



LISTENING TO DIVERSE VOICES:  
Multicultural Mental Health Promotion Research Project

# Bosnian & Croatian Community in Western Australia

RESEARCH SUMMARY 2004





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# Perth Bosnian and Croatian Community Focus Group Summary Sheet


Depression has been identified as a significant global health problem. However, to date, there has been little research into the most appropriate strategies to use in the prevention of depression. There is even less research about the understanding that people of culturally and linguistically diverse backgrounds have of the conditions encompassed by the term 'depression', (or more culturally and linguistically specific representations of unhappiness) and of the ways in which these conditions may be prevented.

The Listening to Diverse Voices: multicultural mental health promotion research project, a collaboration between Murdoch University and the East Metropolitan Population Health Unit, funded by Healthway, investigated these issues within a variety of minority communities and in consultation with service providers, in Perth, Western Australia, during the period 2001-2004. The objective of the research was to identify cultural differences in understandings and experiences of 'depression' and appropriate ways of dealing with such issues.

The research used focus groups and interviews to explore understandings of social and emotional well-being and of 'depression' among members of a number of Horn of Africa communities in Perth, including the Sudanese, Somali, Eritrean and Ethiopian communities; as well as other communities including those from Croatia, Bosnia, China and Indigenous Australians. Service providers too were canvassed for their concerns and experiences. Over 200 people participated in the research. Participants came from a variety of ethnic and class backgrounds, and while some entered Australia under the 'skilled migrant' category, many came under the 'humanitarian program' and had experienced life in refugee camps in other parts of the world before coming to Australia.

Because of cultural sensitivities, separate focus groups were conducted with men, women and young people, for some communities. Most focus groups, apart from those with youth, were conducted by bilingual facilitators, in community languages, and were then transcribed verbatim and translated. Some focus groups and all interviews were conducted in English. It is important to note that the use of such groupings does not imply internal homogeneity of individuals, experiences, perspectives or concerns.

All interviews and focus groups were undertaken using a semi-structured, standardised schedule. Interview and focus group questions were designed to elicit participants' understandings of mental health, social and emotional well-being, depression, causes of depression and recommendations for appropriate treatments and/or interventions. Interviews and focus groups were taped, transcribed and translated, where necessary, and the transcripts studied for common themes. These themes were then taken back to the communities for comment, and the summaries adapted according to this further feedback. While it is not claimed that the participants are 'representative' of the communities of which they are members, the research team feels confident that the issues identified are among the most common concerns of these communities.



Perhaps the most surprising finding is that issues seen by communities as likely to cause emotional (or mental) distress, are social and settlement issues, rather than being biomedical in nature, or being seen as the result of pre-arrival trauma (although this was one factor identified). The result of this is that while some of the issues may be dealt with from within a 'population health' perspective and organisation, most are outside population health parameters. Therefore this information is being provided to a wider audience in the hope that other government departments, non-government organisations and individuals will also take action to address some of these issues.

This summary sheet contains a brief summary of the various issues identified by the Bosnian and Croatian community as leading to what Westerners might call 'depression' and their suggestions for solutions. Our commitment to hearing the voices of these communities is reflected in our use of direct quotations taken from the interviews and focus groups. The opinions expressed are from research participants and do not necessarily represent the views of the authors. For information about the findings from all other communities, see the East Metropolitan Population Health Unit Website: <http://www.healthyfuture.health.wa.gov.au> or Murdoch University Website: <http://www.cscr.murdoch.edu.au/>



## The following is a summary of the issues raised by Bosnian and Croatian community members who participated in the research

- **Fundamental differences in interpretations of mental health issues:**

- Abnormal mental states are translatable simply as ‘madness’ or ‘craziness’ and are only seen as an illness if extreme and then are considered serious and incurable.
- The term depression is more likely to be used by those from urban and middle class backgrounds as opposed to the term ‘nerves’ which is more commonly used by those from rural and working class backgrounds.
- Depression is considered a form of self-indulgence, something to be overcome and not analysed and talked about.

**Mixed focus group**

*I don't think the Croatian community understands, like the Australian community really talks about it, gets into it, analyses it. The Croatian community don't analyse it. If you're unhappy, get over it, everyone else has got their own problems, you just deal with it unless it's like something severe where you go to hospital.*

## Reasons identified by Bosnian community members as sources of emotional distress:

- **Distress relating to traumatic experiences during the war**

- Young people felt this was an issue for them, but that they tried to live a normal life.
- Young people felt that psychological counselling or ‘talk therapy’ delivered by those who did not understand what they had been through were unhelpful.
- Social support from those who understood their experiences was seen as more useful.

### Youth focus group

*All my life when I supposed to play with little kids I spent that in war. So I do not know what to feel like when you playing with toys and everything. I do not know how is that. I know how to hit the bullets and bones and that is my life. You know, and from the age when I am supposed to play I spend in war. So now I still like a little kid you know, I missed that, that toys and everything ...*

*When you talk about losing I lose everything. All my relatives, my friends almost all my families. I got only my near family like my parents, my sisters, but everyone of them is gone. I mean half of them died half of them I never gonna see again. ...you lose everyone that is really hard but...*

- **Language issues**

- English language competency is seen as a prerequisite for feeling part of the wider community.
- Parents fear losing respect from and authority over their children.
- Parents fear their children will lose their native language.

### Mixed gender focus group

*... children learn the English and parents do not know English. And I always ask them 'how are you going to understand your children tomorrow? How will you communicate?'*

*Well, besides those war experiences, I mean, traumas and I don't know what else, right, precisely that fear of the future here, and the fear from not knowing the English language, fear from everything, that if you have, you know, grown up children, you come here, I mean you are afraid for their future, then you as a parent from a thousand and one reason lose that, um, respect and authority with children, they sort of take over.*

- **Concerns over safety in Perth**

- People spoke of recent break-ins to their homes and their children being followed at train stations.

- **Vastly different physical environment in Perth**

- Perth as a ‘car society’ as opposed to the ‘walking society’ that many were used to.
- Barren nature of the landscape.
- Sheer physical isolation of Perth from any other cities.

- **Lack of recognition of qualifications and experience**

- Professional qualifications and experience gained in their homeland were not recognised in Australia, leaving people without their usual occupation and status.
- Specialist doctors with 20 years experience were not recognized as being qualified to practice here. This was seen as strange, given that most felt that they would be more keen to visit doctors who spoke their own language.
- Young people recognised that their parents worked very hard to provide a good home for them.

**Mixed gender  
focus group**

*For me it is related to the life in Australia, that is, the inability to find job. If I want to work, I may find a job of lowest type, I am a specialist with twenty years of work experience, I just cannot allow myself that. ... I could work in the hospital, it is not true that I could not be made use of at the hospital. I look at these hospitals here are without a doctor overnight, and I am a physician with 20 years of experience, let no one tell me that I could not from midnight to 7am sit there and be present. And provide my certain opinion. Therefore, that is a deep problem in Australia.*

*The greater the diploma and more education, the worse and harder it goes through than for the one who knows to do some manual work. I said a hundred times that I'd be much luckier if I had learned in my country for a hairdresser, or dressmaker, any trade, I would be ten times better off, than being a doctor and I came here as a specialist with 20 years of work experience. Now, I cannot do my job, and I cannot be a dressmaker or a hairdresser nor can I be anything.*



## **Suggestions for disseminating mental health promotion material in the Bosnian community:**

- **The segregation of the ‘former-Yugoslav’ communities (ie. Serbs, Croats, Bosnians) was raised as an issue by many participants as being important when considering how to provide information**
- **Illness, and in particular, mental illness, was described as a topic that was not traditionally discussed openly, and that caused a family to be stigmatized**
- **Brochures in Bosnian from health and social welfare institutions as well as newspapers would be useful**
- **Most community members had seen some existing information pamphlets relating to mental health (mainly in doctors’ surgeries)**
  - However, adult members of the community ignored them due to them not being in their own language and suggested translated postal leaflets as an alternative.
  - Youth participants described them as ‘uninteresting’ and ‘unattractive’ and suggested that more advertising on television may be helpful.

## Reasons identified by Croatian community members as sources of emotional distress:

- **Problems with adjustment when first arriving in Perth**

- Missing families back home, adjustment was seen to be much easier when people had their family here with them.

**Mixed gender focus group**

*I think the biggest problem in my case was I missed my family a lot. And probably it was the biggest problem. ... and it was because I had been going through certain emotional crisis.*

- Initial financial problems.

**Mixed gender focus group**

*I felt woeful, miserable. You look after every dollar how to spend it so that there is some for tomorrow, and we didn't have it, simply, I didn't have any money to afford something for kids and myself. Very hard. Hard. Very hard. For four months we lived from day to day, to survive.*

- Learning the language.

- **Mental illness is seen as needing to be hidden in the Croatian community**

**Female youth focus group**

*You don't talk about it [mental health]... it's just, everyone's got their degree of suffering whether it's high depression or just a bad day and everyone knows in the Croatian community that by the end of the day everyone's got their own degree [of suffering] that they have to deal with and there's no point of really discussing it or thinking about it or, you just deal with it.*

*That's the way the Croatian community, everything keeps in the family and no one knows, even though it eventually gets out, everything is you know, keep it within your own family like your own problem and you shouldn't, other people shouldn't know.*



- **Intergenerational conflict within families**

- Parents remaining traditional and children ‘assimilating’.
- The youth participants commented that they felt that their parents had a different view of how they should spend their time and their money (perceiving what youth do as a waste of time). For example, holidays were seen as unnecessary.

**Female youth  
focus group**

*Because the parents, they stick to the Croatian culture and we have to assimilate to the Australian culture and there's like a conflict in the family because, yeah, that's what I find in my family.*

*... times have changed you know what I mean, they're still stuck back in the village. ... my Mum always says to me 'when I was your age I never did these things.' It's just like mum you have to understand that it's different and we try and explain it, but they just don't get it.*

- **The Croatian Community Centres are regarded as being important for keeping the community together and providing support**

- It was noted however that these facilities were not used by all members of the community.



## **Suggestions for disseminating mental health promotion material in the Croatian community:**

- **Information provided should be in Croatian**
- **Croatian radio could be used**
  - It was suggested that the information would need to be provided by a spokesperson from within the Croatian community for older members of the community to take notice.
- **Pamphlets were not seen as a useful way of reaching the Croatian community**
- **More entertainment, including comedy, would definitely improve emotional and social well being and lessen the feeling of isolation**
- **Newspapers, expert publications and television**



Listening to **Diverse Voices**



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