
Executive Summary of the PULSAR sub-study titled: “What is the cross-cultural relevance of a mental health recovery questionnaire?”

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Executive summary

Below is a summary of results of PULSAR sub-study on cross-cultural relevance of a mental health recovery questionnaire (the QPR).

This pilot study was intended to:

1. Evaluate the cultural relevance of the QPR among some selected Culturally and Linguistically Diverse (CALD) communities
2. Contribute evidence towards improving mental health services in CALD settings
3. Provide a basis for potential further engagement of CALD communities in the PULSAR project

Data for the study were collected from 9th September to 17th October, 2016 at the two study sites in Dandenong and Ringwood. The research was undertaken as a Master of Public Health research project supervised by members of the PULSAR team. Two sessional research assistants were employed who were fluent in Iranian and Burmese respectively. We conducted 11 interviews with 2 GPs and 9 CALD (5 Iranians and 4 Burmese) patients of the GPs (consumers). The project involved the translation of the QPR and all participant information and consent forms. These were then cross checked and the translations were improved by the research assistants. All data were audio-recorded, transcribed, translated (for some patients), and the results interpreted.

Participant characteristics:

- 56% of the consumers were males, five of them single, two married, and one each were separated and widowed;
- their age ranged from 24 to 51 years;
- five of the consumers had lived in Australia for over 3 years, while the rest were relatively new arrivals;
- three of the consumers had completed their Bachelor's degree, two did not complete and others stopped at High School and/or Certificate I level;

Key findings from the qualitative analysis:

- consumers have low level of understanding of mental health and personal recovery;
- there is very high prevalence of mental illness among communities, from the perspectives of the GPs, with presentations like depression, anxiety and drug/alcohol disorders, among others;
- there are different understandings of the concept of personal recovery among the GPs, the consumers and between them;
- according to the GPs, issues that are different between their CALD and non-CALD patients include lower health literacies, poorer medical histories and language/communication barriers;
- immigration status (bridging visas) of consumers could be a contributing factor to their mental health;

- there are varieties of options available for more culturally responsive mental health services for CALD consumers, such as the use of staff from different backgrounds; culturally-specific counselling, psychological and psychiatric services; use of interpreters; support groups; case managers, and referral services;
- the QPR is potentially useful to both GPs and CALD consumers as a tool which helps in needs identification, goal setting and self-rediscovery;
- some critical aspects of recovery like spirituality and sexuality could be incorporated into the items of the QPR;
- there are some challenges in using the QPR such as: the time it takes to complete it, difficulties in understanding some of the items of the QPR, especially, item 13 on independent support, and;
- there is the need for high quality and correct translations/interpretations of all relevant documents, especially the QPR.

In conclusion, both service providers (GPs) and CALD consumers interviewed see the QPR as potentially relevant among the Iranian and Burmese community, including refugees and asylum seekers. However, more work needs to be done in its adaptation to different cultures in the aspects of the quality of translations to the relevant languages, proper consultation with stakeholders, adequate time for pretesting and validation of the translated instrument, having extra time for GPs' consultations, and appropriate remuneration for the GPs for the extended consultation times.