6

Parenting adolescents in Australia: The experiences of refugee parents with mental health problems

Andrew Sozomenou, Maria Cassaniti, Mariano Coello, Alison Sneddon, Bryanne Barnett, Michelle Hegarty, Abd-Elmasih Malak, Penny Mitchell and Joe Chuong

The Transcultural Mental Health Centre coordinated a collaborative research study to investigate the mental health needs of:

• refugee parents from Cambodian, Vietnamese and Spanish-speaking backgrounds who have or are experiencing mental health problems, and
• young people from Cambodian, Vietnamese and Spanish-speaking backgrounds living with a parent experiencing mental health problems.

This chapter specifically focuses on the interviews and focus groups conducted with parents, mental health workers and health workers. It details the major findings relating to:

• key issues facing parents of refugee background with mental health problems;
• strategies used by such parents to cope with their concerns; and
• services requested by parents of refugee background to meet their needs.

The chapter concludes with strategies that mental health and health workers can adopt to improve the delivery of services to parents of culturally diverse backgrounds experiencing mental health problems.

* * *

Immigration often involves major changes in the physical, economic, cultural and social settings in which families function and develop. In the process of immigra-
tion parents are often confronted with totally different childrearing practices and ideologies held by the dominant culture (Strier, 1996). Historically, the childrearing values, attitudes, and practices that the dominant culture adheres to have often been set as the standard by which all other parenting characteristics have been compared and contrasted. Parents from culturally diverse backgrounds often have beliefs, attitudes, values and parenting behaviours that differ from, but overlap with, the dominant culture in Australia. Garcia Coll, Meyer and Brillon (1995) have described some of these features as

the definition and roles of the family; parental beliefs about the determinants of development, including what, how, and who may foster or hinder a child's development; as well as what aspects of a child's development are most important [for example, discipline versus affection] and what the definition of parental competence is in each of these areas (p. 190).

Garcia Coll, Meyer and Brillon (1995) have noted that the literature on ethnic and minority parenting tends to portray ethnic and minority families as either dysfunctional or in need of socialisation to better fit with the dominant cultural norms of childrearing. Immigrants to Australia will bring with them their own belief and value systems of parenting, which are relevant to their country of origin and will have a profound meaning to them. They may become confused and undermined if accosted by a dominant culture, which promotes parenting practices that are at odds with their own. The problem may be compounded by the realisation that some parenting practices that are normative in the culture of origin are defined as unlawful in the new culture.

Many parents migrate to Australia for a better life. The impetus is often to provide opportunities for their children that would not be available in their country of origin. Parents however, often find it difficult to cope with their children's easy adoption of Australian cultural values and norms. Children are flung into a life of duality, caught between the traditional values, beliefs and cultural attitudes of their parents and the often opposing values they are taught at school and bombarded with by the media. As a result many parents of culturally and linguistically diverse populations become concerned about raising their children in Australia. These concerns can be stressful for any parent (and therefore for their offspring, especially in adolescence), but may be more problematic for those with a mental health problem.

Research and discourse concerning people experiencing mental health problems who are also parents, has increased in recent years in Australia, but still tends to ignore the diversity of the Australian population and the impact of language, culture and resettlement. This chapter examines the concerns of parents from Khmer, Vietnamese and Spanish-speaking backgrounds, who have experienced a mental health problem and are raising adolescents in a culturally diverse society.
Parents with Mental Health Problems

The literature on parents with serious mental illness indicates that they tend to have high rates of single parenthood, marital discord and a range of problems related to poverty, poor housing and unemployment (Cohen, 1993; Cohen, 1984). A range of psychiatric disorders in parents has been associated with high rates of emotional and behavioural disturbances in their children (Beardslee, Klerman & Keller, 1986; Kulyer, Rosenthal & Igel, 1980; Welner, Welner, McCrory & Leonard, 1977). A large body of international literature has clearly highlighted the impact of parental mental illness on young people (see Rutter & Quinton, 1994; and Devlin, 1996, for a review). Nevertheless, this evidence has not been directly transferred to the development of services to assist either the children in question or indeed their parents. A major gap in the research is the lack of understanding of the needs of such parents and young people from culturally diverse backgrounds. An exploration of the needs of parents from culturally and linguistically diverse backgrounds experiencing mental health problems, and the needs of their adolescent children, will offer direction to service providers and planners.

Underutilisation of Services

There are a number of social, cultural and political circumstances unique to the experience of parents of non-English speaking backgrounds that should be sensitively addressed. Studies indicate that people from culturally diverse backgrounds underutilise mental health services (McDonald, 1991; McDonald & Steel, 1997; Ridoutt & Filis, 1991; Trauer, 1995). Nevertheless, there is no evidence that psychiatric morbidity is lower among people of culturally diverse backgrounds. Service underutilisation is likely to be due to various barriers to service access and culturally determined attitudes to help seeking. Thus, parents of culturally diverse backgrounds with a mental disorder may have low levels of access to appropriate treatment, information, rehabilitation and support services compared with majority populations. These barriers to service for parents of culturally diverse backgrounds, including parents experiencing mental health problems, may substantially increase the burden of care experienced by family members, including the children.

Migration, Resettlement and Mental Health Problems

Refugees, particularly those who have experienced torture and trauma in their country of origin, are at extremely high risk of experiencing mental health problems. Community-based studies conducted in the United States and Australia have found the prevalence of post-traumatic stress disorder and depression to be 50 per cent or higher in a number of traumatised South-East Asian populations.
(Carlson and Rosser-Hogan, 1991; Silove, 1994). Rates of mental health problems have generally been found to be positively correlated with levels of exposure to traumatic events. While the prevalence of these disorders and levels of symptomatology have generally been found to decline over time with settlement, high levels of depressive symptoms may persist (Beiser, 1988; Hinton, Tiet, Tran & Chesney, 1997).

Difficulties experienced during settlement can exacerbate stress and increase the risk of mental health problems among refugees (Aroche & Coello, 1994). Prolonged separation of families during flight can lead, on reunion, to increased levels of family conflict and family breakdown. Loss of multiple members of family and friends before, and as a result of, migration means that many refugees are exposed to prolonged bereavement and lack of support networks. Such networks are widely recognised as providing support and reducing the impact of various mental health problems. For many refugees the experience of loss of family and friends is complicated by guilt at having survived and reached safety, as well as uncertainty about the fate of missing loved ones (Hodgkinson & Stewart, 1991). The gradual resolution of grief that usually occurs in the bereavement process following a loss through confirmed death is often impossible for many refugees who have lost loved ones to an unknown fate (Hodgkinson & Stewart, 1991). In addition, levels of unemployment are very high among some refugee communities. Hostile reception in the host society may be associated with poorer mental health outcomes for refugees and other migrants.

**Impacts on Young People**

The experiences of refugee parents indicate that young people growing up in such families have increased exposure to risk factors for mental health problems (NHMRC — National Health and Medical Research Council, 1996), particularly depression, whether or not they were or are directly exposed to traumatic events. Depression in parents is a risk factor for depression in young people (NHMRC, 1996). Thus the high prevalence of depression in adult refugees is an indication that their children may be at increased risk. Children from refugee families may experience emotional problems including social withdrawal, chronic fears, depression, overly dependent behaviour, sleep disturbance, problems at school and difficulties relating to peers (Canadian Task Force, 1988; Jayasuriya, Sang & Fielding, 1992). A study of adolescent and young adult Afghan refugees has found a high correlation between rates of mental disorder in young people and levels of maternal distress (Mghir, Freed, Raskin & Katon, 1995). For families affected by torture and trauma, the children's experience of and risk of developing mental health problems may be complicated and increased through their own exposure to pre-migration trauma or through vicarious exposure via their parents’ experiences.
The high levels of distress and guilt experienced by many refugee parents may lead to underrecognition on their part of the problems that their children may be experiencing. Combined with parental fears and concerns about the intentions of government services, this may create considerable barriers in reaching parents and young people alike.

Methodology

Aim

The aim of the research project was to investigate the mental health needs of:

- parents from Cambodian, Vietnamese and Spanish-speaking backgrounds who have experienced or are experiencing mental health problems, and
- young people from Cambodian, Vietnamese and Spanish-speaking backgrounds living with a parent experiencing a mental health problem.

This chapter specifically focuses on the first stage of the project and the interviews conducted with parents, mental health and health workers. The chapter provides an analysis of the data relating to:

- concerns of parents who are experiencing or have experienced a mental health problem;
- strategies used by parents to deal with their concerns;
- service responses developed to meet the needs of parents with a mental health problem; and
- services requested by parents to meet their needs.

The findings relating to young people living with parental mental illness have been reported in Sozomenou et al. (2000).

Collaborative framework

This collaborative research project was conducted within the South Western Sydney Area Health Service and was coordinated by the Transcultural Mental Health Centre. An Advisory Committee was established, made up of representatives of:

- South Western Sydney Area Health Service (SWSAHS) – Health Promotion Unit;
- Gaining Ground Project, based at the SWSAHS Park House for Children and Families;
- Service for the Treatment and Rehabilitation of Survivors of Torture and Trauma (STARTTS);
- Fairfield/Liverpool Cross-Cultural Mental Health Program; and
- Transcultural Mental Health Centre.
Research design

The research project can be conceptualised as three interdependent stages:

Stage 1
The first stage involved conducting a community needs assessment/consultation with:

i Young people between the ages of 12 and 24 years who are of Cambodian, Vietnamese or Spanish-speaking background, and who have a parent with a mental health problem.

ii Parents from Cambodian, Vietnamese or Spanish-speaking backgrounds, who have or are experiencing mental health problems and who have a son/daughter between the ages of 12 and 24 years. 'Mental health problem' includes the spectrum from the 'severe' psychiatric illnesses to less severe (though often chronic) psychological and emotional concerns.

iii Mental health/general health workers, youth workers, bilingual counsellors and other stakeholders in the community.

The decision to focus on three language groups, Khmer, Vietnamese and Spanish-speaking related to two key factors. First, the project identified three of the largest language groups in the SWSAHS (refer to Table 6.1) who also have a high proportion of people from refugee backgrounds. Second, the availability of bilingual staff targeting the largest language groups within the SWSAHS to become actively involved with the project also influenced the decision regarding which language groups were chosen. Workers from the language groups targeted were required to

<table>
<thead>
<tr>
<th>Language</th>
<th>Number of people</th>
<th>Language</th>
<th>Number of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>125,661</td>
<td>Vietnamese</td>
<td>36,650</td>
</tr>
<tr>
<td>Cantonese</td>
<td>107,132</td>
<td>Arabic</td>
<td>35,617</td>
</tr>
<tr>
<td>Italian</td>
<td>102,719</td>
<td>Italian</td>
<td>21,839</td>
</tr>
<tr>
<td>Greek</td>
<td>92,966</td>
<td>Spanish</td>
<td>17,566</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>56,400</td>
<td>Cantonese</td>
<td>17,532</td>
</tr>
<tr>
<td>Spanish</td>
<td>48,499</td>
<td>Greek</td>
<td>11,882</td>
</tr>
<tr>
<td>Mandarin</td>
<td>40,654</td>
<td>Assyrian</td>
<td>7641</td>
</tr>
<tr>
<td>Tagalog</td>
<td>38,371</td>
<td>Croatian</td>
<td>7624</td>
</tr>
<tr>
<td>German</td>
<td>29,299</td>
<td>Serbian</td>
<td>7430</td>
</tr>
<tr>
<td>Macedonian</td>
<td>29,927</td>
<td>Khmer</td>
<td>6764</td>
</tr>
</tbody>
</table>

The data in Table 6.1 were compiled from data extrapolated from the 1996 Census (ETHCON 96, 1996 Ethnicity Consortium).
translate consent forms, information about the project and focus group questionnaires and to engage clients to become involved in focus groups. Staff was identified from the Khmer, Vietnamese and Spanish-speaking communities who could become actively involved in the research project.

*Stage 2*
Stage 2 involved utilising the results of the consultations to develop appropriate material to promote the mental health of young people and parents of Cambodian, Vietnamese and Spanish-speaking backgrounds living with a parent with mental health problems.

*Stage 3*
Stage 3 involved the implementation and evaluation of the interventions.

*Ethics Committee clearance*
Approval to conduct the study was obtained from the SWSAHS Research Ethics Committee. Ethics Committee approval was required primarily for the purpose of recruiting clients and collecting data from mental health and youth health services. Consent forms and information brochures about the project were translated into the three community languages, for both parents and young people.

*Data collection*

*Questionnaire design:* A structured questionnaire was used that incorporated both closed and open-ended questions. Overall, the questionnaire for parents examined:
- the experiences of parents living with mental health problems;
- the services/help received by parents;
- the services required to meet the needs of such parents and their children;
- the efficacy of peer-support and psycho-education programs targeting these parents from Cambodian, Vietnamese and Spanish-speaking backgrounds; and
- the professional development needs of staff working with these parents.

Bilingual counsellors were involved in translating the questionnaires into their respective community language and for subsequent back translation. Bilingual counsellors were chosen for this task for several reasons:
- Bilingual counsellors are familiar with the relevant mental health terminology used in questionnaires, and they have the ability to translate questionnaires to suit the relevant community while retaining the original meaning of questions.
- Bilingual counsellors are aware of cultural and religious bias towards certain issues and have an ability to rephrase questions appropriately.


**Interviews and focus groups**

Two main methods of data collection were used as part of the needs assessment: individual interviews and focus groups. The numbers of individuals who participated in an interview or focus group were:

i. Thirty-one parents and three grandparents from Cambodian, Vietnamese or Spanish-speaking backgrounds with a mental health problem;

ii. Sixty workers from the South Western Sydney Area Health Services. This included managers; mental health and health; youth health counsellors; bilingual counsellors; psychiatric, primary care, and community health nurses; school counsellors; community workers; welfare workers; community settlement workers; and a solicitor; and

iii. Twenty-two young people from Cambodian, Vietnamese or Spanish-speaking backgrounds with a parent with a mental health problem.

Bilingual counsellors were involved in all the focus groups held with parents. They were responsible not only for translating the focus group questionnaires but also for assisting with administration of a short scale to obtain relevant personal information from each participant. They also assisted in running the focus groups. The process involved the first author facilitating the focus group, with the bilingual worker co-facilitating and interpreting. As a result, the quotes that appear in the section entitled 'Lived Experiences and Concerns of Parents' have been interpreted from parents by the co-facilitator. The bilingual co-facilitator was asked to interpret word-for-word what parents said. If this was not possible the co-facilitator was asked to paraphrase what was said by the parent using similar words to those the parent used while retaining the meaning of what was said. The quotes are therefore the exact words that parents used or have been paraphrased while retaining their original meaning. The quotes that appear in this section have been transcribed from the tape recordings of the focus groups conducted with parents.

**Content analysis**

The data were content-analysed using the techniques outlined by Berg (1989) and Patton (1990). This entails an ‘open coding’ approach (Berg, 1989, pp. 117–18) which is conducive to the aim of ensuring that emergent themes are deduced from or ‘grounded’ in the data (Glasser and Strauss, 1967) rather than being entirely deduced from, or shaped by, a set of predetermined concepts.

There were three main steps in the content analysis procedure:

1. **Collation of ‘meaningful clusters’ of data**

The collation procedure involved systematically reading through each interview transcript and:
(a) identifying ‘units’ of information,
(b) categorising each unit, and then
(c) ‘cutting and pasting’ each unit into a single document that was a collation or combination of all the interview data for the three groups of respondents.

2. Description of meaningful clusters
Following collation of the raw data from individual interviews into meaningful clusters, these clusters were then systematically described. Consistent with Patton’s (1990) advice to separate the process of data ‘description’ and ‘interpretation’ as much as possible, the focus was on simply describing the data using concepts and terms utilised by the respondents themselves, and in ‘such a way that others reading the results can understand and draw their own interpretations’ (Patton, 1990, p. 375). Every effort was made to ensure no respondents could be identified in this material.

3. Interpretive analysis
The third stage of data analysis involved identifying, describing and interpreting the most important themes emerging from a consideration of the data from the respondents.

The importance of themes was determined according to three main criteria:
• the numbers of respondents who provided information relevant to that theme;
• the total quantity of information relevant to that theme; and
• the quality of the information (e.g. how strongly respondents felt about the issue).

Experiences of Parents Living with Mental Health Problems:
Interview and focus group findings

The analysis is organised according to three predetermined areas of investigation. These were:
1. the lived experiences and concerns of parents: the key concerns facing parents who are experiencing or have experienced mental health problems;
2. coping strategies and service delivery responses: strategies used by parents to deal with their concerns, and service responses developed to meet the needs of parents from Cambodian, Vietnamese or Spanish-speaking backgrounds with mental health problems; and
3. strategies and services needed to meet the needs of parents: services required to meet the needs of parents from Cambodian, Vietnamese or Spanish-speaking backgrounds, who are experiencing or have experienced a mental health problem.
The data are organised within these three predetermined areas according to patterns and themes that emerged from the data. The aim was to ensure that these emergent themes were 'grounded' in the data. It should be noted that the themes identified from focus groups with parents and staff cannot possibly capture the diversity that exists within these population groups, and thus should not be taken as representative of all parents of culturally diverse backgrounds who have experienced a mental health problem.

Lived Experiences and Concerns of Parents

Overall, it was found that parents with mental health problems from Cambodian, Vietnamese and Spanish-speaking background communities shared common experiences and concerns. Therefore, the key issues that are presented below are generally shared by all three language groups. As expected, some of the identified concerns facing parents from culturally and linguistically diverse backgrounds with a mental health problem are similar to the experiences, generally, of parents who have not experienced mental health problems and who are from culturally and linguistically diverse backgrounds or from English speaking backgrounds. Therefore, some of the concerns reflect the common difficulties shared by parents living in Australia. The study, however, identified additional factors that impact on parents from the three language groups. Furthermore, a subset of these factors is specific to parents who are of refugee background and have experienced a mental health problem. They are issues and concerns unlikely to be experienced by parents or primary caregivers who have not been exposed to war or other traumatic events.

Parents were asked to discuss what it is like, in general, being a parent and then to focus specifically on what it is like being a parent coping with a mental health problem. Often the discussions held with parents were filled with passion and emotion, with several parents across the three language groups becoming tearful when discussing their concerns.

The concerns and issues expressed by parents and staff involved in focus groups were categorised into seven major themes. These were:

i. discipline in the Australian context;
ii. English proficiency and communication difficulties;
iii. intergenerational conflict;
iv. isolation and barriers to accessing services;
v. lack of knowledge about mental health and stigma;
vi. impact of trauma and torture experiences on parents; and
vii. impact of the resettlement process.

i. Discipline in the Australian context
The issue of discipline was consistently raised throughout the focus groups with parents and by the majority of staff interviewed. There was a general perception that
parents from the three language groups were more likely to use physical, stricter and less flexible forms of punishment than English speaking parents. Staff reported that parents who have mental health problems have difficulty disciplining, were inconsistent in disciplining and misunderstood the way they could discipline their children in the Australian context.

A problem area identified by parents and staff included children who were out of control due to ineffectual disciplining. The issue was exacerbated when parenting techniques learnt in the country of origin were not congruous with those in the host environment. The impact of ineffectual disciplining was interpreted by some parents and staff as leading to the involvement of young people in gang life, crime and in using or selling illicit drugs. An issue raised by several parents was the deliberate use of their under age children to commit crimes for gangs.

I have no tears to cry anymore. I don’t know what to do. It is beyond my limits. My son is involved in drugs, stealing things. He is 11 years of age. He is under age so they use him to do the break-ins, as he won’t be charged . . . He is doing community service at the moment. [Parent]

Parents from these three language groups were unable to rely on their traditional disciplining methods, and they were unable to effectively put into practice disciplining techniques acceptable to mainstream Australia. Staff reported that parents in such cases wanted an immediate solution to their parenting concerns, rather than an understanding of the causes of the behaviour of their children. The focus was on the need for parents to control the young person.

Parents from the targeted language groups viewed physical punishment as the only form of discipline they could competently administer to control their children. Staff noted that most parents were unaware of other possible strategies by which they could effectively discipline their children. Some parents did identify other methods of disciplining their children, but found these methods, in practice, to be ineffective. As a result most parents strongly felt that the form of discipline used should be left to the discretion of the parent.

When children are not going the right way and you try and explain to them, try to convince them verbally, they don’t listen. In here [Australia] we can’t discipline the children. Back home we can smack them; we can do what we can. But here, just verbally, they don’t pay much attention . . . The law here only respects the children’s rights, it is not willing to punish them. That is why they don’t pay much attention to parents and teachers, because there is not much that parents and teachers can do. [Parent]

Some parents reported that they were not carrying out their traditional disciplining methods, as they feared they would be reported to child protection authorities.
or the police. Some parents and staff mentioned cases in which young people had called or threatened to call the police because their parents had used physical punishment to discipline them. Two parents reported:

First expectation when I first arrive here I feel I would have a good chance to bring up my own children. But when they start school here, the children have protection from teachers and police, from everywhere. So parents have no rights to discipline the children... I feel that it is my right to smack my child. But the children say 'If you smack me, I am going to call the police.' [Parent]

I feel like we have less rights than the child and I find this disappointing. I feel like we can't discipline our children and that we get no respect. It is a big problem in this country. [Parent]

As a consequence, the majority of parents felt helpless, powerless, fearful or angry. These feelings were compounded by parents' perception that young people in Australia have more rights than adults.

In Australia, parents feel that [they] have no rights to discipline [their] own child, I feel that child has got so many supports from many organisations, that children lose respect for parents. [Parent]

If I tell my kids to go to bed, at the age of 11 or 12 years, they say no. And I see that there are stages where the kids are like birds, where the wings of the kids keep growing and growing and growing and there will be a time where they will reach a point where I will be unable to say anything to them, talk to them, where the parent doesn't have a right to say that what you are doing isn't right, whereas the kids have the right to do whatever they want. And I feel a lot of fears about that... It is not the same as before, back in [my home country] it was a solid family and very moral family and in Australia it is very much an individual society. [Parent]

Consequently most parents felt that their children had lost respect for them.

All the parents are having the same problem and the problems that are occurring here are due to the culture shock, coming to a different culture. Back home in [my home country] children living with parents have to respect them. [Parent]

Most parents highlighted what they felt was a major difference between teachers in their country of origin and teachers in Australia. For example, parents wanted school administrators to play a prominent role in the discipline of their children, as schools in their country of origin would. Staff highlighted that parents often felt powerless without the support of school administrators, who were seen to advocate and support the rights of children at the expense of the rights of parents.
In [my home country] the teacher has the right and responsibility to take charge of children and to make them learn. Parents have the right to discipline their own child and teachers have the same rights as parents. Parents expect them to discipline their children. Most of the children in [my home country] up to 18 years, always go in the right way, they respect their parents and go to school. [Parent]

Most parents felt that schools in Australia fostered an environment in which children were encouraged to question authority. Most parents identified the critical period of change for their children as the transition period from primary to high school. Most parents identified the high school period as optimal for service intervention.

The school here just teach the child not to respect the parents. At the moment I have two children in primary school and they behave OK, but I am worried about when they go to high school. [Parent]

Staff reported that parents placed high expectations on their children to succeed academically and that this could create a stressful environment for young people. Staff felt that due to language difficulties young people’s performance deteriorated. The need for support in such situations was seen by staff to be extremely important, but such support was not always available if a parent had a mental health problem.

**ii. English proficiency and communication difficulties**

Language was seen as an overriding issue, interacting with and exacerbating many of the concerns affecting parents. Lack of English proficiency was seen by staff as a critical issue that was more likely to affect parents from Cambodian and Vietnamese backgrounds. Staff noted that young people were able to learn English at a more rapid rate than their parents. This was seen as contributing to a communication gap between parents and young people.

Parents have communication problems with children because children speak English better than [Cambodian/Khmer/Spanish] and most parents speak fluent [Cambodian/Khmer/Spanish] but not English. So they misunderstand each other. [Parent]

Children who grow up here speak English. The communication between parents and young people is broken. They can’t communicate. The parents speak [a language other than English] to their children and their children say ‘Yes’ but they don’t really understand what is being said. [Parent]

Some parents felt that the ability of young people to learn English at a faster pace resulted in a power imbalance. Parents felt that the ability to speak English allowed young people to take control over all aspects of their lives. In effect, parents
equated the ability to communicate with power and freedom. As a consequence, parents felt powerless as they could not speak English and therefore felt that they could not take control of their lives or change their situation.

I feel that the kids as soon as they manage to learn the language, English, they start to manage the whole thing. Because it is the only way to learn English. Because that is how everything operates. So they can manage their home, they can manage society, their life, their school, everything . . . And it is one of my worries, the shift in power between kids and parents because of the language. [Parent]

The communication gap was further exacerbated, staff reported, due to parental mental health problems. Most parents felt that it was much more difficult for them to learn English due to the mental health problems they were experiencing.

iii. Intergenerational conflict
Cross-cultural as well as intergenerational conflict was identified by most staff as a key issue affecting young people and their parents. Family conflict was reported as an issue across all three communities, and as being exacerbated in families with parental mental illness and a leading cause of family breakdown. Staff noted that parents usually live according to their culture of origin, but young people were more likely to adopt the Australian way of life. Staff saw young people as living within two cultures. Consequently, parents often blamed young people for adopting aspects of the Australian culture of which they did not approve.

iv. Isolation and barriers to accessing services
The loss of extended family networks and kinship within the Khmer, Vietnamese and Spanish-speaking communities contributed to individuals feeling isolated and unsupported and exacerbated the problems most parents were experiencing within their families in Australia. Without the extended family networks, individuals often struggled to deal with their concerns until the situation reached a crisis point.

The issues of not having the full family, and the role of the extended family, are significant. Not having the full family does affect a lot. It is very common in our culture . . . that we usually work through the family and the family tree, use the family resources. Not having an extended family does affect the patterns in the family tree that have been blocked and stopped due to migration process. But at the same time even if you want to consolidate that and bring someone here, it is very difficult now. . . . It has all changed. [Parent]

Staff noted that not being able to rely on extended family networks forced some parents to depend on their children as interpreters, for paying bills and for the practicalities of daily life.
Most staff reported that isolation was a key factor affecting young people and parents who had experienced a mental health problem. Staff reported that parents regularly commented that they felt alone because no one could understand their everyday reality. Staff noted that many parents perceived their own experiences to be unique.

The isolation expressed by some parents was highlighted when they noted that they were unable to rely on anyone for assistance or support. These parents felt a constant pressure from their children who always relied upon them.

I am a parent on my own and you have to play two roles in one person, you can’t rely on anyone, you can’t consult with anyone or get support from anyone... especially if you get sick or they worry you or they need to talk to someone, the children always rely on you. [Parent]

Some parents reported that the pressure of running a family and the demands of daily living had exacerbated their mental health problems. A few parents noted that their family could not comprehend and were unsympathetic to the mental health problems they were experiencing. As a consequence, most families failed to adequately support the parent with a mental health problem.

The isolation experienced by parents was exacerbated by poor public transport availability, which hindered their access to services and community supports.

_geographic separation from parent_ — Some staff discussed the impact that a geographically separated or missing parent has on the functioning of the family unit. In such instances the separated or missing parent may not be granted permanent residency, they may be missing in the country of origin under questionable circumstances, or their whereabouts may be unknown. Some parents reported that they were unsure when they would see their partner again.

I have a one-year-old daughter and her father hasn’t seen her, because he is still in [country of origin] and we are having a lot of difficulty getting him to Australia. I am very depressed about it. [Parent]

In some instances a parent absent for an extended period is reunited with the family. Staff highlighted the difficulties such a situation can create. For example, a parent absent for an extended period, when reunited, enters the family as a new family member. New hierarchies are created, tensions are exacerbated and the dynamics of the family tested and redefined.

_v. Lack of knowledge about mental health and stigma_

Across the three language groups, staff noted that parents lacked knowledge about Western concepts of mental health. Staff felt that parents were also unaware of the effect that a parent’s mental health problem may have on a young person.
Staff reported that parents were not familiar with mental health services, counsellors and youth support services. Parents’ unfamiliarity with such services partly relates to the different welfare and health systems that exist in the country of origin. In addition, Western definitions and concepts of mental health, which may not be easily translated, further impact on parents’ and young people’s access to mental health and youth health services.

Parents from these three communities were likely to present to staff with a range of somatic complaints (e.g. backache, headache) as symptoms of psychological distress. Staff reported that Vietnamese and Cambodian parents experiencing mental health problems were more likely to be concurrently using two models of intervention — traditional models involving religion and physical therapy, as well as the Western psychiatric model. Even when the person of Vietnamese or Cambodian background was being treated by a psychiatrist they might also be relying on traditional healing practices (e.g. heat therapy, massage, acupuncture, natural therapies). Therefore, most staff felt that the provision of a holistic approach to service delivery was necessary.

Staff reported that the terms used to describe someone with a mental health problem across the three language groups were stigmatising. As a result staff noted that families kept the illness hidden from extended family members and friends, which placed a burden on all family members. Staff working with all three language groups reported that it was seen as taboo to go outside the family to talk about family problems, especially mental health problems. As a consequence children were often placed in a position where they would have to conceal their parents’ mental illness.

vi. Impact of torture and trauma experiences on parents
Parents from refugee backgrounds may experience difficulties in being effective parents. These difficulties may be a direct result of traumatic events and circumstances that interrupted the learning of parenting skills. Staff identified examples from all three communities which demonstrated that parents who had lost their own parents during childhood or adolescence had limited opportunity to learn appropriate parenting skills. Staff reported that the refugee experience had destroyed the concept of family for many parents.

Only a few parents openly discussed the impact of torture and trauma experiences. Some parents felt that they were unable to provide the emotional and practical support that their children required as a result of the emotions and fears generated by reliving the trauma they had experienced.

It is a very profound effect. It is very deeply affecting, when you have traumatic events that affect your life. Sometimes I am extremely depressed and I am living that moment of a lot of depression and sadness. And I have my two grandchildren next to me and I cannot concentrate on giving them the love and protection and the expres-
sion of telling them how much I love them. Because I am also going through that moment of a lot of conflicting feelings about what happened to me in the past. And that it is affecting my present life, and having the children with me at the same time. So I have to break that moment and get outside the house, have some time on my own and get back to this reality again that I have as the role of the grandmother. [Parent]

Sometimes when I am not well and I feel really bad, my 20-year-old girl will ask me about a problem at school. But I am looking at my daughter, but not listening, because I don’t have the capacity. I can’t take it in because of the trauma I have experienced. [Parent]

A small group of parents specifically identified torture and trauma experiences as affecting the quality of care they provided their children and their ability to parent. They specifically highlighted the difficulty they experience coping with their own emotional concerns and fears and their inability to assist their children with the emotional and practical concerns they face.

It is extremely hard and we cannot do a good job as a parent . . . because we are not in the condition needed to take care of the children and we have not the ability to deal with the child, our faculties are not in good condition to cope with the situation. And children can suffer a lot in these difficult times. They need stability, and they need stability in practical ways and emotional ways. [Parent]

Staff noted that some parents with a mental health problem did not have the ability to take care of themselves nor were they able to take care of their children. Examples such as the provision of basic needs, adequate food, clean clothes, and regular school attendance were noted.

Staff in general identified parents of refugee background as being more likely to experience mental health problems. Staff also mentioned that parents who have experienced extreme difficulties and who have remained together for purposes of survival, may find that their marital relationship deteriorates or ends when they settle in Australia, as the stress that bound them has abated.

vii. Impact of the resettlement process
Staff highlighted the difficulties that families encounter in the resettlement process. Lack of a steady income, establishing themselves in the country, finding appropriate housing and learning a new language, were key issues that affected the Cambodian and Vietnamese communities and to a lesser degree, the Spanish-speaking community. As a consequence, staff reported that all of the parents’ energy was often devoted to the resettlement process. This in many cases resulted in the masking of mental health problems, which often surfaced after the initial
resettlement process. Some staff noted the immediate demands placed on parents to negotiate the ongoing needs of their families during resettlement also resulted in some children's emotional needs being neglected.

Some parents noted the policy restricting benefits to migrants for a period of two years had placed them under a huge amount of stress.

*Common problems* — Staff also identified a wide range of problems common to many sectors of society that could impinge on parents with a mental health problem. They included: domestic violence issues, drug and alcohol issues, physical and sexual abuse issues, crime, gambling, child protection issues, child custody issues, unemployment and subsequent financial difficulties.

**Coping Strategies Used by Parents**

Parents experiencing mental health problems from the three language groups targeted were simply asked how they coped with the concerns discussed in the previous section.

The coping strategies identified by parents have been summarised into three themes. These were:

i. use of counselling interventions;

ii. reliance on family support; and

iii. unable to cope.

*i. Counselling interventions*

Most parents interviewed noted that they had received counselling or support services to help them deal with their mental health problems and the trauma that they had experienced. Most parents noted that the counselling they had received had assisted them greatly.

Some parents of Cambodian background reported attending a language-specific (Khmer) parenting program. Although the parenting program was found to be extremely useful, one of the parents highlighted the difficulty of implementing parenting techniques that were incongruous with their own parenting.

I come here for the parenting skills, and [then] I go home and try to apply what I have learnt. When I speak to the children, they say ‘What did you say, what did you mean’.

[Parent]

*ii. Family support*

Several parents highlighted the importance of having a supportive, loving family that was available to provide emotional and practical assistance when required. One of the grandparents highlighted the important role of grandparents, who were often seen as a valuable resource.
Grandparents are extremely important for us and they are usually living with us... Having the grandparents living with you is extremely, extremely important in emotional and practical ways. [Parent]

iii. Unable to cope
Some parents reported that they were unable to cope with the concerns they faced. As a result, some parents’ mental health problems were exacerbated; others became emotionally labile, while other parents reported feelings of helplessness. Some parents noted that they had no family network here in Australia and therefore found it extremely difficult to manage.

No family support network here. No family support, no family support. Not like back home, everyone here wants to be individualistic. [Parent]

A few parents reported that they were ignored when they attempted to discuss their concerns openly with their family.

They try to change the topic. If someone has a mental health problem. If someone has the problem, depression or stress or angry or whatever at home they change the topic. And it can create a lot of family problems and family breakdown. [Parent]

Service Delivery Responses
Staff reported that services were inadequate in addressing the parenting concerns of parents with a mental health problem. Some mental health staff noted that they targeted parenting issues with their clients on an individual basis. However, they did not have a systematic approach to address the parenting needs of parents who have experienced a mental health problem. Although several services had developed parenting programs, these programs were not specifically designed for parents with mental health problems.

Most of the parents involved in focus groups for this research project were engaged through bilingual mental health workers. This population of parents was, therefore, able to easily identify mental health and counselling services they had received and benefited from. However, parents in general were disappointed that assistance to deal with the problems they faced with their children, or parenting concerns, had not been addressed. The services engaged by parents were effectively dealing with their mental health and welfare concerns, but had not been able to change the situation that parents faced with their children.

Service Delivery Needs
Parents were specifically asked what assistance, services or interventions they would like to receive to assist them with concerns they faced with their children.
The help parents requested but were not currently receiving was categorised into five areas. These were:
i. assistance with disciplining young people;
ii. school issues;
iii. expanding existing services;
iv. parenting skills workshops and programs; and
v. social activities.

i. Assistance with disciplining young people
The most prominent intervention requested by the majority of parents (all parents of Cambodian background and most parents of Vietnamese background) was the need for immediate involvement of the school system or government body in disciplining their children. Suggestions for disciplining their children included the organisation of a camp, the initiation of a military school or group home that would discipline their children and provide the educational framework they needed. Most parents wanted schools to become more actively involved in the management and discipline of their children.

The only thing that can help is for the government to organise a centre to discipline the children. Create a camp and teach them to be disciplined. [Parent]

We would like to put our children in a group home, like a military camp that will punish them, discipline them. If I put my child in gaol it doesn’t do anything, when he is released he just go back to the same way, he don’t change. Only a military school can discipline the children. If the government could put our children in a military camp, group home, and in the proper grade, 7, 8, 9 so they could get an education. And when they get better then they could be released. If the government could organise that camp then all the children would have a better future, by doing the right thing. This can educate other children not to act badly as they will end up in the camp, so they will act as good citizens. [Parent]

To put them into a group home, to discipline them. To put them up as state wards. To put them in like an army home, where they are kept there and disciplined. For the government to take responsibility and to put them in these places. [Parent]

If the school had the ability to adopt the program to discipline the children. [Parent]

In [my home country] teachers can discipline the children. [They should] see if they can implement that here. [Parent]

An underlying feeling of helplessness and powerlessness was evident throughout this discussion. Parents were at a loss as to what they could do for their children. They wanted the authorities to take over some aspects of parenting respon-
sibilities. They seemed to feel that those institutions might have the right to enforce the necessary authoritarian disciplinary strategies.

Most parents also felt their rights to discipline their children had been severely restricted. Consequently, parents requested that greater latitude be given to allow them to discipline their child in a way they feel will be effective in changing their child’s behaviour.

Parents need more right to discipline the child. They feel a loss of control . . . the parent is controlled by the child. [Parent]

To give the rights to the parents to discipline the children. Ask the police not to limit the rights of parents and to have set rules and laws that define what will happen to children if they break the law, not just supporting the children. If it can happen then these problems can be minimised; minimise the problems in the family. [Parent]

A few parents highlighted the importance of overcoming the language barrier between them and their children if any methods of disciplining were to be effectively implemented. This could involve a bilingual worker acting as an inter-

mediary.

When I try to discipline my son . . . he only understands half the terms I say to him, so he doesn’t comprehend all that I am saying. If I can send a child to come and see any worker to explain the rules and the guidelines and the law, related to legal, then I would appreciate it . . . when the parents discipline them they speak in difficult terms and they don’t understand, most children speak English. [Parent]

ii. School issues

Most parents noted that schools could be an important avenue for implementing programs that assist young people and parents. Parents felt that the academic performance of their child would always be of paramount importance. Programs that could capitalise on this information would be more effective at making inroads into accessing parents, provided efforts were made to accommodate the involve-

ment of parents.

Because parents and grandparents are always going to be worried about how the kids are going at school. But at the same time to do that the schools and other organisations should be aware of the negative aspects, like if the parents are working during the day, if they need access to childcare, access to transport, interpreter for it to be done . . . schools are the best way to attract parents. [Parent]

Some parents also felt that school counsellors and teachers should provide more support to children who have a parent with a mental health problem. In such a
circumstance parents felt their children were at a disadvantage academically because parents were unable to provide their children with the guidance and support needed due to their mental health concerns.

Some parents noted that being unable to speak English was a major barrier to becoming involved in their children's schoolwork. Some parents requested assistance with keeping their children in school.

iii. Expanding existing services
Most parents felt that existing services were not meeting the growing demands of the communities they targeted. Most parents requested that services provided for their communities be enhanced.

A common request made by parents was the need for more ethnpecific workers, primarily counsellors who were available on a full-time basis. The provision of multicultural services across vast areas by a lone part-time worker was considered inadequate.

They need more workers who speak [my language] and English in this area. Just English speaker they don't understand. Need someone who is full time, a full-time worker. [Parent]

Some parents reported that the inadequate public transport infrastructure would have to be improved if they were to be able to access services.

Some parents reported a lack of awareness of not only mental health services but services in general, available to assist them.

Lack of English language literacy was identified as a major barrier to accessing services.

iv. Parenting skills workshop and programs
Some parents requested the implementation of parenting programs that focused on parenting adolescents. Some of the issues that could be covered in the program were highlighted by parents as: developing better relationships in the family, understanding young people, parenting techniques for adolescents, and disciplining methods. The need for parenting programs was intensified by the lack of extended family support, the lack of parenting role models and the existing difficulties with their children that parents reported.

A few parents simply noted that they only needed ongoing support from their bilingual counsellor.

v. Social activities
Some parents strongly requested the organisation of social activities, ethnpecific social groups and culturally appropriate functions for parents. The outings could reduce the isolation of parents and strengthen their support networks.
Group outings to release the tension once in a while and to break the isolation. Excursions could include BBQs, picnics, a change in the environment. If you are in a group then you feel that you are not the only one in this situation. [Parent]

Staff saw the organisation of outings and excursions as an effective strategy for increasing the attractiveness of programs and, consequently, the number of parents attending a service. Staff also reported that in general parents of culturally diverse backgrounds might first come to a service for recreational purposes rather than health purposes. Once the parent is comfortable with the service he or she may feel that they can access a counsellor or other programs run by the service.

In relation to the isolation that parents felt, most staff noted that more outings and recreational activities and social gatherings were required. Some parents who have been in Australia for many years noted that they were still unable to travel anywhere unless accompanied.

Meeting the Needs of Parents: Future directions

Staff were asked to identify in what ways existing services could better address the needs of parents with a mental health problem. The issues raised by staff related to the specific design of services and programs, as well as improving service delivery to culturally and linguistically diverse populations. Staff training needs were also identified, e.g. acquiring skills in working with parents with a mental health problem. The issues raised by staff have been categorised into the following themes:

i. working in partnership;
ii. accessing culturally and linguistically appropriate services and resources;
iii. pursuing other options for intervention;
iv. multidisciplinary approach to service delivery;
v. staff training needs;
vi. stocktake; and
vii. future research.

i. Working in partnership
Most staff emphasised the importance of working in partnership with parents who have experienced a mental health problem from the outset in developing programs and services. The involvement of parents in the development and implementation of programs will make these programs more relevant and appropriate, and will provide parents with a sense of ownership of the program or service.

ii. Accessing culturally and linguistically appropriate services and resources
The majority of staff identified language and cultural issues as the major barriers to parents of Cambodian, Vietnamese and Spanish-speaking background accessing services. Most staff identified a lack of awareness amongst parents and young
people of the availability of services that could assist them. This situation was exacerbated by poor English language skills.

Staff reported the limited number of translated resources in a wide range of community languages created a barrier in providing timely and appropriate information to clients. Bilingual workers highlighted the need for translated information that was culturally appropriate and used mental health terminology that was easily understood by the community targeted. Most staff identified a dearth of appropriately translated material about the roles of mental health services and youth services available in community languages. Staff also felt that translated information, when available, was not being proactively promoted and distributed to parents.

Staff reported an urgent need for further resources to be allocated, and in particular for additional funding, for projects that specifically targeted culturally and linguistically diverse communities. In addition, staff noted that funding should be made available for the development of services and resources that are culturally and linguistically appropriate for both young people living with a parent with mental health problems and for parents who have mental health problems.

Staff also noted the need for services to be promoted more broadly through the ethnic media in community languages.

Some staff highlighted the myriad of problems parents of culturally and linguistically diverse backgrounds may encounter accessing services. Even when interpreters are used the concepts being translated may be very difficult to interpret, may lose all meaning or may take on a very different meaning once translated. Also, some of the concepts that describe programs may not be easily translatable or have equivalent phrases. For example, staff reported that in Vietnamese there is no equivalent translation for ‘parents in a group run by a psychologist’ or for a ‘youth service’; the concepts are quite foreign.

An inadequate public transport system was identified as a major barrier to parents accessing services in the South Western Sydney Area, especially elderly parents and grandparents. The importance of outreach work was highlighted as a strategy that could overcome this barrier.

Staff reported that stigma and secrecy about mental health problems acted as a barrier to parents of Cambodian, Vietnamese and Spanish-speaking background accessing services. Staff reported that parents’ and young people’s tendency to access services was dependent to a certain extent upon the degree of stigma communities attached to mental health problems and help-seeking behaviour. Staff felt that there was a need for the issue of stigma to be addressed.

iii. Pursuing other options for intervention

Some staff noted that the Western biomedical framework that services are grounded in was a barrier to some Cambodian, Vietnamese and Spanish-speaking background communities accessing services. Some communities may not be familiar with or interested in ‘counselling’ interventions. Alternative interventions
that did not rely on counselling were therefore requested. Some staff working with parents of culturally diverse backgrounds who were resistant to counselling interventions found parents were more likely to approach a service for information or assistance for their welfare needs. The provision of such practical services was seen by some staff as an essential element to engaging parents to utilise a service that also provided counselling.

The inability of some services to work with families also posed a barrier. Some staff felt that they were limited if they were unable to work systemically.

Funding for ethnospecific positions: Most staff suggested the need for the creation of ethnospecific mental health positions. One of the major barriers highlighted by staff was the limited number of bilingual mental health and youth health workers available to service large geographical areas on a part-time basis. One staff member highlighted the need for more ethnospecific female counsellors, who could work with victims of torture or rape. The need to address the problem of ever-growing waiting lists was emphasised.

Staff also requested the development of a media campaign to promote the role of bilingual workers to the community.

Some staff noted that parents are more likely to access a service because they know and trust a worker. It was recognised that further networking with communities of culturally diverse backgrounds was needed. Staff noted that in many cases parents were receiving mental health services for the first time, therefore a degree of mistrust about the service would be expected.

iv. Multidisciplinary approach to service delivery

In general, staff reported that they worked in isolation. Most staff emphasised a need for cooperation and coordination between services. The importance of youth services working in conjunction with adult mental health services, and vice versa, was highlighted.

A multidisciplinary approach would allow a more integrated approach to the care provided to parents. For example, parents of Vietnamese background experiencing a mental health problem may need a combination of services including counselling, welfare and practical assistance, as well as physical therapies like massage and physiotherapy. Staff reported a need for more comprehensive and holistic therapies that would meet the complicated needs of patients, including parents, as they tended to present with physiological/somatic symptoms of psychological distress rather than emotional problems. There is therefore a need for a combined approach to treatment. Difficulty arises when services are not able to combine traditional and western models of practice for the client’s benefit.

Some staff felt that, ideally, if there were adequate resources, stable case loads and more structure, the implementation of a preventive model of care could replace the current crisis-based model. Staff that worked with young people and adults
highlighted the need for after-hours services. Several staff members noted the importance of community education. Some staff working with parents noted the need for psycho-education initiatives.

Staff in general felt that GPs were usually a first point of contact and that more work needed to involve them. General practitioners needed to be aware of transcultural issues, especially if the client had experienced torture and trauma.

v. Staff training needs
Staff reported that workers needed to be more accessible and culturally sensitive. Most staff expressed a need for further training particularly in cross-cultural awareness and in issues that related directly to parents of culturally diverse backgrounds experiencing mental health problems. Similarly workers highlighted the need for further education and training on how to work transculturally.

Staff highlighted the need to be trained to work effectively with interpreters in therapeutic settings. They also requested specific training in teaching and modelling parenting skills and for evidence-based parenting programs that could be adapted to their needs.

vi. Stocktake
Most staff identified the need for a stocktake of programs targeting parents experiencing mental health problems, with a focus on parenting programs. Staff requested the identification of services and programs that were evidence-based and had been evaluated.

vii. Future research
Some staff requested further research be conducted on parenting styles within the three communities. In general staff requested a better understanding of research in the area of young people of culturally diverse backgrounds with a parent with a mental illness, and greater understanding of the issues affecting parents of culturally diverse backgrounds with a mental health problem and the impact on their children.

Future Directions and Recommendations

The research findings indicate a negative impact on the mental and physical well-being of parents of culturally diverse backgrounds with a mental health problem involved in the focus groups. The concerns faced by parents of Cambodian, Vietnamese and Spanish-speaking backgrounds are multiple, complex and synergistic. The challenges of understanding and addressing their needs is not only the responsibility of mental health and health services in general, but also must be addressed and linked in with other relevant systems such as community groups,
churches and community leaders, as well as involving education, child welfare and juvenile justice.

The findings presented raise a number of considerations that need to be addressed at local, state and national levels if a coordinated approach to care is to be provided for parents from culturally diverse backgrounds with mental health problems and their children. These include the need for:

1. public awareness campaigns to enhance the community’s knowledge and identification of mental health problems, to increase community resilience and reduce stigma through the provision of translated material in a diverse range of media, such as ethnic radio programs and print campaigns;
2. development of resources that are culturally and linguistically appropriate which provide parents with information on available mental health and health services and youth health services that is appropriate for both parents and their children;
3. research to examine parenting across cultures and the effects of parenting between cultures on young people within the Australian context;
4. the development of a coordinated state and national database for the collection of relevant health and epidemiological data on parents living with mental health problems;
5. a stocktake of evidence-based parenting programs;
6. staff training on child and adolescent development and parenting across cultures, as well as increasing sensitivity and cultural awareness;
7. staff training on the impact mental health problems, migration and resettlement experiences can have on parents and parenting;
8. the collaboration of relevant services;
9. the development of good practice protocols for managing the care of children and young people whose parents have a mental health problem;
10. the provision of support groups, psycho-education and parenting programs for parents experiencing mental health problems; and
11. the involvement of parents with mental health problems from culturally diverse backgrounds in partnership with service providers in the development, implementation, management and evaluation of services.

The effectiveness of culturally appropriate programs targeting such parents needs to be developed in a way that addresses the diversity of the population targeted. This requires the involvement of parents from culturally diverse backgrounds in partnership with mental health and health services and any other relevant system impacting their lives. Their ongoing involvement with regard to program development, delivery and evaluation will facilitate the effectiveness of any interventions (Sozomenou, Mitchell, Fitzgerald, Malak & Silove, 1999).

‘Parenting is a social act’ (Gabarino 1995; cited Blunt 2000). To parent effectively parents need support — either by talking to other parents, sharing tasks with
members of extended family or using services. The findings presented also offer direction for the development of parenting programs. Parenting programs targeting parents with mental health problems should consider:

- increasing parental self-esteem and self-efficacy to enhance competence in and promote the use of non-physical discipline techniques. This should include discussion of Australian child protection laws;
- promoting parents’ awareness of the impact mental health problems have on themselves and their family;
- increasing awareness of mental health symptomatology;
- promoting parents’ awareness of the effects of migration, resettlement, the refugee experience as well as the impact of torture and trauma on parenting;
- promoting parental understanding of how systems work, including mental health services, youth health service, school system and the legal system;
- promoting parental understanding of mental health, youth health services and the role of bilingual health professionals;
- developing strategies for developing informal and formal support systems with the option of utilising group participants to form a support network or social group;
- developing strategies to deal with cross-cultural and intergenerational conflict;
- developing strategies to deal with stigma and discrimination;
- identifying parents’ strengths and using these to enhance parenting;
- highlighting that parents are experts on their own situations;
- strengthening parents’ ability to transmit their cultural practices and beliefs; and
- increasing parents’ ability to meet their own and their children’s needs in a way that maintains family harmony and is culturally appropriate.

The challenge for parents from culturally diverse backgrounds is to maintain a strong ethnic identity while incorporating positive aspects of Australian society into parenting styles (Blunt, 2000). This chapter has focused on additional challenges that parents experiencing mental health problems from culturally diverse backgrounds face, as well as on strategies that parents and services can use to facilitate the strengthening of parenting roles in the face of adversity. The hopes and challenges of migration and resettlement can often overshadow the impact that such experiences can have on the role of parenting. In such circumstances parenting can become disrupted, adding stresses to the emotional wellbeing of individuals, families and communities. The need to develop culturally appropriate programs for parents with mental health problems who are parenting adolescents within an Australian context is paramount in working towards better mental health for all in the future.
References


