Cross Cultural Newsletter

"Cultural and Psychological Challenges in Medical Rehabilitation: Case study and Expert Panel Discussion"

Presenters: Dr John Davison, Ashok Malur, Sunil Dath, Angelina Mao

26th April, 2016

This is a report about our last meeting on 26th April. It was well attended by more than 50 of our members. The evening's talk was on ***Cultural and psychological challenges in medical rehabilitation: Case study and expert panel discussion.*** We had an interactive evening with the audience. The facilitator was **Dr John Davison** and the members of the panel comprised of **Drs Mao, Malur and Dath**.

John started by giving the audience an introduction about medical rehabilitation and the challenges encountered. Then he described how Western models of rehabilitation could be applied to clients from another culture. With these issues clarified, he used two cases, one Indian and one Chinese to stimulate the audience to ponder on how one could practically apply the Western model to treat them effectively.

John described the work of rehabilitation as attempts to **maximise function** and independency in clients who have encountered changes in life affecting functioning and independency. The changes include both physical and mental. From experience, he listed a number of hurdles to effective rehabilitation. He emphasised that **rehabilitation does not always mean recovery of function** but maximising what functions that are left. As clients often experienced dire disabilities, **they encounter hurdles in adjusting to major life** changes including lowering of functioning and independence. Worse, rehabilitation might often have to happen in environments away from home e.g. in the hospital, without the support of family. As a result of the disabilities, **cognitive impairments and fatigue** might also have hindered with the process of maximising functions. More importantly, as loss is experienced in most clients, major psychological processes such as **loss of confidence, lack of motivation and mood changes are in the way. Further, premorbid personality, social, and cultural factors** are also at play **influencing the process of rehabilitation**.

April -2016 - Zhuang Girls are singing and dancing in beautiful clothes. The Zhuang Nationality Song Festival, also known as Gexu Festival (歌圩节) and Gepo Festival

Thus, the often asked question about **whether a disability is biological, cultural, cognitive or psychological would meet with an answer than is less than clear cut** i.e. hurdles to rehabilitation is often a mixture of these factors. The above all indicate the importance of psychological assessment, engagement and individualisation of therapeutic processes tailored to the need of the client. As an indication of this **need for flexibility in the clinician**, John quoted a Chinese saying, ***"if the mountain doesn't turn, the road turns; if the road doesn't turn, the person turns; if the person doesn't turn, then the heart and mind turns."*** This saying aptly illustrates the point about flexibility.

The same process, and perhaps even more of this, is required when one tries to apply an alien therapeutic process to a client from another culture. As evidence for the last statement, John quoted the literature about **trends for Asians are that they are less likely to seek mental health treatment and often with greater severity when seen**.

There is also increasing evidence that addressing cultural issues would increase service use, with less drop-outs and improved treatment outcomes

Lastly, John reviewed **three approaches to adapt psychological treatment for Asians** viz applying western models **without modification**; "**surface** " changes involving adapting treatment process by modifying language (reframing), **ethnic-matching** of therapist and making clinics assessable and lastly **"deep" changes** by building up therapeutic treatment modified by ethnic and cultural mores. So far, the last approach remains a tedious and slow process to develop. Currently, most of therapies would involve the first two approaches.

With the above introduction, John illustrated the problems by **presenting two cases** (heavily modified to maintain confidentiality).

The first was about an Indian elderly gentleman who was withdrawn, stiff upper-lipped but seemingly demoralised, losing his esteem and likely also depressed. The issues are how to approach him with respect in order to tackle the roots of his withdrawal? i.e. **Assessment.** How would one discuss depression overtly with him? Given his resistance, would one minimise diagnostic terminology? Apart from comments from the panel, the audience also brought up additional issues embellishing the contents of the presentation.

The second case was about a relatively young Chinese lady who had disabilities from spinal injury. Her presentation was rather emotional, close to hostility, blaming the staff, and more importantly, her husband. She was expecting a quick fix. She twisted the ward staff around her little fingers such that it also aroused the emotions of the interpreter (counter-transference). The issues are how to contain this disruptive behaviour, **engage her in treatment and apply the kind of psychological model that are better aligned with Asian culture, beliefs and values**? The answer again lies in the clinician being flexible and sensitive to the needs and differing cultural orientations of the client to apply the model that is best fit? It must be born in mind that there is no single answer. Again, both the panel and audience fervently discussed these and additional issues.

The meeting went on late into the night and did not finish until 830 pm. There have been so many new ideas and shared experiences brought up by the case discussions that it proves difficult to be captured within the confines of this newsletter. For those interested, please tune into the web or view the DVD. Please also be informed that the recording is already available for viewing on the web. A DVD is also available. Although cases are heavily modified, it would only be expedient that **access to the web and DVD** be limited to those professionals dealing with mental health clients. When requesting for access or DVD, please let Diane know your profession. She would then send the access code or DVD to you.

I must also take this chance to apologise to one of our members who tuned in to our broadcast. Half way through, the battery of the router went flat. I shall write to her again and allow her free access to the web cast.

HIGHLIGHT OF FUTURE SESSIONS

We are meeting with the police this week to discuss their presentation at the end of this month on mental health issues encountered by the police, including police training in mental health and case discussions regarding violence and victims of crime. The last is especially of significance recently. A flyer would be out by next week.

In June, we are negotiating for the Transcultural team to organise a case study session on refugees and migrants' mental health issues.

Once again, thank you for your support.

Yours sincerely,
S Wong
On behalf of the Cross Cultural interest group.

For a more accurate rendition of the presentation, ***please request the DVD*** *from Diane Evans at dianee@adhb.govt.nz (please send $2 stamps to help cover costs). Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.*
For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:
http://adhbintranet/Mental_Health/Resources/CrossCulture.htm