

# *Refugee and Migrant Mental Health*

## ***What is Mental Illness?***

Mental illness is an umbrella term used to group a wide range of psychological conditions that differ in nature and severity. A mental illness can be more or less severe, short or long term, and one-off, intermittent or persistent throughout a young person's life. The American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR), a widely accepted handbook for mental health researchers and professionals, defines a mental disorder as a:

clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. (American Psychological Association 2000, p. xxxi)

## ***What are the Causes of Mental Illness?***

Western psychiatry and psychology attribute mental illness to a range of biological and environmental factors. Biological factors include genetics, disruptions in brain structure, altered neurotransmitter or hormone levels, injury and disease. Environmental factors include adverse life experiences such as war, poverty, neglect, divorce or a dysfunctional family life. While the exact cause or causes of most mental illnesses is unknown, it is widely believed that they occur as a result of the interplay between biological and environmental factors.

## ***What are the Main Mental Health Problems Affecting Young Refugees?***

The three most commonly reported psychiatric disorders in young refugees are Post Traumatic Stress Disorder (PTSD), Depression and Anxiety (Lustig et al., 2004; Davidson et al., 2004). While there is a broad consensus in the research literature that young refugees are more vulnerable to mental health problems than the general population, there is less agreement about prevalence rates. Some American studies place the rate for serious psychiatric disorder at 40-50% (Kinzie, Sack, Angell & Manson, 1986; Kinzie, Sack, Angell & Clarke, 1989; Sack & Him, 1999), while Australian studies report a lower rate of 18-32% (Krupinksi & Burrows, 1986; McKelvey, Sang, Baldassar, Davies, Roberts & Cutler, 2002). The rate for psychiatric disorder in the general population is around 14-21%, according to a large-scale national Australian study (Sawyer *et al.*, 2001).

## ***What are the Main Contributing Factors to Mental Health Problems in Young Refugees?***

A number of pre and post migration factors place young refugees at increased risk of developing mental health problems.

### ***Pre-migration Experiences of Loss, Trauma and Disruption***

While young people's refugee experiences vary widely in nature and severity, all have experienced multiple personal losses and massive disruption to their lives which can result in, or exacerbate existing mental health problems.

### **Acculturation Stress**

Adjusting to life in a new country can be very difficult for any migrant but it can be particularly difficult for refugees who have been subject to forced migration. Young refugees in the initial stages of resettlement have to contend with many difficult issues including learning a new language, adjusting to a new culture and systems, coping with pre and post migration experiences of loss, trauma and disruption, making new friends and for many, helping parents and caregivers cope with the resettlement process. Acculturation stress can seriously affect a young person's psychological wellbeing, impacting on mental health as well as education and employment outcomes and community participation. Previous trauma experiences, difficulties negotiating bi-cultural membership, lack of family, peer and community support, and broader social issues such as racism and discrimination can exacerbate acculturation stress and lead to social isolation and alienation (Brough, Gorman, Ramirez & Westoby, 2003; Nicholson, 1998; Selvamanickam, Zgryza & Gorman, 2001).

### **Poverty and Economic Hardship**

Despite Australia's relative affluence, refugee families often experience poverty, unemployment or employment in low-status and low-income occupations, substandard accommodation, overcrowding and poor nutrition. Many young people lack the basic resources necessary to participate in school and community life, especially if the family is also supporting relatives who have been left behind in another country. The family's low socioeconomic status and attendant distress over all that has been lost can adversely affect the psychological wellbeing of young people.

### **Racism and Discrimination**

Many young refugees, particularly those from visible minority groups, routinely experience individual and institutional racism in Australia. Both forms of racism can seriously affect a young person's wellbeing, impacting on mental health as well as socio-economic status and community participation (Selvamanickam *et al.*, 2001).

### **Loss of Parents**

Some young refugees arrive in South Australia without their parents or guardians and are placed under the Guardianship of the Minister for Families and Communities. These young people may have lost their parents through death, disappearance or separation following social and political upheaval and insecurity in their countries of origin. Some children are placed in the care of older siblings, uncles, aunts, grandparents or other distant relatives while others are fostered by members of their ethnic community. The loss or absence of one or both parents can give rise to or exacerbate existing mental health problems, particularly in younger children and those exposed to abuse or neglect in their new families (Fazel & Stein, 2002).

### **Intergenerational Conflict**

Intergenerational conflict can be an issue for many refugee families, particularly where there is disagreement over a young person's rate and level of acculturation to Western society. Intergenerational conflict often centres on a young person's desire for more freedom and independence, their education and career preferences, their personal attire and their relationship choices. Protracted conflict can result in mental health problems, family breakdown, youth homelessness and, where the family remains in tact, abuse or neglect of the young person (Refugee Advisory Resettlement Council, 2002; Westermeyer & Wahmanholm, 1996).

### ***Limited Parental Support***

Many parents are themselves suffering from mental health and other problems that in turn can affect the level of support provided to children and, in some cases, can also result in child abuse and neglect.

### ***Identity Issues***

According to Western psychological science, creating and maintaining a strong sense of self and identity, including cultural identity, is critical to a young person's development. For many young refugees, however, there is conflict surrounding cultural identity because they must reconcile two or more very different cultures. Some try to resolve this difficulty by identifying with Western culture, which can result in family conflict. Others respond by identifying with their culture of origin, which can expose them to increased racism and discrimination, especially if they belong to a visible minority group. For those unable to find a balance between their own culture and that of their new country, there may be considerable stress and alienation.

### ***Lack of Access to Community Services, Resources and Support***

Most young refugees do not have equitable access to community services, resources and support due to a range of language and cultural barriers and an overall failure on the part of the social service system to respond to the needs of a culturally diverse society. The resulting social isolation and exclusion can place them at increased risk of mental health problems.

### ***Refugee Understandings of Mental Health and Illness***

What is defined as mental illness in Western culture is often not regarded as such in non-Western cultures (Kleinman, 1987). Some cultures have not even developed a concept of mental illness (Gongguy, Cravens & Patterson, 1991), much less one that corresponds to Western understandings. Moreover, many non-Western cultures have different explanations for "mental illness". Where a behaviour or condition is recognised as abnormal, it is often attributed to sin, lack of faith in God, demonic possession, ancestral wrath, hexes, curses or thin blood. There are also cross-cultural differences in the expression of mental illness. As many non-Western cultures make no distinction between the mind and the body, it is very common for psychological problems to be expressed in physical complaints. These different cultural understandings about mental illness have been linked to lower use of mental health services by refugee and other culturally diverse populations. It should be noted, however, that as new arrivals become more familiar with Western mental health concepts and interventions, they often add them to their own (Leong & Lau, 2001).

### ***Mental Health Service Utilisation***

There is growing concern in the national and international literature that many young refugees in need of mental health care are not accessing appropriate services. While very few studies have investigated service utilisation by young refugees, research undertaken with non-refugee ethnic populations reports widespread under-utilisation of services (U.S. Department of Health and Human Services, 1999, 2001). Studies have also found that when ethnic populations do access services, they are unlikely to receive the same level and quality of care as the general population (U.S. Department of Health and Human Services, 1999, 2001).

While most young refugees do not access mental health services, they often turn to peers, teachers, school counsellors and non-mental health service providers for help. It is widely recognised that these non-mental

health professionals are finding it very difficult to cope with refugee mental health issues. It should be noted, however, that most young refugees with mental health problems do not themselves identify a need for mental health care. Mental health issues are often eclipsed by immediate settlement needs such as learning the English language, adjusting to the Australian education system and making new friends.

## ***Further Information***

### **Multicultural Youth SA Inc (MYSA)**

☎ (08) 8212 0085 📄 [www.mysa.com.au](http://www.mysa.com.au)  
Shop 9 Miller's Arcade  
28 Hindley Street, ADELAIDE SA 5000

## ***Mental Health Care Services***

### **Survivors of Torture and Trauma Assistance and Rehabilitation Service**

☎ (08) 8346 5466 📄 [www.sttars.com.au](http://www.sttars.com.au)  
12 Hawker Street, BOWDEN SA 5007

### **Child and Adolescent Mental Health Services**

*Women's and Children's Hospital*

☎ (08) 8161 6622 (Boylan Ward)  
☎ (08) 8161 7227 (Dept. Of Psychological Medicine)  
72 King William Road, ADELAIDE SA 5006

### *Northern Region*

☎ (08) 8252 0133  
Sidney Chambers, 50 Elizabeth Way, ELIZABETH SA 5112

### *Eastern Region*

☎ (08) 8207 8999  
5 Darley Road, PARADISE SA 5075

### *Western Region*

☎ (08) 8341 1222  
78-80 Dale Street, PORT ADELAIDE SA 5015

### *Country Services*

☎ 1800 819 089

### **Migrant Health Service**

☎ (08) 8237 3915 📄 [www.mmha.org.au](http://www.mmha.org.au)  
21 Market Street, ADELAIDE SA 5000

### **Migrant Resource Centre of SA**

☎ (08) 8217 9500 📄 [www.mrcsa.com.au](http://www.mrcsa.com.au)  
59 King William Street, ADELAIDE SA 5000

## References

- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*, 4<sup>th</sup> edn, text revision. Washington DC: Author.
- Brough, M., Gorman, D., Ramirez, E., & Westoby, P. (2003). Young refugees talk about well-being: A qualitative analysis of refugee youth mental health from three states. *Australian Journal of Social Issues*, 38(2), 193-208.
- Davidson, N., Skull, S., Chaney, G., Frydenberg, A., Isaacs, D., Kelly, P., et al. (2004). Comprehensive health assessment for newly arrived refugee children in Australia. *Journal of Paediatrics and Child Health*, 40(9-10), 562-568.
- Fazel, M., & Stein, A. (2002). The mental health of refugee children. *Archives of Disease in Childhood*, 87(5), 366-370.
- Gong-Guy, E., Cravens, R.B., & Patterson, T.E. (1991). Clinical issues in mental-health-service delivery to refugees. *American Psychologist*, 46(6), 642-648.
- Kinzie, J.D., Sack, W.H., Angell, R.H., & Manson, S.M. (1986). The psychiatric effects of massive trauma on Cambodian children: 1. The children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 25(3), 370-376.
- Kinzie, J.D., Sack, W.H., Angell, R.H., & Clarke, G. (1989). A three-year follow-up of Cambodian young people traumatized as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 28(4), 501-504.
- Kleinman, A. (1987). Anthropology and psychiatry: The role of culture in cross-cultural research on illness. *British Journal of Psychiatry*, 151, 447-454.
- Krupinski, J., & Burrows, G.D. (1986). *The price of freedom: Young Indochinese refugees in Australia*. Sydney: Pergamon Press.
- Leong, F.T.L., & Lau, A.S.L. (2001). Barriers to providing effective mental health services to Asian Americans. *Mental Health Services Research*, 3(4), 201-214.
- Lustig, S.L., Kia-Keating, L., Knight, W.G., Geltman, P., Ellis, H., Kinzie, J.D., et al. (2004). Review of child and adolescent refugee mental health. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43, 24-36.
- McKelvey, R.S., Sang, D.L., Baldassar, L., Davies, L., Roberts, C., & Cutler, N. (2002). The prevalence of psychiatric disorders among Vietnamese children and adolescents. *Medical Journal of Australia*, 177(8), 413-417.
- Nicholson, B. (1998). The effects of trauma on acculturative stress. *Journal of Multicultural Social Work*, 6(3-4), 27-46.
- Refugee Advisory Resettlement Council. (2002). *Strategy for Refugee Young People*. Retrieved August 1, 2007, from <http://www.immi.gov.au/media/publications/pdf/rys.pdf>
- Sack, W.H., & Him, C. (1999). Twelve-year follow-up study of Khmer youths who suffered massive war trauma as children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38(9), 1173-1179.
- Sawyer, M.G., Arney, F.M., Baghurst, P.A., Clark, J.J., Graetz, B.W., Kosky, R.J., et al. (2001). The mental health of young people in Australia: Key findings from the child and adolescent component of the national survey of mental health and well-being. *Australian and New Zealand Journal of Psychiatry*, 35(6), 806-814.
- Selvamanickam, S., Zgryza, M., & Gorman, D. (2001). *Coping in a new world: The social and emotional wellbeing of young people from culturally and linguistically diverse backgrounds*. Queensland Transcultural Mental Health Centre, Queensland Health and Youth Affairs Network of Queensland Inc.
- Steel, Z. (2003). *The politics of exclusion and denial: The mental health costs of Australia's refugee policy*. 38<sup>th</sup> Congress, Royal Australian and New Zealand College of Psychiatrists, Hobart, 5-11.

■ **Refugee and Migrant Mental Health** ■  
*Fact Sheet*

U.S. Department of Health and Human Services. (1999). *Mental Health: A report of the Surgeon General*. Retrieved April 12, 2007, from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

U.S. Department of Health and Human Services. (2001). *Mental Health: Culture, race and ethnicity: A supplement to mental health. A report of the Surgeon General*. Retrieved April 20, 2007, from <http://www.surgeongeneral.gov/library/mentalhealth/cre/>

Westermeyer, J., & Wahmanholm, K. (1996). Refugee children. In R. J. Apfel & B. Simon (Eds.), *Minefields in their hearts: The mental health of children in war and communal violence*. New Haven: Yale University Press.

