



Conversations
Matter

Supporting Culturally and Linguistically Diverse (CALD) communities to talk about suicide



Practical tips for professionals engaging and supporting CALD communities to talk about suicide

The following information is intended to supplement the existing ‘Conversations Matter’ resources and has been designed for people working in professional or leadership roles with communities in a range of settings.

This resource was produced by Everymind in partnership with the Transcultural Mental Health Centre and included consultation with CALD community members and professionals. It was made possible by the NSW Mental Health Commission. For further advice or support contact the services listed at the end of this fact sheet.

Engaging with communities to openly talk about suicide can assist with managing negative feelings, and initiate steps to making positive changes. Having conversations can strengthen ties with support networks and contribute to overall mental

health and wellbeing. While there are key issues to consider, it is essential to recognise that no one community is the same and there is great diversity within cultures.

There are a number of factors which must be considered before initiating conversations with CALD communities, such as understanding the risks and vulnerabilities to suicide, fear and stigma associated with mental health problems, varying traditions when discussing sensitive subjects and concerns around confidentiality.

Things to remember:

- Be aware of how culture can impact conversations about suicide
- Work in partnership with communities to meet specific needs and ensure cultural appropriateness
- Include family members in conversations and identify opportunities for intergenerational learning
- Speak with community leaders and other community representatives when planning any group discussion
- Work with local community media and other organisations to reach people who may not participate in community events.

Understanding the risks and vulnerabilities

Lack of understanding about suicide and its contributing factors can be a barrier to conversations.

Being aware of country of origin contexts is essential in understanding migrant suicide risks. Suicide rates vary depending on the country of origin and often reflect the rates of these countries.

Statistics regarding suicide in CALD communities are not routinely captured. Many of the statistics which are available relate to specific population groups rather than overall rates and should be interpreted with caution.

When initiating a conversation, a professional should take into consideration the various vulnerabilities and risk factors that could potentially expose people from CALD communities to thoughts and behaviours associated with self-harm.

Migration: The migration process can be challenging as it involves considerable changes to physical, social, cultural and economic environments. The level of stress experienced depends on the reasons for migration (for example escaping war, being a victim of trauma or torture). Loss of familiar landmarks and psychosocial support networks can exacerbate even minor distress. Difficulties coping with migration-related stress may greatly impact on the development of suicidal behaviour.

Resettlement: Resettlement in a new country can be very difficult as people adjust to new environments and living in communities with different norms and social and cultural values. Other challenges relating to resettlement include finding suitable employment, accommodation and building social networks and supports.

Acculturation: Acculturation is the process of change experienced when living in a new country. This has been linked to stress and emotional problems including anxiety, depression, and feelings of isolation, alienation and low self-esteem.

Racism and discrimination: Experiencing racism and discrimination may lead to isolation and social withdrawal.

Factors influencing help-seeking behaviour

A number of factors can influence help-seeking behaviour in people from CALD communities. These include language barriers, limited knowledge about available services and resources, stigma, religious beliefs and concerns about confidentiality.

Stigma: Stigma has the potential to limit engagement with health professionals and other help-seeking behaviour. It is common for people to feel reluctant to seek help due to fear of judgment or being publicly exposed, especially within small communities where information sharing is common.

Religious beliefs: Many people living in CALD communities are influenced and guided by religious or spiritual principles. Religion can sometimes hinder conversations about suicide, as the act of suicide may be seen as a sin and be associated with condemnation. In cases where a suicide has occurred, families may conceal the cause of death to avoid consequences such as the family being blamed for the death, or not being able to participate in religious funerals.

Confidentiality: Lack of trust regarding confidentiality and privacy may stop conversations from occurring because of fear that what has been discussed will be communicated to family or community members.

Protective factors

Protective factors play a role in opening up dialogue about suicide within CALD communities. In times of adversity or hardship, people often tap into existing supports and networks such as strong family and social relationships, supportive environments and community connections.

Further, engaging with community and spiritual leaders can be effective as these people are highly respected in the community and have the ability to drive change within a social context.

The impact of culture on conversations about suicide

When having any conversation about suicide, it's important to consider different levels of understanding. This is particularly relevant when working with a CALD community.

While cultural beliefs may have an impact on conversations about suicide, they should not be a reason to avoid the subject.

In many communities, suicide is very rarely spoken about and may be viewed as unacceptable, a sin or a crime. Historically, some suicides may have been covered up or denied.

Some communities may be fearful of talking about suicide due to concerns about suicide contagion or the impact of stigma.

Be aware of these factors and approach communities in respectful and empowering ways.

Conversations with individuals

Culture matters

- Ask polite questions to learn more about the relevance of culture to the person.
- Consider the person's level of understanding about suicide.
- Consider how the person's background might be relevant, for example, if a young person grew up between two cultures, or the person has recently arrived and is adapting to a new culture.
- Practise trauma-informed care.

Language matters

- When starting conversations about suicide, ensure appropriate use of culturally inclusive language and employ professional interpreters if there are language barriers.
- Terminology associated with mental health, mental illness and wellbeing might not be well understood, or might be confronting. Prepare people for sensitive questions and avoid direct questions.

For example: “Sometimes people will feel sad or worried, or may be having a tough time. Some people who feel like this may think about taking their life but it is good to know that help is available.”

Family matters

In many cultures, families are important for support. Think about whether it may be helpful to include the person's family in discussions and also what support the family might need when discussing suicide.

Legal matters

Take the time to explain the person's rights and legal protections in terms that can be understood, especially in relation to confidentiality.

Conversations with communities

Empowering communities

There is as much diversity within cultures as between cultures. Many CALD communities will have shared experiences of migration which can assist in supporting conversations.

Providing services and education in a cross-cultural context can be perplexing for health professionals. Some people will be reluctant to speak about suicide and other emotional health issues within their community, or even to an interpreter, due to shame and stigma. Others may prefer to keep the conversation within their cultural community.

Utilising existing structures in communities such as community support groups, support services and social groups can be a good starting point.

Sharing personal stories can be a useful way to identify shared experiences and also discuss help-seeking and support.

“We should work to educate, engage and empower.”

Conversations Matter ‘When holding group discussions about suicide prevention’ provides more information about sharing personal stories and is available at [conversationsmatter.org.au](https://www.conversationsmatter.org.au)

Understanding language

The word “suicide” does not always translate into other languages or the translation can be associated with religious or criminal contexts.

When talking to communities or individuals, it is important to be conscious of beliefs about mental health, mental illness or general notions of wellbeing.

These issues may not often be spoken about in some communities. If they are spoken about, the concepts may not be understood. These conversations need context to be acceptable for many people. It may be more helpful to provide information and education before speaking directly.

For example, don't say:

“Depression and anxiety may be risk factors for suicide. People should seek help through relevant crisis or support services.”

Rather it may be more helpful to talk about the issues more broadly.

For example:

“Sometimes people will feel sad or worried, or may be having a tough time being away from their family and trying to adjust to a new country. Some people who feel like this may think about taking their own life, but it is important to know that help is available.”

Consider the intended audience's level of understanding about suicide prior to engaging with them.

Some people may revert to their first language when in distress. Lack of access to health professionals or interpreters who speak that language may increase distress. Where suicidal thoughts are considered spiritual, rather than health-related, people may only wish to confide in a religious leader.

When working with a community where there is a language barrier, engage with accredited health care interpreters.

Talking with families

Families can play a vital role in conversations about suicide within CALD communities. It is not uncommon for families to experience stigma, particularly when bereaved by suicide, and this can lead to families feeling isolated from their communities.

Having conversations at a community level can be a useful way to break down misunderstandings and ensure those bereaved by suicide are supported.

“In some cultures they don't mention it, they don't talk about it, it's a family problem and other families don't talk about it... talking about it can reduce it.”

Having conversations with older generations

A risk factor for suicide in older people is the feeling that they have become a burden to their family. For some, this may be a result of becoming more reliant on family members for financial, social and physical support. Help families understand these concerns if they arise.

In some communities, there may be tension between traditions of caring for the elderly and a lack of extended family to do so.

Including suicide prevention conversations as part of intergenerational education or community groups can assist to reduce feelings of isolation and bridge gaps between generations.

For example: When planning a group discussion about suicide prevention and wellbeing, how could older and younger generations learn from each other? Could a young person and older person from the same cultural group sit on a panel and speak about their experiences?

Working with community leaders

Community leaders can open doors and may also bring a level of legitimacy to conversations about suicide occurring between professionals and communities.

Religion plays a central role in some cultures and religious leaders and other representatives can strongly influence community attitudes towards issues such as suicide.

Promoting opportunities for community leaders to guide discussions and educate communities about suicide can be a constructive way of engaging people with this issue.

When planning a community suicide prevention activity, it is useful to consider the following:

- Is there an established forum that could be used to lend acceptance and credibility to your message?
- Is there a suitable community leader who could assist in event planning?
- What information should be provided?

For example: Would it be useful to hold a planning meeting with the identified person or group to discuss goals and how the event will support the community?

- What role should the community leader have? Is it possible to support this person to run the event or should the community leader attend and introduce the topic to the community?

The best way to address the above is to have as many conversations as possible. Suicide prevention activities should be well-planned and supported to maximise positive outcomes for participants.

When working with community leaders after a suicide it is useful to consider the following:

- What potential differences in understanding about suicide deaths may be occurring?

For example: Does the person believe suicide is a sin or crime that should not be discussed?

- Is there a cultural taboo about discussing suicide or the circumstances of a death?
- Is there a need to provide information regarding suicide, including myths and misconceptions?

- Who else could be included in the conversations? Is there someone in the community who has the authority to provide guidance and support?

For example: Are there transcultural mental health services that could assist?

Guiding culturally sensitive conversations

When considering who might be best placed to guide culturally sensitive conversations about suicide in a community setting, it may be useful to consider who would have a good understanding of:

- Migration, settlement and acculturation;
- Effects of racism and discrimination;
- Mental health and mental illness;
- Risk factors for suicide;
- Treatment for mental health problems in the community.

Other issues to consider:

- How comfortable are people when discussing mental health issues?
- Establishing trust regarding confidentiality when disclosing sensitive information;
- Employing professional interpreters, if this is required.

Working with the media

Media can be a powerful tool to bring CALD communities into conversations about suicide. Frame messages to raise awareness and initiate conversations.

Community radio and local newspapers can be useful tools for introducing a community, in particular the older generations, to new information.

The national *Mindframe* program is funded to support the safe and responsible coverage of suicide and mental illness and can provide support to professionals who may wish to engage with the media. *Mindframe* also provides information and training to media to support the culturally appropriate coverage of suicide in CALD communities. Visit mindframe.org.au for more information.

Encourage people to seek help

Always provide relevant options for seeking help, including details for 24/7 crisis services.

Be aware of the needs of different communities and, where possible, provide culturally appropriate options.

If speaking to a group, let the audience know that it is okay to reach out for help and encourage discussion with people they trust, such as family, friends, teachers, colleagues or professional services.

Learn about other services and supports

This resource is a basic introduction to what can be said or done when initiating or holding a discussion about suicide or suicide prevention in the community. There are a range of other services and resources that can assist.

Take a look at the links below or for further information visit the *Conversations Matter* website - conversationsmatter.org.au

Services and supports

Lifeline

13 11 14 | text 0477 13 11 14 | lifeline.org.au

Suicide Call Back Service

1300 659 467 | suicidecallbackservice.org.au

StandBy - Support After Suicide

1300 727 247 | standbysupport.com.au

beyondblue

1300 22 4636 | beyondblue.org.au

Kids Helpline (5-25 years)

1800 55 1800 | kidshelpline.com.au

headspace (12-25 years)

headspace.org.au

MensLine Australia

1300 78 99 78 | mensline.org.au

GriefLine

1300 845 745 | griefline.org.au

QLife

1800 184 527 | qlife.org.au

Useful resources

Life in Mind: National suicide prevention gateway | lifeinmind.org.au

Transcultural Mental Health Centre NSW: Works with health professionals and CALD communities across NSW to support positive mental health
dhi.health.nsw.gov.au/transcultural-mental-health-centre

Translating and Interpreting Service (TIS National): Provides access to phone and on-site interpreting services in over 150 language | tisnational.gov.au

Embrace Multicultural Mental Health: Empowering Australians from multicultural backgrounds to embrace mental health and wellbeing
embracementalhealth.org.au

Suicide Prevention Australia: National peak body for suicide prevention
suicidepreventionaust.org

R U OK?: Suicide prevention charity, encouraging Australians to notice the signs of mental health struggle in friends, family and colleagues | ruok.org.au

For a more comprehensive list of links refer to the 'Supporting information' section at conversationsmatter.org.au



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