

The Cambodian community has settled in Australia for 30 years, it is a community consisting of refugees, humanitarian entrants and skilled migrants. During that time Cambodian Australian Welfare Council was formed and the organisation has done what we could to help the Cambodian community to settle in NSW. One of our organisational objectives is to develop and maintain a better understanding between the Cambodian community and other communities.

After the Khmer Rouge holocaust in the mid 70s, more than 2 million Cambodians died. Before arriving in Australia, most Cambodian elderly experienced and witnessed the Khmer Rouge atrocities. As refugees, they arrived in Australia with psychiatric impairments such as post traumatic stress disorder, anxiety and depression.

As a group, older people from the Cambodian community share with other Australians the range of needs that arise from the ageing process. However Cambodian older people also experience special needs as most Cambodian migrants have survived traumatic migration experience. They are not accessing aged care services commensurate with their proportion of Australia's ageing population. This is because of their under-representation in the use of aged care and health services.

Since 2006, our organisation has received funding from the Commonwealth Department of Health and Ageing to implement the Community Partners Program. In the past 3 years we have organised information sessions to raise community awareness of aged care services including Community Aged Care Packages, Extended Aged Care at Home, Dementia, Residential care and Respite services for Cambodian carers who are caring for older people with dementia and mental illness.

There are barriers to accessing aged care services for Cambodian older people:

- 1- The first barrier is the language and literacy barrier, it is the lack of information about the system and how it works. Most Cambodian older people have little or no knowledge of the English language and they do not see how this can be addressed. Additionally there is little effort made on the part of service providers to reach them. There is also a lack of appropriate outreach services to them in

NSW, for example, social services and mental/physical health providers may lack competent cultural and linguistic services for the community.

- 2- The second barrier is the cultural belief and values. Aged care services including residential services could be described as culturally inappropriate because they clashed with the expectation of family care. In general, traditional family systems in Asia have been influenced for centuries by the philosophies of Confucianism and Buddhism. Buddhism essentially took root in South East Asia, including Cambodia. Although the extended family participates in life events such as births, marriages and funerals and the bonds between family members are close-knit, the nuclear family is the basis for the Cambodian household composition with relatives living nearby. This is one of the reasons why the conception of residential care is not familiar to Cambodian people. There is no Residential Aged Care service in Cambodia.

Social stigma is also an issue, people fear of being judged by their own community for being a dysfunctional family, for not being able to look after their own family members and abandoning them in a nursing home.

- 3- The third barrier is past trauma related fear. Older people who had suffered torture and trauma may be afraid of allowing strangers into their home or revealing their private lives, this can create a reluctance to use interpreters or have carers from within the community.
- 4- The fourth barrier is the social isolation issue. It has been suggested that many Cambodian elderly (aged 65 and above) are isolated due to a lack of family and community support. This form of social isolation may result in under-utilization of aged care and medical health services. And social isolation is exacerbated by the language barrier and having little contact with the wider community. According to a study, some older people feel that they are being exploited within the household as a result of not having any other role than child-minding. In addition to this loss of independence, transport difficulty, lack of finance and low level of self-esteem are other factors contributing to social isolation which, in turn affects the wellbeing of many older people.

In addition to social isolation and depression, the Cambodian elderly are vulnerable to cultural conflict between their rural, low socioeconomic background and their isolated, foreign status in Australia. Not only do they need to adjust to the Australian culture, but they also need to adjust to the transition from a rural to an urban area while at the same time coping with their psychiatric impairments and cultural barriers.

For many older people, their social lives revolve around the temple. According to a study, some only travel from home to the temple and from the temple to home. Many express their wishes to leave near the temple and some have moved into poor quality accommodation attached to the temple.

Although there are research findings on the nature of post traumatic stress disorder among survivors of mass violence, there are seldom findings which help to shed light upon the issues of depression and social isolation among the Cambodian elderly by means of their own perceptions of depression and social isolation.

- 5- The fifth barrier is the Cambodian attitudes toward suffering. 90% of Cambodians are Buddhists and believe in the Buddhist doctrine of Karma [action/doing] .All good and bad action constitutes karma. From a Buddhist point of view, Karma is the result of our own past actions and our own present doings. They tend to blame themselves for what has happened, Cambodian elderly are resilient in coping but suffer in silence. It is not proactive coping due to a lack of trust in society and a lack of belief in themselves. Because of the issue of trust, they can do little to make a difference or persevere to look for solutions to make things better for themselves.

With the implementation of the Community Partners Program, we can help service providers break down the barriers by:

- 1- Conducting cultural briefings to raise cultural awareness. We believe that an understanding or having compassion towards the psychological disorders experienced by older people who went through a lot of suffering is the first step to help and encourage older people to be in life and access services. In the English-

speaking communities, not all older people or community workers know all about aged care services or where to go to find out about them - let alone older people from disadvantaged backgrounds with mental vulnerability.

- 2- Providing ideas and resources for activity programs and for the development of strategies to meet specific needs of the older people.
- 3- Connecting providers with the community, developing trust of community towards services or providers.
- 4- Promoting of services.

In conclusion, Albert Einstein once said “The world will not evolve past its current state of crisis by using the same thinking that created the situation.” This applies to us as individuals. We need to evolve to make a difference, for ourselves and for everyone sharing the same world with us. Kindness and compassion will help us evolve, think, act and do things differently.

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