Welcome to the seventh issue of Rehabilitation Research Review.

This issue focuses on the topic of ‘Rehabilitation and Multiculturalism’. In 2017, the Prime Minister of Australia, Malcolm Turnbull, launched the Australian Multicultural Statement in which he affirmed the Government’s commitment to building a tolerant society in which racism and discrimination have no place. The statement notes that Australia is a successful multicultural society that has flourished due to its cultural diversity. When it comes to disability and chronic illness, however, our society does not always repay those from other cultures. In this issue of Rehabilitation Research Review, we focus on the important topic of cultural diversity and how it impacts on rehabilitation practice. Of the 22 million people in Australia, one in four was born overseas. Half of all Australians have at least one parent who was born overseas and nearly 20% speak a language other than English at home. As societies around the world become increasingly culturally diverse, health disparities have emerged for some cultural groups. Cultural diversity creates significant challenges for rehabilitation systems and for practitioners who work in those systems. Working with people from culturally and linguistically diverse (CALD) backgrounds is time-consuming, particularly when interpreters are needed. Busy practitioners often overlook cultural nuances, even when they have been exposed to the best cultural training.

My guest editor for this issue is Dr Samantha Siyambalapitiya, who is one of only a few specialised CALD speech pathologists in Australia. She and her team members (who have worked with her on this issue) are focused on improving the delivery of rehabilitation services to adults and children from CALD backgrounds. They have selected a range of articles that collectively demonstrate the impact of culture, the importance of cultural sensitivity, the limitations of assessment and intervention practices driven by the dominant cultural paradigms and the role of supervision as a tool for promoting cultural humility.

I hope you enjoy reading this issue of Rehabilitation Research Review and welcome your feedback.

Kind Regards,

Professor Elizabeth Kendall
elizabeth.kendall@researchreview.com.au

Accessing disability services by people from culturally and linguistically diverse backgrounds in Australia

Author: Zhou Q

Summary: Compared to those born in Australia, CALD populations access specialist disability services at much lower rates. This study sought to determine if CALD populations in Australia have lower rates of disability than those born in Australia as might be suggested by the lower levels of service usage. The prevalence of disability among CALD populations was derived from two Australian Bureau of Statistics databases: the 2012 Survey of Disability, Ageing and Carers (SDAC) and the 2006 Census. Findings indicated the same rate of disability across the groups. However, those born in English-speaking countries had significantly higher rates of disability compared to those born in non-English-speaking countries. People with disability born overseas required greater levels of assistance with core activities than those born in Australia, suggesting the presence of more severe disability. Further, people born in non-English-speaking countries who spoke a language other than English at home had the highest rates of profound disability. Finally, until the age of 65 years, people born overseas had a lower level of disability, compared to people born in Australia. However, from the age of 70 onwards, this ratio reversed, with more CALD people experiencing disability.

Comment: This study explores the validity of the claim that screening migrants results in a ‘healthier immigrant’ population, and a lower proportion of CALD people requiring disability services in Australia. There is complexity around establishing the prevalence of disability among people born overseas. However, this study suggests that language spoken at home and age are key factors influencing disability prevalence. Although it is important that culturally appropriate services are available to all people with disability, it will be particularly important to ensure access for (i) people with severe or profound disability and (ii) older CALD populations. Contrary to the screening hypothesis, a higher proportion of people born overseas had significant disability, and required access to culturally appropriate services. This study may also have highlighted the fact that disability becomes more profound for CALD populations as they age because they fail to access adequate services throughout their lifetime. More research is needed in this area to ensure we are maintaining the health of our CALD population.


Abstract

In this issue:

- CALD individuals accessing disability services in Australia
- Are multidisciplinary pain interventions multicultural?
- Catering for the needs of migrants with disability
- Impact of interpreters in mental health service provision for refugees
- Improving culturally congruent health care for children with disabilities
- Neuropsychological assessment of refugees
- Clinical supervision promoting an understanding of diversity
- Bias in dyslexia screening tools in immigrant children

Abbreviations used in this issue:

CALD = Culturally and Linguistically Diverse
MWD = migrants with a disability
RCTs = randomised controlled trials

Claim CPD/CME points Click here for more info.

Follow RESEARCH REVIEW Australia on Twitter now
@ResearchRevAus
Visit https://twitter.com/ResearchRevAus

Email geoff@researchreview.com.au
Phone 1300 132 322

This independent publication is free to subscribe to and is supported by funding from sponsors. We are currently looking for sponsors to support Rehabilitation Research Review. If you are interested in advertising your product or service to a large group of Australian health professionals working in the Rehabilitation area please contact Geoff Brown – geoff@researchreview.com.au.
Are multidisciplinary interventions multicultural? A topical review of the pain literature as it relates to culturally diverse patient groups

Authors: Brady B et al.

Summary: Perceptions of pain and pain control have been demonstrated to be culturally specific. In this review of the pain literature, Brady and colleagues sought to evaluate the efficacy of multidisciplinary chronic pain management for CALD communities. They identified 75 peer-reviewed RCTs that examined multidisciplinary interventions for chronic pain. Positive outcomes were found in 70% of the interventions, but only four studies, all of which had methodological limitations, included a CALD cohort. In contrast to the literature focusing on non-CALD individuals, all four studies reported no significant effect on pain, suggesting that the efficacy of multidisciplinary pain management is yet to be demonstrated for CALD populations.

Comment: The authors rightly noted that categorising ethnocultural identity is complex, leading to problematic conclusions. For this review, the authors selected language as a gauge of CALD status, but it is only one of numerous possible markers and may be unreliable. In addition, significant challenges hamper the inclusion of CALD communities in pain research, such as limited availability of culturally reliable and valid outcome measures, lack of appropriately translated materials, and costs associated with the use of translators/interpreters and bilingual health workers. To address the significant gap in pain research, the authors call for high-quality RCTs designed for CALD cohorts, along with the establishment of reliable and valid methods for defining ethnocultural identity. These recommendations are applicable to almost every other area of health research and highlight the urgent need to improve cultural sensitivity on a global scale.


Establishing components of cultural competence healthcare models to better cater for the needs of migrants with disability: a systematic review

Authors: Claussen SJ and Renzaho AMN

Summary: There is a responsibility on public sector organisations to provide culturally appropriate services for the CALD population. This systematic review examined (i) the challenges of providing services to migrants with a disability (MWD), including the level of cultural competence among healthcare providers and (ii) culture competence models for MWD. Eleven studies were included: 10 qualitative and one cross-sectional survey, although the methodological quality of the studies varied widely. Findings from several of the qualitative studies indicated that, from the perspective of carers of MWD, there is a strong need for cultural competency skills among health providers. In contrast, 82.5% of health providers surveyed in the quantitative study believed they were culturally competent. The authors recommended a model of cultural competence that included cultural competence training; understanding of the cultural discrepancies in the concept of disability; cultural self-assessment and adapting to diversity; capacity building and empowerment; family-centred practice; a strengths-based approach; and clear communication channels.

Comment: The lack of agreement between carers of MWD and health providers regarding the level of cultural competence could impact significantly on access of health care and health outcomes for MWD. Carers expected health providers to be able to develop relationships based on respect and trust. These are key determinants of access to healthcare. Training needs to advance skills in the culturally sensitive provision of healthcare to MWD, develop skills to adapt interventions to various cultures, attempt to address the stigma surrounding disability in some cultures, and facilitate better communication (e.g., the provision of quality interpreters and resources). The authors suggest that a model would need to simultaneously address professional, individual, systematic and organisational levels. However, if health providers have such low levels of awareness of deficiencies in their practice, change is unlikely to occur.

Reference: Aust J Prim Health 2016;22(2):100-12
The interpreter is not an invisible being: A thematic analysis of the impact of interpreters in mental health service provision with refugee clients

Authors: Gartley T and Due C

Summary: This study investigated how working with interpreters impacts on mental health service provision and the development of a therapeutic alliance with refugee clients. Seven mental health practitioners who have worked with refugee clients, using an interpreter, participated in face-to-face, semi-structured interviews. Using thematic analysis, the authors identified six major themes that defined this situation. Specifically, they found that there were unique challenges associated with working with refugees. Without doubt, interpreters were necessary and important. They acted as cultural brokers and were critical to the therapeutic alliance. However, interpreters also presented challenges to therapy and therapeutic relationships. Training to act in this complex role was problematic. The findings highlighted the fact that interpreters adopted multiple roles in the context of mental health provision. They were an important ally for therapists, but also presented significant challenges when working with refugee clients with mental illness.

Comment: Interpreters made an important contribution to the development of trust and rapport with refugee clients. As a result, better therapeutic relationships between mental health workers and refugee clients may be forged by involving interpreters as active and cooperative members within therapeutic alliances. However, as a result of the need for interpreters, refugees experience heightened concerns about confidentiality and anonymity, including fears that their mental illness may become known in the community. Importantly, interpreters may pursue their own personal and political agendas given the degree of influence they have in the therapy setting. Findings of this study suggest that more training is needed for both interpreters and mental health workers. For example, interpreters may benefit from psycho-education and basic training around mental health diagnoses and treatments. In order to increase confidence in working with interpreters, mental health workers may benefit from professional development and specific guidelines on working with interpreters in mental health settings. For rehabilitation workers, working with interpreters may be foreign and uncomfortable, resulting in poorer service for refugee clients.


Improving culturally congruent health care for children with disabilities: Stakeholder perspectives of cultural competence training in an interdisciplinary leadership training program

Authors: LaFleur RC et al.

Summary: This study sought to identify and rank the training outcomes identified by 51 stakeholders (health professionals and parents of CALD children with disability) regarding culturally competent health care. The Q-methodology was used to establish and rank the most important training outcomes. A search of peer-reviewed literature resulted in 40 outcomes relating to five themes: self-awareness, cultural knowledge, cultural skill, cultural sensitivity and community engagement. Participants rated these training outcomes against seven levels of importance (ranging from “not important” to “extremely important”). Participant rankings produced six factors: (i) self-awareness and cultural sensitivity, (ii) health beliefs and effective services, (iii) community involvement and combatting and understanding discrimination, (iv) focusing on the self through personal attitudes, knowledge and skills, (v) cultural competence goal setting and cultural sensitivity, and (vi) humility. The findings demonstrated consistent rankings across stakeholder groups, supporting the notion that these are common principles of culturally competent health care.

Comment: The study is significant as it engaged end users in prioritising cultural competence training outcomes. It is becoming more important to engage end-users in the design of interventions, but the engagement of CALD communities is often lagging behind that of other groups. This research is also significant because it uses a robust systematic process – the Q-methodology - to identify the most important outcomes for cultural competence training. It reinforces the fact that gathering end-user perspectives about health care and engaging them in the design process can be rigorous and reliable. Finally, the findings confirm that, for the most part, cultural competence training does focus on important domains that are valued by all stakeholders.


Spread the word...
Neuropsychological assessment of refugees: Methodological and cross-cultural barriers

Authors: Velzlu B and Leathem J

Summary: This study included 18 New Zealand refugees (13 men/five women; in their 20-50s) who were victims of torture in their countries of origin. Neuropsychological measures were officially translated, back translated, and administered with the assistance of professional interpreters. The authors commented on a range of challenges that arose in terms of administration (e.g., use of interpreters, interactions with the tester, assessment environment, assessment experience, and motivation), scoring/interpretation (e.g., age-appropriate scoring, estimation of prior function, estimation of brain injury severity, obtaining collateral information) and ecological validity of the tests. Current guidelines for assessment did not address these challenges. The authors recommended balance between assessment integrity and working creatively and sensitively with this group.

Comment: The conclusion of these authors about the need to work creatively rather than rigidly when addressing the needs of CALD people with disabilities is an important starting point for good practice in this area. There is a long history of recognition that cognitive measurement is sensitive to culture and that cognitive measures may lack specificity in some cultural groups. There are recognised variations in the presence of neurological diseases that are likely to be due to different generational exposures and practices that may be culturally specific. Failure to assess cognitive disabilities in a culturally appropriate way may contribute to misdiagnosis and poorly targeted rehabilitation, thus exacerbating health disparities for CALD populations. At a minimum, practitioners need to be aware of the limitations of our assessment tools and practices so we are not creating additional disadvantage.


Multicultural complexity: an intersectional lens for clinical supervision

Author: Peters HC

Summary: Supervision is important for health professionals, especially early in their careers while they are negotiating new practices. Clinical supervision has been acknowledged as a significant space for fostering competencies and abilities. It is also an important place for building acceptance of diversity in practitioners and acknowledging the impact of diversity on practitioners. In this paper, the author introduces the concept of multicultural complexity as a lens through which supervisors can acknowledge the multi-layered and unpredictable ways in which various cultural qualities intersect within health and rehabilitation workplaces. The paper provides an integrative and intersectional framework through which to promote understanding of diversity.

Comment: Rehabilitation is a social activity that involves the interface of two or more people. We all come to these relationships with our own set of cultural contexts and influences. When they interact with other people’s cultural contexts and influences, the result can become overwhelming and difficult to comprehend. The extent to which therapeutic alliance can be facilitated depends on the extent to which this complexity can be negotiated and harnessed. Multicultural complexity is, therefore, a tool that can guide rehabilitation supervision to produce more reflective practitioners. In this paper, the author suggests that supervisors must first explore their own cultural, socio-political and historical influences on their identities. The supervision process should focus on raising awareness of the experiences and meanings that emerge from being “at the margins”. The paper discusses one of the most important steps in addressing racism, namely acknowledging the role of power and influence on the co-construction of knowledge within the supervisory and therapeutic relationship. No matter what type of rehabilitation is being provided, quality will be improved through recognition of the power differential between therapists and recipients of services.


Bias in dyslexia screening in a Dutch multicultural population

Authors: Verpaelen A et al.

Summary: Dyslexia screening and assessment tools have generally been developed to detect literacy difficulties in monolingual children. This study examined the adequacy of dyslexia screening tools in immigrant children, using the Dutch Dyslexia Screening Test (DST-NL) and outcomes of the Dutch dyslexia protocol, both of which are susceptible to cultural bias. The authors used a ROC (Receiver Operating Characteristics) analysis, which measures sensitivity (the true positive rate when the test accurately predicts the real diagnosis) and specificity (the true negative rate when the test accurately fails to predict a diagnosis). The ROC curve graphs sensitivity of the test on the vertical axis against its false positive rate (1-specificity rate) on the horizontal axis. The area under the ROC curve has a value between 0 and 1, with 1 indicating better the overall diagnostic performance. Only a few sub-tests were useful in both cultural groups. The authors concluded that there is a lack of diagnostic tests capable of distinguishing reading and spelling problems related to bilingualism and cultural differences, from those associated with genuine language impairments such as dyslexia.

Comment: The more cultural specificity of a test or test item, the greater the likelihood of bias against those outside the majority culture. The authors describe three types of bias: construct bias (when the concept being measured is not the same in each culture), method bias (when the type of assessment is not equally relevant to each culture) and item bias (when the specific content of an item is less relevant to one culture). These biases are complicated by the effects of low proficiency in English language and less favourable social circumstances that may affect CALD immigrants. Given these biases and influences on test performance, test results should be interpreted with extreme caution particularly when they result in a diagnosis. The authors recommended more research aimed at creating tasks that can assess dyslexia in a young multicultural population and distinguish this from general cultural impacts.

Reference: Ann Dyslexia 2018;Feb 23 [Epub ahead of print]