

Mental Health Professionals' Perspectives of the Role of Spirituality, Religion, and Culture on the Mental Health of African Australians

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Abstract

Introduction and Background: Australia is an epitome of a culturally diverse nation in the world, with at least half of its population identifying as being culturally and linguistically diverse (CALD). Amongst the CALD community is a group of people who identify as African Australian. There has been an exponential increase of African migrants' worldwide over the last couple of decades with the latest Australian population census reporting that nearly 400 000 people living in Australia identified as African Australian. Australian based research revealed that treated incidents of first episode psychosis for African youths from North Africa and Sub-Saharan Africa to be three times higher than their Australian born counterparts. Research has also revealed disparities in care provisions and gaps relating to African Australians.

Aim: We aimed to explore the experiences of healthcare professionals with regards to the mental health of African Australians. The current study is couched within a larger phenomenological study investigating the role of spirituality religion and culture on the role of spirituality, religion, and culture on the mental health of African Australians.

Methods: The current study employs an interpretive phenomenology approach as the purpose of the study is to explore the views and lived experience of mental health professionals.

Results: Three major themes and subthemes were identified: (1) the impact on consumer experience (benefits or salutary factors, challenges, or deleterious factors), (2) sociocultural factors (role of stigma, community, family) and (3) systemic inadequacies.

Conclusion: The study results concur with results of previous studies and reveal a gap in service provision for African Australians, particularly with the lack of lived experience workers, community engagement workers and African liaison personnel. Furthermore, the study has revealed a lack of referrals for psychotherapies for African mental health service users on the background of language and this appears to compound treatment gap in service provision for this cohort. Stigma is also highlighted in study as bringing shame, labelling, as well as guilt to the family and can potentially hinder marriage prospects for consumers, hence preference to default treating mental health by cultural, religious, or spiritual means. The current study also reveals a lack of diversity in mental health professionals as well as gaps in cultural formulation and the limitations of existing diagnostic tools like DSM-5 in addressing cultural nuances.

