PROJECT EVIDENCE for Prevention of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[2] Selective Programs are indicated for situations where subjects are at high risk of developing mental disorders unless there is preventive intervention.

[2 c] Social factors

- i Indigenous families
- ii Immigrant families
- iii Children involved with bullying
- iv Children in out-of-home care

[2 c ii] Immigrant families

Australia is a very multicultural society. Nearly half the population were born overseas or have a parent who was born overseas. Nevertheless, being of immigrant background may be stressful. There are stresses associated with the circumstances of leaving the country of origin, stresses associated with the transition to this country and stresses of acculturation. This is further accentuated if English is not the native language.

The special factors associated with refugee status are considered in the papers PE3b(i) regarding asylum-seekers. The assessment and treatment of post-traumatic stress disorders and other mental health disorders arising in the immigrant population is considered in other sections of this Atlas. The focus of this paper is on the psychological factors introduced by the immigrant status itself.

Bhugra (2004) highlights the following issues:

> "The levels of acculturation will rely on the degree of exposure, distance between the two cultures and willingness of the individual to change.
>
> At an individual level in terms of behaviour, six domains have been identified which can be linked with acculturation. These include language, religion, entertainment, food and shopping habits. Other areas which may be more difficult to identify and measure include cognitive style, behavioural patterns and attitudes. The concepts of acculturation are very closely linked with self-esteem and identity of the self. As culture and personality are inter-linked, one's childhood or early experiences and socialization may also play a role. Child rearing differences across cultures too will contribute to this.
>
> In addition, migrants' attitudes towards their own culture as well as the recipient society become important. If the migrants have a high degree of pride in their own culture, they may find it difficult to acculturate and find a happy medium between their own culture and the new recipient culture. On the contrary, those who want to escape their own culture are likely to acculturate at a faster pace. An additional factor that the clinicians must bear in mind, is that of the relationship of the recipient society and the society from which the patient originates. If there are open and friendly relations between the two societies and there is enough knowledge on both sides about each society, then it is likely that the process of migration may be easier and after migration the individual may shift gradually between the two without any fear of being blocked or without a choice. On the contrary, if it is one way migration then the strain on the individual may well be greater."
>
> Theoretically, there is a possibility that migrants are more likely to be depressed because of all the loss events they may have suffered. Culture shock is described as a sudden unpleasant feeling that violates expectations

of new culture and causes one to evaluate one's own culture negatively. Six aspects of culture shock include strain, sense of loss and feelings of deprivation, rejection by and members of the new culture, confusion in role and role expectation, values, feelings and self-identity; surprise, anxiety disgust and indignation and feelings of impotence.

Migration is a complex phenomenon. The individual migrant goes through a series of stages of adjustment and response to a number of stressors related to the preparation, process and postmigration adjustment. These intervals and external stressors will influence the outcome, which is also dependent upon whether the migration is forced or voluntary. Several resilience factors will influence the outcome. The heterogeneity of the processes of socio-cultural adjustment must be reviewed form the viewpoint of different generations as well. All go through different courses and outcomes for adjustment.

The first generation may be inclined to strive harder and yet be under more stress, whereas the younger generation may face the problems of adjusting in bicultural settings and thereby face a different set of problems such as cultural conflict. Adjustment of migrants of different ages is related to their age and gender and whether they travel alone or in a group. The role of social and cultural factors is paramount in both the aetiology and the management of the psychiatric illness."

Social science research has identified migration as a risk factor for mental disorder, warranting special attention at all levels from prevention through service delivery to health policy. Whilst supporting the principle of indicated and targeted programs for at-risk groups, it is relevant to acknowledge that the identified causes are heightened examples of universal challenges. Reactions to loss leading to depression, or reaction to stressful events causing PTSD, or acculturation difficulties from "the other side of the railway tracks" may afflict anybody, so the service delivery for migrant clients is not a separate system but an enlightened system.

Specific adjustments about prevention have been suggested in PE1a regarding safety, housing and poverty, in PE1b regarding pro-social functioning, in PE1c regarding education to potential, and PE1d regarding stigma, bullying and rejection. Specific adjustments are suggested in this paper for selective programs within mental health service delivery aimed at supporting migrant clients with appropriate modifications to clinical methods. Cultural awareness training, use of documents translated into the clients' native language, use of interpreters whenever language barriers might impair comprehension, and deliberate efforts to involve culturally appropriate community supports, are some ways in which services can address these factors.

Reference:

Bhugra, D. "Migration and mental health", Acta Psychiatr Scand (2004) 109:243-258.

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