

Improving access for Asian mental health consumers

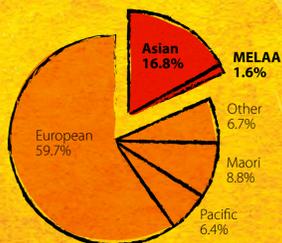
A Responsive Mental Health & Addiction Service Model for Asian People Collaboration between secondary, primary and NGO services

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Introduction

Waitemata DHB caters for a culturally diverse population with the Asian population making up nearly one fifth of our total population (Census 2013).

A local study has shown that there is low utilisation of our Mental Health services by the Asian population, and presentations to these services are mostly for acute situations (Ho, Au, Bedford, Cooper, 2002).



The reasons identified for underutilisation of Mental Health services were: fear of stigmatisation; lack of language proficiency; inadequate knowledge of available services; cultural differences in assessment and treatment of mental health (between NZ and countries of origin); and delays in contact.

What we set out to do

To develop a five-year action plan for Asian responsiveness to address our growing Asian population and the inequalities impacting on access and quality of care as part of the Waitemata DHB Mental Health & Addiction Service Development Plan (2010-2015).

The main aims of our plan are for our:

- Workforce** to have the ability and confidence to work cross-culturally to better serve our Asian population
- Services** to be integrated, culturally responsive and appropriate to respond to the diverse nature of the Asian population
- Asian Communities** to have confidence in Waitemata DHB mental health and addiction services

From a Learner (Working in a Mental Health Context with CALD clients online course)

'I was able to apply the skills in your course and the results were amazing, clients were calm and their response was with interest. Thank you for this helpful course'

From a consumer (Asian Mental Health Service Consumer Satisfaction Survey 2014)

'It is very easy to access to the service whenever I need support, advice or information. The staff treated me with dignity and respect.'

What we have done

The Asian Mental Health & Addiction Governance Group has overseen the following accomplishments against the action plan:

Workforce Development

- Provision of CALD cultural competency courses to Waitemata DHB mental health, NGO and PHO clinicians (2,346 completed since 2010)
- Provision of mental health training for interpreters (144 completed since 2010)
- Piloting of Cross-Cultural Psychiatrist Training programme for five bilingual registrars nationally (2014-2015)

Holistic Care

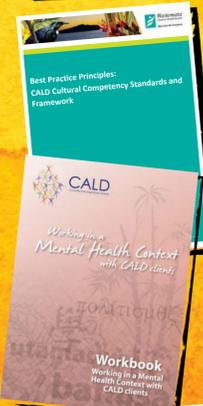
- Development of *Best Practice Principles: CALD Cultural Competency Standards & Framework* for Waitemata DHB (2013)
- Stocktake of screening and assessment tools completed (2012)
- Development of face-to-face and e-learning resources for working with Culturally and Linguistically Diverse (CALD) Clients:
 - Working in a Mental Health Context with CALD Clients (2012)
 - CALD Family Violence Resource (2014)
 - CALD Older People Resource (2014)
 - CALD Children & Women Resource (underway in 2015)
- Created business card-sized guidelines on working with interpreters (2015)

Prevention and Early Intervention

- Delivered educational sessions to increase mental health awareness through the Chinese Parents & Youth Seminar (2012) and the Korean Parents & Youth Seminar (2013, 2014)
- Delivered cultural informative workshops for North Shore counsellors (2012)
- Muslim Mental Health Awareness & Collaboration Project completed (2014)

Culturally Responsive Services

- Conducted consumer satisfaction surveys for the Asian Mental Health Service (2010, 2014)
- Mental Health Real-Time Feedback survey – translation of survey questions to encourage uptake by Asian consumers (2014-2015)
- Investigation of causes of late presentations by Asian people to inpatient mental health services within 24 hours following referral; and recommending approaches to improve access (2014-2015)



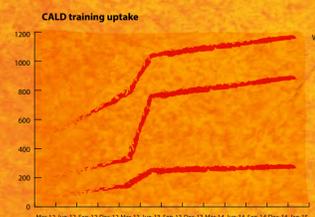
How we made a difference

Development of an **integrated, collaborative and responsive approach** to engaging with Asian consumers, community groups as well as primary, secondary and NGO stakeholders. This model applies best practice principles, and through continuous improvement will:

- Improve service quality (for Mental Health & Addictions)
- Reduce inequalities / ensure equitable access for Asian people

We are making a difference through:

- Increasing workforce cultural competency through CALD course uptake and registrar cross-cultural training
- Continuing to improve the quality of interpreting service through interpreter mental health training and introduction of the new guidelines card
- Increasing mental health awareness in Asian communities through seminars / workshops
- Improving service responsiveness through evaluation of consumer survey results (e.g. Asian Mental Health Service consumer satisfaction survey)



Asian Mental Health Service Consumer Satisfaction Survey results 2014

- 96% were satisfied overall with services received
- 91% felt their needs were considered and addressed
- 64% responded to survey (compared to 19% in 2010)

Acknowledgements

Members of Waitemata DHB Asian Mental Health & Addiction Governance Group for guiding the implementation. Auckland Regional Settlement Strategy Migrant Health Action Plan – Northern Regional Alliance Ltd for funding the development of CALD Learning Resources. Reference: Ho, E., Au, S., Bedford, C., Cooper, J. (2002). Mental Health Issues for Asians in New Zealand: A Literature Review. Migration Research Group, Department of Geography, University of Waikato.