



**Afghan Community Consultations  
Focus Group Discussions on Mental  
Health, 2016  
Final Report**

**A Qualitative Study**

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## Background

In Victoria the number of arrivals of Afghanistan born has increased from 2,308 (23.2%) in 1991-2000 to 6,019 (60.5%) in 2001-2010 (Victorian Community Profiles, 2011 Census). Almost 35% of all the Afghanistan-born population of Australia live in Victoria (9,944 people), the primary destination state ahead of New South Wales (Victorian Community Profiles, 2011 Census).

Over the last four decades Afghans experienced natural disasters, war, internal displacement, drought, and migration to the neighboring countries of Pakistan and Iran. These circumstances would contribute to the worsening of the health and wellbeing indicators among Afghans either living inside or outside of Afghanistan and to some extent would affect their health and wellbeing after resettlement in the secure countries such as Australia, European countries and the US.

It is evident that people of refugee background in the South East of Melbourne are more likely to suffer from mental health disorders such as psychosis, anxiety/somatisation and depression compared to the other residents in the region (Southern Academic Primary Care Research Unit, 2011).

A recent study by Link Health and Community on the Afghan Health and Wellbeing Needs conducted in Melbourne, and consultation with the Afghan Community Advisory Group also found that prevalence of mental health problems are high among Afghans (Link Health and Community, 2015-2016).

Therefore, Link Health and Community worked together with the South East Melbourne Primary Health Network (SEMPHN) to design and conduct focus group discussions on mental health for the Afghan community. Common themes have emerged in the recent community consultations undertaken by each of the organisations and working together ensured that both parties could avoid duplication and build on the excellent work already undertaken as part of the South East Melbourne Medicare Local (SEMML) Afghan Community Engagement Project (Anna Brazier, 2015).

### Aims of the Focus Group Discussions

The aim of the Focus Group Discussion (FGD) was to develop strategies to address mental health problems and stigma and determine awareness of mental health and counselling services among Afghans in the target area of the study. The objectives of the study were to:

- Identify perceptions and understandings of mental health by Afghan community members and the prevalence of stigma related to mental health problems
- Determine Afghan community perception, and experience of mental health and counselling services, and GP/primary health care system
- Discuss different ways services might engage with Afghan community members to better identify and address individual and family mental health issues and stigma pertaining to it, including ways of describing mental health, use of different settings for consultations and effective coping strategies

### Conduct of the Focus Group Discussions

As per project scheduled plan the FGD were held at SEMPHN, located at 314A Thomas Street, Dandenong on 08/05/2016 (among women) and on 15/05/2016 (among men). The respective FGDs were facilitated by experienced Afghan male and female researchers in an Afghan local language (Dari) and was observed by two Afghan staff representing SEMPHN and Link HC throughout the sessions. A question guides were used to facilitate the FGD (Refer to Annex I). Prior to the initiation of the FGD a translated consent paper (in Dari language) was signed by each of the participants.

### Profile of the Participants

The FGD were conducted among 11 women and 12 men from different localities in the target area. Participants of the study were from the following Local Government Area (LGA): Narre Warren, Hallam, Dandenong North, Dandenong, Clarinda, Keysborough, Hampton Park, Cranbourne, Doveton, Endeavour Hills and Berwick. The target age group was 18 years old and above with varied levels of education, employment status, income, visa status and first language.

Table 1: Participant age

Age	Male	Female	Total
18-25	2	1	3
26-35	3	1	4
36-45	2	4	6
46-55	3	3	6
56-65	1	2	3
65+	1	0	1
Total	12	11	23

Table 2: Participant Profile

	Male	Female	Total	Percentage
<b>Education</b>				
Illiterate	0	2	2	9%
Primary education	1	3	4	17%
Secondary education	3	3	6	26%
Tertiary education	7	3	10	43%
Master	1	0	1	4%
<b>Employment</b>				
Employed	5	1	6	26%
Unemployed	7	8	15	65%
Student	0	2	2	9%
<b>Concession card holders</b>				
Yes	7	6	13	57%
No	5	5	10	43%
<b>Visa status</b>				
Citizen	5	5	10	43%
Permanent Residency	3	2	5	22%
Student	1	1	2	9%
Bridging	3	3	6	26%
<b>First language</b>				
Dari	4	8	12	52%
Hazaragi	4	3	7	30%
Pushtoo	4	0	4	17%

Psychosocial factors which can impact on mental health may include: social support, language proficiency, education, employment and world-view (Schweitzer et al, 2006). Out of 23 participants, 13 were holding a concession card, which means their income was low. Of the other 10, some could have higher incomes, while people on bridging visas would not be eligible for a concession card. Given the fact that out of total participants six were on bridging visas, this might reduce the number of higher income participants to four out of 23 participants. It means only 17% of the participants were better off in terms of their current income status.

Most of the participants were literate with around 43% with tertiary education and 4% with a postgraduate (Master's) degree. Only 9% of the participants were illiterate. However, as

around 65% of the participant were unemployed, this might contribute to poor psychosocial status among the participants and their families and a poor level of understanding of mental health and mental health problems.

Only one out of 23 participants was born in Australia and the rest were born overseas either in Afghanistan or Pakistan. It is likely that 96% of the participants would have faced or would have had a person in their family facing pre-migration trauma that would contribute to a high burden of mental problems such as anxiety, depression, somatisation and PTSD, as well as post-migration living difficulties. These experiences have strong association with increased prevalence of mental health problems (Schweitzer et al, 2006).

The FGDs for both male and female were guided by a questionnaire designed by the study team (Refer to Annex I). At the outset of the discussion a consent paper was signed by each of the participants. The participants were then provided with brief information about the project purpose and objectives. To protect individual confidentiality, it was requested that participants speak in general terms about mental health rather than sharing personal information during the FGD.

### **Focus Group Discussion Findings**

The study findings were categorized into three main themes: awareness of mental health and mental health problems; stigma; and access to mental health services. Information was collated based on the participant's visa status and were analyzed considering their income, employment, date of arrival and employment.

#### **Awareness of mental health and mental health problems**

In order to determine Afghan awareness of mental health and mental health problems, the participants were asked about their conception and understanding of mental health; the importance of good mental health; their knowledge about some mental health problems, and the causes of mental health problems, its complications for the individual and their family, and wider negative impact on society. Although both male and female participants were asked not to share their personal problems, some chose to share their personal experiences with the group.

##### **1. Conception and understanding of mental health**

In regard to the conception and understanding of mental health the participants' level of knowledge were diverse.

A number of different factors seem to have influenced this. Some serious life events, such as family separation, may have a substantial impact on people's personal wellbeing and their

level of conception and understanding of mental health. A person's self-concept and sense of meaning in life emerges from interactions and identification with family and cultural systems. The refugee experience disrupts family and cultural systems. Separation from the family and ethnic community can challenge the individual's sense of identity and belonging. The above mentioned factors can influence poor level of knowledge about mental health in the Afghan community, which is clearly reflected in the following individual discussion.

*'I thought that I am suffering from mental health problem. There are two different categories of problems that I suffer: first, being far from my husband, family members and my country ..... I live alone as a single mother. Soon after I arrived, I felt sick and hospitalized because I did not know anyone and cannot talk about my problem with others. I was worried that everyone may know about my sickness..... while I feel sick and cannot manage my life, how I can help my daughter? ..... I took medicine for my depression more than a year, but it did not have a good effect on me. Now, I stopped taking medicine'.-F*

*'When our mind does not work well, we are mentally sick. I ask my daughter to wear a scarf which she does not accept. When I ask her to pray, she says, "I don't want to pray. Prayers don't give us food and life". She tells me that I don't know as I am illiterate. Thus, I am suffering a lot. I always think about how people are thinking about me as my daughter not wearing scarf. We Hazara people have own culture while my daughter not following it. My husband also suffer a lot'.-F*

Some of the participants thought being Hazara in Afghanistan is one of the causative factors for mental health problems.

*'Being Hazara in Afghanistan in itself is a mental health problem, as they suffer persecution by the Mujahidin and the Taliban. Mental health is sleep disorder, if government is not supporting your family that can cause mental health problems'.-M*

Others attributed mental health problems to a range of complex factors: leaving home country and immigration; stress, worry, sleep disorders, anxiety and depression were identified as mental health issues by male participants in particular, while some others commented on personal issues such as not being able to have the same standard of living as others as contributing to poor mental health.

*'Mental health is very complex, sometimes we do not even consider some mental health issues to be mental health problems, immigration itself is a (a cause of) mental health issues but we think it will go away by itself'. -M*

*'We as Afghans, we do not consider mental health as a health problem, we think, maybe they are crazy, although stress, anxiety, depression are mental health issues'.-M*

*'Mental health is when someone stresses without reason, such as to ask why I don't have such a luxury house or life as other people. Jealousy is also a mental health problem (as well as) having personal issues'.-M*

It appeared that the level of knowledge of the participants may have a direct association with their visa status, education level, income and employment. Those who were citizens were relatively better off financially and likely to be employed and generally had a better understanding of mental health and mental health problems compared to the bridging visa holders. Following are some thoughts of the Australian Citizenship holders:

*'A person that feels healthy has a balance between mental, emotional, and his/her physical health. Health has an important role in our life. If we don't have good health, we cannot accomplish our daily activities and cannot enjoy our life. As a result we think and feel negatively. Therefore, it's necessary to pay enough attention to our health to become able to cope with life challenges'.-F*

*'People who have good mental health, they are beneficial for themselves, their families and society. They can work, have good income and handle a good life. As they feel mentally well, they can think clearly and implement their life plan. A person with good mental health can study well, work better, implement their life economic plans and brought up their children very well'.-F*

*'Mental health means to keep balance of physical, mental, and emotional health. Life has different stages, when a person has the ability to cope with problems, the person has complete mental health'.-M*

Both men and women generally had poor knowledge of mental health and difficulties differentiating mental health from mental health problems. However the level of knowledge was quite good among people who were citizens and better off financially. The majority of bridging visa holders lacked knowledge about the concept of mental health although most knew that good mental health is essential for the health and wellbeing of families and communities. It should be added that all the bridging visa holders had arrived in Australia in the last 4-5 years and are awaiting for their visa status to be cleared. This might have negatively affected their level of understanding of mental health along with other factors such as separation from family, isolation and cultural barriers.

## **2. Importance of good mental health and knowledge about some mental health problems**

While almost all women thought that mental health was very important, they provided a variety of reasons for that. Some of them were not thinking that stress, worriedness and sadness are mental health problems and some were thinking that only psychosis, stress, racism, discrimination, depression and anxiety are considered to be mental health problems.

*'We never thought that sadness and stress are also mental problems. Therefore, people with such problems mostly did not seek health care and mental health consultation. They did not look for any solution'.-F*

*'Feeling sad, anxiety, for example, I feel fear an accident as I am pregnant and once faced an accident..... Now, I cannot leave my home alone'.-F*

Others felt that mental health problems have a direct connection with losing their minds and being demented.

*'I think those suffering from mental health problems are feeling that they have lost their minds, they are suffering from dementia, feeling mentally sick and anxious. They are talking with themselves when staying alone'.-F*

Some men thought that sleep problems, losing hope, the inability to work well, poor concentration, being depressed and sleep disorders are mental health problems.

*'If a person is feeling stressed then they cannot work, therefore mental health is important. If your mental health is good you can work and live better. If a person has mental health problems, that person loses hope and when you lose hope you cannot live'.-M*

*'For me a strong body needs strong food, the same goes for mental health. If someone has a mental health issue then they have an unstable life and therefore they are not able to concentrate, are depressed and have a sleep disorder'.-M*

Other men were thinking that mental health disorders are something that cause family and community problems.

*'Mental health is very important, when someone is suffering from mental health they are isolated from their community, and therefore do not share with others their problem. It can cause family and society problems'.-M*



*'Every system has a central system; our mind is our central system therefore we need to look after it in order to live a good life'.-M*

Both women and men believed that mental health and understanding mental problems are very important, but provided various reasons. The majority of women indicated that they never thought that sadness and stress were also related to mental health. In general most women and men could identify psychosis, fear, sadness, and stress as mental health conditions. It was apparent that the level of knowledge among Afghan women about mental health problems was poorer compared with the male participants. Consequently the women do not seek mental health care and consultations at the early stage of the problem.

### **3. Causes of mental health problems, its complication and negative impact on society**

From the participant perspective there were various causes, complications and negative impacts on society for the mental health problems experienced by Afghans.

The study found that cultural differences and religious beliefs can affect mental health of women and their children.

*'Poor mental health negatively affect the life of a family and children and these children's behaviours have their own negative impacts on society and neighbourhoods. Although we are physically safe in Australia, in terms of security, safety, and other life needs like food and clothing, we have a different problem here. For example, I have two daughters. In my country I thought about their life safety, but here I thought about my daughter religious beliefs and the new cultural effect on their life. I cannot avoid and control all these changes in their life. Consequently, it negatively affects my mind'.-*

*F*

The effects of having a parent with a mental illness may impact on children in different ways. Children may be affected in terms of their own direct care, or indirectly through impacts on their social and emotional health and wellbeing. As stated, it was evident from the participant below.

*'I always thought about why I cannot study here to help my community here or help people back in my country. As a result, these issues had a negative impact on my health. For instance, when I talk and become a little nervous all of my body is shaking. I think we all need some support. It does not means that we are sick but we need some information to help ourselves. .... I see that my situation makes my daughter depressed too. If I have information, I can support myself and my daughters. In community, as I am told, mental health problems have caused myself and my daughters to feel isolated, sick and depressed. When I feel sick, I go to a doctor or take a painkiller like Panadol. Taking medicine causes other problems to our body. Or if I*

*don't feel good and drive, it may cause an accident. Therefore, the healthy persons are beneficial for their life and will not cause problems and dangers in their societies'.-F*

Participants believed that poor English language proficiency, transportation problems, isolation and lack of family support can also lead to mental health problems and may cause suffering at both family and society levels.

*'If I am healthy my family feels happy. If I become sick my family and society are also suffering. When I become sick seeking health care is very difficult as I don't know the English language, I can't drive. It means that I cannot help myself in solving my problem'.-F*

*'I have lots of problems and it keeps my mind busy. I don't have any friends and family here. I want to talk with someone who knows my language and I want to share my thoughts and problems as I need support while, I cannot'.-F*

It was also thought that factors such as unemployment, lack of a sense of community compared to their home country, cultural clashes and isolation of children from parents, personal identity crises, inability to cope with studies in Australia, and loss of culture and identity could cause mental health issues and poor mental health outcomes.

*'I am also thinking about my study. I ask me, why I did not learn English? Why I am jobless? I am like an illiterate (because I can't well communicate in English) although I am an educated woman. When we women compare our life here and in our country, it causes that we could not sleep till 3am some nights. Therefore, having a good mental health is important. A healthy woman can help her husband, children and friends, can study well and help others as I could in Afghanistan. Now, I am not too old. I want to help others here too, but can't (due to lack of English language proficiency). I think, adopting a different country's culture and loss of our culture are the main causes of our depression. Our life is full of stresses. Besides that we worry about our children's future and our own language problem'.-F*

*'Causes of mental health are drug use, family issues and culture differences. For example an Afghan parent would have problems with the way their children dress or talk or act which we can say is very normal here in Australia but because the parents were brought up differently in Afghanistan they cannot accept that, which leads to isolation for the child and the parents and leads to problems in the families'.-M*

*'In the Afghan community there are many people who have mental issues caused by a personal identity crisis, they are not sure whether they are Afghans or Australian, they*

*find it hard to fit in with the other people around them which then causes them to fall behind in life. They are not able to cope with studies and other things which leads to mental health problems and causes family problems for them’.-M*

One participant mentioned that mental health problems may also cause suicide, self-harm and depression.

*‘Mental health problems cause suicide and self-harm among people as such people cannot support others and themselves. It is necessary that Afghans receive support by Afghans and there will be opportunity for our under 18 years’ children to talk with them as we have problems with children who grown up here; not with our adult children who were brought in Afghanistan. My children ask me “for how long you want us to follow your Afghani culture? We don’t have freedom to go to the cinema or to wear a dress”. I always think if we accept all cultural changes it is not good among our people; if we don’t, it causes us to suffer from mental pressure and stress’.-F*

Others were thinking that both pre-migration causes as well as about their situation in Australia has had a negative impact on their wellbeing.

*‘Not having good relationships with family, suffering from Taliban and Mujahedeen in Afghanistan, but here in Australia the causes of mental health is isolation, not being able to work and not having anyone to talk to’.-M*

Substance abuse, drug abuse, anger, financial issues, gambling, and accommodation problems were also considered to be factors that could cause mental health problems.

*‘Causes of mental health problems are isolation, substance abuse, drug use, sleep disorder, anger management and accommodation problems. Which causes the person family issues and they cannot keep family relations’.-M*

*‘Main causes of mental health issue for Afghans is caused by financial issues, gambling and also family problem which leads to mental health issues’.-M*

Others commented:

*‘Causes of mental health (problems) are isolation, loss of dignity, loss of loved ones in Afghanistan, financial problems and lack of knowledge. Complications are health problems, family violence, isolation and not being able to get along with others’.-M*

*‘Mental health is caused by different things, post-traumatic stress, financial issues, family problems like divorce, gambling and being a refugee when you don’t have*

*knowledge of the services and also not able to speak English, which then causes many problems like social issues .....’.-M*

### **Stigma and Mental Health**

Participants were asked to share their ideas on the prevalence of stigma among Afghans and how to develop effective strategies to address stigma.

#### **Prevalence of Stigma among Afghans, interventions that may reduce stigma**

Both women and men thought that there are negative attitudes towards mental health problems, sufferers of mental health problems and use of incorrect terms for describing mental health because of a lack of information. Women in particular appeared to be suffering most from the prevalence of stigma.

*‘There is a negative attitude against people who are suffering from mental illness among Afghan people because there is not enough information ..... If they know that mental health problems are illnesses like other types of disease, these health problems would have treatment like other types of diseases. I think people should know that those suffering from mental problems are not crazy people as there are many types of mental health disorders. People should be made aware of this through the community gatherings, media, books and so on’.-F*

*‘Seeing mental health as stigma is very common, as people who have mental health issues, people in the Afghan community will refer to them as a mad or crazy person, so therefore people will always try to hide it instead of seeking help. To help the Afghan community the leaders of the community should be aware of the issue and also the religious leaders should be told to advise people of the importance of such issues’.-M*

Shame or dishonour about mental health issues is common among Afghans.

*‘Although people should not think that mental health problem is a shame or a dishonour, Afghans are shaming. They are worried that people might think badly about them. For example, a person who suffers from mental health problems worries that may people think that he/she is a crazy person or a sick person. It is difficult to change such people, God help them..... I think we need some information and guidance from other family or friends in this regard. If a doctor or specialist says that you have a huge mental health problem then the patient worries further. This is why it is important that health professional do not show that the load of the client’s problems are huge. As it may cause further worrying and thinking that their problems are severe because people have a strong belief in the doctor’s guidance and advices’.-F*

Some participants also mentioned the importance of raising Afghan community awareness through community gatherings, mosques, health centres and media, about mental health, stigma and its consequences.

*'I think stigma against those suffering from mental health problems is not a good deed. I think conducting meetings like today's gathering will help people to know about such problems and their solutions. Awareness programs through the health centres, media, gatherings and mosques are the key approaches for increasing Afghan community awareness. As we all have a refugee background and we came from a war-torn country, we have all suffered from the war situation, our families are currently suffering in the country. Therefore, we feel sad and have stress. Although some time these problems are not serious, but if there is not any support and we cannot find any way to deal with such challenges, it may cause further challenge for us and our society'.-F*

*'I think it's very important that we believe and understand each other... (In) my neighbourhood... we support each other even though (others) are from Pakistan. People's awareness should be increased. As we don't have a TV in our language, the best way for Afghans (to learn about mental health) is attending in a weekly community gathering and talking about such issues and receiving relevant information from those are experts'.-F*

*'I think up to 90% of Afghans see it as stigma and therefore they don't like to share (their problems). The way to overcome this would be to educate them and provide information to the community. We can seek assistance from mosques, shopkeepers, for renaming mental health problems to some terms such as worriedness or lack of hormone'.-M*

It was also suggested that mental problems should be shared with friends and family and that people should seek professional help.

*'We all have mental health problems so it is better to share with our friends and family members. First, we should avoid stigma and also should not hide our problems. We should go to a doctor and receive relevant treatment'.-F*

One participant raised the issue of children who are suffering mental health issues and how some in the Afghan community are dealing with this. He also suggested solutions should come from within community.

*‘.....there is no age limit for mental health issues when it comes to Afghans and you see someone who is mentally not well they should be told about the good things in life, the good things that can happen when they seek help, and make them feel like you care about them and not make them feel like there is something wrong with them. When it comes to Afghans and their children who have issues, instead of talking to them or helping them, some Afghans will tell their child off..... Even hitting them instead of taking them to a doctor to help them. I think if you want to help the Afghan community it has to be done within the community because they will feel comfortable and good when a friend of theirs will take them out somewhere to play a sport or just out somewhere they will feel relaxed. These issues are caused when someone is alone and bored. So therefore an Afghan will mostly be comfortable to tell another Afghan specially a close friend of them rather than someone they don’t know personally’.-M*

It was agreed that there is a need for different strategies to address stigma about mental health among Afghans. For instance assistance could be sought from religious people to educate people about mental health. Changing the words used to describe mental problems (crazy) to other words that might be acceptable to Afghan community. Raising awareness of mental health problems and stigma could also be achieved with education through schools, TV, radio, community engagement programs, and the involvement of health care providers. Also improving the level of understanding by doctors and other health service providers about Afghan cultures, religion, and attitudes, might be helpful as part of strategies to reduce level of stigma among Afghans. It would also make a difference if Afghan community members who have medical or professional health training could work in the community, having an understanding of the issues from personal experience.

### **Access to mental health services**

The main focus of the study in this area was to become aware of the first point of contact for Afghan community members who suffer from mental health problems; their level of awareness in regard to the available mental health services and the barriers there are to accessing mental health services.

### **First point of contact for mental health problems sufferers, awareness of available services and barriers to accessing services**

Almost all participants commented on the first point of contact for sufferers of mental health problems; their awareness of health services and barriers to accessing services, but with different ideas and scenarios.

The main barriers to accessing mental health services were identified as: lack of information about available services, cultural issues and cultural differences, language problems including poor English, lack of access to transport, economic hardship, and stigma pertaining to mental health issues. Some female participants also expressed concerns about the consequences of seeking help from a psychologist or a doctor.

*'When we came with a boat to Australia we felt sad and had mental problems. Thus, I was introduced to a psychologist, but instead that .....created an extra problem to me. I really worried that if I share my problem with a psychologist, it may negatively affect my asylum seeking case. I think, instead a psychologist, we should seek a person's advice because people are worrying about their mental disorders. I don't have any information about mental health services and the relevant person who can support me in this regard. I think, for new arrivals, having cultural problems, lacking information about health system, transport and don't have relevant information about healthcare in Australia, life is very difficult'.-F*

*'I visited a doctor, the doctor told me to sit with other friends and talk with them, but I don't know the Afghan people here. I need someone to talk, but I don't know people and I cannot communicate in English. I think, access to transport (driving), economic hardship and language are the main barriers to accessing health services for Afghan women".-F*

One participant also raised the issue of disclosure of domestic violence to GPs and the consequences for Afghan women. Disclosure had resulted in a formal report being made to authorities which led to family separation, and backlash within the community.

Some men commented that their inability to speak English had caused them to not directly make the first point of contact with a health care provider. They had to rely first on family members and friends. They also delayed seeking help for their mental health problems rather than when the issue first merged. Some said their first point of contact was a GP. Long waiting times was also a barrier to services.

*'Someone like me is only able to get help at home, as I cannot speak English at all therefore I am only able to speak inside the house not outside, I am not aware of any services available for mental health issues that we face, but even if there was help available I am not able to get the help due to the language barrier unless someone from my family takes me to seek help'.-M*

*'We Afghans do not like to seek help for mental health until it is no longer bearable by us and will only then seek help. First point of contact for us is always the GP who will then refer us to other services like a psychologist who prescribe medications which only*

*makes you sleepy. When we are referred to other places we cannot get the help as we cannot speak English ....only one or two family members speak English (and they) are either working or studying. I had an appointment which I did not know I had to attend due to language barrier. Now I have to wait for about a year for that appointment again. Therefore we have the language barrier, and also the financial barrier which is hard for us to afford to always attend appointments’.-M*

*‘.....Afghans are used to one stop shop in Afghanistan as they would go to the hospital and get all the help they need on the day including their medication, so having to wait for months for their appointments causes them further distress. The barriers the Afghans face first of all is the issue of denial as they do not want to believe that they need help, specially the men .....Transport (is a) barrier as some will not be able to drive themselves...’-M*

Others thoughts were that they first had to access a GP. Some had heard about Foundation House but others did not know about it or where it was located. Concern was expressed about the medications being prescribed by GPs. Others said they placed their belief in God to help them cope with their mental health issues. Some female participants commented that their husbands do not allow them to seek help. Support from health care professionals and facilitators who speak their own (Afghan) languages was also considered by some as necessary in seeking help.

*‘Afghan women who are going to doctors, the GPs provide them diazepam and it causes them to become an addict. For example, I was provided 20 times with a diazepam prescription by my GP. I know that many Afghan women could not sleep without diazepam. All of them have anti-depressants. The GPs always provide them sleep medicine. The GP should know that they should send these patients for mental health consultation instead providing them with anti-depressant and diazepam’.-F*

*‘There are some women that firstly they don’t know about health services. Secondly, they can’t drive to go to the health centres. Third, their husbands do not allow them to go to such a centre. These women wish that at least they can have access to a phone consultation opportunity with a translator. Because their husband do not support them or bring them to the health centre and they cannot communicate either. Therefore, if there is no community awareness program like meetings and they don’t know about the available facilities, how do they receive such type of support? For example, I don’t know about such services; therefore, I need information and guidance in this regard. Especially from a woman staff in my language or at least I need a translator to help me’.-F*



Some of the participants had a very good understanding of the mental health system and only insisted that cultural, information and language barriers need to be addressed.

*'I know about the Foundation House. I don't have any barriers, I have access to a translator. I am happy about the service I received. I prefer that people be made aware of mental health issues'.-F*

*'In my opinion, the only way to solve our problems is to visit our GP. Well, there are some financial problems as some GPs charge money for their visit, while others help patients based on their Medicare cards. After all, the only and the best way for those, who are suffering from mental health problems is to go to their GPs and have their advice. GPs will refer them to the mental health consultant if they need. In regards to cultural issues, yes there is problem among families. Therefore, conducting awareness programs for people are the best way that people can receive help and guidance for taking further steps'.-F*

Some women commented that belief in God was important and that people with mental health problems should first turn to God for help. Others felt that GPs should be the first point of contact, whereas bridging visa holders were thinking that sharing their mental health problems with either doctor or psychologist would affect their asylum seeking case negatively, so they preferred to consult their friends and family members first.

The majority of Afghan men believed their first point of contact for mental health problems is a GP and community health services, however, some thought their preferred first point of consultation about their mental health would be friends and family members.

In general the participants level of knowledge about existing health services was poor, especially among women on bridging visas, who did not have any idea about mental health services in particular and the health care system in general. It was mentioned that some men are reluctant towards helping their wives in seeking mental health services because of domestic violence, as in some instances reporting their case to a health service provider has led to separation and divorce.

Most of the men participants were also not aware of where to get help from because of language and transportation problems, which was more prominent among people on bridging visas.

In summary, there were many barriers to accessing mental health services: for instance Afghans putting off seeking help until a very late stage of a mental health problem, differences in the health system in Australia compared with Afghanistan affecting expectations from health services here in Australia. Having to wait for months to access mental health services

would affect their mental health negatively. It was also noted that financial barriers, the high cost of private practice and specialist services, denial by Afghans in seeking mental health services, and lack of knowledge are among main reasons for delayed access to mental health services. Moreover, domestic violence, cultural problems, lacking information about health system, transport and don't have relevant information about healthcare in Australia, and GPs low competency are among the barrier to accessing mental health services.

Given the participants low level of knowledge and understanding of mental health services and barriers to accessing health services, it was suggested that conducting community awareness programs like meetings and gatherings, and raising awareness especially via guidance and instruction of a female staff in Afghan local languages might be helpful.

## Conclusions

Both Afghan men and women participants had poor knowledge of mental health and were not able to clearly differentiate between mental health and mental health problems, however the level of knowledge were quite good among people who were citizens and were well off financially.

It was evident that the majority of bridging visa holders who have high rates of unemployment were lacking the knowledge of the concept of mental health although there was a recognition that good mental health is essential for the health and wellbeing of families and communities.

Both women and men believed that mental health and mental problems are very important, but provided various reasons. It was apparent that Afghan women's knowledge of mental health problems was poorer compared with the male participants, so that they do not seek mental health care and consultation at the early stage of the problem.

There is need for different strategies to address stigma among Afghans and for strategies to address barriers to help seeking and accessing mainstream support. Some men and women believed in God as first point of contact for mental health problems, while others used to seek assistance from GPs, friends and family members.

Most of the women and men had poor knowledge of the existing mental health services, and they did not know from where they should get help from because of various barriers.

## Recommendations

- Improve the level of understanding of both male and female Afghan community members in regard to mental health and mental health services with particular emphasis on bridging visa holders and new arrivals
- Develop strategies to overcome stigma within the Afghan community towards mental health, including changing the way in which mental health is described or discussed
- Enhance the Afghan Community Engagement Program as a means of improving community knowledge about mental health and community-based services
- Develop community-led initiatives that provide opportunities for socially isolated Afghan community members to come together, learn English and provide each other with support
- Develop strategies to get more Afghan health professionals registered in the health system especially as GPs, nurses, bicultural health workers and counsellors
- Develop targeted therapeutic group counselling and education programs which focus on key issues impacting on mental health, such as coping with stress, parenting strategies, relationship issues, sleep disorders, anxiety and depression, to help build personal resilience and coping skills, and to encourage peer support among Afghans
- Consult with the Afghan community about developing effective and culturally appropriate programs for early intervention and prevention for mental health
- Develop cultural competency among existing health professionals and administration staff in health services, including GPs, community health and private health providers, to improve access and understanding of Afghan community mental health needs
- Promote wider health sector awareness of the factors that negatively impact on the health and wellbeing of the Afghan community
- Conduct cultural orientation among overseas born Afghans on the importance of acculturation, and participation in the mainstream culture
- Build up sense of cooperation and trust among Afghan males and females
- Look for mechanisms that can increase the number of female interpreters available in local health facilities
- Advocacy on behalf of bridging visa holders with the relevant government body to speed up resolution of their visa status
- Develop strategies for addressing domestic violence, intimate partner violence, drug and substance abuse
- Conduct orientation sessions on mental health and health system in Australia with information comparing the health system in Afghanistan with the health system in Australia in order to improve knowledge and expectations from the mainstream health system
- Work in collaboration with other relevant agencies to reduce the level of unemployment and poor English competency among Afghans
- Organize social cohesion and inclusion programs among Afghans

- Work with the relevant partners to develop strategies for preventing violence, racism and discrimination which are essentials for maintaining good mental health

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## **Annex I**

### **Questions guide FGD:**

#### **Awareness:**

What is your conception and understanding of mental health?

Why do you think good mental health is important?

What do you think are some of the problems experienced by people who suffer from poor mental health?

What might cause mental health problems?

What would be the complication and its negative impact on the families, people surrounding you and the society in general?

#### **Stigma:**

How common is stigma about mental health problems among Afghans and how can we change this?

What other words can we use to describe mental health problems to reduce stigma?

#### **Access:**

What do people often do when they feel they are feeling anxious, depressed, worried or stressed and where are they going first in seeking help? What types of services are you aware of that might help?

What types of services are available for Afghans with mental health issues?

What are the barriers to accessing those services (perceptions of those services in terms of physical access, cost, cultural appropriateness, language barriers, reception barriers such as interaction with clients, etc...)