Towards a culturally competent mental health system: Sudanese, Sierra Leonean and Liberian experiences with life crises.

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Abstract: Australia is fortunate to welcome approximately 13,000 Humanitarian entrants per year, most of whom have experienced protracted violence, hardship and life in refugee camps. The majority of Humanitarian migrants were born and raised in cultural contexts very different to that of Australia, contributing to our increasing diversity. With this diversity comes a responsibility to ensure every Australian receives culturally competent mental health care. Those who are forced into refugee situations have, by definition, experienced trauma. Psychology in Australia has a well established literature regarding post-traumatic response, including Posttraumatic Stress and more recently Posttraumatic Growth, which contributes to the way we provide post-trauma care. However, it is becoming more apparent through cross-cultural and trans-cultural research and practical experience that Western models of traumatic response and the care that is traditionally provided, simply do not apply to all Australians. In order to provide culturally inclusive assistance to those who have experienced traumatic events, research into the ways in which culture influences the experience of trauma must be conducted. In this paper, qualitative methodology is proposed as an essential tool in developing an understanding of how we can develop a culturally competent mental health system in Australia. Preliminary results of a study that investigates the experience of life crises from the perspectives of African-Australians from Sudan, Sierra Leone, and Liberia will be presented that highlight the need to build inclusive practices that support diversity into the existing trauma services in Australia.

Introduction

A 16 year old girl is walking home from school. Suddenly she is attacked by a group of four older men. The men drag her into a nearby house where she is systematically raped and assaulted. She escapes 12 hours later. The memory of that event never leaves her, but somehow she has managed to rebuild her life. She has made her way along the post-life crisis journey to a point where, though she can never forget what has happened to her, she has survived.

The above scenario is culturally neutral. It could happen in any country, any city, to anyone. How the survivor of trauma reacts to such an event, the meaning she attributes to it, the way she thinks about it, who she chooses to tell, if anyone, and how she expects them to react to the knowledge, what resources she draws on to adapt to the crisis and many other nuances of an experience like this, are all related to the cultural values and norms a person holds. The aim of this paper is to highlight the

importance of building Culturally Competent practices into trauma support services in Australia, particularly for Humanitarian Entrants.

Multiculturalism in Australia

Approximately 13,000 Humanitarian Entrants are welcomed to Australia per year. Over the past five years a significant majority of these migrants have come from African nations, peaking at 70% in the 2005-2006 period (DIMA, 2006; DIaC, 2008a). Many African migrants have originally come from Sudan, Sierra Leone and Liberia (DIaC). These nations each have cultures that are vastly different to the mainstream Australian culture, and as such people who resettle in Australia from these nations contribute to Australia's richly increasing diversity. In this paper, experiences of trauma and post-trauma adaptation in Sudanese-Australians are contrasted to those of a sample of white Australians.

Culture can be defined as "the behaviour an individual acquires as part of their membership in a social group" (Tedeschi & Calhoun, 2004, p. 41). It shapes our perceptions of meaning and reality (Gergen, 1999). The Human-Ecological perspective of human development (Bronfenbrenner, 1979) identifies two main cultural systems that interact to influence an individual that Calhoun and Tedeschi (2006) refer to as Proximate and Distal culture. Proximate culture refers to an individual's primary reference groups (e.g., friends, family, community), whilst Distal culture refers to the outer society (e.g., Religion, Individualism/Collectivism).

Mainstream culture in Australia can be identified as Individualist, in which personal strength, ambitions and autonomy are valued (Hofstede, 1984). African Humanitarian Migrants often come from Collectivist cultures in which community solidarity and sharing are valued (Hofstede). These cultures may have strong religious and spiritual backgrounds and networks of kinship are highly valued (Hofstede; Peddle, Moteiro, Galuma, & Macauly, 1999; Triandis, Bontempo, & Villareal, 1988). Such cultural variables can have significant impact on factors effecting mental health, such as social support, personal motivations and the expectations of the community. Given the nature of the refugee experience, Humanitarian entrants to Australia have experienced some of the worst atrocities imaginable. These experiences can often have traumatic effects on the individual, and as such, it is important that Australia's mental health services are informed by cultural diversity and its impact on the experience of trauma.

Trauma

Trauma in Western psychology is defined as "actual or threatened death or serious injury, or other threat to one's physical integrity" (DSM-IV-TR; APA, 2000, p. 467). The event must be coupled with feelings of fear, helplessness and/or horror. Janoff-Bulman (1992) suggested that a traumatic experience is one that shatters the fundamental assumptions a person holds about the self, others and the world. Traditionally, Western psychology has focussed on the negative outcomes of experiencing such an event (e.g., Post-traumatic Stress Disorder), however research is increasingly demonstrating that people do not always experience adverse outcomes alone. Many survivors of traumatic events are resilient, and report benefits from its effects. Arguably, the most comprehensive model of positive post-trauma adaptation is Tedeschi and Calhoun's (1995; 2006) Posttraumatic Growth (PTG).

PTG is defined as"significant beneficial change in cognitive and emotional life, beyond previous levels of adaptation, psychological functioning, or life awareness" (Tedeschi & Calhoun, 2003, p.1). PTG refers to both the process by which an individual may develop positive post-trauma outcomes, and the outcomes of growth itself (McMillen, 1999; Tedeschi & Calhoun, 2004). PTG outcomes identified in US samples include: Increased perceptions of Personal Strength, Appreciation of Life, and New Possibilities; stronger and more fruitful Relationships with Others; and positive Spiritual and Religious Change. These outcomes can be measured using the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996).

Calhoun and Tedeschi (2006) have recently added the notion of socio-cultural influences in their model of PTG, to encompass both Proximate and Distal influences. Cross-cultural studies of PTG have found differences in the manifestations of PTG across cultures when utilising quantitative methodology using the PTGI (e.g, Ho, Chan & Ho, 2004; Peltzer, 2000; Znoj, 2006). Subtle differences in the construction of PTG in Australia have also been found qualitatively, with increasing emphasis placed on Compassion, and little emphasis on Religious or Spiritual growth (Shakespeare-Finch & Copping, 2006; Copping, Shakespeare-Finch & Paton, in press). These differences suggest that the influence of culture on the experience of life crises is an important factor to consider, particularly for host nations providing trauma support for Humanitarian entrants.

Culturally Competent Mental Health Care

Unfortunately, service provision in Western nations often reflects the cultural biases of mainstream culture, and largely ignores the perspectives of minority groups (Sue, 2003). As part of the Integrated Humanitarian Settlement Scheme the Australian Government provides short term Torture and Trauma counselling services to Humanitarian entrants (DIaC, 2008b). The National Mental Health Plan (DoHA, 2004) specifies that culturally appropriate models of mental health support should be integrated into mainstream mental health care. That is, they must be Culturally Competent. Cultural Competence refers to a system of behaviours, attitudes and policies within any workplace that foster cultural appropriateness, the integration of value for diversity, and an understanding of the influence of culture on oneself as a mental health care provider and on one's clients (NHMRC, 2005; ECCV, 2006). Research conducted on services that are used within Culturally and Linguistically Diverse communities is therefore necessary in order to inform Culturally Competent practice.

Rationale and Aims

In order to understand how to provide Culturally Competent trauma support services we must first understand how the experience of trauma is conceptualized by different cultural groups and what existing models of care they use. Simply using an established Western model of trauma and counseling ignores the ethical and political obligations professionals have to provide empirically supported, culturally competent practices to clients. Therefore, the aim of the presented was to provide a rich understanding of the cultural influences that play a role in the experience and

outcomes of life crises in migrants from Sudan and contrast those concepts with those of white Australians.

Method

Design

Grounded Theory (GT) was selected as the most appropriate methodology for this study. GT is a well established means of collecting and analysing qualitative data. Its primary function is to systematically generate theory based on a ground-up analysis procedure (Glaser & Strauss, 1967). Analysis is by constant comparison (Blaikie, 2000). Initially, transcripts are coded via Open coding, however over time becomes more structured, with connections between codes being formed and higher order themes becoming apparent. The increasing levels of coding are referred to as Axial and Selective coding (see Glaser & Strauss; Strauss, 1987; Strauss & Corbin).

Participants & Procedure

At this preliminary stage the White-Australian sample consists of 27 participants and the Sudanese-Australian sample of 11 participants. Results in this paper focus on the strengths that Sudanese-Australians draw upon in their experiences with life crises, and juxtapose these themes with those elucidated from the White-Australian sample (see Shakespeare-Finch & Copping, 2006; Copping, et al., in press). Participants were recruited through the snow-ball method. All names appearing in this paper are pseudonyms, ensuring the anonymity of participants.

Utilising a narrative, episodic interview style, all participants were asked to convey their stories in their own words. Broad topics of discussion were addressed, including what participants perceived as being distressing, the feelings participants experienced at the time of these occurrences, how they coped with the events, the nature of social support, and how they felt they had changed because of the events, if at all. Interviews were transcribed and coded using GT procedures outlined above.

Preliminary Results and Discussion

Support

One of the most substantial factors contributing to the resilience of Sudanese-Australian participants was the support that they both give and receive. In their model of post life crisis adaptation, Copping et al. (in press) show that many of the White-Australian participants felt that their friends and family did not want to talk about their experience, and more generally, people did not understand what they had been through. Neither of these *Lack of Support* facets was articulated by Sudanese-Australian participants who expressed that a great deal of time was spent sharing their feelings with their friends. However, it was important for them to only bring up the negative feelings when they were being induced by flash backs or intrusive rumination. Friends, family and Elders were also important for support in the form of giving advice. Many Sudanese-Australian participants commented on the difference between the counselling paradigm in Australia and the one they are used to,

specifically in advice-seeking. This cultural difference should be addressed in order to provide Culturally Competent mental health care to these clients.

Table 1. *Quotations that exemplify facets of Support for the Sudanese-Australian sample.*

Facet	Quotation
Talking about it, but trying to forget	"I do talk about it, yeah if anything happen, like when I'm talking to my friend the first thing I will start with an event that happen, they will talk about it... then it will just disappear, maybe they will start another topic.." (Yei)
	"Sometimes when they see you like, unhappy and that, like weekend you see two three family will come over to cheer you up, sit together, eat." (Orange)
Friendship	"A friend is very important, that's why it's good to choose a friend who can give, who may share almost similar things because you will benefit from it." (Bibo)
	"I have a lot of friend, I'm always with friend and when I have a difficulty they are there for me and also when they have difficulties I am there for them so is good." (Miss)
Advice	"Everything in the world need just the negotiation… just need you to call people that can understand thing well, and just talk to them then if you have any problem… they can talk until they get the solution of something that happen." (Buom)
	"Social work here is just listen to people, you don't advices, just talk, you help them to help themselves, they have to take decision for themself, but in Africa they try to tell them decisions." (Kasara)

Another important aspect of support was that through their experiences Sudanese-Australian participants felt they "stand together". For example:

> "In Africa the most important thing we like each other like one big family, even if the war enter and you are alone but your neighbours and your friends they will not allow you to suffer by yourself." (Orange)

The importance of Support may be due to the Collectivist nature of Sudanese culture, however the experiences they have been through are also collective in that all participants have been through war and suffering in refugee camps. Whilst each person has a different story, the sensation of suffering is a common one for this community, and thus there is no sense that their country-men do not understand. The feeling of being misunderstood came only from the mainstream Australian culture, the lack of cultural education given to Australian people prior to the arrival of Humanitarian entrants and an apparent ignorance of the reasons for Humanitarian resettlement in Australia.

Religion

Perhaps the most striking difference between the White-Australian and Sudanese-Australian experience of life crises is the use of religious or spiritual coping and meaning making. Shakespeare-Finch and Copping (2006) suggested that there was little evidence of PTG of a religious or spiritual nature in their model elicited with a White-Australian sample, and it was similarly found that this sample did not use religion as a means of coping with, or making meaning out of the experience (Copping et al., in press). This is in stark contrast to the articulation of religious belief in the Sudanese-Australian sample.

Table 2. *Juxtaposing quotations relating to religion and spirituality*

White-Australian Sample	Sudanese-Australian Sample
"I'm developing my own spirituality. I don't go to church but I'm developing my own faith." (Anna)	"If something is happen for you, you have to first believe your God, put the God first because if you just believe now God, God will be there" (Juwa)
"I've never really been a religious person." [which had not changed] (Elaine)	"Yeah he [God] will guide me through." (Kasara)
	"But of course I just appreciate that God managed to protect me through all these challenges." (Luku Luku)
"I couldn't think that this happened for a reason… no I couldn't believe God could do that." (Belinda)	"First thing we use prayer." (Orange)

Coupled with this specific faith in God and the power of prayer is a more general sense of fatalism for the Sudanese-Australian sample. For example, Yei stated "everything has its time, maybe it's not my time so I have to be patient. You always get what you deserve." This was not evidenced in the White-Australian sample.

Christianity is a significant part of life for Sudanese-Australians. Their religious affiliation was a predominate cause of their persecution in Sudan, and hence those that resettle in Australia often have a very strong Christian faith. White-Australians often focus on control in their post life crisis recovery (Copping et al., in press).This may be attributed to the Individualist nature of Australian cultural values. White-Australians may therefore be unlikely to attribute facets of their experience to intangible causes. In contrast, experiencing war situations for protracted periods in which control is taken away from a person, along with Collectivist ideals in which a sense of control is not a dominant cultural value, may lead Sudanese-Australians to more easily hand control over to another source, such as God.

It is possible that some mental health professionals in Australia may have a cultural bias to minimise the influence of a client's religious affiliations. Research has shown that religious coping in European nations is perceived as a negative outcome, such that those using religion to make meaning from their experiences are thought to be avoiding the effects of the event (Znoj, 2005). It is important that Australian mental

health professionals acknowledge the significance of religion for Sudanese-Australians.

Strength

Whereas the White-Australian sample were more likely to see themselves as being stronger because of what they experienced, the Sudanese-Australian sample cited strength, hope and determination as reasons for their survival, that is, they are coping mechanisms for this sample rather than growth outcomes.

Table 3. *Quotations that exemplify Strength in the Sudanese Australian Sample*

Facet	Quotation
Hope and Determination	"This is actually what gives me hope and what makes me overcome things, not giving up, because if you give up it means you are defeated, there's nothing else." (Bibo)
	"So that's what I managed to do with the hope that I put forward and determination and I'm now here… what I know is if you are determined on something you can make it happen." (Kasara)
	"Because the spirit was there… to be determined and do something with myself… I say I'm suffering, but I'm suffering positively… I've not lost the focus, I haven't lost my determination and I'm not going to give up." (Luku Luku)
Strength	"You have that hope, that strength… that you are a man nothing can defeat you." (Bibo)
	"I am strong for myself, I know why I've come here." (Gale)

As well as being articulated directly as personal characteristics as shown in Table 3, this theme was manifested in the importance placed on children, and in the value placed on education, employment and hard work. Strength and determination is something to be valued and encouraged, however many Humanitarian entrants have difficulties finding employment and sometimes struggle with education due to differences in educational practices. This can place greater stress on the individual, particularly given the cultural importance of providing support for family members in Africa. Offering assistance to Sudanese-Australians in the area of employment and education would help to relieve some of the distress they face in Australian society.

Growth

For the White-Australian sample it appeared that PTG was a major outcome of the meaning making process. There was a focus on the benefits that could be gained from the experience, possibly due to the need to re-establish control for this Individualist sample. There was a noticeably different expression of PTG for the Sudanese-Australian sample. Participants did not freely volunteer benefits that they had

perceived, and very rarely did they say that they had changed something about themselves.

PTG outcomes identified by Tedeschi and Calhoun (1996) such as Religious changes, Relationships with Others, Strength, Appreciation of Life, and the Compassion dimension identified in the White-Australian sample (Shakespeare-Finch & Copping, 2006) are all articulated, but seem to be expressed as cultural values that existed prior to the escalation of suffering for Sudanese-Australian participants, rather than as having changed as a result of it. It may be possible that the presence of the cultural values of the Sudanese people means that what we see as PTG in the west is normal for these participants; not discovered post life crisis. The notion of survival despite suffering is ingrained in this culture. For example Luku Luku states "I was suffering positively in the sense that yes I've been suffering but I was looking for a direction which would give me a future."

New Possibilities. Nevertheless, the Sudanese-Australian sample articulated a sense of New Possibilities, one of the five PTG factors identified by Tedeschi and Calhoun (2006). It is impossible to separate the refugee experience with the resettlement experience hence, it is unclear whether the focus on starting a new life and taking advantage of new opportunities is a function of post life crises growth, or as a function of being taken out of an environment where these opportunities did not come readily. Quotations regarding New Possibilities are displayed in Table 4 below.

Table 4. *New Possibilities in the Sudanese-Australian sample*

Facet	Quotation
Starting a New Life	"I have that hope that I have started a new life I am building good friends and things are going well." (Bibo)
	"If you start meeting your expectations, your family is doing well, your children go to school, you have seen that they are living a different life, which means you are now moving towards your goal." (Luku Luku)
New Opportunities – Not wasting them	"Especially the children here they got a lot of opportunity that they can do." (Achani)
	"If you have a way to go to school why don't you take the chance instead of wasting it, because we have wasted a lot of time there not going to school, a lot of terrible things which we don't want to hear it. We should start thinking and plan our future properly." (Yei)

Conclusion

These results represent preliminary stages of analysis in the Sudanese-Australian sample but already offer some information for the mental health community, such as the advice-seeking paradigm and a focus on religious coping. Mainstream Australians should be encouraged to acknowledge and support the strength, hope, determination and resilience of African-Australians. Educational and employment opportunities will assist in reducing the distress of post-migration crises, which may then allow the

opportunity to more readily address pre-migration trauma. It is hoped that in its development this research will continue to assist African Humanitarian migrants to share their stories, and the mainstream public and professionals to understand how to better support these amazing Australians.

Acknowledgements

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