

## POSTER ABSTRACT

# Reconciling Incommensurate World Health Views and Explanatory Models of Mental Illness: A New Model of Integrated Mental Health Care for Culturally Diverse Populations

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Christopher Kewley, Michael Hazelton, Louise Newman

University of Newcastle, Australia

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**Introduction:** Although refugees from Ethiopia, Somalia, North and South Sudan constitute a major percentage of the 21.3 million refugees globally, there is scant research focussed on understanding how their beliefs influence attribution of mental illness and help seeking behaviour and integration following resettlement in a western donor country. The foci of this critical ethnographic study examined the complex interface between African refugee pluralistic models of mental illness and barriers to engagement and integration with mainstream mental health services following resettlement in Australia.

**Method and Analysis:** The study used semi-structured interviewing, participatory and non-participatory observation from three data sources i.e., 1 African refugees that entered Australia via the Off-shore Humanitarian Pathway; 2 specialist workers in cross-cultural and refugee health; and 3 African diaspora registered professionals practicing in Australia and native to one of the aforementioned African countries. Participants were recruited through snowballing achieving an even participant spread across all four ethnic groups and three data sources.

Data saturation was achieved at n=35 interviews with thematic exhaustion noted across all three data group transcripts. The interviews were transcribed verbatim and subjected to a four step process of thematic analysis utilising NVivo10 software. Internal validity was maintained through triangulation of data and the use of a cultural informants group of community leaders who advised on issue of lexicon, contextual and conceptual equivalence. Peer review was applied to the final Stage of the thematic process.

**Results:** The study identified four main themes which highlight points of cultural difference and the importance of cultural/religious/ spiritual beliefs to the health understanding and help seeking behaviour of refugees from Sub-Saharan Africa. Each of these themes constitute a significant intercultural tension point that act as a barrier to therapeutic engagement between African refugees and western mental health services. Duplicity of the tension points also act as a barrier to the penetration of western psychoeducation within Sub-Saharan African refugee communities.

**Discussion:** This research demonstrates that African refugees hold strongly to their pluralistic models of mental illness regardless of their length of residency in a westerner donor country or level of educational attainment. Majority continue to view causation of behaviour indicative of mental illness within a western context as spiritual as opposed to biopsychosocial and continue to attend traditional and faith healers within the diaspora until they become acutely unwell or self-repatriated back to their country of origin for traditional healing.

This paper will discuss the incommensurate world views of refugees from Sub-Saharan Africa and western mental health services and offer a new model of integrated mental health care for culturally diverse populations.

**Limitations:** The qualitative nature of this study and restriction to four African ethnic refugee groups could be viewed as a limitation in terms of narrowing the focus of analysis and replicability to other Sub-Sharan countries and vulnerable populations

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**Keywords:** critical ethnography; sub-saharan africa; explanatory models; mental illness

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