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| Learning Objective(s): | In some cultures, religious beliefs strongly shape or even dictate relationships and daily life practices.  This case study will encourage students to explore how a patient's religion, faith and family dynamics can affect their identity and their desire and ability to seek help, and not judge, blame or impose their own values or beliefs on patients. | | | | | | | | | | |
| Patient demographics: | **Born in Australia?** | | | | | **Cultural/Ethnic/Religious group(s)** | | | | **Age group (years)** | 18-40 |
| Yes |  | | | | Muslim 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 41-60 |
| No: | Country of birth \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | | | | 61-80 |
|  | No. of years in Australia | | | \_\_\_\_\_\_\_\_\_\_\_\_ | Vietnamese | | | | > 80 |
|  | How arrived? | Family reunion | | | Iraqi | | | | **Gender** | Male |
|  |  | Economic migration | | | Sudanese | | | | Female |
|  |  | Refugee | | | Chinese 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Language group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  | others \_\_\_\_\_\_\_\_\_\_\_\_ | | | others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Level of English proficiency:** competent | |
| **Sexual orientation** | | | Heterosexual | | | | **Family structure/Living arrangements** | Married/de facto | | |
| Gay/lesbian | | | | Single | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Divorced | | |
|  | | | | Living with family | | |
|  | | | | No. of dependent children \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Patient history: | Medical history (include past and current diagnosis): nil remarkable | | | | | | | | | | |
| Past and current medications: nil | | | | | | | | | | |
| Allergies: nil known | | | | | |  | | | | |
| Identifiable information (include scars, disabilities): nil | | | | | | | | | | |
| Other information (include labs, x-rays, clinical photographs): nil | | | | | | | | | | |
| Family history: nil | | | | | | | | | | |
| Health care setting(s): | Hospital - inpatient | | | | | | | | | | |
| Hospital - outpatient | | | | | | | | | | |
| Hospital - ED | | | | | | | | | | |
| Community – private practice | | | | | | | | | | |
| Community – community health service; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Residential care | | | | | | | | | | |
| Ambulance | | | | | | | | | | |
| Case Presentation: | Introduction (1-2 statements about patient):  Patient is a woman presented today complaining of headaches, joint pains, lethargy, sleeplessness, loss of appetite – signs of depression. | | | | | | | | | | |
| Nature of the issues (include location, intensity and associated symptoms):  Patient is a gay/lesbian. S/he recently disclosed this to his/her family and it has not been well-received. His/Her oldest brother, who is the head of the family, made clear his disapproval by reprimanding/punishing him/her, telling him/her s/he has betrayed his/her family and religion. The situation has been very distressing for the entire family.  Patient’s elderly father refuses to look at or talk to him/her; his/her younger brother and sister are both very disturbed by the situation; and his/her mother tries to be the peacekeeper.  Patient has become withdrawn and cries a lot. She hardly sleeps or eats. His/Her mother is deeply concerned and wants patient to see a psychiatrist because it (homosexuality) is ‘all in the head’. | | | | | | | | | | |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case   * Some religions place strong emphasis on marriage between a man and woman as the only appropriate venue for sexual relationship and the raising of children. * Patient is deeply spiritual and his/her faith beliefs are strong. However, not only does s/he struggles between faith and sexuality, s/he also struggles between his/her Australian and her ethnic identity. S/He feels ‘wrong’ and ‘dirty’. S/He does not really want to talk about it with anyone. S/He is here today only because his/her mother has insisted. | | | | | | | | | | |
| Students’ Role: | Students’ expected actions/interactions:  Students should use their listening skills to understand the patient's perception of his/her situation. They should discuss his/her sexuality and the difficulty of his/her disclosure. Students should explain the reasons behind the questions to help allay their discomfort. Students should reassure patient of confidentiality and privacy.  Students should focus on building rapport and not passing judgement, particularly about patient’s religion or her family’s behaviours.  Students should explore the possibility of involving the rest of the family in future consultations. Explain the process of a psychology assessment (if they do want to pursue that avenue) and explore the implications with the family. If available, it is preferable to engage the service of a psychologist of the same ethnic background. If appropriate, help patient to find social support within the gay/lesbian community. | | | | | | | | | | |