

## 10. FOCUS GROUPS WITH COMMUNITY MEMBERS

### **'Mental Illness' is Often Heavily Stigmatised**

Focus group participants reported a 'general lack of awareness' of 'mental health issues' across the targeted communities. Many participants asserted that some people were unfamiliar with notions of 'mental illness'. On these grounds, participants argued, people may be unlikely to seek support for their 'problems'. In some cases, they reported, people may attempt to dismiss or minimise a diagnosis of 'mental illness', by accounting for their family member's behaviour as 'a passing phase', or as 'bad behaviour'.

But it's the, it proves the lack of awareness. Like, I've mentioned that I ran a workshop two years ago and I was really surprised about the lack of knowledge about the mental health among the, like, Polish community in this case. That people don't know what exactly mental illness is and how it shows, because there is a variety of...symptoms can occur, that people are not aware of. So probably she was scared because she didn't know what she was seeing. And probably if she was aware, she would know how to deal with it, where to go to.

...the women were crying at the workshop. Because they were not aware of so many things. They didn't know about the symptoms of mental illnesses, they didn't know where to turn. They were not aware.

They don't recognise it as an illness. It's just that, you know, that person is not...Bad behavioural thing...People will say that it can be genetic, it's just, you know, that something went wrong and then now you're stupid or...it's really... (Polish group 2)

The focus group participants reported that 'mental illness' is heavily stigmatised, and is often a 'taboo' topic of conversation. This affects both the individual concerned and their family. Because 'mental illness' is stigmatised, there is often a reluctance to acknowledge the existence of a mental health problem or to even use the term 'mental illness'. People diagnosed with a 'mental illness' may thus be reluctant to share this information with their immediate family, and with their community. The stigma attached to 'mental illness' may prevent people from accessing and using services, and some participants reported that mental health problems are often regarded as essentially "untreatable". They also asserted that existing support services would remain under-utilised until the existence of mental health problems became accepted, both by those experiencing such problems, and by their carers.

I think mental health is one of those things that is a taboo sort of problem in the Chinese culture. I suppose in any culture even, people don't like to talk about mental health. If you are mentally not-quite-there, they don't know how to act appropriately in some instances. (Chinese group 1)

'I'm meeting all the time...well, not all the time, but very often, people with mental health problems. Even though they are sometimes reluctant to admit they have that kind of problem, probably because of the stigma attached to that in this particular culture. They are also very reluctant to trust any kind of help. So, I have to talk to them for a long time, explain to them the meaning of mental illness in this culture...' (Bosnian group 1)

Asian community don't talk about mental illness, do they?

People who are unstable, they have no problems - everybody else around them has problems. They would never admit that they are in trouble and that they need help. (Polish group 1)

Croatians usually are very embarrassed, this is a huge stigma attached to mental illness...

...I don't think we are different from any other community. It's denial. And it's shame to have it in the family.

You mentioned anything to do with psychiatry and they all start to panic...And they cover up. And, of course, I am sure you are aware that in language as such, none of them will use the word mental. They are all nerves. (Croatian group 1)

...I think the reason why people don't use services is because they don't want people to know that they have mental health problems, or that a family member has a mental health problem. If you don't want people to know, you don't tend to go out and use services, or let people know about your problem until a crisis arrives. (Chinese Group 2)

Fear of being stigmatised prevents people from letting anybody know that they are experiencing mental health related problems or that they have a 'mentally ill' family member. Social isolation and lack of contacts with potential support organisations for the families and carers of those in psychological distress is common.

He would like to go somewhere who speaks our language or who can understand what's going on, who is not going to tell the community what's happened to him, because he is still thinking that somebody is going to say to all members of the community what's happened with him, what's happened to his family... (Bosnian Group 2)

But they don't want it (help) and they don't want let people into their homes, these people live in isolation. (Croatian Group 2)

Yes, confidentiality thing comes up, because of the, you know, the rest of the community. They still don't want the rest of the community to know about the problems that are occurring with the community. (Polish Group 2)

### **Fear of Ostracism from the Community.**

There was a general consensus across the focus groups that gossip, labelling and ostracism of people diagnosed with a mental illness, and their families, was common in all the communities involved in the project. Derogatory terms were often used to describe 'mental illness'.

Within that carer's group there is division of....."I'm caring for someone with a physical disability, I don't want to be associated with mental health or intellectual disability, because they are more stigmatised....They are more severe than our condition and we don't want to be tarnished by those sort of stuff". So, within that there is that kind of division too...which is very difficult to deal with. (Chinese Group 2)

...Because the Asian community is like that, as you all say, it's a great stigma. It's the shame, "Hide them away", you know because people say (Chinese word), 'mad' and all that thing. That's how I feel about this whole thing. (Chinese group 2)

They don't want to seek help because others will call them names. "You're crazy", or something like that. (Bosnian Group 1.)

Some members of our community would still label the person as 'loony'. Some of them would be known in the community as "nuts". (Polish group 1)

...If somebody was either having a nervous breakdown, or somebody that wasn't mentally fit, I think really as a rule it didn't receive much sympathy in the community. There was a lot of ridicule, a lot of shame for the family that had that type of person, and generally speaking they were ostracised rather than helped.  
(Polish group 1)

The blame associated with 'mental illness' may indict entire families. In some cases, carers were not willing to accept a family member's 'mental illness' because of the shame that would be attributed to the whole family.

### **'Self Blame'**

Family members, particularly parents with a child diagnosed with mental illness, often 'blame themselves' for "having done something wrong", or see it as a result of "some evil doing" within the family in the past. Hence 'mental illness' can be seen as a "punishment" for past transgressions. This explanation was more pronounced in the Chinese focus groups than in the others. Participants reported a pervasive sense of "shame", "blame" and "embarrassment" within affected families.

And the first thing is the mother would never admit. She would hide it as far as she could. Ah, there is stigma attached. Stigma and pride. If you have a child that is mentally handicapped there must be something wrong with you or you've done something seriously wrong.  
(Polish Group 1)

... "I've given birth to a person, a child, like this", you know and, "something must be wrong". Then they say, "Oh they are evil. They have done wrong", that kind of thing, you know.  
(Chinese Group 2)

The wife told me the only way is if they trust you. The stumbling block for Asian culture is trust. Trust to go and talk to somebody. Don't forget, they come from a culture where the elders are the people they go to talk to with their problems. In this culture there are no elders they can trust enough.  
(Pilot Focus Group)

### **'Shame'**

Focus group members commented that the sense of shame attached to 'mental illness' was prevalent across their communities. This sense of shame was often attributed to cultural and traditional understandings of mental health and illness in particular ethnic groups.

They nearly divorced because he didn't have any understanding for that. He started accusing his wife that it was her fault, and everybody's fault, and it's shame on their family now. If they had any disagreement in the family he'd say, "You're going to finish up like your mother".  
(Bosnian Group 2)

There's a lot of shame attached to it. There's a lot of shame. And stigma. There's still that...I guess feeling that it's something shameful, it's something that should never have happened to the family and...And again there is a whole lot of stereotypical connotations, that "Oh well, why? What's wrong?". As you said, B, "What's wrong with the family?" When really it's large outside pressures and issues.  
(Polish Group 2)

And usually the family is the one to blame as well. If we talk about a person who is mentally ill and then we'll discuss his family, then people...tendency is to blame his family for what he is as well.

I think that kind of thing...There must be something going wrong, you know, in this family - "Look at him".

It doesn't matter because, you know, if it goes beyond the family or close friends. You know, the opinion goes with the family - if there is one nut at home there might be more.

(Polish Group 2)

...I mean, there's nothing to be ashamed of, but there's a lot of shame [with mental illness]. So what can you do? Because it comes with culture and tradition, you know.

(Chinese Group 2)

In Croatian community, it's not only stigma attached on the person. The whole family is stigmatised. Because people say it's in the family. And even a decade ago people didn't even think about genes and hereditary stuff, but they know if you have an ill person in your family that that can effect your children.

(Croatian Group 2)

## **'Avoidance'**

Community members are not necessarily supportive of families who have psychologically distressed members. People experiencing problems in living and their carers are often avoided. 'Avoidance' was discussed as a mechanism for 'dealing with the situation'. The justifications offered by participants centred on descriptions of the 'mentally ill' as "unpredictable" and "dangerous". Some participants noted that people diagnosed with a 'mental illness' and their carers must feel 'abandoned by their friends', who appeared unable to accept their changed circumstances. Some community members reported that people who have been diagnosed with a mental illness are often feared and tend not to be taken seriously. As a consequence, they either do not seek, or are not offered assistance.

From my experience I know a lot of people who have suffered or are still suffering mental illness. Looking at their cases they are looked upon from society's point of view as people you can't trust. But you're just suspicious, you don't know if they are going through a stage of their mental illness or if they are functioning properly. People who support them should be trained in this area because it is very, very hard to deal with them. (Polish Group 1)

I think in our community, especially when you've heard that somebody has a major depression or schizophrenia or somebody in the family has that kind of illness, they're not going to be supportive or support that family. They are going to avoid them. That's what's happening in our country, also, not only here. (Bosnian Group 2)

I think people would be afraid of these people, maybe because they expect some unpredictable behaviour. Consequently, they don't know what this person is going to do. They'd rather avoid them. (Polish Group 1)

And in my opinion...it happened that I came across a few mentally ill persons, suicidal persons...And you just perceive that as un-normal and you feel anxiety and you feel fear, because you can't count on them as a normal straight person. You can offer them a help, but in the end you might expect them to over-react, to get their convulsions or whatever and suddenly you don't know how to deal with it. So, that's one of the reasons why you want to stay away from the situation. (Croatian Group 2)

I personally think there was a lot of avoidance...in some of the community, and judgemental. And that sort of did not help the person with their self-esteem or their confidence...it hurts them and they simply pull back. (Croatian Group 2)

'Avoidance' was not the only 'community reaction' offered. Community members were also described as being sympathetic and compassionate, both towards the 'mentally ill' and their carers. Some participants asserted that they had witnessed recent improvements in community tolerance of 'mental illness'. Others described an existing sense of despair within parts of their community due to pre-arrival war related trauma, and noted that this has resulted in a greater understanding and tolerance of psychological distress.

The Polish community, as I said, has very little tolerance towards mentally ill people. Lately it's improving, because it sort of seems to be a life style here. Lots of people have their own shrinks, so they say.  
(Polish Group 1)

I've seen improvement in people's tolerance. Before, as you say you know it was hidden, whether you were physically disabled, mentally or whatever, you were just pushed into the back room. But, because everyone's experiencing it, is there a family that you know of that doesn't have....? I have a large family and I certainly have mental illness in my family. And in the family that I married into, and that's over the last fifty years that I've been aware of it.  
(Croatian Group 2)

## **Coping in Isolation**

The participants reported that mental health problems are often 'kept within the family', and that people preferred to remain 'self reliant' and would resent the involvement of others. Many community members expect to care for family members themselves, and asserted that they would feel guilty if this were not possible. However, there seemed to be some change in attitude regarding care of the aged, who are increasingly cared for in nursing homes.

I think probably the general attitude, not only for that, but I think people see themselves and they operate like self-sufficient. They don't even think of going somewhere to get help. I think that's probably not only for mental health, for any other services. It's not really...no, they don't look for information and they...I call it self-sufficiency, in a way. They try to do what they can.  
(Croatian Group 2)

They would not generally express it to anybody because it is a family matter. You do not go outside the family until you are so desperate you'll kill yourself or something.  
(Pilot Focus Group)

They probably don't know there is support available. There is community support that is available to them as a family if they've got an ongoing problem. They just think, "This is our problem, we will try and fix it ourselves". I think that is just part of the Chinese culture.

People, I think, are fairly sensitive; they don't try and probe. If they know they are a little bit abnormal or out of the normal they don't want to probe, because they might be perceived as being very inquisitive and that is not culturally...it is not our culture to do that sort of thing that other people may try to, not mind other people's business... (Chinese Group 1)

They don't want you too close to the things that they want to hide as much as possible. They keep it under cover if they can. So even if you know about services, if you know that there is some help, for example you can offer respite so the poor mother can have a day to herself, she wouldn't go.  
(Polish Group 1)

Some participants described families with 'mentally ill' members who had isolated themselves out of fear of being stigmatised and ridiculed, and due to the conviction that caring is exclusively a family responsibility.

...A lot of communities...feel that they have to isolate themselves from their own community, otherwise they won't be able to deal with certain things because rumours will spread, gossip

will spread, they'll be judged, as you said, and they'll be rejected, so they tend to move away. And keep a small group of friends, rather than a large one. (Polish Group 2)

One reason that was frequently offered for this 'insular' mode of dealing with 'mental illness' was that it was frequently 'mis-recognised', and that families will often dismiss 'disordered behaviour' as 'something that will pass'.

We may not recognise it as mental depression or whatever, we just say that person is a bit not quite right. And then we sort of try to deal with it, rather than go somewhere and ask somebody to come and help. I think part of the problem is that we don't even recognise mental depression - we just say that person has gone a bit 'funny' today.

Yeah. Or maybe had the wrong medicine today, is not feeling too well today. Or something like that. They are not going to admit that they have a problem here.

And also, the community will not ask.

Yeah.

The friends and other group members will not ask.... (Chinese Group 1)

My personal...feeling is that it tends to be something that's ingrained I think, in terms of, "You have to be strong and be a fighter and survive, otherwise you'll never survive in this world. And if you fall...you know, crumble under pressure, you're never going to achieve anything". So...and again it goes back to that thing of, "Oh, it's all hysteria. It's all...you know, somebody exaggerating. They're not really ill, they're just having a little fit, and they'll get over it".

(Polish Group 1)

## Single People

Single people diagnosed with a mental illness were described as being 'at risk', particularly in the Polish community, as many do not have extended family support.

People need a lot of support, particularly if they live on their own. That's sad if people do not get sufficient support from their (extended) families. (Croatian Group 2)

In our community we have lots of single people, lots of people who have no family backup. Those who have family backup have less trouble, because the family is equipped over the years to deal with the problem. But we have mainly amongst new migrants loads of single people.

I think that in a lot of cases they come for help, they show themselves to the community - so really, deep down they are seeking help, but they have no one's support. We are supporting them as much as we can - those who are tolerating them and that are equipped to deal with the matter. (Polish Group 1)

I think that the fact that a number of them live on their own brings the panic attacks, and isolation makes them more prone to having these sessions where they are not rational. Also the fact that they have to look after all their matters themselves, they don't have anyone to rely on, anyone to take their burden of financial problems or at least to help them out.... Anyone that they can talk over their problems with. They're holding them within themselves because there's no one around that they can share them with, and that is a very important issue.

(Polish Group 1)

I think it's [the isolation's] a very real thing with migrant families, they don't have the support of extended family, and unless you have a lot of networks...if you are in a church, that's different. Even though you're still quite lonely here, like my case - I don't have any sisters or brothers here.

(Chinese Group 1)

## Reluctance to Interfere

The participants reported that, in some communities - the Chinese in particular - neither community members nor close family friends were willing to 'interfere' or ask about 'mental illness' within the family. To do so is considered 'impolite'. Thus, families tend to take full responsibility for their relatives in psychological distress. Women generally carry the greatest responsibility. In the absence of family, the caring role may be delegated to close friends or community workers. It was pointed out, particularly in the Chinese focus groups, that, in Asian cultures, it was not culturally appropriate to speak openly about 'mental illnesses' or to 'interfere' in other peoples' problems. Further, the words to describe various mental health conditions do not exist in Chinese languages.

...Correct me if I'm wrong, but I don't know there's any Chinese words that actually describe different mental health disabilities like schizophrenia, bipolar condition...I don't think there's a division...  
(Chinese group 2)

## Children as Carers

Sometimes children take on the major responsibility for care. A number of focus group members raised the issue of the "negative impact" on the future prospects of these young carers, and reported that, in many cases, community members will no longer associate with the these families, and that this affects the social life and well-being of these children.

There are also quite a few consequences not just for the patient himself, but for the whole family. For instance, I had a client who was even hiding it from the kids, because it can have a tremendous effect on the future of the children. Especially back home, it's probably the same here to a certain extent, say a daughter may not be able to marry because she has a 'crazy' father and nobody wants to associate with the family. (Bosnian Group 1)

When she was here it was mainly myself or my mother, because her husband was working away. But her son was with her all the time. He helped her. He was the one that really understood her within the family. So, he was...when she was really, really bad, he was monitoring her. He was a uni student, he wouldn't go to uni, he would study at home. And he would be there to support (her) because she was suicidal.

I mean, the only person in the family that really understood her was her son, who really went in to research with her and found an answer for her. And that helped her a lot. The husband was there, but he just blocked it off. (Croatian Group 2)

## The Desire to be Needed

Married couples, in particular, often expect to support one another. Several participants asserted that 'people wish to feel needed' through their caring roles and that caring may become a significant part of a person's identity.

That is very, very important. I'm talking about my friends - they're a married couple and she was taking care of her husband who suffered with dementia, and she was doing everything in her power to keep him at home. She was placing him a few times in respite and having a break, but it came to the stage that she was actually on the brink of a nervous breakdown. When her son came from up North and he saw what was happening to her he said, "No, we have to do something. Otherwise you will end up in Graylands for some time and father will end up in a nursing home". And they placed him in respite and now he is placed in a nursing home. But, looking back, she suffered so much feeling guilty. She even talked to me about two

days ago - "I've got this guilty feeling. I shouldn't be doing this. He is my husband. I should be taking care of him for the rest of his life." So you see, it's always this guilt...not what others will say. She just can't find peace within herself. (Polish Group 1)

I did have this elderly couple and he battled right to the end for his wife to remain at home rather than to be taken away into a caring situation, and he wouldn't admit for a very long time over the three year period that I worked with him that she needed to be put into a nursing home, and it was going to be very difficult for him and he wouldn't be able to cope. He still insisted right till the end, until the last minute when he couldn't any more...finally he cried and said "I have come to the end and I have to accept that I can't do anything". So, he wore himself out in those three years. (Bosnian Group 1)

And the wife will not leave him for half an hour because he cries if she does. So she is there day and night. She has absolutely no respite. She doesn't seek one, because if she went she would suffer more than he would. (Polish Group 1)

### **Cultural Differences in Beliefs about Mental Illness**

A number of the focus groups discussed the differences in the definition of, and response to, 'mental illness' between their 'home' country and Australia. A number of participants commented that peoples' attitudes to mental health and illness in Australia were dependent on their experiences in their country of origin. Some groups reported that 'mental illness' was not so 'visible' in their country of origin, because people in psychological distress were often 'hidden away.' Most groups stated that the level of stigma 'back home' was higher.

...The main difference probably is the social construction of mental illness back in former Yugoslavia and here. Because it's much more emphasised. Even if you just contact a psychiatrist, or something like that, you might be labelled. Here of course, it's much different. (Bosnian Group 2)

When I emigrated twelve years ago, I was shocked that they had so many disabled people and sick people, because I'd never seen so many people out there. Children of Downs Syndrome are incorporated into normal schools here. In Poland there are separate schools for them. You hardly see them...you hardly see those children. Either they stay at home and gain some education or they go to special schools. (Polish Group 2)

I think it's rooted in a type of society which we are coming from. I think Croatian society is a very judgemental one. We try to keep our differences invisible as much as we can. So, if something unusual comes up we just have a specific way of thinking. First of all, we don't want to accept it, and after that there is denial, and after that you just pull back. We don't want to deal, because mental illness is perceived as stigma. If you have a mentally ill person in your family it is kind of stigmatisation. Your chances for getting married or to have children or to socialise are really diminishing.. Because you...have that stigma. (Croatian Group 2)

I mean, back in former Yugoslavia in general there is a stigma attached to it and the perception of mental illness in general. Much more than the Anglo-Australian background. So a lot of people don't want to talk about it.

...There is a lot more education here. There isn't that much education in our country previously. There are mentally ill people for various reasons but there's just no talk about it. (Bosnian Group 1)

## Tradition

Many participants asserted that ‘traditional beliefs’ influence ‘help seeking behaviour’ and the utilisation of support services. People who prefer to pursue their traditional beliefs tend to rely on traditional healers when confronted with a “‘mental illness’ in the family”. Those who rely on traditional medicine are often reluctant to use ‘Western’ medications, mostly because are concerned about side effects, or because they have little faith in them. A number of participants suggested that community education could contribute to changing the perceptions that prevent people from using existing mental health services and support options.

And then there's some cases where the parents have no idea whatever of mental illness, and they've come to ask me, "My son can recover. It's just that, you know, he's girlfriend crazy and all that". And so I had to get the mental health people to explain to her that schizophrenia, or deep mental illness, is not due to such factors, but due to genetic factors or causal factors or whatever. (Chinese Group 2)

They still carry on with their traditional ideas, very protective, you know. (Chinese Group 2)

You see sometimes they reject all this professional help. Like, I have a case of this elderly lady, who had been seeing... well, as you say, spiritual beings. And she was seeing horrible things, like demons and all that. But when we tried to get her to see the GP to be referred, "No". The family won't hear about it. They got in a monk to exorcise the demons out....I mean, we may laugh, but to them it's serious. And they come up with all kinds of reasons, you know, "Oh she has been tabooed by someone and this and that", you see? So there is a difficulty there too. So maybe it's good, as you all suggested, to educate them. We could do it through talks, you know, information through agencies and get people to listen to it. A problem I find, too, when you have those, people don't come. They think, "If I come I may have a problem", "People will know I have a problem". (Chinese Group 2)

...I've got this case at my centre - the mother knows nothing about mental illness. She has the kind of, you know, traditional thought that schizophrenia is due to spiritual causes, like someone has caused evil things to happen to this person. So therefore they must go and see a medium, someone who can take them out from this evilness or whatever it is. They do not believe in therapy and medication. There are cases like this, where they've carried on in life and they deal with whatever illness they have without help.

And once she was educated she understood it and she allowed her son to take the medication. Because she said, "Those medications are not helpful. They are doing my son more harm, because they've got side effects". So, I really think that the Asian community, we should educate people, or carers of mentally ill people. To give them the education and information on what the illness is... (Chinese Group 2)

It was emphasised, particularly in the Croatian and Polish focus groups, that it is difficult to make generalisations about the understandings “imported to Australia” due to the great diversity within communities.

We are totally different from one region to another. In Dalmacia we are probably more exposed to Italians, so we behave in a similar way. And other regions are different. So, if you are saying “the Croatians” we are reflecting the image “these are the Croatians”. This is not the image, the brand that we judge. So, let's talk about Croatian as individuals... (Croatian Group 1)

And we also have to differ (differentiate) if we are talking about generations, because there are two distinct generations here in our community. One are the victims of the Second World War, their experiences are beyond forgetting - they are registered somewhere under the deep

skin and they will pop out somewhere sooner or later. That's happened while working with aged people, we come across situations where a large percentage of them have lots of problems.  
(Polish Group 1)

And the new generation, like new migrants that came within the last twenty years, they all have different problems. They didn't experience the war, but they experienced the Communist system (Socialist system), where there were different principles, different experiences. Some had traumatic experiences. And the fact that migration itself is a shocking experience for some that are not strong enough and they don't really know what they are getting into. Some love it, settle well, and there's no problem. But some never settle and sooner or later it will manifest itself in some form of illness.  
(Polish Group 1)

## **Experiences of War and Trauma**

For Bosnian and Croatian groups, recent war experiences were often described as a 'cause' of and as a 'legitimate excuse' for mental illness. Participants reflected on the effects of the war on the mental health of the migrant population. It was perceived that most mental health difficulties in the recent immigrant populations from these countries were attributable to war traumas. Participants in these groups reported that, as this was an understandable cause for psychological distress, community members had become more understanding, and that previously, it had been more common to regard 'mental illness' as a 'personal inability to cope'.

Croatian and Bosnian focus group participants often reflected on distressing personal experiences, or those of relatives or friends. These migrant communities were exposed to prolonged stress, and many individuals and families are currently coping with 'post-traumatic stress disorder'. According to focus group discussions, established migrants have also been exposed to prolonged stress related to the war in Croatia and Bosnia, as they have had to come to terms with the involvement of their family members and friends. This was compounded by a wave of Croatian refugees arriving in Australia at the beginning of the 1990's.

I think more after the war it's becoming a bit more acceptable that this is a possibility. And there's a big thing - war- to blame for it. Whereas before, it was seen as your personal inability to cope. I think the attitude here would be the same as back home.

But even when our soldiers come in from the war and nobody dares to really speak of Vietnam Syndrome, nobody even dared to publicise the figures, the statistics. Government was really doing a bad thing, denying all the time that there are serious problems with the soldiers coming back from the war. The situation really went wrong during 1996/97 that we had the suicide rate jump up to the sky, and even today...Some persons could cope with PTSD more easily and hide that, suppress that inside, and the families were not aware of the situation because nobody explained to them that PTSD is a normal condition after being involved in war ordeals. So, even now you feel the consequences of PTSD, and I think that the suicide rate hasn't dropped yet, just increased...

...During the war people have seen so many terrible situations and so many tragic events and terrible destinies. I can't tell that people get used to it. No, you can't just get used to it, because every person, every family is affected. And a lot of families in Croatia have a person with PTSD and believe me they can't cope with it. They can't cope. Even closest family members can't cope with it, and always it is too late when they contact a medical institution or something like that.  
(Croatian Group 2)

A number of the focus groups agreed that the “mentally ill are more likely to attract sympathy” if there is an obvious ‘precipitating cause’ for their illness.

Well you never can generalise things, but mainly people would be supportive [of mental illness] after they had very hard times and they can understand better what can happen to others. Because they can find themselves in this case (situation). Better understanding of the issue, I mean. Rather nowadays than before the war for example.

(Bosnian Group 2)

Mainly because physical disability is seen as something you have no control of. Like accidents happen, something like that. While mental illness is purely seen as personal inability to cope.

(Bosnian Group 2)

That's my feeling. And it's...."Get," you know, "Pull yourself up by your bootstraps, get yourself together and you'll be fine, you'll survive. You've survived everything and..." you know...And then it harks back to, "Look at us. We did this, this. And look at your family, or whatever. They achieved all this in much harsher conditions, and you're much better off here anyway and..." Well that's, that's what I've heard.

(Polish Group 2)

### **Community ‘Tolerance’**

Most participants agreed that mental health education and information is better structured in Australia than in their home countries and that ‘Anglo-Australians are more tolerant of and open to mental illness’.

I was just thinking what is maybe the biggest difference when I compare my former country and Australia, regarding people with mental illness. It was just a common feeling in our country that they are really dangerous, and in Australia I think people don't have that opinion. They're more open, and they don't consider them as dangerous to the wider community.

(Bosnian Group 2)

...Pardon me for saying that, but if you have a high education you mix with Australians, you have wide range of friends. But if you stay only within Polish community, that is different, because the opinion goes onto the whole family. At times I...may even say that those people came to stay away from Polish community who had problems like that. And they go towards more Australian, who are more understanding.

(Polish Group 2)

### **Stress, Migration and Mental Health**

The migration experience itself was identified by a number of the focus groups as the precipitating ‘cause’ of psychological distress. Participants identified a number of dimensions of the experience of migration that placed people at risk: thwarted expectations about jobs and lifestyle; grieving for what had been left behind; feelings of isolation and loneliness due to lack of developed networks; and, for children, parental pressure to be successful. Some groups noted differences between the experiences of the generations, and that voluntary migrants were expected to “cope”, to “get on with it”, and to “get over” any problems with adjustment. As a consequence, these migrants may be reluctant to seek help.

A number of participants asserted that ‘refugees receive more support through various government and non-government channels than do immigrants arriving under other visa categories’.

Sometimes actually refugees get more support....the minute they arrive there is someone to guide them, some of the migrants actually have more worse experiences in being on their own.  
(Croatian Group 2)

## **Isolation and Loneliness**

Isolation and loneliness were identified as 'mental health risks' associated with migration. These feelings were described as 'natural reactions during the period of adjustment', that if prolonged could develop into serious problems. Some participants felt that depression could be a response to the difficulties some migrants face at the beginning of settlement in a new country. People experience feelings of loss, an inability to communicate in English, and grief for the loss of family, friends and a familiar way of life.

I think that if you come to any country starting a new life there's always this temptation to feel depressed, because there are new things, new people, new circumstances, short of money, all sorts of things that come into it.

All you have to do is to miss something to trigger it off. I mean, I am a migrant. I have been a migrant for almost all my life, and yet coming to Australia...we have a few friends that we cling on very well. But outside that there is always this problem. If you have got something that is new coming up, you don't know how to tackle it, "Oh shit!" You know?

(Chinese Group 1)

All migrants go through that...it's grieving.

I think that the realisation that it's a normal thing to have some 'blues' with any change of circumstances. But I think if it is prolonged, people don't realise that it may be prolonged, then that is where the danger is. A lot of us just get over it. You know, we get homesick and we get depressed, we rise above it after a little while. That's only a normal reaction. But a lot of people don't realise that if it's prolonged then it's abnormal. I think if they don't realise that then they can go into all sorts of problems, family breakup because mum is perpetually depressed. Migration is a big big step.

(Chinese Group 1)

Actually I don't think I know anybody who didn't suffer at one time or another from mild depression. It's not dangerous, but it is very painful when one lives through it. Migrants are prone to that because of the changes - they are isolated, they haven't got enough support in the community. There are so many things...

(Polish Group 1)

I think that loneliness is the core of it. When the person is inside four walls they imagine all sorts of things - you remember things that you never thought of because you have so much time on your hands. Time and loneliness.

Migrants very often suffer from isolation. So they're not mentally ill. A lot of people in our community are in danger (of nervous breakdown) because they are so lonely.

(Polish Group 1)

## **Unemployment**

Unemployment following migration was also discussed as a risk factor for mental health, particularly in those circumstances where people need to accept any work, regardless of their formal qualifications, in order to support their family. This often involves a significant downward mobility. Work was described as an important part of identity, and as crucial for maintaining social and emotional well being.

... when they come here at the beginning, they feel everything is new and they're going to English classes, they're meeting other people, making friends. And then once they finish classes, now they are expecting to find a job, to start to do something, to have something like a car, house or whatever. And then they can't find a job, they have to do some jobs they never did back in their country, and they feel depressive or whatever.

(Bosnian group 1)

Migrants often can't get work here. They can't get work...I know.

Many end up here in tears. And I end up in tears, and I'm thinking "My God, where does it all end?" So I'm thinking, OK, they'll never get through the bridging course.

It's such a shame, because they are so good. (Croatian Group 1)

Through the my work I've come across a lot of families who might have experiences of trauma, and I'm talking before the war. And it's linked with having a normal life and all of a sudden coming to a new country with no reason to getting up. Back home they would have had a job and some of the jobs started at 6 am - 7 am and running through 3 o'clock /4 o'clock - for them here, the day was too long and nothing to do, nothing to occupy themselves.

(Croatian group 1)

## Delayed Reactions

Many participants noted that refugees often experience a 'postponed reaction' to the migration experience. The pre-migration experience, particularly for refugees, involves high levels of stress. People may feel initial relief once they are physically safe, but after a certain period may begin to deal with suppressed, posttraumatic experiences and intense grief. In a Polish focus group, participants described a number of elderly people who are 'only now dealing with traumatic experiences' related to the Second World War:

After two or three years they start to have symptoms and problems and everything related with that stress that they had. But not straight away. But I had actually not a lot of but a number of clients with that kind of experience.

Could it be that they are very excited they saved their lives and come to Australia and they have that period of...

I think that they already had stress over there and that when they came here they had another stress here in Australia - start with English, start with the kids's school, start with that that, and that's also stressful for all of them. That's not only PTSD, they already have more stresses at home when they came here. It's very stressful. (Bosnian group 2)

A lot of the time I do work with X, so the depression that I see is the people that have come here for the first time, for the first six months or so of the year - they're OK, and then the problems set in. And then they don't know where to turn, so usually it's their teachers, when they're going to English classes, that detect something. Or they're given information sessions on arrival, so they basically know who they can turn to if they have these problems. And that's when I meet up with them once they've got to X, and I'm working with counsellors there, and then they have all sorts of problems. But they're probably problems, I would think, to do with the war that they've experienced. And then they've come here and settled and thought, "Oh, we're safe now. It's really great", and then all of a sudden all these other problems start to set in - the basic ones of just settling into a new country and learning a language and accommodation, all that. And then once that's all sorted out, then the nightmares start, or "School's been fine for six months. Now I can't concentrate. What's the matter with me?" All those sort of things. So they're the problems that I'm hearing. So they're directly I think, I imagine, affected by the war. (Croatian group 1)

## Family Dynamics

Another problem identified by the participants was that of “changes in family dynamics”. Several participants noted that people often feel “inadequate” as parents since their arrival in Australia, because they are not able to support their children in the ways with which they are accustomed. This sense of hopelessness may be compounded by the fact that children acquire language skills more readily. Being able to communicate in English before their parents, they may take on a certain ‘control’ within the family, in a sense, “taking over” what was traditionally the parents’ role. Many focus group participants considered this to represent a potential mental health risk factor, as it may place stress on parents and untimely pressure on children.

All of these often result in depression. More and more. Urge to work and then not being able to fulfil that because for a variety of reasons. And then of course families with young children, lack of English to support children .... And losing that is terrible, you know, being a parent, being a successful good parent. Because children were overtaking their roles.

(Croatian group 1)

A number of groups described the ‘pressure’ parents often place on their children to preserve and maintain their ethnic identity, and the peer pressure to integrate into their new community. Children may feel “trapped”, or “caught between two cultures”. According to Polish focus group participants, this sometimes results in young people rebelling and separating themselves from their own community and culture. This usually adds to the pressure on both sides – resulting in estrangement from family and roots for the young people and feelings of failure and desperation for parents. Examples of suicide or attempted suicide were described, and cultural and generational clashes between immigrants and their children were cited as contributing factors.

And there is also a constant criticism coming from older generation towards Australia, towards Australians. And then you have friends who are Australians. Then you are at home hearing constant criticism, which is very typical in Polish community. They like...it's just the nature - that we like to criticise everything and then think that we really know how to do things, but not really appreciating what's around. And then those kids really suffering from that, because they are torn apart.

(Polish group 2)

...What I find a bit sad with young people is that because, as you said, there is so much pressure for them to follow their culture, follow their tradition in some households, that they reject them. Because they are...they...And it happens not just in the Polish culture. It happens, I know it happens in lots of other cultures, where there's that rebellion and that backlash of, "No, I don't want to.." And they start losing their language skills, they start...they rebel against it. That causes a lot of pressures as well. They want to be more Australian, they don't want to be seen as...They don't want to be seen as eating funny foods or celebrating Christmas on Christmas Eve rather than Christmas Day, just little things like that. It mounts up, and slowly these young people just...separate, some of them, separate themselves from their community and their tradition, which is a real shame. Because I know lots of young people who have lost...they can hardly speak Polish, they can hardly relate.

But it's not their fault.

No, it's not.

It's the fault of the parents who forbid them to speak English at home...

They force them rather than encourage them.

(Polish group 2)

The Polish focus groups considered that the pressure migrant parents put on their children to achieve high levels of education contributes to the mental health risks for their youth.

And I think also because there is a very strong emphasis in Polish culture, in Poland, on achievement, education and striving to be the best. If you compare the Polish schooling system to the Australian schooling system it doesn't compare. I've got friends in Poland currently who were finishing high school a few years ago and the level of work that they were undertaking was university level here. And the pressures are just incredible. So...and that stays with you even when you come to Australia, stays within that strong...I don't know whether or not it compares to young people brought up in Australia, and whether they actually appreciate the pressures and the expectations from family members to achieve and to strive academically.

Well, I agree that there's a huge pressure from many Polish families for their kids to achieve a lot, because I think that Polish community feels that it's not that well recognised as other communities here in Australia. And they want to prove that this generation is, you know, different and "Here you go - we have a son who is a doctor or lawyer," you know, "He's been to university". Things like that. And so it's just, it's incredible pressure.

(Polish group 2)

Young migrants may often feel stigmatised, unaccepted by their peer groups and isolated because of their different accents and different cultural activities, which may be "imposed" on them by their parents. Some participants asserted that this could have a strong impact on mental health, and may contribute to the development of 'depression'.

That being caught between Australian culture and their own culture, the peer pressures at school, the language differences - often if...I knew of one young person who was already fourteen/fifteen when he arrived, so his language skills...He wasn't young enough to develop a clear English accent, if you like, and...I mean, even when I arrived I was teased for having an accent and a...That forms when it's on an everyday level and when young people are at school and they are harassed constantly about it...It starts really impacting on them strongly, to the point of suicide, to the point of severe depression, severe problems which just escalate through the family.

(Polish group 2)

## **Men, Women and 'Mental Illness'**

Some groups reported that men often found it more difficult than women to settle and to accept life circumstances after immigration. If they did not manage to establish themselves swiftly, they felt they had "failed". This often resulted in "feeling trapped", with no resources to return to their country of origin. Focus group participants felt that such situations serve as risk factors for mental health. In some instances, as was strongly emphasised in the Polish focus groups, situations such as these result in depression. It was identified that this was more common amongst single men who had immigrated without any means of local emotional support.

In my previous work I have seen migrants arriving here, single men, and then a year or two later they are coming and talking to them I can see something has gone wrong. Percentage-wise I'd say males are more prone to have nervous breakdowns and illnesses. They are very lonely people with no family backup.

They've gone the wrong way I think, given up, they didn't achieve much. Somehow they didn't establish themselves in the community, they didn't settle into the good life here. They felt it was the wrong move to come here, but didn't have the financial resources to go back...The fact that they felt trapped, that they made the wrong choice coming here and they have no way to get out from here - that made them go down.

(Polish group 1)

He came with his masters degree and he went back to university to study and didn't want to go to study English because he felt that having mastered in...it was silly for him to go back to school to learn English. So he was learning English at home.

And he worked very hard and didn't get in the first year and became very depressed. And he was looking for help everywhere. He went to his doctor and that didn't help. He got some anti-depressants, things like that, and no one really inquired into why he was so depressed and was caught in him that depression. So, after one year of very heavy depression, two attempts at committing suicide, he finally...his mum came and physically took him back to Poland, where he spent one year in a psychiatric hospital

And just recently we had three...I know of three suicides amongst Polish men, young men, twenties. I'm talking about the twenties, all of them at university level, all of them...two of them in medical school, one in law school, have committed suicide. (Polish group 2)

Some groups expressed the view that men found it particularly difficult to accept 'mental illness'. This was often the case when their wives or daughters were experiencing problems.

Men, European men or any other background, find it very difficult to accept the fact that their wives, daughters have mental illness. They are not available, it's all in their head, it's nothing to do with... Men are very, very resistive to accept support, and it's women usually that feel very guilty – especially if they're depressed. (Croatian group 1)

And I don't feel that that has anything to do with their educational background, because what I've experienced that men who are more educated they...are less willing to accept the circumstances which involve mental illness, especially if that illness affect their child or somebody within the family. They can't cope with it. They just leave. Because they're concerned at how it's going to affect their position. You wouldn't expect a well educated person to just leave the situation behind. But they do. (Croatian group 2)

The husband was the one that couldn't accept it. He was angry at all of us. He was angry at the doctors, because he felt that there was really nothing wrong with her. And there really was a lot wrong with her.

And there were these arguments that stemmed from him saying, " There's nothing wrong with her. Get back home". Husband was not accepting it. And whether they'd had problems in the family beforehand I don't know, but he was of that old school where...you know, this is all dribble – doctors and psychiatrists and all that. "Just get up and off you go." You know, "Just get home and start doing the cooking and the cleaning. There's nothing wrong with you. And stop dwelling on yourself. (Croatian group 2)

And responsibility as well. Because to care for a mentally ill person is a huge responsibility so men are not really willing to accept that burden. (Croatian Group 1)

In some cases mental illness in the family resulted in physical violence, as a way of "fixing things up".

There's lot of physical violence, and the husbands can't accept that wife is mentally ill. On many occasions he will beat her up, just to fix her, to put her in her place so she can get on with her work, which is very, very sad. (Croatian group 1)

## Women as Primary Carers

A number of focus groups referred to gender differences in the division of caring responsibilities. Although men are not excluded from caring roles, women – particularly mothers - were generally seen as the primary carers. Some focus groups reported that children or siblings are more likely to take caring role than a husband, if their mother has a mental health ‘problem’. Men were more often described as the ones who ‘kept their distance’, or just “shut up”. Men generally took on the role only in the absence of an available female relative.

You have that perception in Polish community of mothers worried to death what's going to happen to their children who are mentally ill, if they die. Mother is not around any more, what will happen to that person, you know, that's... (Polish group 2)

I have friends in Poland, I mean, they have a daughter with Downs Syndrome. It's a bit different, but still you know, it's a disabled...she's a woman, she's in her twenties now...And it's up to the mother and the grandmother to look after the young woman. So it's again within close family. (Polish group 2)

She had no real support from her husband. That's the worst part – the husband...coming from our (Croatian) cultural background, the husband just shuts up. (Croatian group 2)

The children before husband. The strong one. The son or the daughter. And it would have been expected. Men would usually, you know, just stay away. Block it out. “That's your fault”. Either divorce or...you know, a wife, and either leave her behind with a child or, you know, just go away and...That's common situation”. (Croatian group 2)

Family.

Their family.

The woman usually.

Yes.

(Chinese Group 2)

There was consensus across the focus groups that caring for relatives experiencing problems in living is primarily a family issue and an obligation. In some cases, ‘mental illness’ was offered as the cause of family breakdown, which was often justified as “protecting the children”.

...He did accept support from his immediate family, but they actually separated through the process because it was really hard for the family to stick around and it came to quite nasty behaviours, so luckily they separated.

It was pretty early in the piece. After four or five months of his behaviour and he was not talking to anyone and he was throwing objects, and then when he was trying to commit suicide she decided that she didn't want her kids to see all that behaviour, and she just moved out. And actually they never came back together, even when he came back and started his life again. They are still friends after that and they have a good relationship and the kids see him and everything, but she left him at this particular moment. She wasn't ready to take it over and, with no help coming from the other people, she was I guess not really prepared. And she was very, very young. Protective about her children is basically why.

...That's hard for me to judge because her concerns were the kids, not him at this particular moment. She was very scared of his behaviour. So, I don't know in this particular case if she would stay still in the house and just accept help, which will come and go, come and go, and still living with this man's... (Polish group 2)

## Differences Within Cultural Groups

A number of focus groups asserted that reactions to mental health problems vary according to such factors as education, religion, urban or rural background, traditional folk beliefs, or political/ideological forces in the 'home' country. Whether people came from an urban or rural background was seen to make a difference, although there was not always agreement on the nature or extent of this difference. Some participants reported that it is more possible to maintain confidentiality in cities, which is highly valued when there is a "mental illness in the family". Many people also considered the time of emigration and the different regions from which people emigrate, to be influential, as are personal values and subcultures within the dominant culture. Participants characterised migrants from smaller, rural places as being 'fixed in their opinions, and the way they saw the world.'

I guess there is also more possibility of confidentiality in the bigger cities. In a small city everybody knows what everybody else is doing. (Polish Group 1)

...Say, if I know a patient who is from a small village who came...and...her mother doesn't know about mental disease, because it was a small village. And her family just rejected her. And so when she was found to have the problem, her husband divorced her. They think the disease will be carried on. So, not only her, her children will be rejected. (Chinese Group 2)

Worse in the villages, I actually think so. (Chinese Group 2)

The fact is that most of the rural areas are very small, there are also small cities and probably there's not too much difference between those two. But there would be a difference between small cities and rural areas, and large cities. (Bosnian Group 1)

Where I came from if something happened to people we accepted them much easier and people would go and visit from curiosity to find out if they were really crazy or not...maybe because the community was a lot smaller and anything could happen. It was always like "Oh, it can happen to me if it happened to him".... (Bosnian Group 1)

Several participants asserted that people are often more tolerant and supportive of people diagnosed with a mental illness and their carers in smaller, close-knit communities, when the family is 'known personally'.

In a village or a small town, people may be more sympathetic toward a person because it's from their community. During the course of time they accept his or her illness. But in a bigger city, you just feel afraid of coming across a mental ill person. You just don't feel comfortable. (Croatian group 1)

## Level of Education

Some participants found that people were "generally more tolerant if they are better educated". They held a strong belief that communities need to be educated in order to understand that "mental illness is like any other illness". However, there was some divergence of opinion. Some focus group participants asserted that "attitudes towards the mentally ill and their carers are not influenced by education". It was pointed out that, in some instances, 'educated' carers were concerned about the effect 'mental illness' in the family would have on their professional lives, and sometimes looked for ways to escape the situation. It was recognised that even when people are well informed and have relevant knowledge, the issue of stigma may still be present.

...As far as mental illness I'm not exactly sure how much is done, but the people are actually more aware that the problems exist, because the public is talking about it, talk shows, they listen to the radio programs. Perhaps in the future there will be far more done.

(Polish Group 1)

I think the community in general needs to be taught that...it's an illness like any other. A mental illness is not considered by most people as an illness, it's some kind of a freakish fault of somebody else. That is the thing that the community, if convinced that it is an illness and not somebody's freakish behaviour because of their stupidity or something, then perhaps they would have more sympathy. But still, they really would not be able to deal with that. I think to deal with a person who is having a nervous breakdown you do need people with much deeper knowledge of how to approach it.

(Polish Group 1)

But also, for those people who are new arrivals it's more acceptable. Those who've lived much longer here, even though there is some education on television, that's not to say that a lot of them can read and write English well. So they're still behind. They're lagging behind the new arrivals.

(Bosnian Group 2)

I think people do try to get more information about illness. But it doesn't really matter. The origin of the illness, it doesn't really matter. You don't think, 'Oh, she had a hardship during her life, or she had problems with the family or whatever. Something pushed her to the edge'. No, you don't think of that. You just see the result. Her or his illness and nothing else. Maybe, if you have more knowledge you will try to help, but then you realise you are not a competent person to help. Maybe if you're more educated then you'll try to liase with somebody who can help, but in the end you'll think, 'Oh, I am not a person who is supposed to be involved in the situation'. So you expect somebody else, a third person, a third party to come and to offer help or whatever.

(Croatian group 2)

## **'Openness' to Other Cultures**

Focus group members reported that the 'level of openness to other cultures' also influenced community responses to psychological distress and the support available to carers. They asserted that people from cultures more similar to Western culture are more likely to benefit from the support services in place for carers in Australia. The Chinese focus groups emphasised that this might be the case for ethnic Chinese from Singapore or Hong Kong. The difference between urban and rural backgrounds was again described when discussing community reactions towards people experiencing problems with living and their carers. It was perceived that people in smaller communities have more 'tolerance' and understanding because they are in closer contact with one another.

The concept can be different. It's something to do with education....Also the openness to other cultures. Say, if you are from a big city from Malaysia, Singapore, Hong Kong - they are already quite open to Western culture. The education system and all that. So that helps throughout these years of community education.

(Chinese group 1)

Participants stressed that there are a variety of cultural sub-groups within each ethnic community in Perth. As previously mentioned, these differences may relate to such factors as the period during which emigration occurred; educational background; migration and settlement experiences; regional differences, and so on.

Some groups mentioned that older immigrants were "caught in a time warp", and that attitudes had changed in the 'home' country since they had left. Newer arrivals were seen as

being generally more “tolerant” than more established immigrants. There was a perception that recent migrants, Bosnians and Croatians in particular, but also Poles, are more “tolerant” and accepting of mental illness than immigrants who had arrived in Australia at an earlier date. It was felt that recent arrivals are better informed about mental illness, and that they are generally better educated.

I'm wondering if there's...I'll just ask you for your opinion, whether you think that there's an impact between people caught in a time-warp who left Poland say ten/twenty years ago and still remember that Poland, and even though there are changes they still follow those traditions, and those ways of living and behaving, whatever...I think there are some people, it happens in all communities, that are caught in a time-warp. They remember Poland...just after the war, during the war, whatever, and they have a certain concept of how Polish community should be.  
(Polish group 2)

Participant’s ideas about appropriate support for carers are difficult to generalise. The view was often expressed that when people are more open to the wider community, rather than just oriented towards their own ethnic community, support groups would be more acceptable.

I think it's like really individual. I just can't generalise. When I'm thinking about one family then I have one opinion, then when I'm thinking about somebody else....I can't generalise. Some people are more open to wider community, and some want just to stick to their own community. So I just can't say.

It depends if people are coming from big cities or from villages from that country. More educated people will accept the support groups, less educated will be something... they are going to blame the shame, themselves, for what's happened, their relatives or something like that...  
(Bosnian group 2)

## Religion

Religion was identified as a vital and significant support mechanism for many distressing life problems. People who participated in their religious communities were seen as less isolated and as more supported in situations of “crisis”.

Let's say, a wife that is looking after a husband who is some way incapacitated or mentally unstable, she would probably, if she had faith in God, if she went to Church and had a religious community to help her out, she would probably be able to bear that burden better than a person that has no religion.  
So the religion is her support mechanism  
(Polish group 1)

Well, that's my personal opinion and which I think a lot of people share - if you have faith in God, you're less likely to suffer nervous breakdowns. People who have problems and go with them, even if it's what the Communists used to call the 'opium of the people', it doesn't matter. You go, you pray, you express your concerns to a higher being and somehow it is a very soothing and very helpful sort of situation. People that do not have the faith in God, people that do not believe that there is a higher being, quite often have no one to go to. It's a form of sharing. You know, you share your burden with God, a higher power or whatever and you're not so alone.

And when things do turn out better, rightly or wrongly, you think "God has helped me".

If they go regularly to church, if they regularly pray, they have a different mental attitude to life. Yes, you don't feel alone.  
(Polish group 1)

However, religious institutions are not always a source of positive and sympathetic understandings of psychological distress and 'mental illness.'

Yeah, and we have to remember that most people are Catholics. You know, church and mental health, that's a different thing.

Oh, I really don't know much about it, but I know that...looking at the Catholic church, they don't talk much about mental health. If you're sick, then God wants you to be sick. It's just...

Preordained.

Yes. It's a punishment. Dark ages again...

...The last generation or two that have sort of broken off a little bit, and whether that's because they've got exposure to a wide variety of other groups or...Whether in Australia or in Poland The younger generation have had enough. (Polish group 2)

## Informal Supports

It was mentioned in a number of focus groups that trusted friends sometimes offered substantial support, and that, when dealing with mental health issues, people more readily rely upon trusted friends and family members. Close friends may act as substitutes for extended family for newly arrived migrants.

These friends were not necessarily from the same 'ethnic' community, but from the 'wider Australian community'. Their support proved crucial in times of need – especially when people felt let down or not sufficiently supported by their 'ethnic' communities. Some participants asserted that most carers would contact a trusted family doctor for information related to support. However, others emphasised that 'mental illness' is often kept within the family, and that carers do not tend to look for support outside of a close circle of friends because of the stigma attached to 'mental illness'. When carers do seek support from outside their immediate community, they may feel less stigmatised because of the perception that 'Australians' are more open and less judgemental.

It's hard to say. Sometimes they may confide in close friends, but a lot of the time they would not say openly, "Ok, I'll discuss this. I've got this problem." Like an open discussion - they will not. They don't want to let other people know.

They feel it's a shame. It's bad and not very nice to tell people. They will try to solve it by themselves. They don't like it...

...Unless they are very, very good friends they wouldn't talk with you. It's not our thing to be openly verbalising, all that sort of thing. So, just going alongside and be there when they need you. (Chinese Group 1)

Back to my personal experience, the only lucky thing was that we had lovely Australian friends, not from our community but Australian friends...They saved me. Without their support I'd be totally and absolutely lost, because I really battled...

At the time I didn't think that something like that could happen to me, and as I said I knew quite extensively who to turn to and who to call...With good friends that I had, who were around the clock with us - they actually went and demanded from the doctor that he be put in the hospital. It came to that, because I just couldn't.

I think it would have to be somebody that they trust. They might find it less stigmatising and easier to talk to, but I think they wouldn't feel very comfortable with somebody they don't know really well.  
(Bosnian group 1)

I have a girlfriend that I actually grew up with that was married, but she regularly used to ring me up and just want to keep me on the phone for two or three hours...She just needed someone to talk to, even if they have someone at home. I can't say she was mad, but she was nervous or mentally unstable in a sense that everything was a big...

...I managed to talk her out of it [*suicide*]and I ran away and I contacted her psychiatrist and she was taken to the hospital. She was my best friend. They actually put her in the (strait)jacket and took her away. It was shocking for me. I was standing there feeling so bad. She was in A Hospital for some weeks. Eventually she let me see, when she was coming around to herself. She understood that it was the only course of action I could take. And then I was coming and seeing her every day, kind of nursing her, assuring her that my friendship hadn't gone.  
(Polish group 1)

...They [the mentally ill person] might have friends maybe to take care of them...  
(Chinese Group 2)

I don't know...when it gets so bad you ask anyone and everyone, whatever whoever will they help you.

If she had a friend...my mum had recently...the neighbour's son actually had mental illness and his mum ending up just coming, because they lived in a house just next to each other, coming and pouring it all out to my mum and she was carrying the burden together with her. But, if they had a friend or somebody they could talk to, that would be the only option.  
(Bosnian group 1)

## General Practitioners are a Key Initial Contact

Across the focus groups, participants agreed that general practitioners are the initial point of contact for people with mental health 'problems' and their carers. Medical professionals are generally trusted, considered as authority figures, and are accorded a high status. Participants acknowledged a need for well-developed links between GPs and tertiary mental health service providers to ensure some continuity of relationship between the patient, family, family GP and mental health service provider(s). This was seen as crucial for the effective treatment of psychological distress. The continuity of the relationship with medical practitioners was considered particularly important, as this allows for the development and maintenance of trust, which is a vital component of successful mental health care.

Focus group participants also stressed the need for cultural sensitivity as part of medical training.

*[But how would the carer of the person with mental illness know about the availability of these support networks? How would you publicise that?]*

That is through doctors.

*[Through doctors?]*

Through doctors because that is the first stage they would go to.  
(Chinese Group 1)

A doctor is like a big figure. Particularly if he speaks the language and understand me. Once you go to the doctor then what he is saying it's kind of what you want to listen to. And even other people telling you different things you still believe that the doctor actually was right.

(Polish Group 2)

If he's got the knowledge, then it goes from your GP. That's where I would start...is with my GP. And go from there.'

(Croatian Group 2)

Short consultations were described as posing a particular problem for mental health related difficulties.

I think the GP can be a very important link to a lot of these [mental health] services. If they're aware...I mean, they would know the patient and they know the background and then they know of all these services that are outside. They could actually link or refer to different disciplines.

And I think that is why, coming back, the training for the GP is very important. Before they become a doctor, they have to be more aware of what is going on and it is not only, "I have got a flu", it is total care. This is a one- stop shop. So many things can come out because if you've got a family doctor it takes years to build a relationship and of course they would talk to the doctor...

They are trying to get rid of all the solo practitioners, they are trying to make big big practices because it is economically more efficient and all that sort of thing. You don't have GPs who actually become like a friend, because every time you go to a big practice you see who is there...

You can't choose...

...So that is going to be a very big problem, I think, in that there is no follow up with one particular doctor.

Yeah, the trust is not there. I mean, every time you go you see a different doctor, the doctor doesn't know you. ...

(Chinese Group 1)

They cannot spend so much time on the patient. And if they take more time the patient won't be able to come because it's too expensive for them. Unless it's bulk bill, the majority of people won't be able to pay. So how much time can the doctor give the patient his full attention?

(Chinese Group 1)

## **Trust and Medical Treatment**

A number of participants described the trust they placed in medical explanations of 'mental illnesses' and in the ability of medical professionals to provide valuable assistance, on the condition that patients regularly take prescribed drugs. Most participants agreed that mental illnesses are amenable to pharmaceutical treatment and control.

A lot of the time I think they don't know, they don't realise they've got a problem. So they say "Doctor, I couldn't sleep, I don't know why. I try to sleep, but I just couldn't," and so he says, "OK, well you have some sleeping tablets." And it could just stop there, but maybe if the GP goes deeper and then they may talk more with her about why she can't sleep. I understand he is constrained too, because they have all these restrictions, all these things from the Government. It's all a part of the system.

(Chinese Group 1)

What I found out in my job is that most of our people rely a lot on the doctors. I have a case where the person actually asked to see a psychiatrist admitting that he's not feeling too well, he can't cope, he needs some medication. And it's been several months now and he waited for two months thinking he's going to see the psychiatrist, and ended up with a psychologist. He told the psychologist "Look, I already have a psychologist and I really want the doctor to refer me to a psychiatrist". So it's been quite a long time he admitted he wanted help from a psychiatrist and to this day he wasn't able to access the help...."I go to the doctor and I think the doctor knows what he needs to do". Most of the people that I come across think that once you're there you tell the doctor what the problem is, the doctor should know.

I think most people also associate mental illness with getting on drugs - antidepressants or whatever that might be. And that might be because there isn't an awful lot of counselling services, in fact I don't think there is any in the Western sort of sense. It's either you go to see a doctor or you go to see a psychiatrist. There is nothing in between. There are psychologists but, yeah, there is quite a big gap. There is not much in the middle.

(Bosnian Group 1)

Most of the mental illnesses can be controlled by medication, if people take the medication.

I think the first step would be your GP, to look for information and support.

'People look up to doctor. He's got qualification, and people think that he is aware of problems and that he can help.

(Croatian Group 1)

## Reluctance to Use 'External' Support

One of the barriers described as being associated with the low level of service utilisation - by people experiencing problems in living and by their carers - was the "failure to recognise mental health problems." A number of participants asserted that it takes considerable time to identify a 'problem', and to accept it, and even more time to identify the need for support.

... But some of these individuals will not recognise the fact that they are mentally ill. And that's a problem too. So you see, the whole world is mad except them, because that's the normal criteria. The whole world is mad...

(Chinese Group 2)

One person that committed suicide actually, but I was very unaware at the time of the sort of symptoms that might show me that that could happen. And by the time I became aware of the fact, he committed suicide.

My very best friend had manic/depressive psychosis, I found out later.

I know that she was my best friend and it took me some time to recognise that she was so ill. I knew she was a bit flamboyant and outrageous, really strange sometimes and I thought "What's wrong with her? She's really uneven - she goes up and down"...days of sadness, locking herself for days alone in the unit. Once, I got a phone call from her neighbour that she was throwing pot plants from the tenth floor, screaming and putting music loud. They rang me and said "Something is very wrong". I went there and knocked and knocked and she wouldn't come, screaming she was going to kill herself.'

(Polish Group 1)

She denied it. There was nothing wrong with her. They do that, don't they? And everybody...everyone else is to blame. He's (mentally ill person) not to blame for anything. 'If you don't know or not accepting, whatever word we try to use or put under carpet, you can't really help.'

But it took...in the case of my sister, a long time. She saw a psychiatrist who finally put her on the right track, and made her aware where she's coming from and why she has it. And she is coming along well and she's not afraid to say, "Look, I'm manic depressive. It's chemical imbalance that I was born with or develop. And I have to live with it. But it doesn't mean I am crazy. And I'm not ashamed.

(Croatian Group 2)

## Lack of Information

Lack of information and knowledge about support services and ethno-specific services, as well as the issues of language barriers, and of attempting to 'cope in isolation', were offered as reasons for the under-utilisation of services.

I don't think very much. They probably don't know there is support available. There is community support that is available to them as a family if they've got an ongoing problem. They just think, "This is our problem, we will try and fix it ourselves". I think that is just part of the Chinese culture.  
(Chinese Group 1)

I think the language problem also. You get...unless you can speak the language, you wouldn't be using those services.  
(Chinese Group 2)

The impression is people are not aware of a lot of the services.

None. You don't think they're aware at all. . If I had known that there was a place where I could go and find out.  
(Polish group 1)

No. After having the workshop I found that people...don't know who they can contact.  
(Polish Group 2)

And I make them aware of what is out there in the community. There is a lot of them who would not have a clue.  
(Croatian Group 1)

Croatian people aren't aware of the existence of that sort of services. That's why I am here, reaching out.  
(Croatian Group 2)

Participants reported that the utilisation of services is largely dependent on individual experiences and partly on educational, cultural and religious background. Some group members asserted that CALD people are more inclined to use support services if there were equivalent services in their countries of origin, and if they were aware of these services prior to their migration.

For example, like Catholics... people are very reluctant, and it takes quite a long time for them to pluck up the courage and say "Look, I have to talk to someone". But for others, when we have for example information sessions, they would say, "Oh, no one can help me. I'm just going to cope it and keep quiet about it". And so they go on suffering.

The question about services...It also depends really on the individual experience and partly on educational background. People from the (?) and people with some higher education, they probably would be aware of the services. People from rural backgrounds and with a lower level of education, they are not aware here and they wouldn't be aware back in former Yugoslavia.  
(Bosnian Group 1)

## Community Judgments of Need

People looking for help and support - particularly financial support to which carers are entitled - are sometimes judged by their own ethnic communities as "not being in genuine need", and as trying to misuse the existing support system. This may contribute to the further stigmatisation of 'help seeking practices'.

What I've noticed in the former Yugoslavian community, that some people think about other people, they are just playing up to get Disability Support Pension.

I've had many comments like that. So you just don't trust that they are genuine cases, for some of them. I know some people as well, and I'm never sure what is the real reason they are going. Do they really feel better, or are they just trying to get something out of it. And maybe I am influenced by comments around me, but I have heard such stories and it's just question sometimes - it's not up to me to judge or to assess is it a genuine case or not....

(Bosnian Group 2)

For instance, if they turned up to me I would make them aware of what they are entitled to. But, how can I make them tell me?

I suppose one leads to another. If they don't want to expose the problem or the issue they won't seek out the services. So it's a vicious cycle. They won't even look for the services, so they don't know about them.

(Polish group 2)

## **Perceptions of the Cultural Inappropriateness of Services**

In some cases mental health services were regarded as culturally inappropriate. Culturally specific and competent services were strongly advocated by some of the groups. A number of focus group participants expressed very strong opinions that service providers of similar ethnic backgrounds, with appropriate cultural knowledge and understanding, are a significant advantage in mental health service provision. Due to the widespread problem of language barriers and the issue of confidentiality, it was strongly emphasised that bi-lingual mental health practitioners are needed in mental health services.

The minute they hear you talking, they hear the way which I speak, the same language, they are more interested. And you break this barrier, they know that I understand.

We work closely with the psycho-geriatric team at ....  
and I also have Dr .....on board and other..... speaking doctor, so we are very grateful to have these bi-cultural, bilingual mental health practitioners on board...

...I am constantly being contacted by people for names of psychiatrists or psychologists that actually speak the language, because they're finding that their clients are reporting to them that they're not comfortable with a counselling setting if that has an interpreter there.

(Croatian Group 1)

Yes. Language and cultural. Language we know for the seniors and mental is so important that...What about if to the psychologist, what the patient said was not clear, then interpreter has to come back and say "What did you say?" It loses that...It might actually get this person very angry. When you are doing that in the first language, patient is not realising or someone who is suffering that he is telling the story and the other person is picking it up wrong the way that something was expressed, whatever.'

It is best to have a mental health professional who speak the same language as a mentally ill person.

(Croatian Group 2)

So like, you know, what we did discussed at the very beginning...to do some workshops or seminars. Make some doctors aware...about the problems that are occurring within certain communities.

(Polish Group 2)

We use Polish speaking professionals, we have a Polish speaking psychologist, psychiatrist. And that's very important because they understand the culture of our clients. We refer them...That's the major point of referral.

There's Carers' Association we know of. But the problem is if Polish speaking people don't have Polish speaking support they will not go.

*[Is it a language issue or cultural?]*

Cultural. Both.

When it comes to such a sensitive issue, like mental problems, even if your English is quite good and you are able to communicate easily every day, when you want to express your feelings, your anger, your pain, you really need to talk in your native tongue to someone speaking the same language, who also understands your body language and your culture. And you don't have to explain what, for example, Christmas Eve means to them...If you talk to a Polish person they know.

I'll just give you an example of it. When we had funding in X community, there were queues to get in here to us to seek assistance. Two years after that they took our funding away. I was speaking to Migrant Resource Centres and the percentage of our people using those services was very low, almost non-existent. And then, coincidentally they employed .....(LANGUAGE X) speaking person and she advertised in all ethnic communities...but who has she got? All X LANGUAGE SPEAKING clients. Full. Just shows you how ridiculous the situation is. They took funding from the our community, from a community in complete need and just because she [the worker] happened to speak the language...all race to see her even though she's in [the name of the place] because they need the assistance. Now she's in a very strange situation, working for [as generalist] ..[but] servicing our people...

...If they can communicate and they know that such a service exists, they will use it - we have evidence that they are using services if we can offer them in their language. If we are going to send them to some psychologist who, as [name of the person]said, wouldn't know the meaning of being lonely and unhappy on Christmas Eve, and would be questioning this - "Why? What's sad about Christmas Eve?" Being Polish you would know what's sad, but an Australian wouldn't know. This is the worst day of the year for people suffering illnesses, being alone on Christmas Eve.  
(Polish Group 1)

## **Lack of Cultural Knowledge**

The lack of cultural sensitivity and knowledge about different customs in health provision among health and mental health practitioners was also identified as a factor which may prevent CALD people from utilising mental health support services.

I had a shocking experience when I first had baby and nobody see me. You see the other people in the room, you smell their flowers, you see their visitors and there you are alone there. I didn't even realise there were a lot of things that could help me through all this, because we migrated here, I didn't even know I could get help from sisters [child health nurses] or whatsoever...Like the carer thing - it's new...

I think it's a very real thing for young mother's, especially if they are migrants...I mean, I had my last child about fifteen years ago...I was just thinking if I had her twenty-five years ago when I first arrived, I think I would have gone quite down. Because you do go through those hormonal post natal depression, and it's a very real thing. And you go "Oh dear, I don't have anybody here. Mum cannot come..."

...It's a very real issue because you don't have the support of the family...  
(Chinese Group 1)

## Inappropriateness of Therapy

A number of participants stressed that some support practices, such as group sessions (particularly those with a mixed ethnic composition), are not considered culturally appropriate. People do not feel comfortable sharing personal troubles with a group of 'strangers'.

That was one of the things, that Croatians were not good in group sessions where there were other cultures. With their own might be, but with the other there would be reluctance.

(Croatian Group 1)

A number of the focus groups expressed the view that 'Australian or Western' therapy is culturally inappropriate and is therefore seen as less than useful. Counselling is not recognised as the 'best' way of addressing mental health problems. This was the case with most participants, regardless of their cultural proximity to the dominant medical model in Australia. In the Chinese focus groups, practices such as 'counselling' or 'social work' were described as 'foreign' and 'undesirable'. Some activities, such as crafts, were viewed as particularly inappropriate, as the rationale for undertaking them is unclear.

But I still think that to them this is a completely new concept. You may offer them the service, the services are available. But to the mainstream people maybe yes, but to them "Hoh, what are you doing?" "I don't know. They just ask me to do this craft work!" This is all Australian or Western therapy - it does not apply to them at all. So instead, say like one now, they just moved house because they believe by them going to the house in Morley which is no good, bring them evil. That is some sort of superstition or whatever. They think the house brings bad luck to them. So that is why their mum's like that. So, now they're in Langford. Every now and then she brought me of those big melons, and all those vegetables. Now she's doing some of those vegetables, ploughing and all that in the back yard. Which I think is good therapy. I mean, they go to all these centres, well furnished centres and then do this craft work together, they don't know what they're doing and there's not much communication because of the language.

I mean, for us, therapy in the Western context is doing things and you occupy your mind. But to the Chinese people it is not appropriate. So doing this handiwork and making pots and all that sort of thing is not relevant

It's not relevant at all...

*[What about counselling?]*

No, I don't think they like to talk either. Some of them, they don't even like to talk about it....And the moment you say "Oh, I think you need to go and see somebody and talk about it, open up and let it go, they say "No, no, no, nothing wrong with me. Nothing wrong with me."

For ordinary grassroots people, terms like counselling, social work...it is brand new to them. They don't understand. So, say like if your husband is gambling, "Hey, come and get maybe some counselling. It will do you good".

They don't want it.

They don't know...I mean sometimes it is very abstract to them.

They don't want to tell other people.

They can't perceive that it's something that would be useful, that would help them.

(Chinese Group 1)

The only help they [the carers] get is from the [name of the organisation]. And those people just come and give you injections and off they go. They see that you get your medication and they don't offer any kind of...I'm mean the social workers are helpful but they are very...they're very busy people. Like, they can't sort of...As you say, people that are non-English speaking, how are they going to understand them? And to get some to sit beside them and interpret as you say, you know, they feel ashamed of it.

(Chinese Group 2)

### **Service Providers are 'Too Busy'**

Many participants reported that when services are most needed, they are often unavailable. Service providers were described as being from 'incompatible' cultural or linguistic backgrounds. Further, some groups argued that service providers are "too busy" to have the time to communicate with families, and may have only a limited conception of the support that is needed. For example, doctors may view the problem narrowly as a medical problem in need of 'treatment', and overlook the importance of social supports.

I think the medical profession, the hospital system need to do a lot more work before this...will be a place where people with mental health problems will go for treatment initially. If the case is handled properly, if we had proper educational information to give to the patient or his family...as M was saying, the hospital systems are usually so busy, the doctors are busy - they forget those sort of things...They talk to the patient, they don't talk to the family. They explain things to the patient and expect them to remember.

They don't talk [mental health service providers]to the family. And how do you expect the carer to be looking after someone if they don't get detailed information? But I think both ways too - there are some doctors who would talk to carers and not the patient.

It needs to be balanced. And I think the hospital system - the doctors need to take greater responsibility in educating, because that's the first point. If you do it right in the first place.

Some doctors are rather loathe to...they sort of just do their own work, you know.

(Chinese Group 2)

I have had personal experience...I don't know how to describe how difficult it is...I mean, I knew English and I knew the agencies, who to access, the lot. And yet, when I had the need of help, none of these agencies could help in the particular moment. I was left to cry for several days, even with the doctors...after pointing out directly to the doctors what the problem was, I wasn't taken seriously. And the agencies were not available to contact. It was just talk on the phone, and no help at all.

Yes. I expected that once we called someone like that they would be able to actually come to our home....It happened suddenly...

That's what happened and I expected that this gent would be able to come and give an injection to calm the person down. But it was just talk on the phone. I approached hospitals to give me some advice. Again I found a silent wall. I called the doctors, the doctors turned up and I explained what the situation was - I wasn't taken seriously, I felt. A couple of tablets worsened the situation.

(Bosnian Group 1)

...after one year of very heavy depression, two attempts at committing suicide, he finally...his mum came and physically took him back to Poland, where he spent one year in a psychiatric hospital. But his help he needed didn't come from the country he migrated to, he had to go back to the country of origin for people to recognise his problem and for him to open up to his problem....

Well he said that no one was really interested. He went to the doctor and he was trying to explain why he didn't feel very well about going back to school to learn English and why...why he felt intimidated by all this situation. And that was not relevant for the doctor in the treatment. For the doctor the treatment was just purely medication. So he wasn't referred to any other organisations, and he actually had been discouraged by the doctors to do that, because they said, "It's just your brain. You need some different doses of chemicals. It has nothing to do with your perception of coming from a different country. You just study too hard". That sort of approach....  
(Polish Group 2)

## **Interpreter Use**

Apart from confidentiality, it was acknowledged that what was most important for people who have been diagnosed with mental illness and their carers was the continuity provided by using the same interpreter each time an interpreter was needed. The importance of adequate training for interpreters in mental health services was emphasised. This was felt to be necessary due to the complexity of this type of interpreting, which demands skills beyond those typically required.

I would imagine, I suppose, that there would be people who would feel uncomfortable, but I don't know. I haven't come across it. The only thing that I do know is that most clients like to have the same person present. Time and time again. Their thing is, "I don't want to hear...I don't want other people to hear my story....Or repeat the story". Or...exactly. That it remains with the one person. That's probably the most important that I've found, that they'll say, "Look, can you make sure that you're here". And with [the name of the organisation] they do. And [another mental health service] they're exactly the same - they'll say, "No, if that interpreter can't make it that day, we'll make it another day". So that the continuity is there.  
(Croatian Group 1)

I've got to say that, because I work with interpreters from all different backgrounds, that it really depends on the quality of the interpreter. Because with mental health issues it's not just the words - it's the nuances, it's the way that you interpret. And you get a good interpreter and you're...obviously it's not the ideal but in that scenario it's best chance you've got.

I had a case just recently - a lady wanted me to ring up...for her. I advised her to use telephone interpreting and she said No, I don't know who that other person is on the other end of the phone.

Lack of trust. Yrs, regularly you hear that quite around. People don't trust interpreters.  
(Croatian Group 2)

## **The Importance of Trust**

Many participants asserted that support services need to be provided by trusted people in order to decrease the stigma associated with asking for support. As already mentioned, many people may find it difficult to accept the notion of 'strangers' caring for their family members. Building trust may be a very long process, and the best practice is for trust to be developed in an informal way, through activities not obviously related to mental health and illness. However, it was also pointed out that, in crisis situations, any assistance would be (likely to be) accepted.

I mean, I am a migrant. I have been a migrant for almost all my life, and yet coming to Australia...we have a few friends that we cling on very well. But outside that there is always this problem. If you have got something that is new coming up, you don't know how to tackle it...You know?  
(Chinese Group 1)

I think it would have to be somebody that they trust. They might find it less stigmatising and easier to talk to, but I think they wouldn't feel very comfortable with somebody they don't know really well.

I don't know...when it gets so bad you ask anyone and everyone, whatever' whoever will they help you.

They probably feel comfortable talking to someone from their own background, but then there is a kind of fear that because the community is so small, regardless of confidentiality...I mean, you can talk about your client at the end of the day to somebody else and not mention any names...But the community is so small that they could actually identify the person. And you haven't breached any confidentiality or done anything unethical, but then they might be able to know who the person is, so...  
(Bosnian Group 1)

How can she just leave him? Leave him for someone else to look after and then go and have a holiday? No way. And could I allow a stranger to look at my husband's strange behaviour?  
(Polish Group 1)

The importance of nurturing the confidence or trust of carers was stressed:

Don't expect if you send a carer to a person the first time it will be successful. It's a long term thing. The carer has to be working with this person to gain their acceptance, gain their confidence, so that he or she will be able to open up. Because a person has to be there at least over a dozen times before the person who they are caring for will open up.  
(Chinese Group 1)

It is a matter of developing the trust in some informal way, because the problem here is getting people involved. We've tried here with other different things and it was always the same women that turned up.  
(Croatian Group 1)

### **Difficulties Finding Appropriate Support**

Some focus group participants who were themselves engaged in support provision commented that it was often difficult to refer people to appropriate support services, because these were difficult to locate. Others stressed that even once appropriate support services have been identified, it is difficult to find workers within these organisations who are able to take on a continuing responsibility for providing support. According to the participants, the major reasons for this shortcoming lay in the fact that support organisations tend to be under-resourced and understaffed.

There was a general consensus across the focus groups that ethnic communities needed to become more actively involved in supporting their aged and 'mentally ill' members, as well as their carers. However, it was also acknowledged that it is difficult to motivate community members to commit to an 'on-going involvement'. A feature common to all of the ethnic communities incorporated in the project is that it is women rather than men who are most likely to undertake leading roles in organising social support and various activities for their respective communities. Encouraging greater community involvement requires long term, strategically planned activities, financial and professional support, and continuous community development.

Well there isn't anybody actually that wants to take responsibility. And she's a lady who is very fussy in a way, which is great, and very proud. But in a way it's a problem, because she can't...I mean we tried to bring her to our services which we have, a day type occupational

therapy, but she refused because she feels that she is mentally a lot better than what they are over there. And I do have a problem finding someone that speaks the Croatian language that would visit her once a week. Just to have a cup of coffee with her. Just to sit down, so she's got something to look forward. I have a great difficulty in finding that.

(Croatian Group 1)

The utilisation of the support services available to CALD carers of people experiencing problems in living is influenced by a number of factors. These include language barriers, the issue of confidentiality in consulting with practitioners, the level of cultural sensitivity of the services available, and the stigma commonly attached to seeking help for such problems.

### **Strategies for Improving the Utilisation of Support Services**

The focus group participants regarded the under-utilisation of support services as a significant problem. However, this problem was seen to be amenable to improvement through various measures, including improved cultural competency, involvement of ethnic communities in organising appropriate support, community education and various practical suggestions for improvement in the available support services for the people experiencing problems with living and their carers.

A number of the groups emphasised the need for the community to be “educated about and to accept mental illness”. One group suggested that it would be helpful to destigmatise the terminology employed to explain “emotional” problems. For example, in Chinese communities, the use of the term ‘mental problems’ or ‘mental illness’ should be avoided, and a more circumspect approach adopted.

Here are some of the suggestions that were made:

I think it's good to educate the general population, so that they accept all these illnesses as they are. As is the physical illness. And not one that's so taboo. I think the public should be educated too.

(Chinese Group 2)

I think we should never use the word mental problems. We should say something else.

Yes. Or just say 'personality disorders' would do.

Or sleeping disorder.

Information and education for the carer would be useful.

Education. We have a lot of ways to educate our community. Radio, media, direct contacts, community contacts, organisations contacts - if there is something really worth publicising we would find a way to do it.

The problem is, I guess, the ones that we need to reach the most, the ones isolated at home, are they likely to listen to the radio programs.

Some do. Some go to church.

(Polish Group 1)

Radio information sessions through Croatian Ethnic Radio would be useful.

Target Croatian doctors with pamphlets, more information, where the help is available. The radio and Croatian doctors.

The church.

Lectures and information sessions would be useful, but with a lot preparation prior to something like that. But you'd have to do it in Croatian. You could not have it in English with interpreter. It wouldn't work.

If we could find people strong enough that have been in the situation, say a carer who's actually had the difficult experience of caring for somebody and who has the strength to talk about it - it would be great. Well, my sister would be one of them. She'd be willing to share it.

A GP who speaks Croatian, or other Croatian speaking or English speaking health professional will be well received. People look up to doctor. He's got qualifications, and people think that he is aware of problems and that he can help.

(Croatian group 1)

The participants agreed that information about mental health is plentiful in Australia, however, many people asserted that this information is often not relevant to older migrants or to the new emerging immigrant communities. Many people from these groups do not speak English well, or they are illiterate. Thus these campaigns do not reach them.

### **Pamphlets or Ethnic Radio?**

A number of participants expressed scepticism about the value of pamphlets and other printed material, which were described as having been produced to make service providers feel "they are doing something useful", but which do not necessarily help carers. Carers are more likely to listen to the radio than to read pamphlets. The importance of ethnic radio was mentioned by a number of the groups as performing an important outreach role. Although ethnic radio was seen as playing a useful role in this area, participants also stressed the importance of feedback for those who phone in with concerns. Having an open telephone line, particularly during the night hours when carers can call and talk was suggested as a good form of support. It was suggested that responses to these problems should be aired on subsequent programs so that carers feel that their concerns are being heard, and so that others can share their experiences.

Sometimes it's the here and now that is probably very important for the carers. Coming back to the W case, I was told that the wife had been having this mental problem for years, and the husband has been looking after her. Sometimes for the carer it is very depressing. And that night before the carer killed his wife, he did call the Crisis Centre around the evening sometime, seven o'clock - "I can't stand it. I'm at the limit now. I know I can't handle any more". And then they asked him to, "OK, you come to the centre, right early next morning". But then it was already too late. He has called, he called and asked for help.

(Chinese Group 2)

The use of ethnic radio. This would be my personal view about ethnic radio, but I think the whole system of ethnic radio has been abused, for something that's not so much needed. I think it's important to use the radio to inform non-English speaking people what's going on in this country and what's available...More so than songs and music and Christmas and birthday wishes...Ethnic radio, alongside of the music, should be used for that purpose - to inform people what's available here and how they can access that.

...Quite a lot of them, especially new arrivals listen to the radio.

(Bosnian Group 1)

Lots of people don't read actually. We've had lots of translations of materials - doesn't matter if it was for mental illness. What I found very useful for the people, especially for the elders, they

still listen to the radio [ethnic radio]. Doesn't matter if it's Serbian, Croatian or Bosnian - all of them listen to the radio.

And you can probably do something with mental health. But regularly. If you are starting that, don't start if you are going to do it just for the one or two months. Don't. That's my suggestion, don't start, because lots of people called me even at home, and asked me some...and I say, "No way, I can't answer that. I'm not on the radio any more". Don't start if you are not going to do that regularly every fortnight or every week for at least six months.

(Bosnian Group 2)

Don't go the way of translated brochures. Because I think that was always the easiest way for every department. "Have you done anything for the ethnic communities?" "Yes we have, we have so much translated material". Do I go to someone who I suspect is in serious trouble and say "Read about it because I think you're in trouble"? No, there is a very great need for a person, a person who will come and not bring papers.

I think a much more viable and better way would be to have a hotline, not an answering machine. It's access to someone who would be there, and that would be publicised amongst the community. For example, if you brought them here, some people don't want to be identified. They like to maintain privacy.

(Polish Group 1)

We've got pamphlets everywhere. But, in some families, the women will come in, but man won't. And so they come in (at Vila) to have that break. I think we do a great job, letting the community know. We are trying to reach people that have been isolated on their farms, people that are not highly educated, to inform them about the services and to offer them support. We want to have a focal point where everyone can come. We don't have it so far. We are trying to establish it.

(Croatian Group 1)

What would really work well would be to have a nightline hotline, because people seem to be very busy during the day, especially if they're caring for someone. But once they've done their jobs they like to sit down. Radio 6PR is a classic example of lonely people ringing and having a chance to talk. They talk about absolutely everything. In the evening, that's when it hits them.

And the person that they are caring for is most likely asleep.

(Polish Group 1)

## **Practical Help**

Many practical suggestions for improvements in the support of carers were offered. These ranged from practical help, to education, and advocacy. Practical help with cooking, shopping, cleaning, and the like, was seen by many groups as a useful form of support, perhaps more so than interventions like counselling or group activities. Above all, mainstream services need to be sensitive to cultural and linguistic differences, and to be accessible when they are needed. Some participants asserted that it is crucial that those offering support can speak the same language and understand the cultural backgrounds of their clients. Suggestions were made as to how to involve people from ethnic communities in organising support for people who are experiencing problems in living, and their carers:

I think practical things are more appropriate than all this mental and psychological counselling and that sort of thing.

So you could join some activity, bring her out maybe a few hours every week. They can relieve the primary carers in the house, say like the husband or the spouse. That will be a great help. At least they'd have some breathing space.

(Chinese Group 1)

Maybe social workers from the same background and the same language.

Voluntary organisations. Our people don't know that you can have a voluntary organisation. They're very reluctant to involve themselves in voluntary work.

I don't know why it is, but people I've spoken to do know that there are a lot of voluntary organisations that bring them in (to the country) and care for them, give their valuable time etcetera. But I haven't met anybody who has said "Look, I'll become a member of this voluntary organisation" or "Let's organise something to help other people."

I think maybe taking the carers out for a coffee or to do shopping just to give them a break, somebody to talk to...

(Chinese Group 1)

Kind and sensitive, really good service, easy to approach. I know that some services were trying things like having a multi-lingual telephone line, where you can ring and leave a message and someone will call you back in a few days, someone who speaks Polish. People would never ring. They say, "I don't want to talk in a few days, I want to talk now". It was very similar to when I was working on a health project. They were saying "Leave a message on the phone and someone will get back to you". No, if someone has a problem and is thinking for weeks "I have to go and get help. I need to talk to someone". Finally he or she is ready to talk to someone, and what's at the end of the phone? An answering machine.

As a matter of fact we're going to have a meeting next Sunday, we're going to have a Polish psychologist. ....There are two different mental problems - those people who are mentally ill and those people who suffer from stress from whatever happens in their life - the breakdown of marriage or losing a job...Basically, on top of that, migrants very often suffer from isolation. So they're not mentally ill but....A lot of people in our community are in danger (of nervous breakdown) because they are so lonely.

(Polish Group 1)

There is a need for support, because at the end people do not get better, and families cannot go forever dealing with it. And maybe it would have worked if we do have Croatian people who would be helping.

Organising something in a more or less informal way, just to give people a chance to talk, because people are afraid to talk about their problems. They are afraid they will not be respected in the same way as before the illness, and in that way they easily start to talk about that.

...I know they've got a package in Croatian language, but the package - with half a kilo or a kilo of material - it's different if you leave it or if someone comes with a package and says, "Well, someone can help. You can have a break. Or take the person, if the person is semi mobile, out of the home as well. Because that patient might be wanting to get some fresh air as well, and sit in the park and feed the ducks and whatever.

Community would be best supported through education and information provision  
If person who is supposed to support carers speaks the same language, carers would feel more comfortable, that will break the barriers.

So, we are basically advocating culturally specific services. Similar cultural background is of crucial importance to be able to relate to mentally ill as well as to elderly people, and language. We know that for the seniors and for mentally (ill people).

People often stick with their own little community, they don't expand and they are reluctant to use services. So we have a problem of reaching out to these people, letting them know that we exist, that they can have support and they can have services.

(Croatian Group 1)

If there was a support group in the (Croatian) community for people who are caring for someone with mental illness people (carers) would go there. But this is more for people who

have been in Australia for a long period of time and are more receptive and open to those sort of things. It depends on the individual too. There may be others that are born here that wouldn't ask for help. But I would.

I think people (Croatian carers) would be more conformable with people from a variety of backgrounds, more so than just Croatian.

I don't, from my experience (aged care), they don't want to deal with anybody else. (except with Croatian carers).

(Croatian Group 2)

## **Relief and Respite**

Some groups mentioned that the provision of relief or 'respite' for carers was needed, like the Community Care Packages currently available to the aged. The concept of respite is unfamiliar to many groups, however, and so groups would need to be informed about what this entails.

I think it's quite individual. In each family it might be different. How you could help, I think it needs to be tailored to that particular person's needs. I mean, that particular carer, if she's also working part time...if she has got some help that would relieve her.

Like Community Care Packages. Say like for the old people, they're so frail, they're homebound and then to relieve the primary carers we can allow them seven or eight hours every week. To just relieve the carers.

(Chinese Group 1)

I think they need to be educated about what respite is. The concept of respite is very confusing, very foreign to a lot of people from my country. I don't know what it is, but if you are having family trouble, friends and relatives come and help. You don't normally put the person somewhere else for a stranger to look after. So I think it takes a while to accept that. I mean, you can understand the concept that you need a rest, or a temporary rest, so that you are stronger to care for long periods of time, giving yourself a break or something. I think there needs to be education on that one too.

(Chinese Group 2)

Accepting is the most important, very delicate talking, and ability to listen, making some activities for the person so they are not too lonely, taking them out of the home to meet other people.

That would have to be organised almost in a perfect way, because for some of the carers it would look like another duty. "I have to get out. I have to drive somewhere, or I have to catch a bus or a train, get there on time, be there and do something. It takes too much time and effort...Obviously they would benefit from talking to the others, exchanging experiences. But to bring them together, that would be a lot of work.

(Polish Group 1)

## **Supportive Environments**

The best form of support, several groups pointed out, is that which enables people to stay in their environment. Participants gave examples of spiritual centres and religious institutions supporting people and providing advice to people who could not otherwise access information. This suggests that spiritual centres and religious institutions may provide a viable means of disseminating sensitive information.

I think the community is the place to tolerate this person, much talking, much making some activities for that person. It's a very delicate case, but the community has to do something. The ideal situation would be for the community to provide that support, it doesn't. It should.

Some do...Polish priests visit a lot of people at home. People that never leave home for a number of reasons. But they have the priest in....Polish doctors. There's lots of ways we could spread the message...

I firmly believe in self help. Self help groups. People with similar problems get together..like GROW. But it has to have a different name....Self help groups are very effective. There are a number of strategies to get the community involved. Certainly people suffering themselves could be included in various groups, not necessary called Schizophrenia Group or Manic Depressive Group.... (Polish Group 1)

People need to be supported to make sure that they can stay in their own environment.

The peer support stuff - that seems to work. (Croatian group 1)

However, even in 'their own environments', carers have long been socially isolated, and unsupported:

My mother is 84 and she'll talk to this day, and she'll always say the same thing, what she went through looking after her mother who became...who had a nervous breakdown. She was by herself four years. And the outside world never knew. She would go to church. She would be in the choir. They never knew. And she talks about it, how there was no help. And to this day she always saying how she missed the young part of her life because of that. But she said 'There was no one else there, so I had to be the strong one'.

(Croatian group 1)

## **11. FOCUS GROUP DATA: SUMMARY OF FINDINGS**

### **1. 'Mental illness' is often stigmatised.**

- Mental health problems are heavily stigmatised.
- This affects people's preparedness to seek professional help.
- There is a general lack of awareness of and knowledge about 'mental illness.'
- 'Mental illness' is often explained as 'a passing phase', or as 'bad behaviour.'
- Fear of being stigmatised prevents people from letting others know of their problem.
- Social isolation and lack of contact with support organisations is common.

### **2. Fear of ostracism from the community**

- A sense of shame attached to 'mental illness' was common across all communities.
- Cultural and traditional stereotypes may be a source of this shame.
- The mentally ill are often feared, or not taken seriously.
- Some groups reported increasing community empathy towards those diagnosed with a mental illness.

### **3. Coping in isolation**

- Some families have isolated themselves out of fear of stigma, and the conviction that caring for the mentally ill is exclusively a family responsibility.
- In some groups, 'interfering in other people's problems', and speaking openly about mental illness was regarded as culturally inappropriate.
- The words to describe various mental illnesses do not exist in some languages.
- Children caring for parents may have a restricted social life, and may have poor self esteem.
- Mental illness may be seen as a family punishment for past transgressions.
- People may derive satisfaction from their caring roles, and 'feeling needed' may become a significant part of their identity.
- Single migrants, who lack the support of an extended family, may be particularly at risk of developing or exacerbating a mental health problem.

#### **4. Cultural differences in beliefs about ‘mental illness’**

- Current attitudes are dependent upon past experiences in countries of origin.
- The level of stigma attached to ‘mental illness’ is reported to be comparatively low in ‘Australian culture’.
- People who rely on traditional medicine are reluctant to use prescribed medications due to a lack of faith in them, and a fear of side effects<sup>1</sup>.
- Community education may contribute to changing the perceptions that prevent people from using existing mental health services.
- For Bosnian and Croatian groups, recent war experiences were frequently cited as a cause of ‘mental illness.’
- People diagnosed with a ‘mental illness’ are less likely to be stigmatised if there is seen to be a precipitating ‘cause’.

#### **5. Stress, migration and mental health**

- There are differences in the support available to voluntary migrants and that available to refugees.
- Isolation and loneliness lead to psychological distress.
- People may grieve for the loss of their family, friends, and familiar way of life.
- Unemployment is distressing.
- People may experience a ‘postponed reaction’ to the migration experience.
- Changes in family dynamics may cause tension.
- There may be ‘cultural clashes’ between generations.
- There is often pressure on children to reach high levels of academic achievement.
- Young migrants may experience ‘peer pressure’ and discrimination.

#### **6. Men, women and ‘mental illness’**

- Men are reported to find settling in the new culture more difficult than women.
- Men may find it particularly difficult to accept ‘mental illness.’
- ‘Mental illness’ may ‘provoke’, or be invoked to ‘excuse’, domestic violence.

## **7. Differences within cultural groups**

Attitudes vary according to culture, education, religion, and urban or rural background. It was reported that:

- People are more tolerant and supportive of the ‘mentally ill’ and their carers within smaller, close-knit communities
- Education does not always lead to decreased stigma
- People from cultures more proximal to the ‘Anglo-Australian’ culture may be more likely to benefit from existing support services
- There are a variety of sub-groups within each ethnic community
- Newer immigrants are perceived as being more tolerant than established immigrants
- Religious groups provide a vital support mechanism

## **8. Women are primary care givers**

- Women – particularly mothers – are most likely to be primary caregivers.
- Children and siblings are more likely to take on a caring role than are husbands.
- Men are likely to take on a caregiving role only in the absence of an available female relative.
- “Having a ‘mental illness’ in the family” may place considerable pressure on existing relationships.

## **9. Informal support**

- Close friends may act as substitutes for extended family in newer migrants.
- Sometimes these friends are from the wider - and ‘less judgemental’ – community.

## **10. Insofar as ‘external’ help is sought, GPs are a key initial contact**

- Cultural sensitivity should be a part of medical training
- Short consultations are a barrier to discussing mental health concerns
- Medical explanations of mental illness are held in high regard.
- Many groups held an associated belief that mental illness may be effectively treated with medication.

## **11. Reluctance to use 'external' support**

Reluctance to utilise external forms of support was reported to be due to:

- People not knowing how to deal with the 'problem'.
- Social isolation, or a lack of networks.
- People's determination to solve their problems within the family or community.
- Lack of knowledge of available support services.
- Difficulties with language.
- Lack of trust in outsiders.
- Concerns about mental illness not being seen as genuine.
- Failure to clearly identify that there is a problem.
- Support services were perceived to be culturally inappropriate or unable to meet needs.

## **12. Strategies for improving the utilisation of support services**

- Improved cultural sensitivity and competence.
- The development of partnerships with ethnic communities.
- Community education.
- Various concrete improvements in support services for the 'mentally ill'.