

An interdisciplinary cross-cultural conversation: exploring the meaning of healing and recovery

## VIGNETTES

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#### Abdul

You are a GP who has referred Abdul, a 51 year old Afghan plane arrival, to his local community mental health clinic for assessment for depression and anxiety. You are aware of the clinic's six month waiting list; your efforts to contact the visiting psychiatrist to try and fast track the referral have not been successful due to her increased workload as a result of COVID-19.

Abdul has been in Melbourne for 26 months on a Bridging Visa A. Abdul's plan for his wife and five children, who currently remain in Afghanistan, to come to Australia when his protection claim is determined is taking much longer than anticipated.

Abdul consistently confides in you that *'my God will prevail'*, however you are concerned about his increasing agitation and anxiety for the health and safety of his wife and children back home due to COVID-19; his increasing anger and frustration regarding the time it is taking for his protection claim to be processed; and his increasing despondency that the plan to reunite family may not come to fruition. He is losing weight and complaining of sleeplessness and you worry that his decline in mood is impacting his health.

#### Part 2

Six months has passed and Abdul has been seen and assessed by the visiting psychiatrist. In that period he has lost more weight, his mood is increasingly erratic and he complains of not having

the time to sleep. The psychiatrist assesses Abdul as struggling with anxiety and depression with a query about self-harming. She tells you that she advised Abdul of a treatment plan however he told her he was not willing to follow through *'until my family are reunited I don't have time to spend thinking of myself. I am sick but I will get better when I am with my family. I thank you and my doctor for your goodness but it is my god who will prevail. That is who I trust. I'm afraid I will not be able to see you again and I wish you all the best'*.

You are concerned when you receive this report from the psychiatrist, even more so when Abdul fails to return numerous calls from your practice manager who has been trying to arrange a follow up appointment with Abdul at your clinic.

#### Lian

You are a psychiatry registrar working in a public community mental health clinic, grappling with how to provide effective treatment and support to Lian, a refugee from Myanmar of Chin ethnicity. In your last supervision session, you realised that you no longer have confidence in your usual repository of tips and strategies.

Lian was referred to you by her GP for treatment of post-natal depression. Lian is a first time mother to

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a six month old baby girl. Her husband works full time regularly undertaking 12 hour shifts at the local meat works. Lian was attending a local mothers' group but stopped after an outbreak of COVID-19 infections at another meat works resulted in tightening of lockdown restrictions and, *'all the mothers, they looked at me differently after that'*.

Lian has become increasingly isolated – she spends most of her time at home. As the household does not have the internet she struggles to keep in contact with her and her husband's Myanmar-based family. She lacks confidence in her parenting and often admits to, *'not feeling good enough to be a mother'*. Lian is non-compliant with her medication instead sharing that your *'understanding'* is all she needs. As a first time mother yourself you are aware of the challenges in becoming a mum but feel uncomfortable when Lian reiterates her position; she wants to continue seeing you but isn't willing, *'to take pills'*. She tells you, *'my pain cannot be fixed with pills. But your warmth makes me feel better'*.

### Part 2

You have continued to see Lian, and while she remains non-compliant with her medication she seems to be using her time with you productively – sharing and exploring her new identity as a mother, her parenting approaches and challenges. The more you learn the more worried you are about her daughter's safety.

In your last appointment you share your concerns with Lian. She concurs that she too worries about her daughter *'she needs to feel my love. I'm not*

*sure she does'*. You state that you'd like to arrange a Child First consult and Lian agrees that this is a good plan. In fact she appears relieved and you feel vindicated that this is the correct course of action.

However Lian does not attend the next appointment with you, nor the Child First appointment, nor does she respond to your calls. You are worried - about Lian and her daughter.

A few weeks later Lian calls to thank and reassure you *'I want you to know that I have found someone who can help me with my baby. I discovered that Aung is a member at my local church. She is the interpreter for my husband when he goes to the doctor. She is a mother too! She is a good woman, she will help me with my baby. She understands me. She really does. I thank you for trying but Aung doesn't need to try. She just knows. It is easier for her to understand what I am going through. And my baby is happier now. We all are'*.

### Phuong

You are a psychologist working at **headspace**. You've just seen Phuong, a 19 year old, second generation Vietnamese man who lives at home with his parents and grandparents. Phuong presented without an appointment requesting to see a psychologist, *'for help in giving me my freedom'*.

Phuong is receiving Job Keeper payments after he lost his casual employment at McDonald's. After the long and strict state government imposed lockdown he is ready to *'have some fun'*. He describes his mother as always having been strict

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*(‘she worried that my western friends were going to led me to drugs and alcohol’)* but since COVID-19 she has become even stricter due to her anxiety about the risk of infection to her elderly parents and in-laws.

He admits their relationship has become volatile claiming the stress of which has led him on several occasions recently to take, *‘meth with some mates, and for the first time I didn’t feel different, I felt the same’*.

### Part 2

You have continued to see Phuong with whom you have established a trusting and open dialogue. Each time you see him his position has remained firm and consistent – he wants to *‘enjoy the same things my mates do. I don’t want to be a prisoner anymore. It is not fair. Mum is using this pandemic to keep me at home. She worries that I’ll become a drug addict. She doesn’t understand. I can handle it. We all can. Me and my mates we look out for each other. That’s how it works here in Australia. Mum wouldn’t know. She’s just old school Vietnam. She’s got no idea about the Western world’*.

The more Phuong confides in you the more worried you become. It seems to you that Phuong’s mother doesn’t sound unreasonable, in fact she seems to have a good understanding of the COVID-19 requirements and her ‘rules’ aren’t strict but are compliant with state based requirements. And if she is worried about her son, well so are you. You worry about his risk taking. He seems to be

using meth more regularly. You feel pitted between Phuong and his mother.

In your last session you challenged Phuong about his drug usage and he flared up *‘You? You should understand. You’re from here. How come I feel like I’m talking to mum? This is a waste of time’*.