



Mental Health and Asian Communities in Australia

For culturally responsive and sensitive practice



Created by Mindspace Consulting for GP, mental health professionals, and school counselors.

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FOUNDER

Queenie Wu



MAPS FCCLIN

- Registered clinical psychologist
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In view of the phenomena of cultural diversification, a capacity to effectively deal with cultural differences especially in the field of mental health is becoming increasingly important. Came to Australia more than a decade ago as an international student, I felt the responsibility to share my cultural perspective and professional knowledge. It is also my passion to develop tools to break down barriers of accessibility for mental health support, especially for the Asian community in Australia. In truth, I could not have achieved this without a strong competent team who were so generous in sharing their expertise and experiences (personally and professionally).

Thank you all for your unwavering support.

*Best regards,
Queenie Wu*

**Clinical Psychologist,
Founder of
Mindspace Consulting**

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Racism During COVID-19 Pandemic and Impact on Mental Health of Asian Communities in Australia

1. Who responded to the survey?

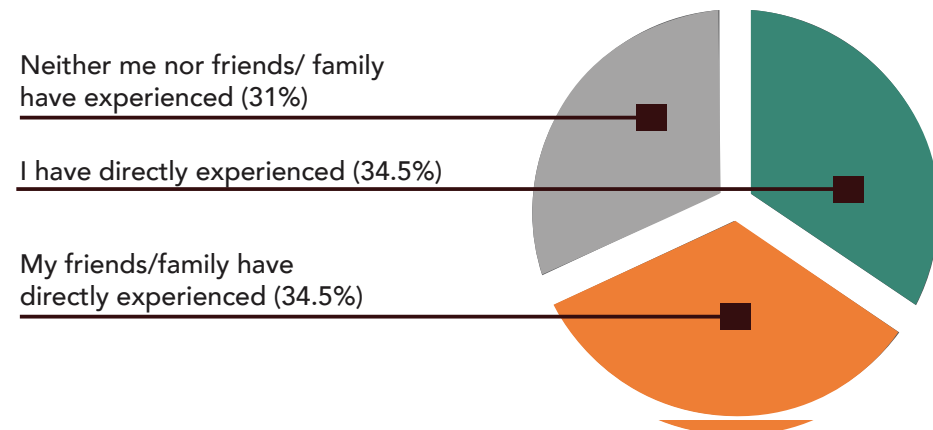
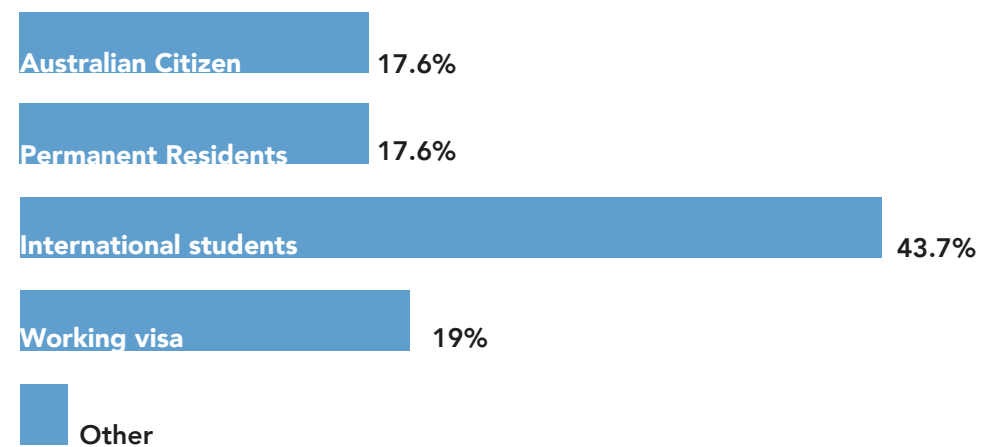
The survey was targeting Asian-identified citizens, permanent residents and temporary residents in Australia. A total of 118 responses were collected. 81.5% of respondents are from mainland China background, and other ethnic and culture background including Hong Kong, Taiwan, Macau, Japan, Korea, Malaysia, Philippines, Indonesia and Norway.

35.3% of respondents are Australian Citizen or Permanent Residents, and 43.7% are international students.

2. What is the prevalence of racial discrimination and abuse during the pandemic?

Survey data shows that 34.5% respondents have directly experienced racial discrimination and abuse. Another 34.5% of people have no direct experience, but they personally know friends and/or family members who has been the victim of racism. The remaining 31% of respondents have not experienced any racial discrimination nor abuse during their life in Australia.

The year 2020 with the COVID-19 pandemic has seen a surge of racism in our society. In SBS's 2020 documentary *Is Australia Racist?* it is estimated that 1 in 5 Australians have experienced racial discrimination. In May 2020, Mindspace Consulting conducted a survey via online platforms, to find out the real experience of Asian people in Australia during the pandemic and how discrimination and aggression is impacting their mental health. Below are some key findings.



Respondents gave details to the experience that they or their friends and family have had, including:

• Racial abuse as verbal or physical aggression

"I was checking out at the supermarket and the cashier threw a big pack of sanitizing towel at me."

(Rui, Taiwanese International Student)

"I was riding the bus and someone cursed at me. My friend was driving his car and someone knocked on his window glass and said horrible things to him."

(E, Chinese Australian Citizen)

"I was out with my family one night and a gang of people approached us. They coughed, laughed at us and called names."

(Owen, Malaysian Australian PR)

• Discrimination in the workplace and neighborhood

"I was at a job interview, as soon as they learnt my country of origin, I was rejected." (Zeng, Chinese international student)

"I flew back to Melbourne from mainland China and went into voluntary self-quarantine at home. My roommate's colleagues believe she must have contracted the virus from me and pressured her to stop coming into the office." (L, Chinese Australian PR)

"My partner and I are the only Asian residents in the building, and we were insulted by our neighbours. They called names to our face and then criticized behind our backs. They believed we brought the virus to the community

and made people sick. We tried very hard to not provoke the neighbours, even stopped cooking at home, because we fear they may file a complaint for noise. Still they roll their eyes at us. We were so sad and desperate, lost sleep at night and had to move out in the end." (Wyn, Chinese-Japanese Australian citizen)

• Misunderstanding about masks

"I was shopping at the store with my mask on, someone come to me and said, 'don't you know masks don't work? If you want to wear a mask you shouldn't be out at all!' Many bystanders stared at us with unfriendly gaze." (Pam, Chinese Australian PR)

"My friend has this happen to him – he wore a mask at a shop and the cashier told him to 'get the f**k out'." (Lily, Hong Kong international student)

• Subtle signs of discrimination

"When lockdown just started, one day I was jogging outside and someone on a bike spit at me. I didn't get what was going on then and there and thought to myself, why are people still spitting in public now there's a pandemic going on? I thought it was a coincidence and only later realized what happened." (Jin, Chinese Australian Citizen)

"I've experienced many subtle things. Like on the street people keep staring at me with a strange gaze. Or they would keep a distance and wait for me to leave and then they'd go." (W, international student)

"Racial abuse on the news makes me panic. I worry how my neighbours will see me, when I go on public transport or walk pass someone on the street, I feel very anxious. Would they come up and call me names?"

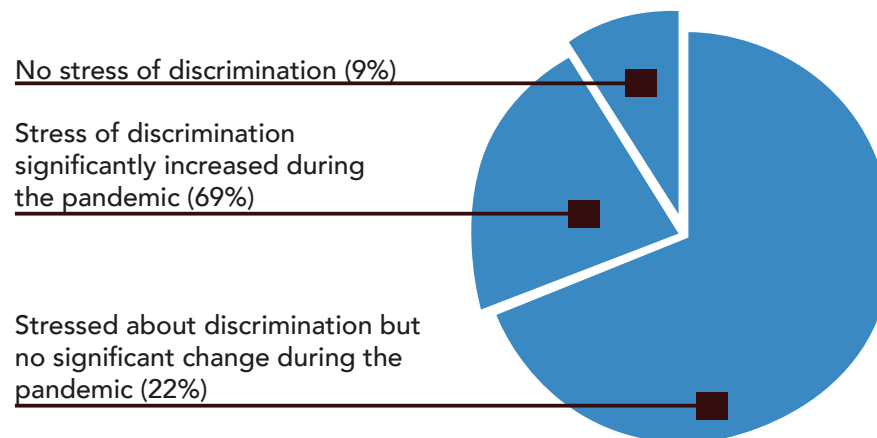
(C, Chinese Australian PR)

3. What impact on mental health does discrimination have?

Seeing racial abuse on the news, witnessing the abuse from friends or family or experiencing discrimination directly can induce worry and stress. Survey statistics show that 68.6% respondents are stressed about discrimination, and that stress has significantly increased during the pandemic, whereas 22% believe the stress of racial discrimination persists but have not changed drastically due to COVID-19. A 9% of respondents does not feel stressed by potential discrimination.

Respondents have reported a range of negative emotions and psychological reactions after experiencing racial abuse or feel its stress.

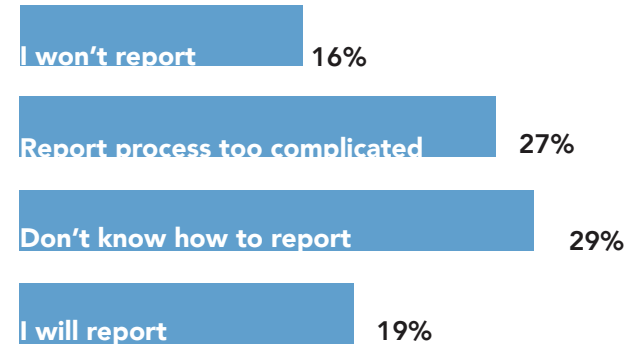
Most commonly reported are insecurity (66%), feel nervous and anxious when encountering strangers outside (55%), and anxiety and worry (34%). Some respondents are showing symptoms of post-traumatic stress, including panic attacks (4%) and flashbacks (4%). 1% of respondent reported thoughts of self-harm or suicide. Meanwhile, 17% respondents does not endure any negative effect in mental health.



INSECURITY **FEELING AFRAID OR NERVOUS WHEN ENCOUNTER STRANGERS** **NEGATIVE THOUGHTS**
PANIC ATTACKS **NO EFFECT** **FLASHBACKS** **TROUBLED SLEEP**
FEELING AFRAID OR NERVOUS WHEN PASSING BY THE LOCATION OF ABUSE **ANXIETY** **RUMINATION OF THE ABUSE** **HAVING TROUBLE FOCUSING**

4. What would you do after being discriminated/racially abused?

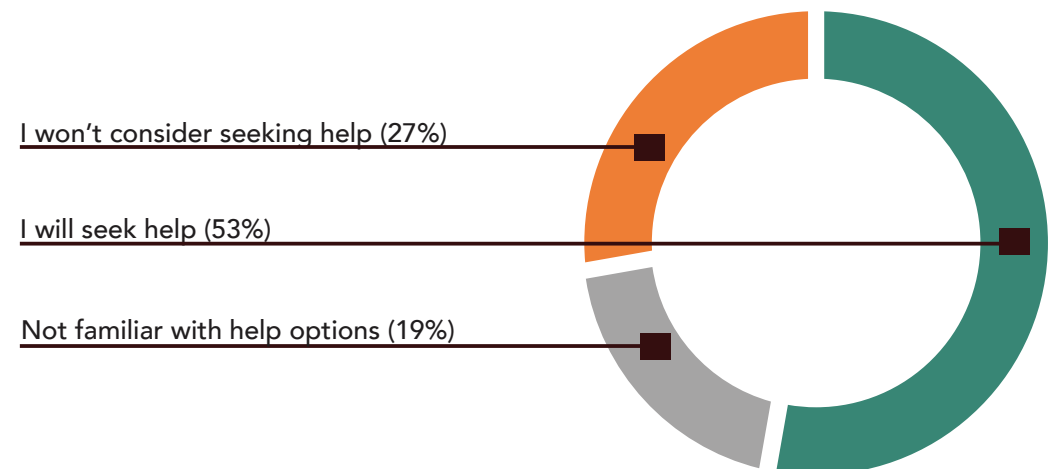
There are ways to fight back and protect equality when facing discrimination, namely filing a complaint to Australian Human Rights Commission. However, respondents have mixed feeling about reporting abuse. Only 19% state they would definitely report discrimination. 29% wants to report but don't know how, and 27% is held back by the complex process it requires to file a report. 16% of respondents do not wish to report, perhaps due to distrust of the reporting system, and the little use it seems to have.



5. Would victims of racial abuse access mental health services?

53% respondents will consider seeking professional service if their mental health is negatively impacted by racial abuse and discrimination. However, there are still 19% people who is not familiar with what help is available, and as much as 27% states they will not consider seeking psychological help.

This may be due to the stigma associated with mental health issues in Asian cultures and lack of psychoeducation.






Mental Health Issues Among Asian Migrants: Prevalence and Symptoms

In this booklet, Asian immigrants/migrants refer to people staying in Australia that were born in East Asian and some of the south-east Asian regions including China, Taiwan, Hongkong, Japan, South Korea, Philippine, Malaysia, Singapore, Indonesia and Mongolia this booklet, this term does not exclude temporary visa holders such as international students and working visa holders.

1.1 Increasing concerns about the mental health of Asian migrants

The Asian immigrants' population is large in Australia, yet the prevalence of mental health challenges these people are facing lack public and professional attention. According to statistics, by 2019 Asian-born people made up about 12 percent of the Australian population (McDougall, 2019). By July 2019 over 25% of the student population in Australia are international students and China is the top 1 country where international students are coming from (Department of Education, 2019). These large population of people of Asian background often experience mental health issues due to stressors related to an unfamiliar cultural environment, lack of existing social support, marginalization in the academic and occupational environment and a reluctance to seek help due to cultural perceptions.

Despite the unique issues faced by Asian immigrants, little research has been done on this increasingly large population. During our clinical practice and community outreach at Mindspace Consulting, we observed a high prevalence of depression, anxiety and social anxiety among Asian immigrants in Australia. Stressors accompanying cross-cultural transition make Asian migrants more prone to mental



health challenges, but less likely to seek professional help than Australian-born population, due to both stigma and in-accessibility to culturally appropriate professional help. A report revealed that 27 international students committed suicide between 2009 and 2015, including 7 Chinese students (Forbes-Mewett, 2019)

During the Covid 19 pandemic, we have observed an increase in the demand of mental health support services among Asian immigrants. Anxiety over health, social isolation during lockdown and financial stress have contributed to the decline of mental health in many people. However, while there is an increase in the provision of mental health services for the general public during the pandemic, culturally appropriate mental health service for Asian migrants remains lacking.



1.2 Identify cultural-specific alarming signs of a mental health crisis

To better help Asian migrants, we advise mental health professionals to first learn the unique behavioural signs and symptoms that are culturally specific. These signs including:

Psychosomatic symptoms

Many Asian migrants may not be able to describe mental distress but instead disclose their somatic symptoms, due to the internalized stigma surrounding mental health issues in Asian culture, and lack of psychological vocabulary. During our clinical practice and community outreach at Mindspace Consulting, we discovered prevalent complaints including insomnia or hypersomnia, chest pain, migraine and headache, stomachache, repeated cold/fever or infections, sudden rashes or allergies with no clear somatic cause. Since physical discomfort is more socially and culturally acceptable to Asian culture, Asian immigrants have a tendency to emphasise on somatic symptoms.

Addictive behaviour

Asian immigrants face various stressors when studying and living thousands of miles away from home, and maladaptive stress-coping strategies could result in addiction. Unlike the prevalent

addiction to recreational drugs in western culture, the most prevalent addictive behaviour among Asian immigrants is perhaps a drastic change in eating patterns- people who had no previous record of eating disorder now eating for comfort and gaining much weight over a short period of time, or significantly losing appetite and weight- suggesting the likelihood of depression onset. Asian migrants suffering from mental distress are also likely to demonstrate addictive behaviour to social media, online gaming or excessive drinking/smoking, all of which are coping strategies to acquire at least some distraction or social connection when experiencing negative emotions or feeling isolated. In our clinical experience, we have also observed that Chinese immigrants are likely to use gambling to cope with stress, anxiety and depression. Research has shown that problematic gambling rates in Chinese communities are between 1.5 and 5 times higher than those of non-Chinese people in the

newly adopted countries and that the rate may even develop higher with increased years of residency (McDougall, 2019b). These addictive behaviors are much more difficult to notice and identify as these are mostly solitary behaviors where they occur at the migrants' homes but are urgent alerts of a mental health crisis onset.

Voluntary social isolation

It is highly prevalent for Asian immigrants suffering from social anxiety or language barrier to seek "voluntary" social isolation, shutting oneself from the outside world in the hope to avoid stressors in social situations. For example, International students often avoid attending classes, or isolate oneself during class with silence and dissociation. These behaviours are often viewed as academic issues when in fact it has a greater chance of being an introverted display of students' inability to effectively cope with social anxiety.

In some Asian cultures such as the Chinese culture, psychological or emotional distress are often viewed as the 'price' one must pay to live overseas, and migrants are culturally primed to endure the suffering and push through. This mentality sometimes results in tragic cases of self-harm and suicidal behaviours.

When handling cases displaying psychosomatic symptoms,

addictive behaviour or voluntary social isolation, mental health professionals should take an empathetic and diplomatic approach, use the symptoms as an opportunity of communication to identify the stressors and severity of distress in a migrant's life, educate on mental health topics and expand the migrant's knowledge and vocabulary describing mental health challenges, all aiming to remove the stigma and encourage help-seeking behaviors.

During our clinical practice and community outreach at Mindspace Consulting, we are aware that mental health issues can seriously affect Asian immigrants' mental state. Immigrants may arrive in Australia with preexisting psychological difficulties, due to factors such as family dynamic and relationship issues, social isolation, academic pressures, mental health illiteracy and cultural stigma of mental health services.

Understanding the Mental Health Issues Among Asian Migrants

2.1 Lack of Social Support

Asian immigrants usually come from a collectivist culture, in which kinship, family and community are extremely important. They are more likely to have interdependent self-construal, which means that they tend to establish their identities in relation to other people and as members of communities, instead of viewing themselves as distinct individuals. Therefore, failure to integrate into a new community or cultivate a sense of belonging can contribute to low self-esteem. In addition, Asian immigrants tend to feel a deep sense of loss and loneliness after separating from their families and friends.

The cultural differences in collectivist and individualistic culture can lead to significant difficulties in integration.

For example, the 'western' interpersonal boundaries can

be confusing for some Asian migrants. While taking individual differences into consideration, generally speaking local Australians tend to have clearer interpersonal boundaries and place more value on privacy than Asians. Questions considered respectful by Asian migrants may be seen as too invasive by people born in Australia, such as asking about salary and marital status. For Asian migrants, having a different set of social norms from the mainstream 'westerners' may contribute to social anxiety, experiences of being misunderstood can exacerbate the condition. It is worth mentioning that for many Australian mental health professionals, unawareness of different cultural norms such as differences in interpretations of interpersonal boundaries can lead to treatment resistance in Asian clients.



Also, difficulties in adjusting to different cultural values and customs especially when coupled with other factors such as language, may lead to shame communication problems, and sometimes, social isolation. While many remain in contact with their families and friends overseas, remote contact cannot replace the benefits of real 'face time'. Due to lack of understanding of the 'Australian culture' and minimal engagement with the 'mainstream population', many Asian migrants see themselves as 'the other', 'the misfit' and find it hard to develop a sense of belonging even after years of residence. Migrants who come to Australia at a younger age often struggle to form their identity, as they have grown distant from their culture of origin, whilst remaining 'outsiders' of Australian mainstream society.

2.2 Marginalization and Social Exclusion

Due to a lack of understanding of the mainstream Australian culture, language barrier, many Asian migrants feel excluded from meaningful participation in the society (Liu, 2009; Mori, 2020). For example, temporary visa holders often find it hard to gain employment as many employers favor candidates who have permanent residency. Stereotyping of Asians can also be a barrier in Asian migrants' career

progression, making it harder for them to obtain managerial positions and other senior roles. In addition, differences in workplace cultural norms between Australia and some Asian countries, such as emphasizing open communication and assertiveness in Australia in contrast to emphasizing obedience, hierarchy and maintaining harmony in China, Korea and Japan may create the workplace adaptation problems of Asian migrants. Combined with language barrier and a lack of cultural awareness, Asian migrants often feel inadequate in some particular work situations such as team meetings or oral presentations. Factors mentioned above can contribute to a sense of inferiority, helplessness and hopelessness.

Meanwhile, the fragmented and inadequate accreditation system of overseas qualifications could result in frustration for Asian immigrants with years of experience or high academic achievement. In Australia, it is not uncommon for Asian migrants with extensive qualifications to fail finding a job relevant to their experience or qualifications, or to work for jobs that they are significantly overqualified for. Therefore, they may struggle to find a sense of value or recognition and experience disappointment from the gap between their expectation and the harsh reality.

Due to language barriers, culture of being obedient members

of a society, and fear of being discriminated against, many Asian migrants struggle to have their voice heard by their western counterparts and by the mainstream society.

2.3 Mental health illiteracy and misunderstanding of mental health service

The phenomenon of mental health illiteracy may contribute to mental health problems among Asian migrants (Blignault et al, 2008). During our clinical practice and community outreach at Mindspace Consulting, we found that Chinese migrants tend to have very limited mental health vocabulary and understanding, they have difficulties identifying their psychological issues nor have the ability to express their feelings and psychological needs. Besides this, they often delay or reluctant to engage in help-seeking behaviours due to cultural stigma, shame, fear

of 'losing face' or reputation, or disclosing personal information (Blignault et al, 2008).

Understanding mental health issues among Asian migrants can support mental health professionals to practice professionally and proficiently. When encountering Asian migrants who have mental health issues, mental health professionals can assist to identify the underpinning factors of their mental health problems, and to support them to adjust to their living, study and working demands, and manage cross-culture adaptation issues professionally. In addition, Asian migrants themselves can improve their insight and judgment in relation to their mental health difficulties and understand why they are vulnerable when they live abroad, so they may become more competent and confident in self-support and help-seeking.

**LONELY DISAPPOINTED
IRRITATED INSULTED
WITHDRAWAL ANXIOUS
STRESSED CONFUSED
OFFENDED PANICKED
HEARTBROKEN**





Advice on Effective Intervention



3.1 Help Asian migrants overcome stigma

Promoting information to de-stigmatise mental health as much as possible so that Asian migrants feel it is OK to disclose a mental health condition. Effective educational events need to be held regularly in languages accessible to Asian communities to convey messages such as:

- “A mental health issue is just like any other health issue; The pain is real, and it is not a sign of weakness”
- “It’s healthy to know and say how you’re feeling”
- “To attend counselling is really for anyone who is struggling rather than only for mentally ill students”
- “Seeking help is a brave thing to do because it means that you are willing to trust other people with your vulnerabilities”
- “Many people experience mental health issues at some point in their life”
- “You deserve to feel better; help is available, and you don’t have to always feel this way”
- “You are entitled to your feelings”

Primary health care workers are also encouraged to convey such messages when encountering Asian migrants with suspected mental health issues.

Besides, there is a need to emphasise the importance of seeking counselling assistance in various ways. For instance, distributing brochures in which the basic concept of counselling is explained from Asian migrants’ perspectives or providing introductory videotapes of the counselling centres to facilitate acceptance of counselling services.

Moreover, given the Asian migrants’ tendency to somaticize their emotional difficulties, networking with medical professionals on campus and in the community is also crucial. In addition, Asian migrants were often ‘very hesitant to seek assistance’ for fear of having to reveal personal information about themselves or problems within their families (Kirmayer et al, 2011). For this reason, the meaning of confidentiality should be clearly articulated and explained in any information given to Asian migrants about mental health support.



3.2 Understanding cultural differences and build good therapeutic relationships

Self-control and restraint are highly and commonly valued in some Asian cultures and the ability to control emotions is often considered a symbol of strength. Emotional expression and catharsis, in Chinese culture, are often considered to be in a state of vulnerability and weakness (Chen et al, 2005). It is not surprising that many east Asians need a high level of trust to confide their emotional suffering to any mental health professionals. To overcome the client's hesitation to disclose private information, it is crucial to establish a constructive and trusting therapeutic relationship by demonstrating unconditional acceptance of the client and genuine respect for and sensitivity to cultural and ethnic diversity (Mori, 2000). Conducting needs assessment of Asian migrants

will not only give a counselling centre crucial information but will also communicate to the clients the centre's genuine interest in and concerns about their welfare. Acquiring culturally relevant therapeutic skills through regular supervision is another avenue practitioner can use to develop needed skills. Besides, during the initial stage of the counselling process, practitioners may take an active and directive role because of some Asian cultural expectations about counsellors and a lack of experience with mental health therapy, the clients tend to rely heavily on the counsellor to furnish direction. And, as session progresses and a working adaptive therapeutic alliance's established, counsellors need to take steps to allow the Asian clients to take charge of the process.

Bilingual/Bicultural
Unconditional Acceptance
Respect cultural diversity
Be sensitive to ethnic diversity
Culturally relevant therapeutic skills

3.3 Provide culturally sensitive psychoeducation

Many Asian community members (and the patients prior to their psychiatric crisis) have limited knowledge about the Australian health system, specialist mental health services, the GPs' role in providing primary mental healthcare or community counselling services. Institutions should promote the mental health services available to Asian migrants via a range of channels and media. In suburbs with higher populations of Asian migrants, GP practices could have information booklet written in Asian languages ready to be distributed, providing information on Australian mental health system and available services, and community participation groups for Asian migrants. For international students, this should not be limited to orientation periods but should be redelivered in different ways throughout different study periods. Also, the benefits of Overseas Student Health Cover

(OSHC) for mental health support and the process of how to claim the cost of service should be explained thoroughly to Asian international students (Martin, 2020). We are often advised by Asian students that they don't know much about their OSHC covers, and some even don't have the cards, they consider this as a part of their visa requirement but rarely knows how to utilize the services they are entitled to.

In addition, bilingual/bicultural health professionals can assist greatly in addressing the needs of a culturally and linguistically diverse society (Shanley et al, 2012). Within mental health services, they have a key role to play in assessment and treatment, co-therapy, community engagement and service development. Institutions could develop agreements with private culturally-sensitive counselling and health care providers offering consultations in English and other languages spoken in Asia such as Mandarin – and learn how to refer them there.



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