

South Asian

Group discussion led by Akhlak Rauf

From Seldom Heard to Seen and Heard

Issues	Solutions
<p>Language Barriers</p> <ul style="list-style-type: none"> • Reverting to original/ childhood language • Lack of services in their language • Lack of appropriate translation • Medical jargon used • Families become interpreters 	<p>Cohesive language – to breakdown symptoms to highlight key messages</p> <ul style="list-style-type: none"> • Diversity needed • Consider the language we speak – perhaps use video or pictures to help communicate
<p>Cultural understanding</p> <ul style="list-style-type: none"> • Assumptions that relatives will provide care • Perception the South Asian community will take the lead • The idea or assumption that services will not accommodate their culture • Stigmas which create barriers (Community leader 'gatekeeping' and also putting barriers up). Examples include feelings of shame, belief of witchcraft • No word for 'dementia' • No interference mentality • Misconceptions of social workers or seeking help e.g. concerned the person living with dementia may be taken away 	<p>Cultural competence – practical understanding</p> <ul style="list-style-type: none"> • Speak to patient to identify what a 'person centred' approach means for that individual • Looking for commonalities not differences – bringing people together • Look at coping strategies – ask them what they want • Normalise Dementia – signpost (quality information), conversation, listen, personalised, work in the community