



# Depression Dilemmas Working Cross Culturally with Older People

When engaging and assessing older people from Non-English speaking backgrounds (NESB) there are many issues that need to be considered including the impact of the migration process on the individual and the influence of cultural beliefs about their own health and illness. Migration involves a series of challenges both material and cultural, and these challenges may be compounded by the ageing process which generally involves more health difficulties and an increasing reliance on social services .

## **Immigration**

Immigration can be associated with exposure to factors which can adversely affect the immigration experience and increase the risk of depression. These include:

- Prejudice and discrimination
- Trauma and stress prior to or during immigration
- Barriers to accessing specialist services
- Possible breakdown, or lack of extended family structures
- Possible decline in socio-economic and social status
- Low levels of English language skills
- A sense of loss of respect for older people and their knowledge within the host culture
- A change of roles
- Possible isolation and loneliness both social and geographic
- Lack of ethno-specific community care in many areas.

For those who may have migrated as an adult or an older person the process of adapting to the new host culture may not be easy. Inter-generational conflict within the family can also cause depression and feelings of helplessness. For example, grandparents may feel that they are not adequately respected by their children and grandchildren, and that the sacrifice made by them for their children's future is not appreciated. In some cases difficult social conditions may contribute to social marginalisation and isolation.

## **Culture**

Culture underpins the meanings we place on mental illness and how we identify, express and manage illness. It determines the social consequences of illness and the expectations we have both of ourselves and others. Cultural beliefs about the causes of depression vary widely. This can and does have a serious impact on treatment. For a person to have a positive health outcome they must be prepared to see a clinician, accept assistance and there must be some agreement about the nature of the illness and/or crisis in order to negotiate a successful treatment plan.

**Insight needs to be assessed in terms of the individual's understanding of the illness, that is, their 'explanatory model'. The understanding should include their explanation for the cause, why it has led to the illness and why now, and possible ways of dealing with it.**

## What can be done to assist elderly clients from NESB backgrounds?

- Consider providing support in the context of the client's beliefs and their understanding of mental illness. For example, could they see a religious or 'alternative' healer as well as a western doctor?
- Be aware that conventional counselling is unknown in some cultures- consider working with the family and arranging more practical support.
- Is there a need for an interpreter or cultural consultant? Some elderly NESB people may never have been proficient in English. Fluency in English may also be lost as they age or in the presence of depression or stressful situations. Older people may prefer to speak in their first language.

**Free Telephone Interpreting Service (TIS) available 24 hours: 1300 131 450**  
**Free onsite interpreting for GPs: 1300 655 081**

## Factors to consider when making an assessment:

- What is their level of acculturation; & patterns of decision making in the family (e.g individual vs inclusive of family members).
- Cross- gender physical examinations may be unacceptable in some cultures
- Symptom recognition, meaning and report can manifest differently according to culture, for example, sadness may be expressed by repeated sighing
- Cross-cultural research suggests that anhedonia, sleep disturbances and early morning wakening may be the most universal symptoms of depression.
- A study found that those aged between 64 and 74 years and born in a country where English is not the primary language have a higher rate of suicide than their Australian -born counterparts (See McDonald, B. & Steel, Z., 1997, *Immigrants and Mental Health: An Epidemiological Analysis*, TMHC).
- Consider the appropriateness of using standard English versions of assessment tools.
- When assessing activities of daily living, use drawings, illustrations and culturally

## **RUDAS** Rowland Universal Dementia Assessment Scale:

A Multicultural Mini Mental State Examination. Available from TMHC Clinical Service

appropriate symbols if literacy is not adequate.

## Helpful cross-cultural communication with depressed elderly clients

- Demonstrate respect (deference) in culturally appropriate ways such as acknowledging older persons first, consider using informal conversation prior to assessment and ask them for their help as a cultural expert
- Consider extended listening to build rapport, and sharing appropriate information about your life for example, marriage status, children
- Focus on the client's pleasant memories, positive achievements, and examining their strengths.

## Other support

- Encourage regular exercise or outings to be more active socially and physically, for example, by attending ethnic specific social groups or going on walks or picnics with the family.
- Encourage activities that are meaningful for them, such as being an oral historian to grandchildren or local school, or rekindle past hobbies.

**Useful Tools:** The **Geriatric Depression Scale** is available in translated versions from various sources on the following website: [www.stanford.edu/%7Eeyesavage/GDS.html](http://www.stanford.edu/%7Eeyesavage/GDS.html)

**Useful Websites:** Please note that pamphlets and information accessed from other states of Australia may contain information about services that are not relevant in NSW.

**Alzheimer's Australia** [www.alzheimers.org.au](http://www.alzheimers.org.au)  
Information in 6 community languages and information on a Chinese helpline. Catalogue of Dementia materials in 23 community languages.

**Diversity Health Institute** [www.dhi.gov.au/clearinghouse](http://www.dhi.gov.au/clearinghouse)  
Look at the Ageing link with information on physical activity, incontinence, accident and injury prevention, palliative care and many other issues.

**Palliative Care Australia** [www.pallcare.org.au](http://www.pallcare.org.au)  
Look under publications for *Multicultural Palliative Care Guidelines* and palliative care information in 21 different community languages.

**NSW Refugee Health Service** [www.refugeehealth.org.au](http://www.refugeehealth.org.au)  
Look at Fact Sheet 7 on Older Refugees.

**Multicultural Communication** [www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au)  
Includes downloadable, translated information for older people.

**Ethnic Home and Community Care (HACC)** [www.adec.org.au/ethnic-hacc](http://www.adec.org.au/ethnic-hacc)  
Has translated pamphlets about HACC, and information about other resources for service providers.

## Multilingual resources for older people

*Available from the Resource Officer at Transcultural Mental Health Centre on 9840 3800 or visit the website: [www.tmhc.nsw.gov.au](http://www.tmhc.nsw.gov.au)*

### Health and Wellbeing of Older People in our Community (cassette)

Available in the following community languages: *Arabic, Cantonese, Croatian, Dutch, English, German, Greek, Italian, Macedonian, Maltese, Polish, Russian, Serbian, Spanish and Vietnamese*. These are the audio-cassettes from the series of radio programs broadcast in 15 languages by SBS radio. They are based on issues identified by focus groups of older people from the communities and look at the emotional and mental health needs of older people from non-English speaking backgrounds. They also provide information on health and community-based support services and programs. Available only as audio cassettes. \$2.20 per cassette.

### Opening Doors to Health (video)

Available in the following community languages: *Arabic, Cantonese, Greek, Italian, Macedonian, and English*. This video provides information about the role of the Aged Care Assessment Team (ACAT). It explains the type of support, rehabilitation and short term therapy services that these teams can provide to people in the 65+ age group from culturally diverse communities still living in their home. \$27.50 each single video. \$137.50 per set (6 languages).

**Further reading:** Minas, H.& Klimidis, S., Mental illness in elderly immigrants: a need to focus on the issues. *Migration Action*. April 1999.

## Useful Services

There are not many services available specifically for older NESB people with mental health problems. Given the links between physical and mental health problems particularly in older people it is important to be aware of the range of general health services available. Some Area Health Services will have specific mental health programs for older NESB people and some may have Ethnic Aged Care Advisors.

### Ask your local Aged Care Assessment Team (ACAT) about the availability of :

- Ethnic Community Aged Care Packages
- Local ethnic support groups
- Ethnic Day Care for the Frail Aged, and Respite Care
- Ethnic friendly visiting programmes and neighbourhood aid services.

A useful resource is the *Ethnic Aged Care Services & Resource Directory (SWAHS 2002)* which lists nursing homes, respite care, senior citizen groups and information sources for 30 different language groups including Arabic, Armenian, Chinese, Croatian, Greek, Maltese, Macedonian, Polish, Portuguese, Spanish & Vietnamese in South West Sydney. Available from Yvonne Santalucia, Ethnic Health Care Advisor (SSWAHS): [Yvonne.Santalucia@swhs.nsw.gov.au](mailto:Yvonne.Santalucia@swhs.nsw.gov.au)

## Refer family members to carer's support groups

Support groups are available for carers of people with mental health problems in many languages. These groups provide support and information from a carer's viewpoint and encourage people to discuss problems and share ideas with other carers. Contact the NESB Carer Support Project Coordinator at the TMHC for details (02) 9840 3901, or Carers NSW (02) 9280 4744 about general carer support groups.

## NSW Transcultural Aged Care Service

TACS provides information and advice on care options, as well as offering cross-cultural training and a wide range of resources to help aged care providers to deliver culturally sensitive care to older people from culturally and linguistically diverse (CALD) backgrounds.

Phone: (02) 9515 9858    [www.nswtacs.org.au](http://www.nswtacs.org.au)    [tacs@email.cs.nsw.gov.au](mailto:tacs@email.cs.nsw.gov.au)

## Transcultural Mental Health Centre Clinical Service

The Transcultural Mental Health Centre's Clinical Service offers **free**, statewide consultation and assessment services to GPs and other professionals who provide mental health care to people and their families from non-English speaking backgrounds living in NSW. The service provides information and consultation about mental health issues and clinical intervention through a pool of bilingual, qualified mental health workers.

## Transcultural Mental Health Centre (TMHC) Clinical Consultation and Assessment Service

(02) 9840 3767 or (02) 9840 3899    Toll free: 1800 648 911  
NESB Carer Support Groups 9840 3901

For free online multilingual information visit our website: [www.tmhc.nsw.gov.au](http://www.tmhc.nsw.gov.au)

DEPRESSION DILEMMAS