‘Vietnamese carers’ perceived barriers to utilisation of dementia care services in South Australia’

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The Project

• Part of a project entitled ‘Family caregivers’ perspectives of barriers to service utilisation when caring for older people with dementia from culturally and linguistically diverse backgrounds in South Australia’

• Phase 1 explored the challenges of the carers of persons with dementia from culturally and linguistically diverse backgrounds when utilising services.

• Phase 2 explored issues perceived by community service providers in metropolitan Adelaide when caring for the persons with dementia and their carers.
Background

• 12.4% of people with dementia are from CALD backgrounds (Access Economics, 2006)

• In South Australia specifically 1 in 9 people suffering dementia are from CALD backgrounds with many unable to converse in well in English

• In 2011 there were 212,070 people living in Australia that were born in Vietnam

• In South Australia there were 14,845 persons who were born in Vietnam
Method

• Interpretive phenomenology study utilising the principles of ‘Gadamers Hermeneutics’.

• Purposive sample:
  - Family caregivers (M=1, F=6)
  - Focus group of paid carers

• Participant documents were translated into Vietnamese
Method cont.

• Interviews conducted in family caregiver homes with use of a Vietnamese Interpreter

• Focus group conducted also involving a Vietnamese Interpreter

• All interviews were audio taped and later transcribed

• Thematic analysis conducted
Findings

i) Lack of culturally and linguistically appropriate education on Dementia

ii) Poor knowledge of service availability;

iii) Inability to apply for care services when in need and;

iv) Variations in their willingness and unwillingness to seek help.
Theme 1
Lack of culturally and linguistically appropriate education on Dementia

‘learn about it and then they go home and tell their friends and family and colleagues. And therefore the word spreads; you know its word of mouth is very effective..... they pass on the next people and just keep going around in the community’ (focus group)

• Family caregivers
  – Received education on dementia from family and friends
  – No formal education received through community group or health services
  – All attributed ‘dementia’ to age rather than to disease

• Focus group
  – Received up to 6 weeks training every two years on dementia
  – Adamant that ‘education of family caregivers is key’
Theme 2
Poor knowledge of service availability

“Only heard of them but never had access to them” (P.1)

- Limited insight into community service availability
- Participants only mentioned two services; ethno-focused day care for the person with dementia and care support group funded by Government.
Theme 3
Inability to apply for care services when in need

“The majority of all the letters from the hospital and all the services are in English” (P.?)

- Admission/application documents to health care services generally written in English
- Reliance on family members to assist fill out forms
- Translation services were generally too expensive or not utilised by health care services
Theme 4

*Variations in their willingness and unwillingness to seek help*

- Disparity from the message received from the focus group and message from participants.

- Focus Group attribute ‘stigma’ to reluctance to access services

- Participants related more to a lack of insight into service provision or related to ‘filial piety’
Theme 4

Variations in their willingness and unwillingness to seek help

“With a person who has dementia or even the family they don’t want the outsider to look in their family and think of his family has a, we don’t have the word dementia, it’s not widely acceptable, we call it crazy” (focus group)

“Culturally the Vietnamese is always the one to hide because they feel that it make the people their face (lose their face). So there is shame, so you usually hideaway but for my family because I been here a while, there is nothing to hide. Yes they always want to hide them because it's no good to show people you got dementia” (P.2)
Key Message’s

• Empower family carers
• Educate current services
• Utilise community media
• Encourage the translation of key documents
Conclusion

• Number of Vietnamese in Australia is increasing

• Increased cohort of Vietnamese with dementia

• Family caregiver’s of PWD from Vietnamese background are suffering

• Further funding welcomed through ‘Living Longer. Living Better’ aged care reforms.

• Increase services not only for Vietnamese but all PWD from cultural and linguistically diverse backgrounds.
Questions