Mental Health and Culture

Individuals and communities across all cultures have differing views about the causes of mental health challenges, including biological, psychological, social (including causes like racism and oppression), migration, cultural (e.g. dislocation from cultural) and religious factors.

When working with Aboriginal, migrant and refugee families in the Permanency Support Program (PSP) it is important to explore their thoughts and the language they use to describe mental health and how it is understood and experienced in their culture and religion. For example, some Culturally and Linguistically Diverse (CALD) cultures might believe that mental health challenges exist because a person's ancestors did something bad and the current generation are paying for it. Some may believe mental illness is caused by evil spirits, or that it is a disease you can catch. Often, negativity can be directed towards the family of a child, young person (child) or parent experiencing mental health challenges. For Aboriginal families, mental health is described as social and emotional wellbeing, that includes physical health, spirituality and experiences.

These beliefs might be a barrier for communities to accept and support children and young people (child) and parents experiencing mental health challenges. Keep these possible cultural attitudes in mind and sensitively work through them with the family always via a trauma-informed and resistance-based approach.

Read about Response Based Practice for more information.

Mental Health and Culture in PSP

Children and families in the PSP link their mental health and wellbeing to culture, identity, a sense of belonging, resilience and self-worth. They all shape a person's identity and how they cope with mental health struggles, how they work through them and how they practice self-care.

A child who has a strong cultural identity, can make positive social connections and feel a sense of belonging to their community whether they live with their birth family or with a carer from the same or a different cultural background. It is likely that when a child in PSP is not connected to their culture that they may experience internal conflict. A child may then feel stress, anxiety and/or loneliness and when not given

the opportunity to develop, maintain and strengthen their cultural and spiritual identity, may be at risk of experiencing mental health challenges.

When talking with a child from Aboriginal or CALD communities about their spiritual healing, mental health and identity, consider:

Cultural Stigma
Mental health is viewed differently in every culture. Sometimes mental illness is seen as a weakness. It avoids families discussing their wellbeing. For example, Western Cultures accept the biomedical model of mental illness where as Aboriginal, Middle Eastern and African cultures view this as a private family matter.

Understanding mental health from a cultural lens
Culture influences how a child describes their thoughts and feelings. A child may choose not to discuss their emotional and/or physical symptoms of their mental illness or wellbeing. For example, it may be taboo for a child to discuss their mental health with caseworkers or health professionals but they can with their (spiritual) leader or within their family..

Community
Cultural factors influence the level of support a family will accept. A child's connection to their family and community may be disrupted if wellbeing interventions are enforced. For example, a child may stand along and not be supported by their family and community.

Working collaboratively (resources and support)
Working collaboratively with multicultural services and interpreters break down cultural stigma and creates understanding when looking at a child's cultural factors and needs. For example, a multicultural support worker may point out that some cultures express emotional distress as a physical complaint, such as fatigue.

See this resource from Multicultural Mental Health Australia, Embrace Multicultural Mental Health for more practical information.

What Mental Health Means to Aboriginal Communities?

The concept of mental health can vary between Aboriginal communities and Western society. Western people will generally take a clinical perspective and categorise mental health as an illness. Treatment generally focuses on the individual and how they experience and interact with their environment. A child and/or their family may see a Psychologist or Counsellor to discuss their mental health and other related challenges or see a Psychiatrist who prescribes medications that help them manage their mental illness.

Aboriginal and Torres Strait Islander (Aboriginal) communities prefer to define mental health as social and emotional wellbeing. This holistic concept recognises the importance of the intrinsic connection to spirituality, physical health and social wellbeing. It also recognises the unique strengths of Aboriginal culture, especially the role extended family and community can play in healing practices. This lens will help you contextualise how the loss of country and family through ongoing colonisation and oppression has resulted in a loss of identity for many Aboriginal people.

Aboriginal people are culturally diverse and not all families and communities share the same concept of mental health. It is important you learn the unique story of the family and community you are working with and their connection to land, culture and community. You can get advice from the family, community, Elders and Aboriginal practitioners to best understand how the community might approach concepts of social and emotional wellbeing and mental health.

Ask how they talk about mental health challenges, such as suicide, depression and stress. Let the child and the family's language guide your approach. A shared language leads to shared understanding. Watch this video on Aboriginal perspectives on wellbeing.

What Mental Health Means to Migrant Families?

Australia is one of the most culturally diverse nations and is home to many migrants and refugees whose cultures' views on mental health are often different to the biomedical model that dominates in Western society. In these cultures, religion and spirituality may play an important role.

When you speak with children, parents or carers in the PSP about mental health and wellbeing, consider the role culture plays in mental health. Explore the child and their family's views around Australian child protection issues in the context of their:

- culture – traditional parenting practices and belief systems, (supervision, physical abuse, child focus in family functioning, academic pressure and exposure to trauma (war, oppression, torture or leaving family behind to migrate to another country)
- migration related factors – no family or community support, language and migration challenges and lack of child protection legislation and agency support
- general factors – poverty, health, homelessness, domestic and family violence, sexual abuse, alcohol and drug use and mental health challenges (Kaur, 2012).

Families may be experiencing stigma or shame from their cultural community, PSP service provider, DCJ, the Court, health professionals or others when cultural traditions or parenting practices clash with the Australian child protection system. For example, some Indian cultures use traditional remedies such as herbal remedies and massage when a child experiences anxiety. PSP casework staff and health professionals may misinterpret the traditional remedies as neglect when a child doesn't receive Western medical treatment. Another example is education in the Asia-Pacific culture where children are under pressure to perform well academically. In Western society this may be viewed as emotional abuse or authoritarian African refugee families may be seen as physically abusive.

Understanding culture for better risk assessment
Your knowledge and understanding of a child and their family's migrant or refugee experience will help you assess risk so that you can develop effective action plans to manage any mental health issues. It will also help you to make sure the family is connected to community and professional support

To understand a family's culture, ask them:
- What languages or dialects are spoken at home?
- What culture and religion does the family identify with?
- How does the family practise their culture and religion?
- What cultural and religious activities are they family involved in?
- What are the family interests? How do they spend time together?
- How much contact, if any, does the family have with people in their cultural community?
- If the family is not well connected, why not? Are they marginalised from their community or just isolated? What does this mean for the parents? For the child?
- What contact do they have with people outside of their cultural community?

It is important that we do not stereotype or make assumptions based on a family's cultural background. Remember that the family are the experts in their culture, so ask them questions so you can understand their story. This is a good way to engage with and empower the family.

Please read Talking with Children and Young People about Mental Health and Talking with Parents Experiencing Mental Health Issues for more information on how you talk to families about mental health.

For CALD families culture has a major influence on how they embrace or reject mental health challenges. Barriers that may prevent families from speaking with you about their mental health challenges may be:

- shame – disgrace or disapproval from their culture or community may be felt when mental illness is stigmatised or families may feel rejected, excluded or discriminated against
- power imbalance – families may fear your involvement, especially if they feel misunderstood or their cultural/parenting practices that are not accepted in our Western society
- coping styles – different cultures have various coping styles to mental health stressors, resilience may be embedded in cultural values and identity or collective healing may be viewed from a spiritual, historical and/or culture belief system
- spirituality and religion – recognising the role of beliefs systems around self-care and mental health.

For more information on mental health for children in PSP, please see factsheet Mental Health – Working with Children and Young People in PSP, Mental Health – Parents and Mental Health and Pregnancy.

Understanding migrant and refugee families
It can be very difficult for migrants and their children to settle into life in Australia. It is important to consider some of the challenges the family may be facing, and how this may be contributing to any existing mental health issues.

These may include:
- difficulty understanding Australian culture, systems and structures
- being subjected to discrimination and racism
- being previously placed into immigration detention centres

- having limited finances
- limited English language or inability to read and write in English
- poor access to transportation and cultural supports
- difficulty finding employment, putting the family at risk of poverty
- limited job opportunities because of language or skill levels, or because of religious needs (not being able to work on certain days)
- being separated from, and not having the support of, family and friends in their country of origin
- university degrees or qualifications from overseas that are not recognised in Australia
- accepting unskilled work when they previously worked as highly respected professionals
- having to participate in further study and education to have their qualifications recognised
- domestic and family violence against migrant women and children
- cultural differences in parenting (fear that children are losing their cultural identity through school, other children and the media).

The many challenges facing migrant children and their families can affect mental health and wellbeing and lead to feelings of fear, guilt, stress, isolation, depression, anxiety, problematic alcohol or other drug use, low self-esteem and confidence and devaluation of their individual and cultural identity.

Migrants are far less likely or reluctant to use mental health services. There are many reasons why, including language barriers, lack of knowledge and trust about services, and cultural stigma. Culture also plays a role in how children and families seek help.

This can be viewed in two ways:
- **How mental illness symptoms are presented**. In Western cultures, families present mostly with cognitive based symptoms, whereas in other cultures families are more likely to show somatic symptoms (emotional stress felt as pain in the body, e.g. headache, stomach pains, fatigue and sore back).
- **The way a family may seek help**. CALD families in PSP may be used to seeking help within their family, community or from a spiritual healer. When living in Australia, they may not expect to ask for help from their PSP service provider or a health professional. They may also not be ready or willing to seek help as it may bring shame to their culture or they may be rejected by their community when their community feels embarrassed by families reaching out for support.

For example, when a child must see a GP to meet part of their case plan goal, they may talk about pains they experience in the body (headache, stomach pains) rather than the underlying issues that brought on the mental health challenges. A child may fear the loss of connection to their community because the community may feel betrayed by the child's GP visit.

Research what services are available in your local area and work with the family encouraging them to accept support. Be creative in your search as there may be:
- a lack of understanding of these services from families (they may not have them in their country of origin)
- difficulties in accessing services
- not having culturally safe and appropriate services available in the area where children and families live.

Ask yourself is there anything you can do to help with these challenges, for example, English language classes, employment agencies that understand and support migrant families, cultural groups within your local area that supports their wellbeing.

The Experience of Refugee Families
The experiences common to refugee children and their families become a part of who they are, something they carry with them despite finally resettling in a safe place. Keep in mind what these children and families may have experienced when forced to flee their home and country:
- war and armed conflict systematic state terrorism
- bombings and sniper fire
- rape and torture
- domestic violence
- kidnappings, detention, harassment
- killings or genocide
- deprivation of food, health and medical care, schooling
- loss of family and friends killed during war or conflict
- no longer any means to support their family
- prolonged periods (sometimes decades) in a refugee camp or in detention centres, not knowing what the future holds for them and afraid of being sent back.

The traumatic experiences of refugee children and their families can have deep and long-term impacts. Refugees and asylum seekers are at high risk of mental health issues and

psychological distress as a direct result of torture, violence, war, displacement, and their refugee experience.

Signs someone has experienced trauma include:
- hyper-arousal
- injuries, illnesses, chronic pain, psychosomatic issues
- anxiety, sadness, fear, anger, irritability, guilt, shame
- intrusive thoughts, flashbacks, nightmares, trouble sleeping, memory and concentration problems
- post-traumatic symptoms including post-traumatic stress disorder (PTSD)
- changed sense of self, beliefs, loss of trust, disempowerment, loss of self-esteem
- difficulties with personal relationships, social withdrawal.

You need to be aware that what one refugee may experience as traumatic, another many not. Avoid making assumptions that a child or adult has 'trauma' or label them as 'traumatised' based on their exposure to horrific events. Each person will have a unique response to trauma based on type and severity of the experience, age, gender, resilience, mental health and support. You will need to talk to each child and adult to understand how they responded to these distressing events.

Where Can you Find Help for Families?
You can link or refer a parent to the following services:
- Emergency 000 (someone in immediate danger) – call 000
- their GP, psychologist, psychiatrist or other health professional
- Thirrili (Aboriginal community, National Indigenous Critical Response Service, provides emotional and practical support to bereaved families and individuals impacted by suicide or other traumatic loss, 24/7) – call 1800 805 801
- HeartChat.com.au – online library for CALD communities to find a mental health expert who speaks their language
- STARTTS, Service for the Treatment and Rehabilitation of Torture and Trauma Survivors.
- Transcultural Mental Health: https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre/

For more helplines, websites and government mental health information, please visit:

[Mental Health Australia](#)

[Emerging Minds](#) (general) or [Emerging Minds - Toolkit for Working with Aboriginal and Torres Strait Islander Families and Children](#)

[Healing Foundation - Aboriginal Families](#)

[Australian Institute of Family Studies - Web Resources: Indigenous Families](#)

[Working with CALD Adolescents](#)

[Raising Children, Multicultural Services](#)

[Access, a Toolkit to Engage CALD Communities Experiencing DFV](#)

[Conversations matter, resources for discussing suicide - CALD communities](#)

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