

FINDING THE RIGHT HELP: Pathways for culturally diverse clients with cannabis use and mental health issues

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Case study

Priya migrated to Australia aged 12 on a humanitarian visa. He had witnessed civil unrest, violence and torture. Priya found it hard to adapt to Australian culture and language and used cannabis to “numb” his memories and isolation. Priya kept his co-existing issues from his parents and felt he had failed their hopes for a “better life”.

Priya tried to find help on a couple of occasions but did not really know where to go. In 2009 he was arrested for drug related crimes and as a result was attending a residential drug and alcohol program.

Recommendations

The recommendations made by participants include:

- > Structure services to work with co-existing issues.
- > Improve services for people with less visible symptoms.
- > Address people’s needs holistically.
- > Promote services so people know where to go for help.
- > Make interpreter services readily available.
- > Liaise with CALD communities.
- > Have a culturally diverse workforce.

We thank all participants, the project advisory group, and collaborating services.

Aims and method

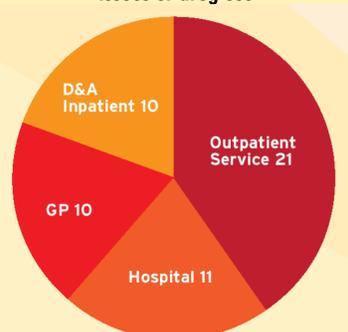
This research investigates the experiences of people with co-existing issues currently accessing mental health or drug and alcohol services. Fifty-six clients were interviewed from mental health or drug and alcohol services in Sydney and Wollongong (52 usable interviews). Twenty-six were from culturally and linguistically diverse (CALD) backgrounds. Twenty-two workers were also interviewed.

Referral pathways

Nearly all the clients had been to more than one service. Many had a long history of going to different services to try to get help. Service use histories were usually disjointed. Compared to the Anglo-Australian clients, fewer of the CALD clients had been linked from one service to another and more had only ever been to one service. This suggests a more limited engagement with the health care sector among the CALD clients.

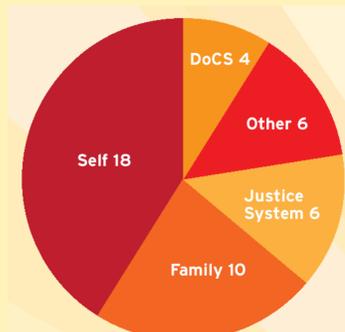
It was very, very stressful...I got little bits of information from different [services] and I’d grab pamphlets from everywhere...hoping that I could find the right place to help me. (LS)

First service accessed for mental health issues or drug use



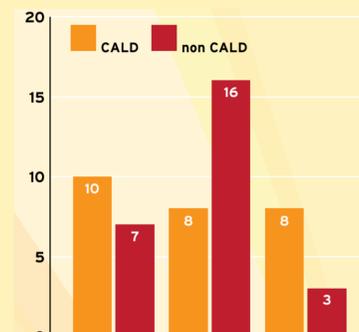
Outpatient service includes psychologist, psychiatrist, counsellor, community clinic.

Referral source for first service



Other includes school, ambulance, refuge. Justice system includes court and police. Note: n=44 as not all participants identified referral source.

Service use history



*Includes first and repeat visits to the same service

Cultural and family attitudes to help seeking

When speaking about their attitudes to help-seeking, CALD clients were more likely than non CALD clients to discuss their family. However, there was a great diversity in attitudes to help-seeking and whether clients wanted family members involved.

I was ordered by DoCS to go to a psychologist due to having my children removed from me... May this year I gave birth to my seventh baby. DoCS removed him the minute he was born. It killed me. I needed help. (SJ)

Accessing services for the first time only after a crisis

Catalysing crises included self-harm, suicidality, seizure, police or DoCS involvement.

Language and cultural barriers

Participants identified that, whether due to language or other reasons, it was very difficult for people from CALD backgrounds to engage with services. People may not know what services exist or understand the Australian healthcare system.

Well, for one, they [workers] got me onside by actually saying they don’t just come to work because it’s a job, they come here because they care... They told me that they wanted to help me. (AR)

Effective approaches

Participants spoke of services struggling to effectively help people with co-existing issues. Despite this, clients identified valued individual workers and described helpful approaches as being flexible, empathetic, non-judgmental and personalised.