PEER SUPPORT SERVICE FOR CALD PEOPLE AFFECTED BY GAMBLING PROBLEMS - THE EFFORTS, THE RISKS AND THE BENEFITS

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PEACE Multicultural Services

We acknowledge this Land as the Traditional Lands of the first People and we respect and support their Spiritual, Physical, Economical, Intellectual and Emotional relationship with their Country.

We also acknowledge the Kaurna people as the custodians of the Adelaide Region and their inherent Cultural and Spiritual beliefs continue to sustain the living Kaurna People today.

Outline

- Overview of PEACE multicultural services
- Our journey of developing Peer Support work
- Key learning from the
    1. people with lived experience
    2. service providers
    3. literature review
- Hypotheses for a sustainable peer support model
- Conclusion

PEACE Multicultural Services

Personal **E**ducation **A**nd **C**ommunity **E**mpowerment

We are all CALD and have different roles, collectively we:

1. Provide community education
2. Build community resources and capacity
3. Work with communities to eliminate stigma and discrimination
4. Provide counselling and case management services
5. Present the voice of Multicultural communities

Major Programs

- Gambling Help Services
  1. Cambodian Gambling Help Services
  2. Multicultural Gambling Help Services
- Blood Borne Viruses and STIs (hepatitis B,C and HIV)
  1. Multicultural Communities
  2. HIV women's program
- DV prevention program (funded specifically to work with African communities)
- Relationships Australia in South Australia manages a consumer voice program and employs a senior peer support worker

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PEACE Multicultural Services

Our Journey started when:

We experienced the power of people with lived experience mainly within the mental health, gambling help, HIV and viral hepatitis fields

- ✓ We observed the strengths, passion and the positive influence that people with lived experience have on others
- ✓ All accreditations, funding bodies and mainstream organisations have huge interest in having CALD people with lived experience participating in policy and service delivery

What did we learn over the last 15 years?

- Not enough clarity about prevalence of gambling and gambling problems within the multicultural communities (2006/2011/2015)
- The problem exists in a much bigger scale than that is documented through the prevalence studies
- Gambling problem is extremely associated with stigma
- gambling across most religions is considered sinful and immoral.
- The more religious people are the higher the shame and stigma

What did we learn over the last 15 years?

- For some communities such as Afghani and kurdish, “the problem surfaced after the boat people arrived”.
- Refugees in their early 1-2 years of arrival are the most susceptible to gambling and gambling problems.
- causes are related to loneliness, poor English, unemployment, lack of family support, grief and loss and depression
- Effects: increased isolation and depression, substance abuse, physical health, family disputes and DV. Exclusion from the community, huge financial difficulties including sale of assets

What did we learn over the last 15 years?

- barriers to seeking help were related to lack of information and awareness, shame and stigma, denial, pride, lack of trust and confidentiality issues, service models are not always meaningful or relevant to their circumstances

- limited knowledge of what gambling help entails, communities were suspicious of government owned and funded initiatives

What did we learn over the last 15 years?

- Over the last decade the RASA Consumer Voice Program have recruited a number of consumers from CALD background (male and female, young and older, come from established communities and from newly emerging community)

- We used many of them to help educate the community that recovery is possible and to address stigma

- We also learnt about the success of Peer Support programs in area of Hepatitis and HIV with modified strategies for CALD consumer

However……

- CALD people that were involved in public speaking, raised their concerns about the harm this have already or may have caused them
- We learnt that:
  1. Our processes were not culturally appropriate
  2. People were reluctant to raise their complaints
  3. We could not simply take a mainstream approach and apply it to a CALD context
  4. We did not have enough knowledge about incorporating CALD people with lived experience into the services we offer for CALD communities

We had to enquire further…..

- An internal working group was established
- Learnt about co-design and co-production (attended training, obtained relevant articles and spoke to experts in the field of lived experience)
- Conducted literature review
- Ongoing consultation with CALD people who have a lived experience and with service providers

Our learning from the lived experience publication/experts.....

- This is not a new idea (Historically people have shared and used their lived experience in so many ways)
- In recent decades many social movement started to use their lived experience to advocate for a change
- There is a requirement now to have consumers involved into services that are being offered

“Nothing about us without us”

Our learning from the lived experience publication/experts.....

The lived experience is often related to:

1) issues associated with <u>stigma and vulnerability</u> (precisely the issues that they want to escape from)

2) Issues associated with <u>recovery, living well and ability to overcome challenges</u> (what if they don't??, what if they got sick again?? …etc

Our learning from the lived experience experts.....

- The way that lived experience is viewed and reduced causes harm
- Unrecognised and/or dismissed spiritual pain crushes people
- This isn't 'safe' work
- It can be lonely …
- Where do people with lived experience belong?
- Power imbalance is the elephant in the room

Ellie Hodges (May 2018)

Our learning from the lived experience experts.....

CALD people affected and/or at risk of gambling problems are often confronted with issues related to their migration and settlement experiences including:

- ✓ Language barrier
- ✓ Low health literacy and understanding the welfare system
- ✓ experiences of trauma
- ✓ Financial issues
- ✓ Stigma and discrimination
- ✓ Isolation or low level of supportive network
- ✓ Chronic illness can be viewed as a disability

CALD Service Providers perspectives

The initial interest of CALD People to become involved in any role that requires them to use their lived experience may originate from:

- ✓ worker's authoritativeness
- ✓ fear of losing current support if rejecting the offer
- ✓ A desire to repay the 'debt' as one client informed the service provider

PEACE Worker

CALD Service Providers perspectives

Power imbalance

- The power hierarchy changes depending on the context (S*eniority, knowledge, higher education, achievements or authority)*

Gender and age play huge factors

"There is a positive correlation assumption that CALD people usually gain more power, knowledge, achievements and authority with age"

Worker from Asian background

CALD Service Providers perspectives

- How seniority and authority is perceived within a particular culture can heavily influence the effectiveness of the peer support if not even causing harm for the person involved

"The peer supporter can alter their story, can be selective of the words they use and also they can be heavily interrogated adding more to the stigma"

Worker from the Middle East

CALD Service Providers perspectives

All service providers agreed that:

1. the daily challenges experienced by CALD people affected by problem gambling cause many barriers such as adopting to a new culture (Acculturation), seeking help and even reluctance to receiving and providing peer support.
2. People are worried about the shame they may bring
3. We need to be able to assess clients' readiness to be involved
4. There is no clarity about the framework of incorporating services by people with lived experience such as peer support

Literature Review

Peer support programs has been widely accepted to assist people with chronic conditions by improving their ability to self-manage, self-efficacy, treatment adherence, and well-being.

Blackberry, Walker, Moore, and Furler (2015)

Not much literature is available about peer support and gambling help

Literature Review

- Peer Support is the " Social emotional support, frequently coupled with instrumental support that is mutually offered" or "a system of giving and receiving help founded on key principles of respect , shared responsibility and mutual agreement"

- The implementation of peer support in health care context have had been provided positive results to both peer supporters and peer support recipients

Literature Review

Benefits of peer support

- Gaining personal growth which promotes confidence in their capabilities, empowered, increased sense of hope and coping skills with the illness (Solomon, 2004), ability to address feelings of stigma (Salzer, 1997 as cited in Solomon, 2004), and gaining a boost in self-confidence and self-esteem through a feeling of appreciation from the approval of others (Salzer & Shear, 2002)
- Professional growth such as developing job skills, and progressing forward in achieving long-term career goals by gaining helpful experience and knowledge were also an extensive benefit of peer support participation (Salzer & Shear, 2002).

Literature Review

- **STIGMA** = “a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society”. World Health Organisation (2001)

- Stigma worsens the situation and leads people to be reluctant to seek and/or accept support and assistances. Their significant others are also affected by it influencing their help seeking behaviour and disclosure issues too (WHO, 2018)

- We have very little understanding of the types of stigma

Literature Review

TYPES OF HIV STIGMA

Internal Stigma
(Holzemer et al. 2007; Mak et al., 2007)

Self Stigma
(Holzemer et al. 2007; Mak et al., 2007)

Emic Stigma (Insider) view
(Weiss, et al., 1992; Rensen, et al., 2011)

Received Stigma
(Holzemer et al., 2007; Mak et al., 2007)

Perceived/Anticipated Stigma
(Link et al., 2004; Mak et al., 2007)

Etic Stigma (Outsider) view
(Weiss et al., 1992)

External Stigma
(Boyd, 2010; Herek et al., 2013)

Enacted Stigma
(Boyd, 2010; Herek et al., 2013)

Felt Stigma
(Holzemer et al. 2007; Herek et al., 2013)

Associated Stigma
(Holzemer et al., 2007).

Secondary Stigma
(Ogden et al., 2005)

H. Christa Chidrawi, Minrie Greeff, Q. Michael Temane, Colleen M. Doak (2015)

Literature Review

- Mental health issues is viewed as a disability, which is a burden to self, family, the society, and anyone who are important to them.
- People who prone to stigma and discrimination can develop a mental health issue (Prasad-Ildes & Ramirez, 2006),
- Disability in all its forms is a highly stigmatised issue within CALD communities because of attitudes and misconceptions

The Australian Human Rights and Equal Opportunity Commission (2000, p. 9)

Literature Review

Acculturation = “is the process of social, psychological, and cultural change that stems from blending between cultures”

(Wikipedia 2018)

Acculturation distress occurs when adaption is unsuccessful or the journey of adopting to a new culture is too difficult

(Koneru, Weisman de Mamani, Flynn & Betancourt, 2007; Sakamoto, 2007)

Literature Review

Collectivist culture

is one that's based on valuing the needs of a group or a community over the individual. Individuals in a collectivist culture are likely to value what is good for the whole over what is good for one person.

Study.com website (2018)

- If participating in a lived experience role such as peer support it may bring shame to the family and other significant others they will not participate

Literature Review

- Collectivism may prevent people to manoeuvre around the support effectively. Within this environment the severity of the condition might be the main trigger to seeking help

- CALD people are more likely to seek help if they have the opportunity to discuss their condition with people around them such as family, friends, settlement services, and church leaders…etc

Prasad-Ildes and Ramirez (2006)

Literature Review

Issue of Effort-Reward Imbalance (ERI)

ERI model mentioned individuals that worked hard without receiving adequate reward may experience strain reactions-stress, demotivation, and burnout.

(Johannes, 2012)

When individuals dealing with stigma are exposed, the larger gap between high efforts and low rewards could induce negative emotions and harm

MASLOW'S HIERARCHY OF NEEDS

ABRAHAM MASLOW

MORALITY, CREATIVITY, SPONTANEITY, PROBLEM SOLVING, LACK OF PREJUDICE, ACCEPTANCE OF FACTS

SELF-ACTUALIZATION

SELF-ESTEEM, CONFIDENCE, ACHIEVEMENT, RESPECT OF OTHERS, RESPECT BY OTHERS

ESTEEM

FRIENDSHIP, FAMILY, SEXUAL INTIMACY

LOVE/BELONGING

SECURITY OF BODY, OF EMPLOYMENT, OF RESOURCES, OF MORALITY, OF THE FAMILY, OF HEALTH, OF PROPERTY

SAFETY

BREATHING, FOOD, WATER, SEX, SLEEP, HOMEOSTASIS, EXCRETION

PHYSIOLOGICAL

Abraham Harold Maslow (April 1, 1908 - June 8, 1970) was a psychologist who studied positive human qualities and the lives of exemplary people. In 1954, Maslow created the Hierarchy of Human Needs and expressed his theories in his book, Motivation and Personality.

Self-Actualization - A person's motivation to reach his or her full potential. As shown in Maslow's Hierarchy of Needs, a person's basic needs must be met before self-actualization can be achieved.

Building sustainable CALD specific Peer Support Service

- **Meaningful services can only increase the opportunities for CALD people to participate in peer support**
- The quality of support and care can only be enhanced when we attempt to address issues as per the Maslow's hierarchy of needs
- This can only be achieved when we **work together** with everyone involved (service providers, family members and other significant others

Building sustainable CALD specific Peer Support Service

- Consider what stigma actually means to the community, pick up unique cues of stigma

- Provide community education and build the capacity of the targeted community to:
    1. Address own Stigma
    2. Enhance understanding and meaning of seeking help
    3. Positively promote the role of people with lived experience

Building sustainable CALD specific Peer Support Service

Employ a dedicated Peer Support Coordinator to address:

1. Power imbalance issues
2. Critically analyse the reediness of the individual and the efforts required vs rewards- (advocate for paid peer support positions too)
3. Provide clarity about the roles and responsibilities
4. Map the journey for the interested individual and help them grow into the role
5. Work collaboratively with significant others

Building sustainable CALD specific Peer Support Service

The Peer Support Coordinator to also:

- Assess sense of security and safety before, during and after participation

- Work to build ongoing resilience to:
  1. Cope with changes
  2. Recognise cultural conflict and other ethical issues
  3. Have crises management and well-being plans

Building sustainable CALD specific Peer Support Service

We need skilled workforce

The Australian Commission on Safety and Quality in Health Care states that:

1. The infrastructure, policies, processes, resources, people and relationships that make up the system, can have an impact on the way clients develop their literacy, respond and act
2. Everyone involved in providing care needs to be able to give and receive, interpret and act on information in a way that is meaningful to the client
3. When we collaborate we can improve the safety and quality of care and reduce disparities

Urgently need to develop relevant research to

- How Stigma is experienced with the CALD communities and what strategies is likely to effectively de-stigmatize gambling problem
- Improve our understanding of the effort and Reward Imbalance and how it might look like for potential peer supporters
- Review and further understand peer support for CALD participants

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Conclusion

1. Peer Support is an extremely helpful approach but huge gaps still exist within the multicultural context
2. It can not exist without community development work
3. Incorporating the lived experience into service delivery requires us to dedicate resources, have a framework and a structure that allows us to minimise risks and efforts for the participants while increasing their sense of rewards and achievements
4. Further research is badly needed in this area