

Mental Health Between Cultures

Different words. Different experiences. Same right to be heard.

MENTAL HEALTH IS UNDERSTOOD IN MANY WAYS

Culture can shape meaning without defining the person.

Culture can influence the words people use for distress, what they believe is happening, who they speak with and where they seek support. Language, family, faith, migration experiences, social conditions and personal beliefs can all shape meaning and help-seeking.

CULTURE MATTERS - BUT IT NEVER TELLS THE WHOLE STORY

People within the same cultural, language or faith community can have very different experiences, beliefs and preferences. Ask the person what something means to them rather than assuming you already know.

WHAT DOES CALD MEAN?

Culturally and linguistically diverse

CALD is a broad Australian term used to describe diversity in culture and language. It is not one culture, one experience or one way of understanding mental health.

1 CULTURE CAN BE A STRENGTH

Belonging, identity, family, community, faith, spirituality, language and cultural traditions can support wellbeing and connection.

2 SYSTEMS CAN CREATE BARRIERS

Cost, transport, waiting lists, racism, unfamiliar services, digital systems and language access can make support harder to reach or trust.

PALM TREE PRINCIPLE

Stay curious about meaning and context. Notice the person in front of you - not a stereotype about their culture.

What Can Shape the Experience?

Context can influence wellbeing, communication and help-seeking.

POSSIBLE INFLUENCES

Look at the whole context - not culture alone.

Explore only what is relevant to this person. Some influences may be strengths, some may create pressure, and some barriers may sit within services or systems rather than within the person or community.

1 LANGUAGE

Emotional or clinical words may not translate neatly. A person may describe pressure, tiredness, pain, headaches, spiritual concerns or not feeling like themselves rather than use a mental-health label.

2 FAMILY & COMMUNITY

Family roles, privacy, reputation, caring responsibilities and community connection can influence whether, when and how someone talks about distress.

3 FAITH & SPIRITUALITY

Faith can provide meaning, hope, belonging and support. Some people may also experience tension between spiritual explanations and professional mental-health care. Do not force a choice.

4 MIGRATION & SETTLEMENT

Family separation, unfamiliar systems, employment, housing, visa uncertainty, financial pressure and settlement demands may affect wellbeing. Migration itself is not a diagnosis.

5 RACISM & DISCRIMINATION

Racism, exclusion and culturally unsafe care can affect mental health and trust in services. The response should not be reduced to individual coping alone.

6 SOCIAL & SERVICE CONDITIONS

Cost, transport, waiting lists, eligibility, service availability, digital access and not knowing where to start can all affect access to care.

DO NOT TURN EVERY BARRIER INTO A 'CULTURAL ISSUE'

Ask what belongs to the person, what belongs to family or community context, and what belongs to the service or system.

Stay Curious, Not Assumptive

Respectful questions create room for the person's own meaning.

TRY A QUESTION INSTEAD OF AN ASSUMPTION

Curiosity is safer than guessing.

ASSUMPTION

People from your culture don't talk about mental health.

ASK

How does your family or community usually talk about stress, emotional wellbeing or difficult times?

ASSUMPTION

Your family is stopping you from getting help.

ASK

Who would you feel comfortable involving - and who would you prefer not to involve?

ASSUMPTION

You need counselling.

ASK

What kind of support would feel acceptable or useful to you?

ASSUMPTION

This is just cultural.

ASK

What do you think is contributing to what you are experiencing?

CLINICAL LANGUAGE CAN STILL BE USED

Use the correct term - then explain it clearly.

Plain language should make information easier to understand, not remove accurate clinical terms. If a term such as diagnosis, psychological distress, depression, psychosis or referral is needed, explain what it means in everyday language.

ASK WHAT THE WORD MEANS TO THEM

The same word can carry different meanings across languages, families, faiths and communities. Understanding starts with the person's own explanation.

Making Support Easier to Reach

Clear information and respectful choices can reduce barriers.

PRACTICAL STEPS

Make the next step understandable.

1 ASK ABOUT LANGUAGE

Ask which language the person prefers for health or emotional conversations and whether a qualified interpreter would help.

2 EXPLAIN UNFAMILIAR WORDS

Use accurate clinical language where needed, then explain it clearly. Check understanding rather than assuming silence means agreement.

3 ASK ABOUT PRIVACY

Confidentiality concerns or small-community visibility may affect where someone feels comfortable seeking support.

4 ASK WHAT MATTERS

Culture, faith, family and community may be important sources of strength. Ask what the person wants included in their support.

5 EXPLAIN THE FRONT DOOR

What does the service provide? Do I need a referral? What will it cost? Is there a waiting list? Can I request an interpreter? What happens at the first appointment?

6 SUPPORT A WARM CONNECTION

With permission, help find the correct service, prepare questions, request language support or make the first contact. Support does not mean taking over.

IF SUPPORT IS URGENT

Immediate danger or unable to stay safe: call 000 or go to an emergency department. Crisis support: Lifeline 13 11 14 | Suicide Call Back Service 1300 659 467.

EVIDENCE & SOURCE CHECK

- Australian Institute of Health and Welfare - Culturally and linguistically diverse Australians.
- Victorian Department of Health - multicultural health and language-services guidance.
- Palm Tree Covering - Strengthening Mental Health Literacy in CALD Communities; evidence reviewed 2026.