

“We don’t talk about it” Perceptions of Mental Illness Among Arab Australians

HONOURS RESEARCH PROJECT OF BROOKE SMITH

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BACKGROUND

A 30 Year old Arabic-speaking man in Sydney is in a care coordination conference with his treating psychiatrist and his mental health support worker. The support worker asks the psychiatrist if she has explained the symptoms and what is happening to the man in a way he understands. The psychiatrist turns to the man and says in English “I’ve told you that you have schizophrenia but all you want to do is talk about spirits, so I can’t help you”.

BACKGROUND

- 127,000 people speak Arabic in NSW
- Most commonly spoken language in NSW after English
- Arabic-speaking Australians underutilise mental health services



BACKGROUND

- **Gap in Explanatory Models** (Culturally based commonalities in understanding – eg: medical model vs mythic/spiritual/religious model)
- **Leads to miscommunication/misdiagnosis**
- **Leads to underutilisation of mental health services**



PREVIOUS RESEARCH

- Old (10 – 15 years)
- Most with Arab populations in Arab countries (not migrants)
- Typically quantitative (surveys, MH literacy tests)
- Typically measuring what Arab people know/don't know from a western perspective (names of mental illnesses, symptoms)

Aim:

To gain a rich understanding of how Arab-Australians understand mental illness from their perspective, in their own cultural language

Design/Methodology/Analysis

- Semi-structured interviews
- Qualitative - Thematic analysis
- **Social Constructionist perspective** (jointly constructed understandings of the world. It assumes that understanding, significance, and meaning are developed not separately within the individual, but in coordination with other human beings).

Don't be Different (being a migrant is hard enough)

- Role of migration on overarching need to fit in
- Already feel different, look different, act different

“A lot of them have come here for opportunity, a clean start, and for them to already feel like their back is against the wall because they can't speak the language as well as anyone else, and they look like migrants and act like migrants, they need to do their best to show there aren't any setbacks or disabilities....it scares them that their child might not be able to have the same possibilities that they had hoped for by coming here” - Mick



“People used to say good things about us” – Role of Collectivism

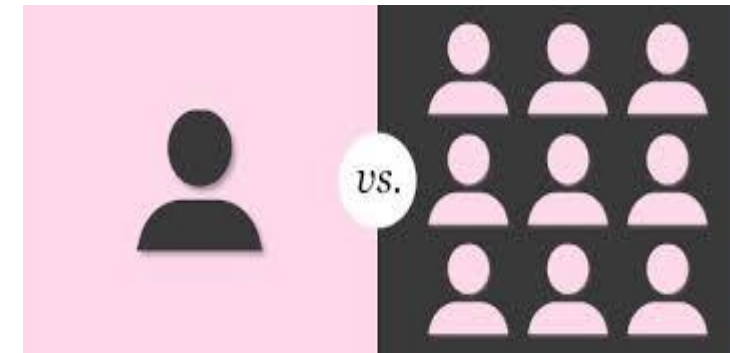
- Collective relies on its ability to work together as a single unit
- Person in collective perceived to be different, or unable to fulfil their role due to mental illness then entire collective risks stigmatisation from rest of community

“You hide them, you don’t let anyone know” - Mia



Collectivist culture and confidentiality

- Concept of confidentiality different to Western concept eg APS code of ethics
- In Arab culture confidentiality from REST OF COMMUNITY important NOT confidentiality from those within the collective



“It’s a collectivist culture and you can’t just deal with the patient you have to be aware that they are family members....it’s a communal way of thinking...and I think that’s something that’s missed in a lot of the health professions...they work from the individualist, nuclear family perspective...they don’t look at how communities work together” – Diana

Stray from God (Religion as cause and cure)

Religion (Islam) influenced perceptions in three distinct yet overlapping ways:

- As explanation of cause (weak faith)
- As a cure (prayer)
- As a way to make peace/cope with mental illness

“Weak faith” — overlapping circulatory nature of perceptions of cause and cure

“The whole concept of depression means ‘weak faith’. That’s I think the cornerstone of it...the main thing would be, yeah just believe in God and always, don’t ever forget that’s the main concept” – Diana

“Like if you’re not doing the right sort of prayers, if you’re not taking the proper protection from yourself, like you know seeking refuge with god and those sorts of things, then sometimes if you’re living that lifestyle where you’re very removed from God then they can come to you easily because you’re not seeking that protection from god” - Mia



Weak Faith: Treatment implications

- Reveals another layer of stigma – ‘bad muslim’ if have mental illness
- Relying on prayer for treatment is NOT actually a religious practice but a *cultural* one
- Community education to remind community that the religious belief is NOT that Allah sent down an illness but that Allah has sent down a medical cure



“Someone’s wearing you” — religious interpretations of psychotic symptoms.

“We have something called ‘whas wasa’ which translates literally as ‘whispers’. And for me, for myself, we realise that whispers are basically from the devil, the shayton, he can’t see what’s inside our heart but he an try to move us off the straight path” — Kali

Aya: people would hear something like ‘oh that person’s hearing voices maybe it’s like – I don’t know if you would understand, it’s not satan but it’s something like that

Interviewer: what’s the Arabic word?

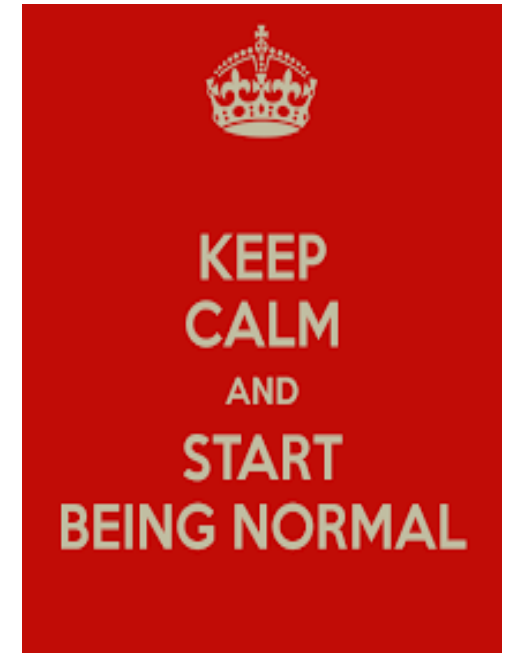
Aya: Jinn (evil spirits).

“Something’s Happened” (the normalisation of MH symptoms)

- How Arab Australians traverse stigma of being different:
 - - Somatise
 - - externalise symptoms (family breakdown, Centrelink, Housing difficulties)

“People think that if they go to the doctor and the doctor tells them you have something wrong with your shoulder and you take this medicine....I think it legitimises something.....to be able to say that I’m this sick” - Aya

“We’re in a different country! It must be this country! It’s not us, it’s not right” - Mia



Treatment implications - normalisation

- Expression of emotional distress needs to be normalised in and of itself
- Reduces the need to circumnavigate through somatisation, situational explanations
- Reduces the time to diagnose, treat and respond
- Normalisation could allow help-seeking behaviours prior to crisis point
- Facilitate early intervention

Wrap up

- Arab Australians have a powerful need to not be perceived as different due to the migrant experience and being part of a collective
- Arab Australians can normalise mental illness by making explanations religious based, situationally based or physically (somatically) based
- Make room for religious based explanations in treatment – psychotic symptoms/whispers. Adapt own cultural language to facilitate understanding. Increasing understanding increases service utilisation.
- Flexible with confidentiality practice – be open to including entire family/collective

Finally.....



“Instead of asking ‘how do we know what is real about the client?’ we should ask “What do our clients want and what new ways of speaking or conversing might help?” – Walter & Peller, 2000