a delicate child.
- “there is nothing bad out of which good cannot come” Latino mothers (King et al 2005)



# Culture & Disabilities

- These social beliefs seem to be based upon three categories that appear regularly cross-culturally:
  - 1) causality,
  - 2) valued and devalued attributes, and
  - 3) anticipated adult status.



# Culture & Disabilities/Cont'd

Causality is the cultural explanation for why a disability occurs. Individuals with disability are treated well or poorly, based in part on cultural beliefs about how and why they became disabled. Explanations related to divine displeasure, witchcraft or evil spirits, reincarnation, tainted blood, and genetics all appear in the ethnographic record



# Culture & Disabilities/Cont'd

- Valued and devalued attributes are those qualities a society finds important. For example, in societies in which physical strength and stamina are valued, individuals with physical impairments are at a disadvantage.
- In places where intellectual endeavours such as literacy and the ability to use technology are important, individuals with ID are at a disadvantage. Similarly, as in some Pacific island societies, in which a man's status (but not a woman's) is determined in part by his ability to speak well in public, deafness or a speech impediment will be judged particularly disabling



# Culture & Disabilities/Cont'd

- The willingness of any society to allocate resources for individuals with disabilities, including resources for clinical care and rehabilitation efforts, will also depend in large measure on the anticipated role that the individual with disability will have in the community as an adult. Will most adults with disabilities be participating members of society, with families of their own, jobs, and a right to participate in social, religious, and political debate, or will they be denied such inclusion?



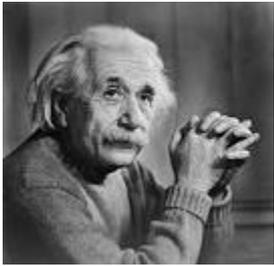


Mood Disorder

**Stephen Hawking,**  
The internationally renowned Physicist  
**Amyotrophic lateral sclerosis**  
(ALS),



**Beethoven** Dyslexia & deafness



**Einstein,** Dyslexia & Asperger's



**Franklin Roosevelt**



**King George VI**



**Helen Keller** Blind and hearing Impaired



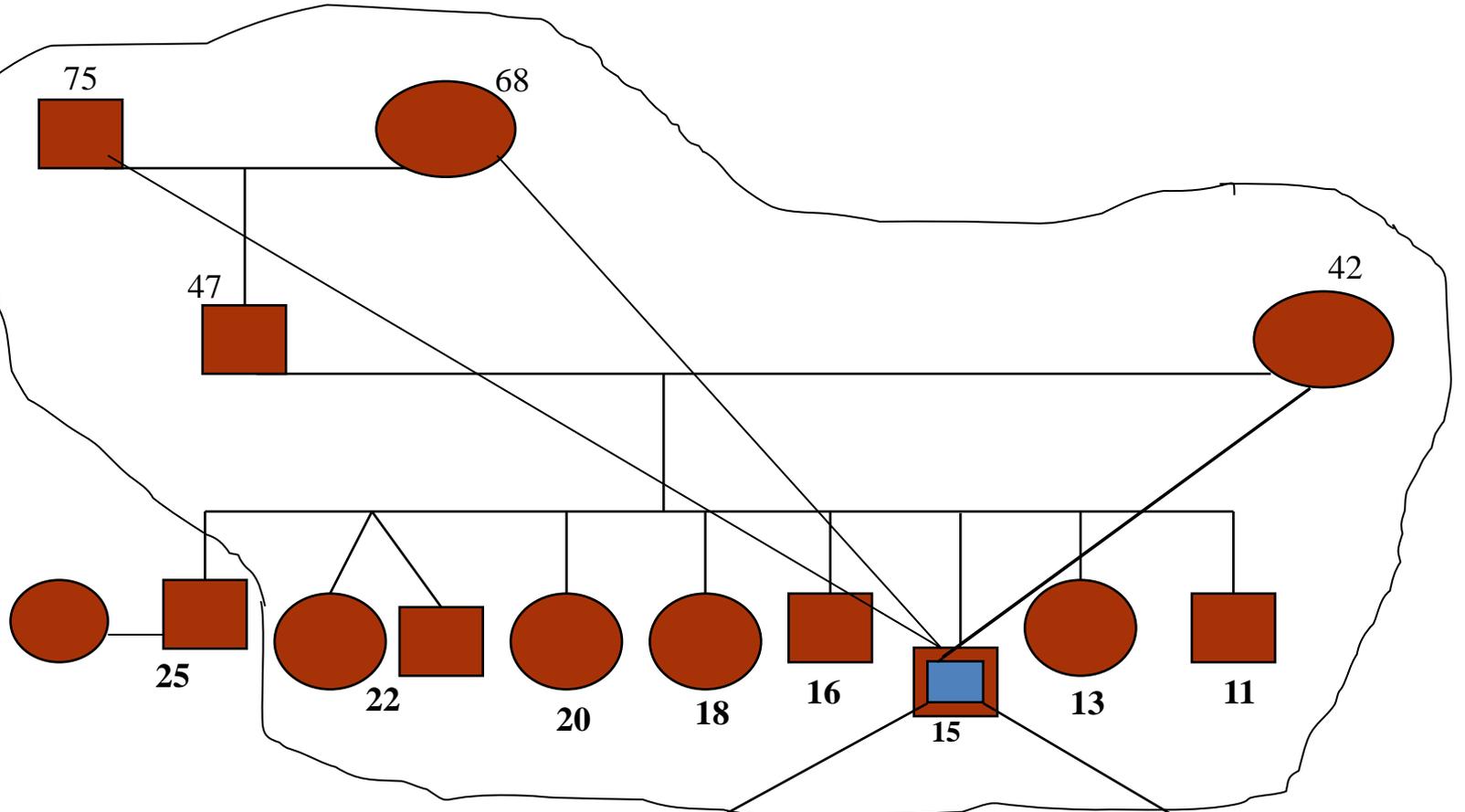
**Hugo Weaving**  
Epilepsy



Stuttering

# **Case example Seen at CHW**

Repeated experience of war-related violence in Afghanistan. Family had come to Australia in 1997 as refugees



Outbursts of anger & aggression, antisocial behaviours (fighting in public, car theft)

Mild/m ID, speech & language impairment, short term memory deficits, ADHD, frontal lobe Syndrome

# Influence of pre & pro-migration experience

- **Political Situation**

- Afghani war, religious groups, refugees vs migrant,

- **Migration history**

- loss & Grief, trauma, cut off from families and other sources of social support

- **Health System**

- no access

- **Settlement**

- stress, food different, lack of knowledge of services, different language, different physical environment “culture shock”

# Influence of pre & post-migration experience/ Cont'd

## Hazaras

- ethnic minority in Afghanistan who are Shiite Muslims
- The majority are very poor, uneducated,
- Persecuted and discriminated against
- Lived in isolation from mainstream society
- No access to health system
- Trauma common during Afghanistan war
- refugees
- Family is likely to have experienced trauma and torture, literacy issues, language barrier, settlement issues
- Information needs to be provided via translated audiotapes (Mental health available but not disability) or use of interpreter and providing verbal information

# Family History

- Refugees who arrived in Australia in 1997
- All children were born in the home because of lack of medical service
- Family witnessed a lot of violence
- Language barriers, parents speak Dari
- Father has chronic back pain following labour in prison, he's on disability pension
- Mother is a full time housewife
- Paternal grandparents live with the family
- The 2 Older sons are involved with parenting

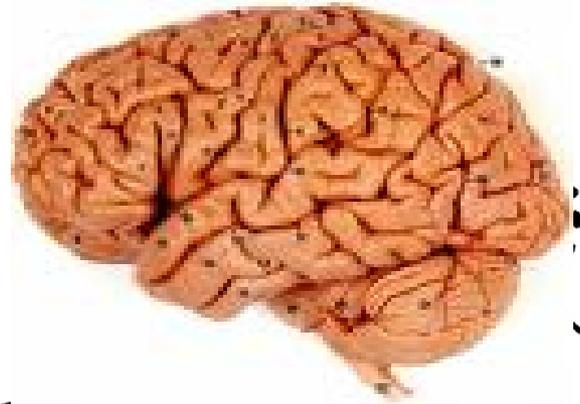
# Access to services: language & assertiveness

- Lack of available information & resources
- Interpretation of disability will be influenced by:
  - Characteristics & physical appearance
  - Socio-culture including education, understanding & awareness
- “How are we going to raise our children in this new culture?”

# **Access to services: language & assertiveness/ Cont'd**

- Family reserved
- Used daughter as interpreter with the presence of the interpreter
- Engagement difficulties were significant
- Family focused on medication

Front part of the brain is like a conductor in an orchestra. It controls and coordinates all the other parts of the brain, like the conductor tells the strings, woodwinds and other parts of the orchestra how to play music together.



memory

language

emotions

attention

behaviour

# Psychoeducation

- Translated information
- Educating family members on the child's disability.
- Educating family members on services provided and encouraging them to use them.
- Educating family members on their rights: requesting interpreter, cultural consultant, clarification and involvement in the treatment plan.

# Outcomes

- Engagement established with immediate and extended family
- Family empowered
- Psychoeducation provided
- Home visits
- Use of Health Care Interpreting Service
- Referral to Multicultural Disability Advocacy Association (MDAA)
- Referral to Transcultural Mental Health Services

# Partnerships

- Education for clinicians
  - disability
  - culture: political situation, migration history, settlement, health system
  - cultural services: TCMH, interpreter services, MDAA, NGOs
- Education for families
  - disability
  - culture: impact of migration on the family and child, intergenerational effects, different perspectives of disability (western vs non-western)
  - Australian health system
  - cultural services
  - rights to access services, especially interpreter services

# Conclusion

- In NSW, estimates indicate that 15994.54 children from CALD populations have a diagnosis of ID.
- There is a need to educate clinicians and families about the impact of culture on family adjustment to ID.
- There is a need for more specialised resources for CALD families who have children affected by ID.



# TRANSCULTURAL MENTAL HEALTH CENTRE



# TMHC Model

## 1. Action Research/Policy & planning

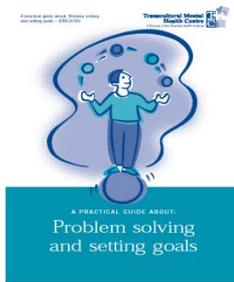
- Community needs/Population based

## 2. Communities engagement & participation

- Promotion, prevention and early intervention
- Capacity building (mental health literacy and pathways to care)
- Multilingual/multimedia campaigns
- Community resource development

## 3. Workforce Development

- Transcultural mental health education and training (e.g. clinical skill development, working with HCIS)
- Clinical supervision program
- Psychology Intern Program
- GP training
- Publications and resource development



# TRANSCULTURAL REFERRAL GUIDE (TRG)

Starting in the top left-hand corner, use the questions and arrows to find your way through the guide. You will be prompted to consider client communication, cultural issues and service preferences. Once you have determined the most appropriate service option (A, B or C), use the contact information overleaf to access suitable mental health services.

## INTAKE / TRIAGE

**Start: Culturally or linguistically diverse client identified.**

*Check cultural groups, cultural identity, country of birth, preferred language.*

### ENGLISH PROFICIENCY

Can the client speak and understand English fluently?

*Able to understand mental health questions and describe issues such as thoughts, feelings, and behaviour?*

No

Yes

#### Option A:

Utilise healthcare interpreter services

- Determine the clients' preferred language and dialect.

#### Option B:

Establish whether the client has a preference for involvement of a mental health professional from their own cultural background, engage or refer client to bilingual / bicultural mental health clinician or Transcultural Mental Health Services where they exist in the local area.

#### Option C:

Proceed with service delivery.

Consider:

- Language and cultural issues in management / care plan
- Consulting with bilingual / bicultural worker or services

## ASSESSMENT AND REVIEW

Complete mental health assessment.

Consider using the *Transcultural Assessment Checklist (TAC)* to facilitate a cultural assessment and identification of cultural issues.

Consider using the *Transcultural Assessment Module (TAM)* to document cultural assessment information and assist formulation of a culturally appropriate care plan.

Would Transcultural Mental Health Services or specialist trauma services be useful in assisting with culturally appropriate assessment, diagnosis, and treatment planning?

Yes

No

# TRANSCULTURAL REFERRAL GUIDE (TRG)

## Accessing culturally appropriate health services for CALD clients

The Transcultural Referral Guide (TRG) will help you to decide on and access the most appropriate cultural health service option(s) for your CALD client. This guide should be used during the intake / triage and assessment and review stages of care or at the earliest possible opportunity.

### Cultural health service options for culturally and linguistically diverse (CALD) clients

	Service name	Contact information
<b>Option A</b> Healthcare Interpreter services	Local Healthcare Interpreter service	Sydney West: (02) 9840 3456 Sydney South West: (02) 9828 6088 North Sydney: (02) 9926 7560 Hunter New England: (02) 4924 6286 South Eastern Sydney Illawarra: (02) 4274 4211 North Coast 1800 674 994 Greater West 1800 674 994 Greater Southern 1800 247 272
	National Translating and Interpreting Service (TIS)	Ph: 131 450 [Fee for this service]
<b>Option B</b> Culturally specific mental health services for clients and clinicians. <ul style="list-style-type: none"> <li>Services range widely from providing referral, assessment and treatment information to providing culturally and linguistically specific mental health consultations</li> </ul>	Bicultural mental health clinician or GP (if available)	Ph:
	Transcultural Mental Health Centre [TMHC] (in partnership with local mental health services)	Ph: (02) 9870 3767 or 1800 648 911
	Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	Ph: 02 9794 1900
	Other:	Ph:

### Option C

Proceed with usual service delivery with consideration for culturally diverse presentation and needs.

- The Transcultural Assessment Checklist (TAC) and Transcultural Assessment Module (TAM) can be downloaded from the NSW Health MH-OAT clinical documentation intranet site at: <http://internal.health.nsw.gov.au/policy/cmh/mhoat/protocols.html>

For more information and resources for culturally and linguistically diverse mental health clients go to the Diversity Health Institute at [www.dhi.gov.au](http://www.dhi.gov.au) or Multicultural Mental Health Australia [www.mmha.org.au](http://www.mmha.org.au)

# Transcultural Referral Guide

- Comprehensive decision tree for determining appropriate referral pathways for CALD clients.
- Aims to identify at the earliest possible stage in care:
  - When interpreters are required
  - When bi-cultural / bi-lingual clinicians should be consulted [if available]
  - When specialist transcultural mental health services should be consulted
  - When a client should be referred to a specialist transcultural mental health service for care



## Specialist Transcultural Clinical Services

- Expert clinical consultancy and advice
- Information, triage, & referral
- Culturally sensitive assessments
- Cultural formulation of diagnosis
- Capped hours for clinical intervention
- Specialist case management
- Outreach clinics - rural, language, population specific
- Extended hour support line
- Clinical governance

### Provided via:

- Central team of senior multilingual clinicians
- Over the phone, face to face, tele-psychiatry
- Pool of 136 bilingual/bicultural clinicians covering 61 languages





# Transcultural Mental Health Centre

*A NSW Health statewide service  
hosted in the Western Sydney  
Local Health District*



[www.dhi.health.nsw.gov.au/tmhc](http://www.dhi.health.nsw.gov.au/tmhc)

Phone: 02 9912 3850

# Clinical significance of culture

Culturally responsive model of treatment include the following:

- Cultural dimensions:
  - Cultural content:
  - Cultural context
- Structural dimensions: this includes form and process of the therapy



# Clinical considerations

## Cultural content:

- Engagement
- Power disparities
- Recognising limitations

## Cultural context

- Private and public domains
- Working within systems



# Consideration of belief systems:

Validation of traditional and natural support systems through:

- Incorporating religious-sociocultural components in treatment plan

Please note: Dismissal of the significance of the healer or their belief system may impair the therapeutic relationship



# Finding that world in between

Successful therapeutic interventions:

- Recognition of the **DIFFERENT CONTEXT** that family and young person are exposed to
- Working within a framework that considers the outcomes for both the young person and the family.
- Understanding that a compromise may not be attainable

