

FINDING THE RIGHT HELP: Pathways for culturally diverse clients with cannabis use and mental health issues

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RESEARCH SUMMARY Email research@damec.org.au for further information or a copy of the full report.

Aims and method

"All the agencies lump us as all in the same category, and we're not. The help I need is not the same as the people with psychological problems... mine was caused by drug use." (MA)

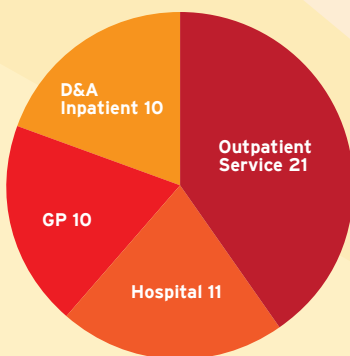
This project looks at how people with co-existing issues access mental health and drug and alcohol services, particularly those from culturally and linguistically diverse (CALD) backgrounds. Fifty-six clients were interviewed from either mental health or drug and alcohol services in Sydney and Wollongong (52 usable interviews). Twenty-six were from CALD backgrounds. Nearly all the clients interviewed had both mental health and cannabis use issues. Twenty-two workers were also interviewed.

Referral pathways

The clients interviewed were from drug and alcohol inpatient (26), drug and alcohol outpatient (14), mental health inpatient (10), and mental health outpatient (2) services. Nearly all the clients had been to more than one service. Many had a long history of going to different services to try to get help. Access to different services was usually disjointed. Compared to the Anglo-Australian clients, less of the CALD clients had been linked from one service to another and more had only ever been to one service. This suggests a more limited engagement with the health care sector among the CALD clients.

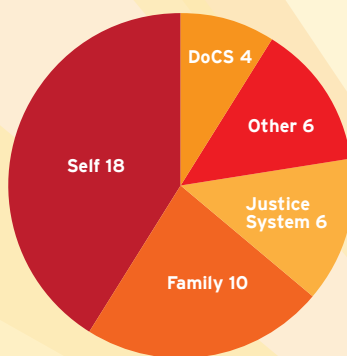
"It was very, very stressful... I got little bits of information from different [services], and I'd grab pamphlets from everywhere... hoping that I could find the right place to help me." (LS)

First service accessed for mental health or drug and alcohol issue



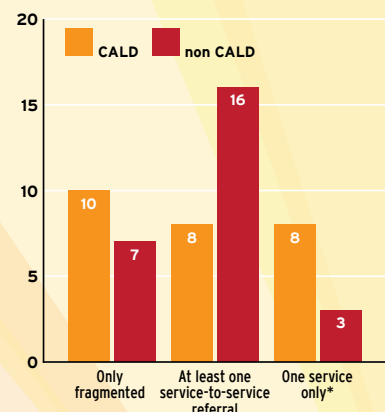
Outpatient includes psychologist, psychiatrist, counsellor, community based clinic.
GP includes local doctor and medical centre.

Referral source for first service



Other includes school, ambulance and refuge.
Criminal justice includes police and court.

Service use history



* Includes first and repeat visits to the same service.

Recommendations

Recommendations made by the participants in this study include:

- > Structure services to work with co-existing issues.
- > Improve services for people with less visible symptoms.
- > Address people's needs holistically.
- > Promote services so people know where to go for help.
- > Make interpreter services readily available.
- > Liaise with CALD communities.
- > Have a culturally diverse workforce.

Conclusion

There is still some way to go in building clear pathways to services for people with cannabis use and mental health issues, particularly for those from CALD backgrounds. These results provide further understanding for improving service access and outcomes.

Co-existing drug use and mental health issues

Nearly all clients had experienced co-existing issues. Some spoke about their cannabis use causing psychosis or mental health issues, others said they had used drugs to deal with mental health symptoms, and some saw no connection between the two.

Cultural and family attitudes to help seeking

Among CALD clients family was more prominent in relation to attitudes towards seeking help. However, there was great diversity regarding those attitudes and whether clients wanted family members involved.

Accessing services for the first time only after a crisis

The catalyst for clients first accessing a service was often crises such as self-harm, suicidality, seizure, police or DoCS involvement.

"I was ordered by DoCS to go to a psychologist due to having my children removed from me... May this year I gave birth to my seventh baby. DoCS removed him the minute he was born. It killed me. I needed help." (SJ)

Language and cultural barriers

Participants identified that, whether due to language or other reasons, it was very difficult for people from CALD backgrounds to engage with drug and alcohol or mental health services. People may also not know what services existed or understand the Australian healthcare system.

Effective approaches

Participants spoke of services struggling to effectively help people with co-existing issues. Despite this, clients spoke of valued individual workers and identified helpful approaches as being flexible, empathetic, non-judgemental and personalised.

"Well, for one, they [workers] got me onside by actually saying they don't just come to work because it's a job, they come here because they care... They told me that they wanted to help me." (AR)

DO YOU NEED HELP OR ADVICE?

A good place to start is your local GP, or another GP who understands.

There are also free helplines like:

- Alcohol and Drug Information Service NSW (24hr) 9361 8000 or 1800 422 599
- Cannabis Information Helpline - 1800 30 40 50
- If you are a non-English speaker call the Telephone Interpreter Service first - 131 450