Navigating the language maze: Mental health in the context of migration

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Language is central to a sense of who we are – our relationships with our family, our traditions and rituals, beliefs and guiding values and the way we view the world are to a large degree bound to the language(s) we speak at home.

It is critical to understand that culture and language have an impact on people from diverse cultural and linguistic backgrounds who are dealing with mental illness in Australia.

This article seeks to demonstrate that it is not simply a case of not knowing English but the deeply embedded cultural issues that go with being from a non-English-speaking culture within the existing culture of the broader Australian community.

The risk of mental health issues for migrants, refugees

Words are important in the area of mental health. To a large extent the treatment of mental health issues depends on verbal communication about symptoms and their impact on functioning. It is no good pointing to the head as you would to an injured or painful body part or region. In fact, treatment itself is often in the form of dialogue or 'talking therapy'.

When clinicians and service providers differ in cultural backgrounds from consumers, even if they speak the same language, there is a great potential for miscommunication. Obvious and less obvious forms of miscommunication and misunderstanding can lead to negative and unwanted outcomes including misgivings over treatment, drop-out from services, perception of service provider stigma and poor adherence to a treatment plan. These problems are intensified when clinicians and service providers do not speak the same language as consumers.

Migrants and refugees are at great risk of mental health issues. Many people who come to Australia are survivors of trauma such as war, natural disaster or torture. Survivors of trauma or torture are more likely to develop a mental illness, including depressive and anxiety disorders and post-traumatic stress disorder (PTSD). They may experience difficulty in concentrating, insomnia, nightmares, panic attacks, chronic pain, and feelings of powerlessness, anger, depression or guilt. Migrants may also experience 'long-distance suffering' through media reports of war or natural disasters. This occurs when people are exposed to the suffering of others in their homeland and may result in feelings of helplessness, anxiety and depression.

On top of that, new entrants may experience stress due to culture shock and the need to adjust to a society with often significantly different social structures, values, expectations, political systems, beliefs and practices. They will face challenges with the routine exigencies of everyday life – organising housing, health care, schooling and other services for their families – in an unfamiliar environment. They may not have access to support networks of friends, family, religious groups or people from their own culture.

It is probably fair to argue that lack of or limited prowess in English is the source of greatest stress and discomfort for migrants or refugees in Australia and means they cannot fully participate in English-speaking conversations. They may often feel that they sound like a nine year old in the midst of an incomprehensible conversation by a group of academics.

Where possible, it is important that interpreters with a specialised knowledge of mental health are used.

How best to use interpreters

The obvious solution for mental health services is the use of interpreters and indeed there is a legal obligation that interpreters are used in situations relating to medical and legal matters. There can be serious consequences for the person if professional interpreters are not used in these situations.

As straightforward as it may seem, there are many issues related to the use of interpreters. Even when interpreters are available, there may be difficulties with different dialects, the gender of the interpreter, or the interpreter being from a different political or ethnic background. Fears about confidentiality may also arise if the interpreter belongs to the person's own small or close-knit community. Clinical assessments for mental status examinations can pose difficulties. Even the trained interpreter and service provider may struggle with discussing and interpreting topics such as hallucination, delusions, suicide, mood changes, sexual dysfunction, and so on. Presentations of psychiatric patients, such as flight of ideas, disorganisation, tangentiality, illogical thinking, compromised speech and thought content (e.g. grandiosity, delusions, obsessions, magical thinking) are difficult to translate. Language barriers may hinder the identification of important contributors to the process of care, including stigma, shame and the person's explanatory model of illness.

Where possible, it is important that interpreters with a specialised knowledge of mental health are used. Professional interpreters have excellent bilingual language skills and are bound by a code of conduct, but those who have been trained in mental health interpreting will have a nuanced, deeper understanding of mental health concepts.

Mental health agency employees who are bilingual may be readily available and may share the person's cultural background, but this is not necessarily the best way to proceed when discussing treatment. However, bilingual staff can be used to assist communication and can be a great help with giving simple instructions or reassuring the person and their family.

Relatives, friends and colleagues of the person should only be asked to assist with communicating simple, practical messages. Apart from compromising the patient's right to privacy and the potential for embarrassment for all parties, using family members as translators puts undue stress on everyone involved. A young child should never be used as an interpreter except in an emergency, mainly because of the high possibility of misinterpretation and a risk of great stress to the child.

When using an interpreter, it is important to follow a few simple rules when it comes to language and cultural issues and these include the use of plain English and clear enunciation of simple words and phrases that are to the point and easily translated. However, using simple words is not the same as using simplistic words and talking to the patient or the interpreter as if they are children. A person's level of language skill or accent should never be equated with level of intelligence or credibility.

A disadvantage of using a telephone language line is that the interpreter must depend on oral language alone. The interpreter cannot see the person's body language or facial expressions and must depend solely on the content and tone of the conversation. In addition, this type of interpretation is difficult to do when teaching people how to use equipment or perform a skill.

When it comes to the translation of written materials and educational programs there are several issues to consider:

- Direct translation doesn't always consider cultural influences and literacy limitations. The words used in an English version may not be appropriate or translatable for people of another culture.
- A number of new entrants don't read well in either English or their native language. It is helpful to ask an interpreter to talk with a sample of the intended population to determine if the instruction needs to be in their language or whether a simplified version in English, which includes lots of illustrations, could meet their needs just as well.
- In the design of written materials, it helps to work with representative members from the culture and language group on overall design and approach.
- If there is no access to members of the cultural group, a number of community services are becoming available to meet specific translation needs. For example, some churches and community agencies offer translation services.

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It is important to recognise that not everyone from a particular cultural or linguistic background will follow the cultural 'norms' for their particular background.

What's culture got to do with it?

Culture refers to a group's shared set of beliefs, norms, and values and language. There is abundant evidence suggesting that people who speak a language other than English at home are less represented in health services than those who speak English at home. A report by Multicultural Mental Health Australia (c 2010) found that:

- There tend to be higher rates of involuntary admissions and lower rates of voluntary admissions by consumers from culturally and linguistically diverse backgrounds.
- There are lower rates of access to community and inpatient services compared with Australian-born people. Delayed treatment can be traumatic and have a significant negative impact on the health and wellbeing of individuals and their families. It may also delay recovery rates and possibly worsen prognosis.
- Consumers from culturally and linguistically diverse backgrounds are more likely to present for treatment at the acute, crisis end of treatment which can result in longer and involuntary hospital stays.

Like all people, those from diverse cultural backgrounds have their own protective and risk factors regarding their mental health and wellbeing. Cultural beliefs and values and personal circumstances can influence whether people are motivated to seek treatment, how they cope with their symptoms, how supportive their families and communities are, where they seek help (mental health specialist, primary care provider, clergy or religious leader, community leader and/or elder), the pathways they take to get services, and how well they do in treatment.

Embarrassment or shame can result in concealment of symptoms and failure to seek treatment. In some cultures, stigma is so extreme that mental illness is thought to reflect poorly on the family and can also diminish marriage and economic prospects for other family members. Stigma also poses a challenge to research when people are reluctant to disclose the symptoms and effects of mental illness or attitudes which they have understood to be deemed socially unacceptable in this new society.

Cultural misunderstandings can occur when people don't share or understand the 'rules' of a particular culture. Cultural values determine these 'rules' about how people behave. Things to be aware of when working with people from cultural and linguistically diverse backgrounds include:

- Some people find it disrespectful to be referred to by their first names. It helps to ask a family member, friend or interpreter (where one is present) how the person would like to be addressed and, if necessary, how to pronounce their name(s).
- Use the term 'given name' rather than 'Christian name' and the term 'family name' rather than 'surname'. 'Surname' and 'family name' might have the same meaning but the term 'family name' is more easily understood by people from most cultures.
- In some cultures, individuals may appear to agree to something, saying 'yes' when they actually mean 'no' to avoid a display of disagreement and conflict. This happens quite often when working with cultures that favour politeness over frankness.
- The cultural implications of topics such as death, sexuality, childbirth, and women's health are frequently poorly understood by health care professionals, and such topics should be probed with care and respect.

It is also important to bear in mind that people from different cultural backgrounds have different styles of communication as well as different languages. These may include:

- Using a much more roundabout style, such as gradually building a picture before finally getting to the point.
- Using less powerful-sounding speech — that is, with many more hesitations, silences, prevarications ('I think', 'it seems like', 'sort of', 'actually') and/or terms of politeness ('sir', 'madam', 'please', 'with your permission').
- Talking more quietly or more submissively. This is often more pronounced in women than men, although men may also do it.

It is important to recognise that not everyone from a particular cultural or linguistic background will follow the cultural 'norms' for their particular background. Some will have adopted Anglo-Celtic Australian norms of behaving. Others may never have followed some or all of the cultural norms within their own culture.

Language of exclusion

Language excludes when words and expressions denigrate or leave out whole groups of people. Obviously racial and gender slurs create an environment in which the people targeted won't feel welcome. However, more subtle or even well-intentioned racial expressions, for example 'Australian values', can diminish and patronise.

We all need to be aware of the potential sensitivities around the use of some terminology. For example, while it may be accurate to describe someone who has recently settled in Australia as a 'migrant', this would not be appropriate after a certain period of time unless the person chooses to self-identify in that way.

Inappropriate or gratuitous references to a person's culture are to be avoided and reference to the ethnic or racial background of a person or group should only be made if it is relevant to the discussion.

The term 'Australian' should only be used to identify nationality, not to identify cultural or linguistic background. Australians are not only made up of people from Anglo-Celtic backgrounds and, indeed, there are people in Australia from Anglo-Celtic backgrounds who are not Australian.

People from culturally and linguistically diverse backgrounds are not homogenous and it is important to recognise the uniqueness of all people and avoid or making assumptions based on a person's ethnicity, religion, culture or language. There are many different cultural and ethnic groups and considerable diversity within each of these groups, as well as many other factors which affect each person's identity. While a person's cultural, ethnic, or religious identity is likely to have a significant influence, either conscious or unconscious, on their beliefs, behaviour, values and attitudes, there are a range of other factors that are relevant, including age, gender, education and socioeconomic status. Not least, a person may have a bicultural or multicultural heritage.

Service providers and clinicians need to be aware of their own personal biases and judgments and remember that learning a new language as an adult is not an easy task. Many factors can make it particularly difficult and, in some cases, almost impossible. (The Department of Education and Training (2008) in New South Wales has published useful tips and other information).

Finally, people with mental illnesses are often conceptualised as a being from a 'multicultural' population or 'overseas born' which again serves to homogenise them and is particularly inadequate when it comes to data collection and service development. As one commentator has put it:

> The other challenge in research is that overseas-born Australians, although extremely diverse, are often placed into a single category – overseas born. Such studies often show that migrants have a better health status as a group. In some better studies, the overseas-born group is disaggregated into NESB (non-English speaking background) and MESB (mainly English speaking background) categories and in the most useful studies, populations are further disaggregated into regional or countries of birth groups. A recent Queensland Health study highlighted that by only examining the overseas-born as one aggregated group, many health differences are masked (Jardine A et al, 2011) which leads to a misrepresentation of migrant and refugee health (Chand M, 2012).

Role of non-verbal communication

The importance of cross-cultural communication in establishing trusting relationships is not just about verbal language. While language is important to communication, especially for complex messages, actual words make up only a small proportion of the process. There are many other factors that play a part in how we communicate. In fact, these other factors can be even more powerful than words. The way we go about communicating with another person – even when we do not speak the same language – can have an enormous impact on the way we make that person feel and the way they will respond to us.

Non-verbal communication can vary significantly across different cultures, and may sometimes even have an opposite meaning. For example, maintaining eye contact is valued during interpersonal interactions in most Anglo-based cultures, and is seen as conveying trustworthiness and sincerity. However, in a number of cultures, making eye contact with someone in authority is seen as a sign of disrespect, and in some cultures eye contact between strangers may be considered shameful. Similarly, smiling or laughing in some cultures may be used when describing an event that is confusing, embarrassing or even sad.

There are also cultural differences relating to physical proximity and social distance – shaking hands and other physical contact, postures and gestures. Nodding is generally taken as a sign of understanding or agreement in mainstream Anglo-based cultures, however in some other cultures it may only signal an acknowledgment that you are speaking without implying either understanding or agreement.

People from diverse cultural backgrounds may use more, fewer or different hand gestures and body movements, and/or may find the gestures and body movements used by Anglo-Celtic Australians threatening, rude, or culturally unacceptable, to the extent that they retreat into silence or become unable to continue with their story. The way we speak – whether we speak quickly or slowly, mumble or speak clearly, where and how often we pause, whether our tone is gentle or aggressive – often says more than the words being said. Body language, our mannerisms and demeanour, including our facial expressions and gaze, all 'speak' to the other person – whether we look at or away from the other person, appear to be paying attention or not, through gestures and posture such as leaning forward or back, being relaxed or stiff, and the distance – too close or too far – that we maintain from the other person.

While it is not reasonable to expect anyone to know the range of non-verbal communication patterns across cultures, it is important to be aware of the potential for misunderstanding in these areas.

While it is not reasonable to expect anyone to know the range of non-verbal communication patterns across cultures, it is important to be aware of the potential for misunderstanding in these areas. The service provider or clinician can check if the person is showing any signs of unease or discomfort with what is being asked of them or with how it is being asked (for example, silence, evasiveness, shock, trembling, quieter voice or blushing).

It is also helpful to learn a few words of the patent's language, such as 'good morning' and 'thank you'. Taking the time to learn a few polite expressions shows an interest in the patient's language and therefore, in the person themselves. But in the final analysis, it is important to note that holistic recovery programs all over the world have found that compassionate presence is far more important than question and answer

Generational issues

Young people from different ethnic backgrounds, whether born in Australia or overseas, can feel caught between two cultures. In many cases there are particular cultural views about the roles of elders, parents, men, women and children that affect intergenerational relationships.

Parents become concerned about their authority being undermined as communication with their children becomes more difficult. Young people may become proficient in English before their parents acculturate to their new community to the extent of taking on some of the behaviours and attitudes of their peers who are part of the host culture. Language becomes an area of tension between parents and their children. On the one hand it can be useful for the new entrants to have someone in the family with a working knowledge of English. On the other hand this knowledge can drive a wedge between generations.

This can lead to a number of challenges for the family, with the parents sometimes being concerned about their child's loss of cultural identity, include their mother tongue, and a potential role reversal as the parents need to rely on the child's language proficiency to interpret and negotiate for them in various situations. Parents may feel that adoption of different values and customs represents a loss of their traditional culture and may use a stricter discipline style to counterbalance perceived permissiveness in Australian society.

Because many migrants have lost the support networks that they had in their country of origin, children may be required to take on additional responsibilities such as dealing with authorities or becoming translators for their parents. These types of situations can potentially place the child in a position of power over the parents, and at the same time expose the child prematurely to 'adult' problems in the family for which they are not emotionally or psychologically equipped.

Social isolation can be a problem for young people from non-English speaking backgrounds, with making and maintaining friendships potentially difficult due to language and cultural differences and because of bullying.

Life transitions that are part of young adult development can be more difficult to negotiate due to cultural views on sexuality, relationships, gender roles, education and employment. Difficulties with education can arise due to interruptions in schooling, language difficulties and cultural barriers.

Because of the probability of racism and bullying, children from culturally and linguistically diverse backgrounds can develop low self-esteem, which can lead to withdrawal, feeling anxious and depressed, the rejection of culture and parental values and a sense of confusion about one's identity. This can disrupt the process of integrating aspects of both the host culture and culture of origin into their lives. Stresses such as these and others can lead to withdrawal or aggressive and risk-taking behaviours, increased vulnerability to drug or alcohol problems, anxiety, depression and poor self-esteem and increased risk of suicide.

Conclusion

In summary, our beliefs, morals, customs and the rules we live by, and therefore our behaviour, are largely determined by our cultures. As these are mostly unconscious, we tend to think of them as universal, and therefore expect others to fit our expectations.

To enable us to undertake culturally safe practice when working with people from cultures other than our own, we need to be aware of our 'rules' and expectations and the fact that these are not universal but cultural.

Most people who are not from the dominant mainstream culture are migrants, and some of them are refugees. Migration and refugee experiences can have significant implications for mental health, which can be complicated by culturally unsafe practices by health professionals and service providers. Verbal and non-verbal language is our interface with people from cultural and linguistically diverse backgrounds and we need to be aware of what we are saying, both verbally and with our body language and gestures. When it comes to children of migrants and refugees, we need to appreciate that even when they speak a high level of English, they are often highly vulnerable. They require sensitive and practical support to fit into what is ultimately, despite their level of acculturation, an alien culture.

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