HOPE FOR LIFE
THE SALVATION ARMY
SUICIDE PREVENTION AND BEREAVEMENT SUPPORT

FACT SHEET

CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES

CALD Communities and Suicide Prevention

'Culturally and linguistically diverse' (CALD) refers to the wide range of groups and individuals making up the Australian population who differ in ethnicity, religion, and language. Twenty-seven per cent of Australians were born overseas (ABS 2010), attesting to the diversity of our population.

People migrate for different reasons. Some migrate for improved educational and employment opportunities, having better resources and preparation for immigration, while others are forced migrants – refugees and asylum seekers – fleeing war and persecution in their homelands, having more traumatic experiences and often fewer resources.

Prevalence

The suicide rates of migrants tend to reflect those of their home countries (Burvill 1998), although over time, there is a tendency for rates to move towards those of the host country (Singh & Siahpush 2001). Suicide rates among people born overseas are generally higher in those from Western, Northern and Eastern Europe. Rates are generally lower in people from Southern Europe, the Middle East and Asia.

The Cultural Meaning of Suicide

The meaning of suicide varies across cultures. Suicide may be seen as an acceptable means of 'saving face', an understandable solution to intolerable pain, a crime, a sin, a political act, the outcome of a curse, improper worship or ancestral deed. Any approach to suicide prevention needs to be informed by cultural understandings of suicide, providing a space in which these can be explored.

Risk factors

Suicide rates for CALD communities may not be higher than the broader community but the presence of additional risk factors needs consideration, as does the experience of people seeking asylum. Those seeking asylum who are detained for prolonged periods in Immigration Detention Centres experience deterioration in mental health; there is ongoing grave concern for continuing self harm and suicide attempts (HREOC 2011). Between 70 and 90 per cent of asylum seekers who arrive by boat, gain refugee status and settle in Australia (Refugee Council of Australia 2011).

Many humanitarian entrants have fled persecution, war and torture, spending 17 years on average in refugee camps, where conditions are harsh. Food and water supplies are unreliable; violence, especially rape, is common. Many are unable to reach camps or many seek asylum where there are no camps; UNHCR estimates that a quarter of refugees live in camps, while more than half live in urban areas.

In addition to pre-migration trauma, humanitarian entrants face the stressors associated with resettlement; these may include learning a new language and culture, social isolation, unemployment, educational challenges, financial pressures, concern for and demands from family members left behind, intergenerational conflict, frustrated expectations and racism. They may suffer poor physical health or the effects of prior unmet mental health needs.

As in the broader community, stigma is associated with mental illness and suicide. In CALD communities, language and cultural barriers and a lack of knowledge about services reduce the likelihood of help-seeking.

People acculturate at different rates and often younger generations gain language skills quickly, negotiating the new culture more easily. Because of their proficiency, young people often have to support family members - completing documents, interpreting, attending appointments. In addition to taking on adult roles, young people may experience the burden of 'living in between', trying to fit into a new culture and at the same time, feeling pressure from family to follow traditional ways. Due to changes in role, older people may experience loss of status and respect, feeling less able to guide or assert authority as they once did.

Protective factors

Mitigating these risk factors are significant protective factors. People from a refugee background are, by definition, survivors. In their journeys, many have shown resilience, ingenuity, courage and resourcefulness. Many communities are collectivist in nature, providing support and connection. Religious beliefs are protective, because of injunctions against the taking of life and the support provided by a faith community and its practices. Seeking guidance from a religious leader and joining others in prayer or ritual for a community member experiencing difficulties is common practice in some communities. Many immigrants have a heightened sense of self-determination and a new-found sense of control over life's circumstances, grounded in a safer living environment.

Effective approaches to Suicide Prevention

Working together with communities to strengthen protective factors and to mitigate risk factors, is integral to any suicide prevention strategy.

Any community is made up of individuals with a range of life experiences so it is important to avoid cultural stereotyping, just as it is important to recognise gender and generational differences within any group.

CALD communities need to be involved in the development and implementation of suicide prevention strategies. Community members need to be supported to build capacity within their communities to address suicide prevention in a way which is relevant and useful. For example, most suicide prevention approaches recommend that the person at risk of suicide be asked directly if they are thinking of killing themselves. In some cultures, such a direct approach would be considered disrespectful and elicit an automatic negative response. In such cases, a more indirect approach is recommended, focusing on thoughts, feelings and observed behaviours.

In collaborative partnerships between service providers and CALD communities, strategies and resources need to be developed in community languages to address not only suicide prevention but risk and protective factors.

For More Information:

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT): www.fasstt.org.au

Forum includes ASeTTS WA 08 92272700
Companion House ACT 02 62514550
Foundation House Vic 03 93880022
Melaleuca Refugee Centre NT 08 89853311
Phoenix Centre Tas 03 62210999
QPASTT QLD 07 33916677
STARTTS NSW 02 97941900
STTARS SA 08 82068900

Mental Health in Multicultural Australia (MHiMA): www.mhima.org

Centre for Culture, Ethnicity and Health (CEH): www.ceh.org.au

Diversity Health Institute (DHI): www.dhi.health.nsw.gov.au

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migrant resource centre southern tasmania inc.

phoenix centre
support for survivors of torture and trauma

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Burvill, PW 1998, 'Migrant suicide rates in Australia and in country of birth', Psychological Medicine, vol. 28, no. 1, pp.201-8.

Human Rights and Equal Opportunity Commission 2011, Immigration detention at Villawood, www.humanrights.gov.au/human_rights/immigration/idc2011_villawoood.html

Refugee Council of Australia 2011, Myths about refugees and asylum seekers, http://www.refugeecouncil.org.au

Singh,GK & Siahpush, M 2001, 'All-cause and cause-specific mortality of immigrants & native born in the United States', American Journal of Public Health, vol.91, pp.392-399.

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