Fear and Shame
Macedonian Mental Health Project
Phase 3

Using theatre to reduce the stigma associated with mental illness in the Macedonian community

August 2009
South Eastern Sydney Illawarra Health

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Macedonian Mental Health Project, Phase 3, 2009
Acronyms

CALD  Culturally and Linguistically Diverse

CHC  Community Health Centre

DVD  Digital Versatile Disc

LGA  Local Government Area

MHS  Mental Health Services

MMHP  Macedonian Mental Health Project

NSW  New South Wales

SES MHU  South Eastern Sydney Area Multicultural Health Unit (now known as South Eastern Sydney Illawarra Health Multicultural Health Service)

SESIH  South Eastern Sydney Illawarra Health
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Executive Summary

The Macedonian Mental Health Project (MMHP) is a successful community education and mental health promotion program now entering its seventh year of operation. Specifically targeting the Macedonian community, the project aims to reduce the stigma associated with mental illness in order to improve service utilisation and encourage early treatment. The project is part of a broader set of Area Mental Health Service (MHS) strategies to improve the accessibility and delivery of mental health care to local culturally and linguistically diverse (CALD) communities.

Phases 1 and 2 of the project (2003-2005) investigated the attitudes and beliefs surrounding mental illness and addressed negative perceptions with a community education campaign. Although successful, it was clear that ongoing strategies and long-term investment were needed to reduce the persistent and widespread negative attitudes within the community towards mental illness.

Using data from Phase 1, a Macedonian language play about mental illness was developed, becoming Phase 3 of the project. Entitled “Fear and Shame”, the play follows a family as they come to terms with their son’s schizophrenia and examines the negative impact of the stigma they experience. The play was staged in April, May, and October of 2008 with the hope of positively influencing community attitudes. Approximately 1,600 people attended across three venues.

Post-performance evaluation indicated that the drama had successfully challenged negative views of mental illness in the community. Audience members reported a greater empathy towards people with mental illness, more understanding of the difficulties they and their families experience, and a new willingness to discuss mental health and related issues.

Phase 3 evaluations also revealed that there was a greater awareness and knowledge of mental health services than in 2003. It is likely that this demonstrates the impact not only of the play but also of previous community education initiatives. In addition, key informants working with the Macedonian community reported there had been an increase in help-seeking behaviour since the play was staged, although this could not be confirmed due to limitations with mental health service utilisation data.

The excellent outcomes achieved in Phase 3 demonstrate that a theatre-based approach to mental health promotion can be an effective means not only of disseminating information, but also of effecting real and enduring change in the community by reducing negative attitudes and promoting help-seeking behaviours. Results also reflect the benefits of tailored community education programs and sustained funding which are especially important in migrant groups like the Macedonian community where cultural and language barriers may prevent members from accessing the messages of mainstream mental health programs.

Plans are currently underway to film key scenes from the play for use in the training of mental health professionals for Phase 4 of the project. This new resource, building on and
utilising material from previous phases, aims to increase the cultural competency of clinicians in order to improve mental health care for the Macedonian community.

With its focus on education, prevention and early intervention; data informed decision making; and culturally inclusive research, the Macedonian Mental Health Project has successfully anticipated and contributes to fulfilling the strategic priorities outlined in the NSW Multicultural Health Plan (2008-2012). It is imperative that innovative mental health programs such as this be continued in order to meet the changing needs of CALD communities.
1. Introduction

1.1 Macedonians residing in the SESIH catchment area

The population served by South Eastern Sydney Illawarra Health Service (SESIH) is one of the most culturally diverse in NSW. Around 34 percent of its residents were born overseas and almost 25 percent speak a language other than English at home. In some parts of the area this figure rises to around 50 percent.

Many people with Macedonian ancestry live in the St George and Illawarra regions of NSW, which fall within the catchment area of the SESIH. In the 2006 Census of Population and Housing, Macedonia was the most common country of birth (other than Australia) recorded in the Illawarra2 (n=4,261) and Macedonian the most common language (other than English) spoken at home. In St George,3 Macedonian was the fifth most common language spoken in the home and the third most common country of birth (n=4,919).

1.2 The Australian Macedonian community

Macedonian immigrants in Australia may have been born in the Republic of Macedonia (Former Yugoslavian Republic of Macedonia), northern Greece (Aegean Macedonia), Bulgaria, or Albania. The first Macedonian immigrants, mostly young unmarried men following the traditional practice of ‘pechalba’5 (leaving home to earn money), came to Australia in large numbers during the 1920s. Further immigration occurred in the aftermath of World War II and the Greek civil war. There were additional arrivals in the 1960s from the Socialist Republic of Yugoslavia and again in the early 1990s following the dissolution of the Yugoslavian state.

1.3 Mental illness in the Macedonian community

The process of immigration and settlement can be highly stressful for immigrants and their families. Difficulties with the English language, separation from family and friends, and discrimination may increase the risk of developing mental illness. Improving mental health services for CALD communities has been a priority for the Area MHS in recent years; however, many migrant groups continue to experience language and cultural barriers, stigma surrounding mental health issues, as well as a lack of knowledge about mental health services.

---

1 Australian Bureau of Statistics, 2006
2 Comprising the Wollongong, Shellharbour, Kiama and Shoalhaven Local Government Areas (LGAs)
3 Comprising the Rockdale, Hurstville and Kogarah LGAs
4 Hill, P. in Jupp, J. (editor), 2001(see bibliography)
5 Also ‘pečalba’
In 1999, consultation with the Macedonian community in St George revealed that mental illness was highly stigmatised and that people were reluctant to access services as a result. Bilingual counsellors employed by the Area MHS reported that families of people with mental illness attempted to hide the condition from others, fearing the ‘loss of face’ and the ridicule they would experience when the condition was discovered. Some clients and carers attributed mental illness to ‘evil spells’ or ‘demons’ and consulted Bajach (folk healers) or priests for assistance. When contact with the MHS was eventually made, it was often for involuntary or acute treatment. Family education sessions offered for the Macedonian community by the bilingual counsellors were not well attended, unlike those run for other CALD communities. To address these issues, the Macedonian Mental Health Project (MMHP) was developed with funding and support from the South Eastern Sydney Area Multicultural Health Unit (SES MHU), now known as South Eastern Sydney Illawarra Health Multicultural Health Service.

1.4 The Macedonian Mental Health Project – Phases 1 and 2 (2003-2005)

The Macedonian Mental Health Project (2003-2005) sought to clarify the attitudes and beliefs about mental illness held by the community and how these impacted on the use of mental health services. The key findings of Phase 1 indicated there were widespread negative views regarding mental illness within the Macedonian community. Macedonians saw their community as cruel and discriminatory towards people with mental illness and their families. People with mental illness were often viewed as having a ‘personal failure’ or ‘weakness’; some felt it was necessary to hide mental illness in the family for fear that they would experience stigma and discrimination from their community (see Table 1).

Table 1: Conclusions reached in Phase 1, verified by clients and carers in a follow-up survey

<table>
<thead>
<tr>
<th>Conclusion</th>
<th>Verifiable by Clients and Carers in Follow-Up Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Despite the community seeing itself as informed about mental illness, the community has negative concepts and attitudes concerning mental illness and people with mental illness.</td>
<td></td>
</tr>
<tr>
<td>2. Mental illness is often seen in terms of personal failure or weaknesses, e.g., a weakness in character, a physical weakness, or spiritual failing.</td>
<td></td>
</tr>
<tr>
<td>3. The Mental Health Services are seen to offer appropriate treatment and support to clients and carers and most people have a positive experience with the Mental Health Service.</td>
<td></td>
</tr>
<tr>
<td>4. Even when clients and carers have positive experiences with the Mental Health Service, their attitudes about mental illness remain negative.</td>
<td></td>
</tr>
<tr>
<td>5. Fear of the community finding out about mental illness in the family is as negative as the illness itself.</td>
<td></td>
</tr>
<tr>
<td>6. The Macedonian community regards itself as cruel and discriminatory in relation to people with mental illness and their families.</td>
<td></td>
</tr>
<tr>
<td>7. Group programs such as the Family Education Group are not acceptable because of the perceived risk that others within the community will find out about mental illness in the family.</td>
<td></td>
</tr>
</tbody>
</table>
These results were used to create Phase 2 of the project: a community education program designed to address existing attitudes and behaviours, and improve general awareness of mental illness. Strategies included sharing information with local community leaders to garner support; promoting awareness through a media campaign targeting Macedonian-language newspapers and radio; and running community and workplace information sessions. Although participant feedback with the community at the conclusion of Phase 2 showed that considerable progress had been made in destigmatising mental illness, it was evident that ongoing interventions were needed to address the persistent and widespread negative attitudes towards mental illness.

1.5 The Macedonian Mental Health Project – Phase 3 (2008-2009)

As the Macedonian community are very involved in theatre, with thriving community drama groups in Sydney and Wollongong, a theatre-based approach was thought to be a culturally appropriate way of improving knowledge and awareness of mental illness in Phase 3 of the project.

Using the data from Phase 1, a Macedonian language play about the experiences of a family dealing with mental illness was developed by Mr Dushan Ristevski, a Macedonian-speaking bilingual counsellor employed by the St George Division of Mental Health. “Fear and Shame”, performed in April, May and October of 2008, aimed to raise awareness of the stigma surrounding mental illness in the community and the appropriate avenues for seeking treatment. It was hoped that the play would give audience members a window into the lives of people with mental illness and their families, and in doing so would reduce existing negative attitudes in the community.
2. Methodology

2.1 Script development

The script, which is based on the qualitative data obtained in Phase 1 of the project and the author’s own experiences as a bilingual counsellor with the Mental Health Service, was developed with assistance from the St George Division of Mental Health and the Australia Council. It was published in partnership with the Macedonian Literary Association.

The play follows a Macedonian family as they struggle to come to terms with the youngest son Alex’s schizophrenia. Set in Rockdale, it shows the challenges encountered by the family as they seek help for Alex and face the negative reactions of their friends and neighbours. Many issues that impact on mental health in the Macedonian community are also explored such as domestic violence, alcoholism, social isolation, unemployment, inter-generational conflict, and drug-abuse.

2.2 Production

The book of the script was launched in December 2006 and five hundred copies of the play were printed and given to clients and carers of the Mental Health Service. At the launch, one scene of the play was performed in Macedonian. This generated interest from the community to see the full production. A key scene from the play was then performed in English at the St George Hospital Diversity Health Conference in November 2006. The interest generated from this performance led to grants from Hurstville City Council, SESIH Multicultural Health Service, and the Community Relations Commission to stage the play for the Macedonian community in 2008. The play was extensively promoted in the weeks leading up to the performances through community groups, posters in local shopping centres and through local Macedonian media and English language newspapers.

2.3 Evaluation of the play “Fear and Shame”

2.3.1 Performance of the play

The play was staged in three locations over a period of seven months. Venues were chosen in areas with large numbers of Macedonian residents including Rockdale and Hurstville in Sydney, and Wollongong city in the Illawarra region. Approximately 1600 people attended a performance.
### Table 2: Performances of “Fear and Shame”

<table>
<thead>
<tr>
<th>Venue</th>
<th>Date</th>
<th>Number of Performances</th>
<th>Estimated Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockdale</td>
<td>April, 2008</td>
<td>5</td>
<td>750</td>
</tr>
<tr>
<td>Wollongong</td>
<td>May, 2008</td>
<td>1</td>
<td>450</td>
</tr>
<tr>
<td>Hurstville</td>
<td>October, 2008</td>
<td>2</td>
<td>400</td>
</tr>
<tr>
<td>Total</td>
<td>–</td>
<td>8</td>
<td>1600</td>
</tr>
</tbody>
</table>

2.3.2 Recruitment

**Audience members** from the three venues were invited to participate in a post-performance telephone interview to evaluate the impact of the play on community attitudes and beliefs regarding mental illness. Hurstville respondents were recruited at the venue and indicated their willingness to be involved by filling in their contact details on consent forms distributed at the performance. Respondents were recruited retrospectively from the Rockdale and Wollongong venues by Macedonian-speaking staff including the bilingual mental health counsellor/playwright and two multicultural health workers who visited community groups to identify and enrol suitable candidates in the study.

**Key informants** (doctors, interpreters, social workers, multicultural health workers, priests and community leaders) with a Macedonian background or in regular contact with the Macedonian community in a professional capacity were approached to take part in a post-performance interview to determine their views on the play, as well as their perception of its impact on help-seeking behaviour within the community.

2.3.3 Interview process

Three bilingual interviewers with backgrounds in community work and/or social welfare conducted telephone interviews with consenting audience members during the period November 2008 – February 2009. Interviews were conducted in either Macedonian or English, depending on the respondent’s preference. Evaluation of the Rockdale and Wollongong performances was carried out approximately 6-10 months after the production. In order to assess both the short- and medium-term impact of the play on the community, respondents attending the Hurstville venue were interviewed 1-4 months after the production, and again 6-8 months post-production (between March – May 2009).

Key informants were interviewed between February – April 2009 by telephone where possible, and by fax/email where telephone interview was impractical, using a modified questionnaire and script.
2.3.4 Analysis

**Audience members:**

A total of 263 audience members were interviewed, however only 236 were considered suitable for inclusion in analysis. Respondents were excluded if the questionnaire had not been completed. Additionally, in households where several people were interviewed only one person was included in the final analysis to avoid bias.

**Table 3: Breakdown of respondents by venue and gender**

<table>
<thead>
<tr>
<th>Venue</th>
<th>Total respondents (n)</th>
<th>Males (n)</th>
<th>Females (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockdale</td>
<td>96</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>Hurstville</td>
<td>56</td>
<td>23</td>
<td>33</td>
</tr>
<tr>
<td>Wollongong</td>
<td>66</td>
<td>19</td>
<td>47</td>
</tr>
<tr>
<td>Multiple venues</td>
<td>18</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>236</strong></td>
<td><strong>102</strong></td>
<td><strong>134</strong></td>
</tr>
</tbody>
</table>

Forty of the 56 (71%) Hurstville respondents interviewed in the 1-4 month period after the play were reinterviewed 6-8 months post-production. Some respondents were excluded as not enough time had elapsed to make the results of a second interview meaningful. Other potential respondents were not able to be contacted or declined a second interview.

**Key informants**

25 key informants were interviewed. These included multicultural community workers/interpreters (n=11), GP/Doctors (n=6), managers (n=3), health support staff (n=3), a teacher (n=1), and a church leader (n=1). 80% of key informants (n=20) had seen a performance of the play.

**Data management**

Respondents often gave multiple responses to a single question. Multiple responses were coded to preserve the integrity and richness of the data.

Several questions in Phase 1 (2003) of the project concerning attitudes, beliefs, and help-seeking behaviour were repeated in Phase 3 so the results could be compared. The data obtained in Phase 1 of the project were recoded, where necessary, to allow direct comparison with 2009 data.
2.3.5 Ethics

Ethical approval for the post-performance evaluations was granted by the Human Research Ethics Committee, Central Hospital Network (Reference No. 08/STG/147).

The community will be given feedback about the interview findings through presentations, newspaper articles, and radio interviews with the playwright / bilingual health worker in late 2009.
3. Results

The results are divided into three sections: characteristics of respondents, including demographic details and prior contact with the MHS; feedback on the play; and attitudes and behaviours concerning mental illness in the Macedonian community post-performance.

Table 4: Demographic characteristics of respondents

<table>
<thead>
<tr>
<th>Variable</th>
<th>n (%)†</th>
<th>Variable</th>
<th>n (%)†</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td><strong>Education</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>102 (43%)</td>
<td>Current high school student</td>
<td>1 (–%)</td>
</tr>
<tr>
<td>Female</td>
<td>134 (57%)</td>
<td>Left school before 12 years of age</td>
<td>41 (18%)</td>
</tr>
<tr>
<td>Total</td>
<td>236 (100%)</td>
<td>Left school between 12-16 years of age</td>
<td>47 (20%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Left school after 16 years of age</td>
<td>48 (21%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attended further education**</td>
<td>97 (41%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>234 (100%)</td>
</tr>
<tr>
<td><strong>Age (years)</strong></td>
<td></td>
<td><strong>Occupation</strong></td>
<td></td>
</tr>
<tr>
<td>15-25</td>
<td>5 (2%)</td>
<td>Professional</td>
<td>40 (17%)</td>
</tr>
<tr>
<td>26-35</td>
<td>21 (9%)</td>
<td>Semi-professional</td>
<td>51 (22%)</td>
</tr>
<tr>
<td>36-45</td>
<td>38 (16%)</td>
<td>Unskilled/other</td>
<td>44 (19%)</td>
</tr>
<tr>
<td>46-55</td>
<td>63 (27%)</td>
<td>Unemployed/retired</td>
<td>99 (42%)</td>
</tr>
<tr>
<td>&gt;65</td>
<td>42 (18%)</td>
<td>Total</td>
<td>234 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>236 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Place of Birth</strong></td>
<td></td>
<td><strong>Local Government area of residence</strong></td>
<td></td>
</tr>
<tr>
<td>Macedonia</td>
<td>200 (85%)</td>
<td>Rockdale</td>
<td>40 (17%)</td>
</tr>
<tr>
<td>Australia</td>
<td>21 (9%)</td>
<td>Kogarah</td>
<td>32 (14%)</td>
</tr>
<tr>
<td>Other</td>
<td>13 (6%)</td>
<td>Hurstville</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Total</td>
<td>234 (100%)</td>
<td>Wollongong</td>
<td>60 (26%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Shellharbour</td>
<td>11 (5%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td>77 (33%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total</td>
<td>235 (100%)</td>
</tr>
<tr>
<td><strong>Language spoken at home</strong></td>
<td></td>
<td><strong>Region of residence</strong></td>
<td></td>
</tr>
<tr>
<td>Macedonian</td>
<td>152 (65%)</td>
<td>St George ***</td>
<td>87 (37%)</td>
</tr>
<tr>
<td>Macedonian &amp; other language*</td>
<td>70 (30%)</td>
<td>Illawarra ***</td>
<td>71 (30%)</td>
</tr>
<tr>
<td>English</td>
<td>3 (1%)</td>
<td>Other</td>
<td>77 (33%)</td>
</tr>
<tr>
<td>Other</td>
<td>8 (3%)</td>
<td>Total</td>
<td>235 (100%)</td>
</tr>
<tr>
<td>Total</td>
<td>233 (100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Years resident in Australia</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;10 years</td>
<td>24 (10%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-30 years</td>
<td>74 (32%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&gt;30 years</td>
<td>116 (50%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Born in Australia</td>
<td>18 (8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>232 (100%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

† Percentages have been rounded
* Additional languages may include English
**Further education includes both formal higher education and community-based education
***St George comprises the Rockdale, Kogarah, and Hurstville LGAs; Illawarra comprises the Wollongong and Shellharbour LGAs.
3.1 Respondent characteristics

3.1.1 Demographic details

The demographic characteristics of audience respondents is summarised in the table 4. Demographic information was not collected from key informants.

32% of audience respondents had experienced mental illness themselves, or had a relative or friend who had.

21% of all audience respondents had had contact with Mental Health Services. In these cases, hospitals (47%) and Community Health Centres (CHC) (49%) were the most common services mentioned.

Table 5: Respondents’ experience of mental illness

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No experience</td>
<td>148 (63%)</td>
</tr>
<tr>
<td>Self</td>
<td>45 (19%)</td>
</tr>
<tr>
<td>Family member/friend</td>
<td>31 (13%)</td>
</tr>
<tr>
<td>Unsure</td>
<td>11 (5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>235 (100%)</strong></td>
</tr>
</tbody>
</table>

Table 6: Mental Health Services with which respondents had contact

<table>
<thead>
<tr>
<th>Response*</th>
<th>Respondents n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health Centre (CHC)</td>
<td>25 (49%)</td>
</tr>
<tr>
<td>Hospital</td>
<td>24 (47%)</td>
</tr>
<tr>
<td>Doctors/Psychologists/Psychiatrists</td>
<td>6 (12%)</td>
</tr>
<tr>
<td>Acute care</td>
<td>3 (6%)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (6%)</td>
</tr>
</tbody>
</table>

*Multiple responses were permitted.

10% of audience respondents had attended the Mental Health Services’ community education sessions in Phase 2 of the project (2005).
3.2 Responses to the play “Fear and Shame”

3.2.1 Hearing about the play

The majority of respondents had said they heard about the play through friends (34%) or community groups (30%). Local Macedonian-language media such as radio (20%) and newspapers (11%), and family (10%) were also common ways of having learned about the production.

Men were most likely to have heard about the play through friends (38%) or local radio (24%), and women were most likely to have heard about the play through community groups (39%) or friends (32%).

Table 7: The ways in which respondents heard about the production

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>80 (34%)</td>
</tr>
<tr>
<td>Community Group</td>
<td>70 (30%)</td>
</tr>
<tr>
<td>Local Radio</td>
<td>46 (20%)</td>
</tr>
<tr>
<td>Newspaper</td>
<td>25 (11%)</td>
</tr>
<tr>
<td>Family</td>
<td>23 (10%)</td>
</tr>
<tr>
<td>Email</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Other</td>
<td>14 (6%)</td>
</tr>
<tr>
<td>Local Shops</td>
<td>3 (1%)</td>
</tr>
</tbody>
</table>

*Multiple responses were permitted.

3.2.2 Reasons for attendance

Most people attended the play because they had an interest in one or more aspects of the production. This could include general interest in the play (34%), curiosity about the topic or title (15%), or a recommendation from friends or family (15%). The opportunity to see a Macedonian production (15%) or to see the Macedonian culture, language, family, or community depicted on stage (13%) was a drawcard for some. Others attended a performance because of interest in the educational aspects of the play (12%).

3.2.3 Attending additional performances

14% of audience respondents saw the play on more than one occasion.

3.2.4 What respondents enjoyed about the play

The quality of the acting and performance (42%), and the issues raised by the play (42%) were seen as the most enjoyable aspects of the play by the majority of respondents. Other
aspects of the production that pleased the audience included the realistic characters (30%), Macedonian elements such as family, tradition, or language (21%), and the educational aspects of the production (19%).

Some respondents enjoyed all aspects of the production (20%). For others, the storyline (16%), messages and themes (15%), or characters and themes that prompted emotional responses (8%) were the most enjoyable features of the play.

“...it’s the true story of our lives. It covered many issues that we would not dare talk about...” Female, 36–45 yrs

“... it got everything out of the Macedonian community onto the surface.” Female, 26–35 yrs

“It was real. I saw myself in the play – a victim of mental health. I saw my family, neighbours, community too and was blown away.” Female, 36–45 yrs

“It talked about real problems in the family; many families have experienced those problems.” Female, 36–45 yrs

“The play was very well presented and it was understandable for us older people.” Male, 65+ yrs

“... It showed people how to get better, how to manage mental illness... there is a need to encourage people to address their issues.” Male, 56-56yrs

Those key informants who had seen the play enjoyed the realism of the drama and the issues and messages raised that were relevant to the community they work with. They, like audience members from the general community, also enjoyed the acting and the performance.
“I enjoyed the way the play presented the issues of mental illness, especially the part about the young boy and how the dramas and lifestyle changes in the home environment affected him as an individual family member. I encouraged my friends to watch the performance and also they took some other Macedonian people to watch it. From the discussions I had, people indicated that their opinion about mental health and asking for help dramatically changed/improved. Some of my students watched the play and we had some discussions in the class room. The feedback from the students was that it is ok to talk to someone when one’s family is facing mental health problems, and that people should not be ashamed to ask for help. Students felt that it was good to see a Macedonian drama which actually portrayed real life Macedonian family experiences. There are many issues within the community that are stigmatised but we as community health and welfare workers need to educate the Macedonian community and make them aware that there is help out there and that it is ok to seek assistance.” – Key informant comment

3.2.5 Key messages of the play

Overall, most people thought the key message of the play was to ‘seek help when it is needed’ (42%). Other common responses included the ‘importance of discussing problems openly’ (32%) and that ‘mental illness can be treated and managed’ (31%). Mental health related issues such as domestic violence, drugs, and alcohol were also mentioned.

For key informants, the principal message was ‘mental illness is nothing to be ashamed or fearful of’ (50%). Ideas such as ‘mental illness can be treated and managed’ (45%) and ‘seeking help when it is needed’ (35%) were also seen as important.

Table 8: The key issues and messages of the play

<table>
<thead>
<tr>
<th>Response*</th>
<th>Audience Respondents n (%)</th>
<th>Key Informants n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Seek help when it is needed’</td>
<td>98 (42%)</td>
<td>7 (35%)</td>
</tr>
<tr>
<td>‘Discuss problems openly’</td>
<td>75 (32%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>‘Mental illness can be treated and managed’</td>
<td>73 (31%)</td>
<td>9 (45%)</td>
</tr>
<tr>
<td>‘Mental illness is nothing to be ashamed or fearful of’</td>
<td>67 (29%)</td>
<td>10 (50%)</td>
</tr>
<tr>
<td>Drugs</td>
<td>38 (16%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>30 (13%)</td>
<td>5 (25%)</td>
</tr>
<tr>
<td>Family issues that prompt or surround mental illness</td>
<td>29 (12%)</td>
<td>4 (20%)</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>25 (11%)</td>
<td>1 (5%)</td>
</tr>
<tr>
<td>‘Making people aware of problems in community &amp; the help available to them’</td>
<td>23 (10%)</td>
<td>5 (25%)</td>
</tr>
</tbody>
</table>

*Multiple responses were permitted.
“Mental illness should be treated by professionals. Mental illness should and could be managed and treated like any other illness.” Male, 26–35 yrs

“People do not need to be scared if they come up with a mental health problem. It’s like a headache - not something to be shameful or fearful of.” Female, 36–45 yrs

“I think the key message was to break the fear and bring it into the open. There is no need to hide the illness.” Male, 65+ yrs

“Parents/children should get help and talk about problems and get help when they see the signs and don’t wait.” Male, 56–65 yrs

“…the play taught us how to deal with mental illness, where to go to ask for help.” Male, 56–65 yrs

3.3 Attitudes and behaviours towards mental illness after the play

3.3.1 Talking about mental illness with others in the community

The play generated significant discussion within the Macedonian community. A large majority of respondents (91%) had spoken about mental illness or stigma with others after the play.

“With family, I talked more openly about mental health problems. The play changed people to be more open - not hide. I am more relaxed now about it.” Male, 26–35 yrs

“It is time for change. Discussion has taken place since the play. Stigma in the Macedonian community is still around, but after the play it is beginning to change and you can see people are opening up.” Female, 65+ yrs

“Yes, I spoke about it at home. Also, with neighbours, friends, and other people from different communities, other backgrounds.” Female, 36–45 yrs

“Yes we talked about it. We lost a family member like that and did not talk to other people. Now after seeing the play we have talked about it.” Male 46–55 yrs

“Yes - as a result of the play I am working with my cousin and I am encouraging her to seek professional help as she is very depressed.” Female, 46–55 yrs

“Because of the play I saw a psychiatrist myself and can now easily talk about mental illness.” Female, 46–55 yrs
Some key informants had noticed positive changes in the way the community discussed mental illness since the play.

“Now more people are concerned that the matter at hand may be prevalent in their family....talk more openly about mental illness and use the play as a means of opening up and flowing with the conversation.” – Key informant comment

“People who are not educated have started to talk on the topic. Before it was just avoided, like something that one could catch just by talking about it.” – Key informant comment

3.3.2 Attitudes towards mental illness

Asking respondents how they felt others’ attitudes would change towards a person with mental illness gave valuable insights into how the Macedonian community sees itself.

In 2009, only 14% of respondents reported that the attitudes of others would change in a negative way compared with 51% in 2003.

Correspondingly, 55% considered others’ views would change in a positive way upon learning someone had mental illness; i.e. they would be more sensitive or more helpful towards the person. In contrast, only 7% of people asked the same question in 2003 thought others’ attitudes would change positively.

This suggests a marked reduction in stigma within the community between 2003 and 2009, some of which may be attributable to the interventions of the project.

Table 9: How respondents thought others’ feelings, thoughts, and attitudes would change towards a person with mental illness (2003 and 200)

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents 2003 n (%)†</th>
<th>Respondents 2009 n (%)†</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positively</td>
<td>7 (7%)</td>
<td>130 (55%)</td>
</tr>
<tr>
<td>Negatively</td>
<td>50 (51%)</td>
<td>34 (14%)</td>
</tr>
<tr>
<td>Other*</td>
<td>42 (42%)</td>
<td>71 (30%)</td>
</tr>
<tr>
<td>Total</td>
<td>99 (100%)</td>
<td>235 (100%)</td>
</tr>
</tbody>
</table>

*Other:* depends, ‘uncertain’, ‘hope (that others will respond positively)’.† Figures have been rounded. Percentage totals reflect hidden decimals.
“Yes, people are more supportive, more aware of the mental illness. They’ve become more compassionate about mental illness, drugs, alcohol, and especially domestic violence.” Female, 46–55 yrs

“... It has changed my view so probably others have changed too.” Female, 36–45 yrs

“...only if these issues and problems are advertised and talked about a little bit more can things change. For example, the radio. People might change if there were more educational sessions out in the community for families that need support as well as for people suffering from mental illness.” Female, 46–55 yrs

Although many gave a qualified response as to how others would respond to news of mental illness, this was reduced from 42% in 2003, to 30% in 2009.

People also spoke about how the play had affected their own attitudes towards those with mental illness.

“Yes, I saw how real mental illness can affect one member, then the whole family is affected. It taught me to be more aware, more compassionate. People with mental illness have as much right to live in the community as everyone else.” Male, 46–55 yrs

“I feel pain for people who are dealing with mental illnesses, and even more for the affected family. I have become more aware and treat people with respect. The play educated me how to behave.” Female, 65+ yrs

“Traditionally, the Macedonian community consider mental illness a joke. I always sympathised with them, but it’s not a joke. In the villages we did not have support for people with mental problems. In Australia we are lucky; there is a lot of support in Australia. We are lucky to have schools and support networks.” Male, 56–65 yrs

Follow up interviews with respondents who attended the Hurstville performances indicated that the more positive attitudes were maintained several months after the play, thus they were not just a transient effect.

Key informants suggested that continuing stigma and negative attitudes towards mental illness would be most effectively addressed with ongoing projects and interventions.
3.3.3 Sharing information about mental illness with others

Respondents were asked whether they thought the family of a person with mental illness should share this information with extended family and friends. In 2009, 90% thought this information should be shared compared to only 64% of those asked the same question in 2003.

For people with experience of mental illness there was also a greater openness to share information about the illness with extended family and friends. In 2009, 86% of people in this category thought this information should be shared compared to only 43% in 2003.

These results also point to reduced stigma in the community.

3.3.4 Help-seeking behaviour

Respondents were asked who they would contact for help if someone they knew were showing signs of mental illness. In 2009, 84% of respondents said they would contact health workers or services compared to 60% in 2003, indicating that there is greater awareness and willingness to seek help through these channels than previously.

“One play is not enough to educate the community about mental illness and reduce fear and shame amongst affected families.” – Key informant comment

“...I have worked with the Macedonian community for a few years and believe that we need to continuously talk about and make the community aware of the issue. The play played a major role in promoting the awareness of mental health and encouraged the community to talk about it openly... I believe that some in the Macedonian community have changed their attitude slightly. Also the younger generation is becoming more aware of the different services available regarding mental illness, but because of their cultural upbringing, stigma is a major problem and the help-seeking behaviour is left for their parents to deal with. The younger generation are more aware of the services and are more likely to access them. But lots of promotion is still needed in this area, as one play cannot change the attitude that the community has over night.” – Key informant comment

6 Includes those with personal experience of mental illness, or that of a close relative or friend.
Table 10: Who respondents thought they would contact for help if someone was showing signs of mental illness (2003 and 2009)

<table>
<thead>
<tr>
<th>Response</th>
<th>Respondents 2003 n (%)</th>
<th>Respondents 2009 n (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health workers/services</td>
<td>60 (60%)</td>
<td>197 (84%)</td>
</tr>
<tr>
<td>Family</td>
<td>46 (46%)</td>
<td>82 (35%)</td>
</tr>
<tr>
<td>Person themselves</td>
<td>10 (10%)</td>
<td>25 (11%)</td>
</tr>
<tr>
<td>Friends</td>
<td>3 (3%)</td>
<td>15 (6%)</td>
</tr>
<tr>
<td>Other</td>
<td>4 (4%)</td>
<td>9 (4%)</td>
</tr>
<tr>
<td>No-one</td>
<td>5 (5%)</td>
<td>5 (2%)</td>
</tr>
<tr>
<td>Unsure</td>
<td>3 (3%)</td>
<td>1 (–%)</td>
</tr>
<tr>
<td>Depends</td>
<td>3 (3%)</td>
<td>0 (–%)</td>
</tr>
</tbody>
</table>

*Multiple responses were permitted

Encouragingly, some key informants reported an increase in people utilising services and seeking help. Almost half thought there had been an increase in the number of Macedonian people approaching mental health services for assistance since the play, with slightly less having been approached themselves.

“Yes, young people and parents of teenagers are becoming aware of some services and they are contacting the service for stress related issues. This gives them an opportunity to consult with a psychologist and also to gather more information on mental health issues.” – Key informant comment

In addition, MHS workers report a positive shift in community attitudes and a greater willingness to utilise services since the play was staged. Psycho-education sessions are now being run for individual families with excellent results. The needs of carers are also being addressed. After the play a support group was established where members can discuss general mental health issues and participate in relaxation activities.

The greater willingness of the Macedonian community to seek help through mental health services was unable to be confirmed due to limitations with the service utilisation data.
3.3.5 Suggestions for future activities

Suggestions from respondents in the Phase 3 interviews included:

- filming the play and distributing it on DVD for those who were not able to attend a performance
- adapting the play for Macedonian-language radio
- using radio for further mental health education
- translating and performing the play in English for the younger generation
- repeating the play again for those who were not able to see it during 2008, and scheduling it over several weekends
- performing the play in other places in which large numbers of Macedonians live, such as Melbourne
- providing community transport so that the elderly and those without a vehicle can attend performances.
4. Discussion

4.1 Key findings

The theatrical work "Fear and Shame" was developed as part of a three-phase project which aimed to reduce the stigma associated with mental illness in the Macedonian community. By using the data obtained in previous phases to develop a dramatic narrative for the audience, the play was able to offer new insights into the lives of people with mental illness and their families, to reduce negative attitudes to mental illness, and to inspire empathy and understanding.

The play successfully sparked a community conversation about mental illness, which in turn has helped to reduce stigma and engender more positive behaviours towards those affected. It has catalysed discussion not only about mental illness, but also about issues that impact on mental illness such as domestic violence, drugs and alcohol, and social isolation. Importantly, the positive changes effected by the play in the community have not been lost over time.

Key findings in Phase 3 of the project included:

- more positive attitudes towards mental illness
- a reduction in the stigma surrounding mental illness
- improved knowledge of mental health services
- increased help-seeking behaviour.

Although the results of Phase 3 demonstrate that the play has had a marked impact on community attitudes and behaviours, it is likely that they also reflect the influence of the previous interventions. Other community and broader societal influences may also be operating. Now in its seventh year, the Macedonian Mental Health Project has successfully involved the community in their own community education programs since 2003. The positive outcomes obtained have been achieved through long-term investment and a sustained approach to community engagement and education. In addition, broader initiatives supported by the Area Mental Health Service such as the employment of bilingual counsellors, development of a Multicultural Mental Health Action Plan, and carer and client support groups have also played a key role in both stigma reduction and improved access to services for this community.

4.2 Reflections and next steps

Modifying community attitudes, beliefs, and behaviours is an incremental process that requires persistent effort over long periods of time. One-off, short-term interventions may help, but are not enough to effect sustained change. As this project has demonstrated, repeated exposure to new ideas is needed to alter cultural beliefs about mental illness. In
addition, continual monitoring and evaluation are needed to ensure programs evolve with the community and remain relevant to them.

New strategies that specifically target the Macedonian community are required so that positive attitudes are not only maintained, but continue to improve over time. This is particularly important as mainstream community ideas and health-promoting messages may be missed due to language and cultural barriers.

Collaborative initiatives which make use of existing community resources are cost-effective and may attract additional funding from community sponsors. The materials produced can also be used for future interventions.

Listening to the ideas of the community and ensuring they are continually and actively engaged in the process of their own education is the best way to maintain positive attitudes and behaviours, and improve service utilisation.

4.3 Limitations

One of the major limitations of the project was the lack of availability of accurate mental health service utilisation data relating to people of Macedonian background. It was therefore not possible to empirically verify the anecdotal evidence from key informants that help seeking behaviour and service utilisation has improved since the play, at least from the point of view of the mental health service. It is possible that Macedonian people experiencing mental health problems had sought help from other sources such as their GP, but ethnicity data is not routinely collected in primary care.

Within the mental health service, methods to identify patients of Macedonian background rely on the country of birth and preferred language fields in the relevant databases being completed. Lack of compliance with recording and entry of this data may restrict the accurate identification of Macedonian people using the mental health service. The country of birth field presents a particular problem for clinicians and others entering data in that Commonwealth and State governments use the terminology “Former Yugoslavian Republic of Macedonia” (FYROM) while community members use “Macedonia”. This may account for some of the under identification of Macedonian clients in the data systems.

It is essential that accurate and complete mental health service utilisation data is available to ensure that the impact of community education and mental health promotion interventions can be measured, and to assist service planning and development. Although the data are primarily intended for aggregation and analysis for state wide planning and the numbers at the facility-level are small, this should not preclude their careful use for local purposes such as this evaluation.

Failure to attract younger members of the Macedonian community to the play was another important limitation. While some young people attended the play with their families, the respondents in Phase 3 of the project were mainly middle-aged to elderly, reflecting the main composition of the audience attending the performances. As adolescents tend to be at a
higher risk of developing mental health problems it is imperative that initiatives targeting younger members of the community are developed.

4.4 Future activities and developments

The positive changes produced by this theatre-based approach to mental health promotion in the Macedonian community have the potential to be replicated in other CALD communities, particularly those with low rates of English proficiency and a tradition of theatre or community performance. The play has been translated into English and it is hoped that the play’s ideas and general structure can be adapted for use in other communities in which mental health literacy is poor.

As part of the MHS’s ongoing strategies to enhance cross-cultural mental health care by improving cultural competency in the workforce, key scenes of the play are currently being filmed for the training of mental health professionals and managers. This resource will help key workers improve their knowledge and skills so that they can interact more effectively with people from the Macedonian community and other CALD backgrounds.
4.5 Recommendations

1. To support Phase 4 initiatives, that is, the development of educational resources using key scenes from the play "Fear and Shame". This new resource, building on and utilising material from previous phases, aims to increase the cultural competency of clinicians in order to improve mental health care for consumers and carers from CALD communities.

2. To continue to conduct culturally inclusive interventions by listening to and acting upon the community’s recommendations in Phase 3 of the project. Several of these recommendations have already been followed up, for example, 1,000 DVD copies of the play have been created for community distribution. In addition, copies of the English version of the play will be disseminated for the benefit of other CALD communities who can use it as a template to develop their own culturally appropriate scripts.

3. That the Area Mental Health Quality Improvement project to improve CALD data collection is supported. This project is managed by the Area Multicultural Mental Health Governance Committee, of which the Area Director, Multicultural Health is a member.

4. To share the project findings at conferences and events to encourage others to adopt innovative and culturally responsive mental health promotion programs.

5. To develop a new focus on engaging Macedonian youth in mental health education and promotion activities. Encouraging youth leadership, presenting information in English, and running targeted focus group discussions are necessary strategies to engage this group in future interventions.

6. To use the lessons learned from this project to engage other CALD communities within SESIH with a view to developing sustained, culturally relevant approaches to community education and mental health promotion.
5. Appendices

5.1 Bibliography


5.2 Synopsis of the play “Fear and Shame”

The play commences with the Petkovski household embroiled in conflict after returning from a Macedonian wedding. Boris, the patriarch of the family and an alcoholic, argues with his wife Lenka. George, the eldest of their two sons and a recovering drug addict, brings his new wife Vesna and their baby son Jason home to live with the family. When it is revealed that George continues to use drugs, Vesna decides to flee the house for a refuge, taking Jason with her. Meanwhile, Alex starts to show signs of paranoia, signalling the onset of schizophrenia. This is initially ignored by the family, but as time goes on his increasingly irrational behaviour and violent outbursts can no longer be dismissed. Lenka seeks help from a spiritual healer and a priest who attempt to cure Alex with incantations, prayers and potions. When this is unsuccessful the family reluctantly have Alex hospitalised following a suicide attempt. Lenka fears the ‘shame’ and ‘loss of face’ the family will experience when Alex’s condition becomes public knowledge and her fears are largely justified when the neighbours start to gossip.

With Alex hospitalised and on medication, Lenka and Boris are finally forced to deal with the reality of their son’s illness. They visit the psychiatric ward and speak to a doctor about his condition, but struggle to understand his explanation and leave in confusion. It is only when Boris later reads an article about schizophrenia in a Macedonian community newspaper that he begins to comprehend and accept the diagnosis. Lenka continues to be dismissive and attributes Alex’s condition to an ‘evil spell’. This leads to escalating verbal abuse between the couple, eventually culminating in physical violence. The penultimate scene ends with a soliloquy in which Lenka takes stock of all her shattered hopes, the pride and joy she had known in her sons, and her present inability to bear their suffering which “has turned my soul to pitch black”.

Happily, the final scene shows the family in better circumstances. Vesna, George, and Jason are reunited, and George has given up drugs and found employment. Alex’s symptoms are well controlled by the medication and he is able to attend Jason’s christening. Boris and Lenka maintain an uneasy peace.
5.3 Area of residence and play venues attended by respondents

*Table 11: Venue attended according to area of residence*

<table>
<thead>
<tr>
<th>Local Government area (LGA)</th>
<th>Total Respondents (n)</th>
<th>Total (%)</th>
<th>Rockdale venue (n)</th>
<th>Rockdale venue (%)</th>
<th>Hurstville venue (n)</th>
<th>Hurstville venue (%)</th>
<th>Wollongong venue (n)</th>
<th>Wollongong venue (%)</th>
<th>Multiple venues (n)</th>
<th>Multiple venues (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockdale (R)</td>
<td>40</td>
<td>17</td>
<td>29</td>
<td>30</td>
<td>8</td>
<td>15</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Kogarah (K)</td>
<td>32</td>
<td>14</td>
<td>27</td>
<td>28</td>
<td>5</td>
<td>9</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hurstville (H)</td>
<td>15</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>Wollongong (W)</td>
<td>60</td>
<td>26</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>52</td>
<td>79</td>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>Shellharbour (S)</td>
<td>11</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>14</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Other</td>
<td>77</td>
<td>33</td>
<td>34</td>
<td>35</td>
<td>34</td>
<td>62</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>235</td>
<td>100</td>
<td>96</td>
<td>100</td>
<td>55</td>
<td>100</td>
<td>66</td>
<td>100</td>
<td>18</td>
<td>100</td>
</tr>
</tbody>
</table>

**Key Points**

- People attending a Rockdale performance were likely to be living in the St George area (R+K+H combined=63%), though a large number also resided outside the area (38%).

- Hurstville venue respondents were most likely to be living in a location remote from the venue (62%='other').

- People attending a Wollongong performance were most likely to be living in the Illawarra region (W+S combined=92%).

- Respondents attending multiple venues were more likely to be from the Illawarra region than the St George region (44% vs. 28%).*

- A large percentage of people attending multiple venues lived in regions remote to the venue areas (28%).*

(N.B. * N=18; small numbers of respondents.)
5.4 Consent form

Information Sheet:
Understanding the attitudes of the Macedonian Community about mental illness

We would like you to give us some feedback about the play “Fear and Shame”

Mental illness is often not discussed openly in many cultures. People have many different ideas about mental illness and experiences of services. Feedback about the play “Fear and Shame” will help us in our efforts to raise community awareness and to provide information and education about mental illness to the Macedonian community.

We are asking those people who have seen the play to be involved in a telephone interview.

The interview will involve some questions about your thoughts about the play and about mental illness. The interviews will take about 10 to 15 minutes and be conducted by trained interviewers.

The interviews will be strictly confidential and the interviewer will not record your name. Information from everyone involved will be summarised so that no one person can be identified.

There will be a choice of having the interview conducted in English or in Macedonian.

Through your involvement, we can work together to develop services that will be sensitive and relevant to the needs of the Macedonian community.

Yours sincerely

David Pearce
Director
Mental Health
Phone: 9113 2531

Your name: ________________________________________________________

Contact telephone number: ________________________________________

Best time to contact: ☐ Daytime ☐ Evening
Consent form

Thank you for agreeing to participate in the project

Please fill in the details below and return to:
Lisa Woodland
Multicultural Health Service
PO Box 747, Randwick, 2031

I (name) ……………………………………………………., agree to take part in the project.

I understand that:

- all information I provide will be treated as strictly confidential
- for those that are clients of the service, the information that I provide will not affect the care given to me or a family member by the health service
- I can withdraw at any time and this will not affect my care or that of my family member
- the information will be used to improve mental health services for the Macedonian Community
- if I have any concerns or complaints about the interview I can contact:
  
  Peter Fink
  Human research Ethics Committee
  Central Network
  St George Hospital
  Gray St
  Kogarah NSW 2217
  Tel: (02) 9113 2481

If you would like to use an Interpreter ring TIS on 131 450

Signature: ……………………….  Interviewer’s name: ……………………..
Date: ……………………………  Interviewer’s Signature: ……………………..

Date: ……………………………
5.5 Audience questionnaire

Introduction
Hello, could I please speak to _____________

My name is _____________ and I am calling from the Area Health Service.

We are conducting interviews with members of the Macedonian community who have seen the play “Fear and Shame”. We are interested in finding out about people’s thoughts about the play and their thoughts about mental illness.

We can do the interview over the phone either now or at time that suits you better.

The interview will take about 15 mins.

Before you decide whether you would like to take part, I want to assure you that everything you say will be kept private and confidential. Your name will not appear on the page where I am writing things down.

*For clients only: Nothing you say about yourself will be reported to staff – we are only interested in your thoughts on the play.*

We are interested in hearing your honest opinion.

If you decide not to take part, that is fine. Would you be willing to answer some questions?

If NO ... would you like us to call back at another time?

1. When did you attend the performance of the play?
   - Rockdale: April 2008
   - Wollongong: May 2008
   - Hurstville: October 2008

2. How did you hear about the play?
   - Family
   - Friends
   - Local radio
   - Newspaper
   - Local shops
   - Group
   - Email
   - Other

3. Why did you go along to see the play?

4. Who did you go along with?

5. Did you see the play more than once? If so did you take anyone else to see it? Who did you take? Why?

6. What did you enjoy most about the play?

7. What did you enjoy least about the play?
8. What do you think were the key messages in the play?

*Now, I want you to think about real life not the play….*

9. Since seeing the play, have you and family/friends/others talked about mental illness/stigma for families?

10. If a person had a mental illness would your feelings, thoughts or attitudes towards them change in any way? How might they change?

11. Do you think that others people’s attitudes, thoughts and feelings would change towards them or their families? How might they change?

12. If someone had a mental illness, do you think their family should share this information with their extended family and friends? If yes, who should they talk to? If no, why not?

13. If a person you knew was showing signs of mental illness, who would you contact for help? Why?

*A few questions about you ….*

14. Age:
- 15-25 yrs
- 26-35 yrs
- 36-45 yrs
- 46-55yrs
- 56-65 yrs
- 65 yrs+

15. Gender
- Male
- Female

16. Country Of Birth:
- Australia
- Macedonia
- Other

17. Language Spoken At Home:
- English
- Macedonian
- English & Macedonian
- Other

18. Years Living in Australia
- <10 years
- 11-30 years
- 30 years +
- All life
19. LGA:
- Rockdale
- Kogarah
- Hurstville
- Wollongong
- Shellharbour
- Other

20. Schooling/education:
- Left before 12 years of age
- Left between 12 and 16 years of age
- Left after 16 years of age
- Attended further education

21. Occupation:
- Employment professional field
- Employment semi-professional field
- Unskilled/other employment
- Not employed

22. Did you attend community education sessions in 2005?
- Yes
- No
- Unsure

23. Have you or your family members ever experienced mental illness?
- Yes, self
- Yes, family member
- No
- Unsure

24. If yes, have you had contact with the Mental Health Service?
- Yes, hospital
- Yes, acute care team
- Yes, community health centre
- No
- Unsure

For those attending Hurstville performances

25. Would you be happy for us to ring again in a few months time to ask you some similar questions?
- Yes
- No
- Unsure
Introduction for the Interviewer

Hello, could I please speak to ______________ My name is ______________ and I am calling from the Area Health Service.

A few months ago either myself (or one of my colleagues) spoke to you about the play “Fear and Shame”. We really appreciate your participation in this process.

We are conducting a second round of interviews to follow people up after seeing the play six months ago. We are interested in finding out about people’s thoughts about the play and their thoughts about mental illness. We hope that the information you may be able to provide, will help us to plan/improve services for the Macedonian community.

We can do the interview over the phone either now or at time that suits you better. The interview will take about 15 mins.

Before you decide whether you would like to take part, I want to assure you that everything you say will be kept private and confidential. Your name will not appear on the page where I am writing things down.

We are interested in hearing your honest opinion.

If you decide not to take part, that is fine. Would you be willing to answer some of the questions? If NO ... would you like us to call back at another time?

POST INTERVIEW CHECKLIST (TO BE COMPLETED BY THE INTERVIEWER):

| Survey Completed - FULLY       | YES | NO |
| Survey Completed – PARTIALLY   | YES | NO |
| Notes made on each survey (REMEMBER full sentences are not needed, just key words) | YES | NO |
| Time taken to complete Interview | How many minutes?............................... |
REMEMBER AS WE DISCUSSED IN THE TRAINING: If an interviewee discloses something of a sensitive nature ie: mental health issue, encourage them to contact their local hospital or nearest consumer contact point.

ALSO: If you need to discuss an issue arising out of the Interview process, call Esta Paschalidis-Chilas on 0416 231 430 or Lisa Woodland on 0400 175 618 OR if you need de-briefing, please speak to Suzanna Kirov, who is available on site.

ALL THE BEST!

Date: Time:

1. From memory, what did you enjoy most about the play?
2. What did you enjoy least about the play?
3. What do you think were the key messages in the play?

Now, I want you to think about real life not the play....

4. Since seeing the play, have you and family/friends/others talked about mental illness/stigma for families?
5. If a person had a mental illness would your feelings, thoughts or attitudes towards them change in any way? How might they change?
6. Do you think that others people’s attitudes, thoughts and feelings would change towards them or their families? How might they change?
7. If someone had a mental illness, do you think their family should share this information with their extended family and friends? If yes, who should they talk to? If no, why not?
8. If a person you knew was showing signs of mental illness, who would you contact for help? Why?

Thank you for your participation.
5.7 Key informant questionnaire

Name:

Occupation:

Date:

Did you attend the performance of the play?

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockdale</td>
<td>April 2008</td>
</tr>
<tr>
<td>Wollongong</td>
<td>May 2008</td>
</tr>
<tr>
<td>Hurstville</td>
<td>October 2008</td>
</tr>
</tbody>
</table>

If no, have you heard about the play? How did you hear about it?

*Since the play was staged*.....

Have you noticed any changes in the Macedonian community’s attitudes towards:
- mental illness
- their ability to talk openly about mental illness
- stigma issues for families?
If so, what is the nature of the change?

*Since the play was staged*.....

Have more people from a Macedonian background approached you to obtain information and/or to discuss mental health issues?

*Since the play was staged*.....

As far as you are aware, have more people from a Macedonian background approached local mental health services, the Transcultural Mental Health Service and/or private psychiatrists or psychologists?

*(If time allows and the person has seen the play)*

* A few more questions about the play*.....

What did you enjoy most about the play?

What did you enjoy least about the play?

What do you think were the key messages in the play?
5.8 Community feedback summary

Evaluation of “Fear and Shame” – a Macedonian language play

Background
During 2008, over 1600 members of the Macedonian community attended performances of the play “Fear and Shame” in Rockdale, Wollongong and Hurstville. The play, written by Dushan Ristevski, a Macedonian-speaking Bilingual Counsellor from the St George Mental Health Service, describes the life of a Macedonian family struggling to deal with mental illness and other issues. The play was developed to raise awareness of mental health issues and encourage people to talk more openly about them.

Survey
Several months after the play, audience members were invited to participate in a telephone survey to find out what the community thought of the play and whether it had changed their ideas about mental illness.

- People told us they enjoyed the realistic Macedonian characters; excellent acting; and issues raised by the play that are often associated with mental illness such as domestic violence, unemployment, and the use of drugs and alcohol.

- For them, the key messages of the play were:
  a. help for mental illness is available
  b. mental illness can be treated and managed effectively
  c. it is important to talk openly about problems and
  d. mental illness is nothing to be ashamed or frightened of.

- The play prompted many people to talk about mental illness with family and friends.

Overall, results show that since the play was staged:

- the community has developed more positive attitudes towards mental illness
- the community has noticed a reduction in the stigma surrounding mental illness
- the community has increased awareness of Mental Health Services and
- more people with mental illness are asking for help.

What next
The play is currently being translated into English so that it can be performed in other communities. Some scenes from the play will also be used in the training of mental health staff to ensure that services continue to meet the community’s needs.

Thank you to all the people who took the time to participate in the survey.

More information
1,000 DVD copies of the play have been created for the Macedonian community to watch at home. This is a chance for people who missed the play to see it as well as a chance for those who did attend a performance to relive the experience and share it with friends and family.

If you’d like a copy of the play on DVD or if you would like more information about the study or mental health services, please contact:

Dushan Ristevski
Bilingual Mental Health Counsellor
Rockdale Community Mental Health Centre
Phone: 9567 6500
dushan.ristevski@sesiahs.health.nsw.gov.au