

The following transcript is provided for people with a hearing disability or those who are experiencing audio-visual difficulties. Learners are encouraged to watch the video where possible to gain the full benefit of this educational tool.

Cultural Capability for Mental Health eLearning

Chapter 4 Page 46

Examples of Culture in Therapy

Lyndell Leach, Director of Cultural Capability in the Aboriginal and Torres Strait Islander Health Branch, Queensland Health:

“Derek, you’ve had many years of experience in a variety of roles and in particular working in mental health. What cases have you seen where a lack of cultural understanding has had a detrimental impact on the health of an Aboriginal and a Torres Strait Islander person?”

Dr. Derek Chong:

“Ok, thanks Lyndell. First case I want to refer to just looks at the linguistic skills that sometimes are lacking when an indigenous person has a term about something or if people don’t understand exactly that term it can be misconstrued and can have diabolical consequences. In this case it was a young girl who tried to commit suicide. Her brother had committed suicide only a couple of months earlier and she mentioned to the doctor, the admission, that she did a silly thing and she had the devil in her when she did it. Now he actually thought that she meant the impersonation of the devil and that she was psychotic. She was only talking about alcohol and alcohol was related to the devil and that response meant she needed to stay in hospital longer, it meant they needed to introduce anti-psychotic medication which wasn’t needed and it was only because a colleague said ‘Derek, you understand what that means can you explain it to the multi-disciplinary teams?’ and that’s what I did at that particular time. And of course she was taken off the anti-psychotic medication, she wasn’t deemed as having a psychosis at that time and she was able to get the relevant treatment that she needed.

The second case that I refer to is also in treatment, particularly in mental health there are assertions that indigenous people don’t follow up and not compliant with health care. So in certain respects sometimes the anti-psychotics are given intra-muscular and that means because the clinician deems the person would be non-compliant, that they wouldn’t take the medication everyday it would be better for them to have a needle maybe once every two

weeks or once every month. Now that needs to be a clinical decision but sometimes it's just broadly applied to indigenous people across the board. We still see examples of that today.

One particular instance there was a gentleman, an indigenous man, who pleaded with the treating team not to give him the injection because he has had bad side effects from the medication before. This request was ignored and he was given the medication and he had a bad reaction to the injection. That's a professional issue but it's also an understanding not to just apply all indigenous people are exactly the same and same as the non- indigenous staff. You know we don't make that judgement unless there is clinical evidence to think that they might be compliant with medication.

A third case which is something we still see today and it's not just in mental health here but it's also in the general health. I call it an ethno-centric misunderstanding. It's when we interpret our cultural behaviour or their beliefs deemed in a certain way and like I said before with the first case that they were psychotic. I can think of a case that's only a couple of weeks back where an indigenous woman told her GP that she was seeing her ancestors and that she was talking to them. Now he immediately thought she was psychotic and put her on anti-psychotic medication and it wasn't showing any effect so he kept on going up and up and up and it eventually led to serious side effects for this woman. A colleague of mine that knew of this treatment asked me to also see her, he referred her to me. After talking with her and getting the relevant history that I needed it certainly showed that there was more of a cultural significance, not a mental health issue. That in a grief period particularly our belief systems about our ancestors are always with us, that when you are grieving or going through some life crisis sometimes we are able to see our ancestors and also respond to them for guidance. This isn't a psychotic phenomenon. I mean that's just three basic cases that I know of."

Thank you to **the Australasian College of Health Service Management** for the permission to use this video.