

TREATMENT PATHWAYS FOR CULTURALLY DIVERSE CLIENTS WITH CANNABIS AND MENTAL HEALTH ISSUES



“So it’s one thing to be culturally competent in a particular ethnic community, but it’s another thing to contextualise that information in mental health and alcohol and other drug stuff.”
- Worker

Connie Donato-Hunt¹, Ian Flaherty¹, Anthony Arcuri²

¹ The Drug and Alcohol Multicultural Education Centre

² The National Cannabis Prevention and Information Centre



ncpic
national cannabis prevention and information centre

AIMS AND METHOD

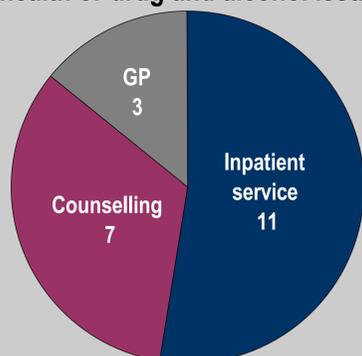
This research investigates the experiences and pathways to specialist mental health or drug and alcohol services for people from culturally and linguistically diverse (CALD) backgrounds who experience these coexisting issues.

To date qualitative in-depth interviews have been conducted with 21 clients of either mental health or drug and alcohol services in Sydney and the Illawarra. Clients interviewed had coexisting mental health and cannabis use issues. Fifteen workers have also been interviewed.

CLIENT SAMPLE & REFERRAL PATHWAYS

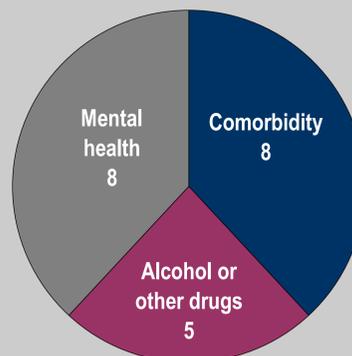
The clients interviewed were from drug and alcohol inpatient (11), mental health inpatient (8) and mental health outpatient (2) programs in NSW. Ten self-identified as being from culturally and linguistically diverse backgrounds with six clients discussing their cultural background in relation to their experience of accessing services. The charts describe initial services accessed by clients.

First service accessed for mental health or drug and alcohol issue

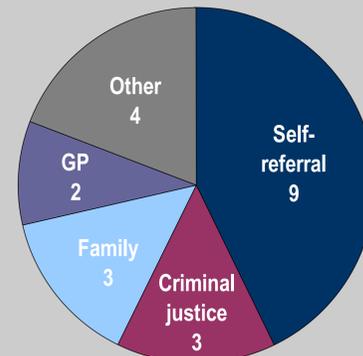


Inpatient includes mental health ward, hospital, D&A residential rehabilitation
Counselling includes psychologist, psychiatrist, counsellor, community based clinic
GP includes local doctor, general practitioner and medical centre

Reason for accessing first service



Referral source for first service



Other includes Department of Community Services and unknown
Criminal justice includes Police and Court

MAIN THEMES EMERGING

Drawing strengths from one’s culture during challenging times:

“Just there’s a saying ‘kia kaha’ be strong. I try to be strong ‘cause it’s a challenge being in hospital. I came in as voluntary and it ends up involuntary.” - Client

The perceptions in some families of the need to seek help for drug and alcohol and mental health issues:

“And another thing about my parents, I’ll give you an example. They say to me, ‘Okay, we know, you know, everyone knows. Let’s move on.’ It doesn’t work like that. I need counselling. I need help. It’s a process, but with my parents, it’s just ‘finish’. Yeah.” - Client

Accessing appropriate services only after a ‘crisis’ has occurred:

“I got to thinking about it over the weekend and had a sort of a holy shit moment, things have gone really bad, I need to do something about. So I decided to start contacting services.” - Client

Language and communication difficulties:

“If you’re talking about CALD and even non-CALD as well umm, being able to access written information on health, on health services. So for CALD, it’s more around the parents not understanding the information contained in pamphlets and how that might be of use to themselves and to the family.” - Worker

Need for promotion of appropriate services:

“So that’s the sort of stuff that we’re finding a lot of the time with the CALD clients, is that they’re not accessing services because they’re unaware that they exist, but also, ah, the importance of accessing those services in the first place and the impact that it has if it’s not accessed.” - Worker

Stigma of diagnoses of varying sorts:

“...these young people are now trying to understand who they are in the context of their mental health concerns, as has led from their significant histories with pot.... So there are some stigmas attached to accessing health services and what that might – and what that might mean for the future.” - Worker

CHALLENGES

Gaining ethics approvals.
Accessing government services and navigating governmental processes.
Access to data.
Engaging services to participate.
Identifying “culturally diverse” clients.

CONCLUSION

There is some way to go in building clear and navigable pathways to treatment for people with cannabis use and mental health issues, particularly those from CALD backgrounds.

FURTHER INFORMATION

This project is due to be completed in March 2010. Recruitment and interviewing will continue until September 30. If you would like to be involved in the project, or would like a copy of the final report then contact Ian Flaherty on 02 9699 3552 or email research@damec.org.au