

Caring for CALD consumers

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1. Background

Barriers to supporting Culturally and linguistically diverse (CALD) youth mental health include language issues, stigma, and limited cultural competency among service providers (3). CALD youth value the opportunities and healthcare offered by Australia. They are resourceful with various methods of coping with mental illness, including family as key supporters and creative expression. CALD youths are developing self-understanding and mental health through mental health services (2).

Researchers recommend actively listening, encouraging culturally relevant expression of distress, collaborating with youth on risk discussions, promoting choice, considering trauma and identifying support when engaging with CALD youth(4). Promoting creative expression, cultural competence, independence, connectedness, personalization and information delivery effectively by mental health practitioners requires recognizing and accommodating the CALD youths' unique experiences and cultural backgrounds (1,2,4).

2. Objectives

Aim: To establish an Australian community mental health nurse's experience of working with young persons with mental illness from CALD background.

5. Discussion

This is more than moral distress. Nurses may be wanting to unpick and reflect on the care provided, but there is lack of available clinical supervision. Nurses must advocate for policies ensuring equitable access to quality interpreter services. This aligns with our ethical obligations and may significantly improve the health outcomes for CALD communities. Investing in these services fosters a supportive environment, enabling effective communication and comprehensive care.

References Contact details



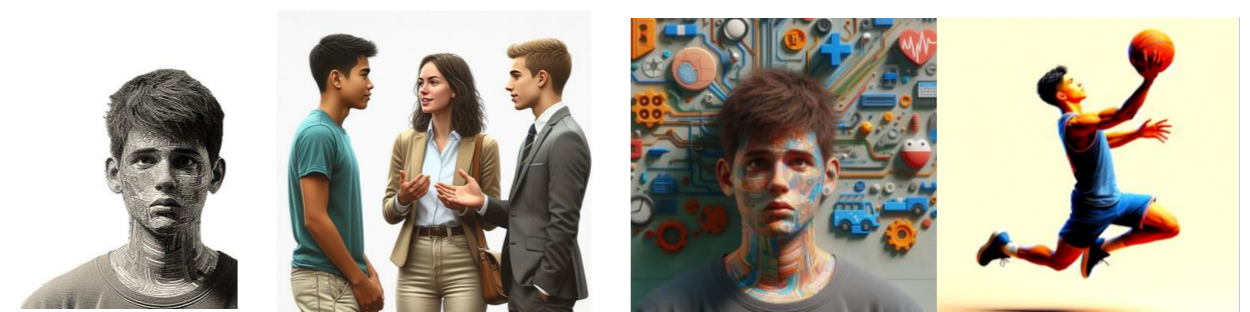
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3. Methods

Methodology: Nursing clinical reflective approach, using Reed and Procter model.

Methods design: Autoethnography

Participant: The main participant is a community mental health nurse with 10 years of experience in Australian inpatient and community public health settings.



Effective use of interpreters can break the barriers to recovery.

4. Findings

➤ Moral and ethical distress

- Justice and Nonmaleficence: The lack of adequate interpreter services for CALD consumers compromises the ethical principles of justice and doing no harm. Nurses experience moral distress when unable to provide equitable care.
- Communication Barriers: Subpar interpreter services cause miscommunication, affecting therapeutic relationships. Inaccurate interpretations can result in inadequate care and potential harm.

➤ Impact on care quality

- Professional values: Nurses value their ability to communicate therapeutically. Incomplete or inappropriate interpretation excludes them from effective nurse-client interactions, impacting on their professional role and satisfaction.
- Resource challenges: Time-consuming processes, reliance on external contractors, and the inability to access face-to-face interpreters hinder effective communication and care delivery.

➤ Advocacy for change

- Positive outcomes: Regular in-reach with qualified interpreters has shown significant improvements. Client gain access to essential services, better manage symptoms, and achieve personal goals.
- Multidisciplinary approach: Collaborating with interpreters as part of the care team enhances treatment efficacy, leading to better health outcomes for CALD consumers.