

Service user example – TIP principles

Fatima

Background information

Fatima is a 35-year-old woman from the Yazidi community who resettled in Victoria four years ago after fleeing conflict in Iraq. She now lives in Melbourne with her husband and two children. Fatima has a history of trauma related to displacement and family separation and was recently hospitalised for a psychotic episode. She speaks limited English, and her primary language is Kurmanji. Fatima experiences isolation and cultural stigma around mental health, and has withdrawn from community activities. Her family is under financial pressure, and she has limited informal support. Fatima wants her husband to understand her mental health more, but she also worries about judgement from others in her community.

Possible guiding service delivery questions



Applying the
'Facilitating Connections' principle:

1. How can we support Fatima to reconnect with safe and trusted relationships in her life?
2. What steps can we take to ensure communication is culturally and linguistically appropriate?
3. What services or networks might we collaborate with to ensure consistent and culturally responsive care?
4. How do we respect Fatima's privacy and autonomy while strengthening her informal and formal support systems?



Scenario with actions taken

Fatima was recently hospitalised due to experiencing a psychotic episode.

The team asks Fatima for her informed consent to contact the hospital staff to obtain a full written handover about her care. Team members do an intake assessment, have initial conversations with Fatima, and discuss her concerns and treatment planning needs. They quickly learn that while Fatima speaks basic English, her primary language is Kurmanji, not Arabic. They need to work with an interpreter to improve communication between them.

During these early conversations, Fatima talks about her experiences facing discrimination and hostility from some members of her broader community, which leaves her feeling isolated and not trusting support outside her close contacts.

Because the team knows that experiencing racism and discrimination can have an impact on a person's sense of safety, trust, and willingness to engage with services, the team lets Fatima know that they intend to provide a safe, non-judgmental, and culturally sensitive environment.

Clinician:

"Fatima – you have been through so much. When you come to this centre, we will help you to feel safe and accepted, and we are interested in learning more about your customs."



They also discover that Fatima's family already has a caseworker at a local resettlement agency. They learn that Fatima had stopped going to English literacy classes because of her mental health problems.

Building on this shared understanding of her current situation, the team considers what they can offer from their service. Fatima talks of her experiences in the genocide and the concerns she has for missing family members. The psychiatrist acknowledges the impact of the many traumatic and stressful life experiences on Fatima's mental health. The social worker speaks with the caseworker from the resettlement agency and finds out that Fatima's husband is fluent in English and works long hours at a low-wage job to support their two children, who are now in primary school.

Scenario with actions taken (continued)

Psychiatrist:

"Fatima – you said you really only feel comfortable with the people you are close to. How often do you see them? How can we help you to arrange more frequent catch-up times?"



Fatima tells the team she wants her husband to better understand her mental health challenges. But many in their cultural community don't like talking about these issues. With Fatima's consent, the peer support worker works with a Kurmanji interpreter and Fatima's husband and begins building a relationship of trust with him.

Over time, the peer worker and nurse have several interpreter-facilitated conversations with Fatima and her husband where they discuss her mental health challenges, the role of medication in helping her stay connected at social events and the couple's differing ideas on the best way to support Fatima.

They learn about Fatima's dedication to her children, despite her struggles, and the couple's shared value of the children's education and their inclusion in Australian society. They discuss how the team can support the couple by talking to the case worker about linking Fatima to a Kurdish women's group and the children to the local cricket club.

However, Fatima's low confidence means she initially finds it difficult to attend the women's group. As her mental health stabilises, the team continues to encourage her to go to the group and connect with her community.

Nurse:

"Fatima – you talked about visiting the Kurdish community group. Do your children like going there? How do you think your husband could help you to get to events they put on?"



The team's coordinated approach aims to address Fatima's treatment and broader support needs. The team focuses on building the connection between Fatima and her husband, assisting the work between the family and the resettlement caseworker, and strengthening the children's connection to their local community. Alongside helping Fatima to overcome barriers to her going to English classes, Fatima with the support of her team begins to experience fewer stressors and has a renewed sense of hope for her future and her children's future.