

# Mental Health and the Polish Community

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*It is estimated that one in five Australians will experience mental illness at least once in their lifetime (Drozd, Szczepanska & Wiench 2004). As Victoria is one of the world's most culturally and linguistically diverse (CALD) societies, where over forty percent of its citizens have been either born overseas or have at least one parent born outside Australia, the impact of cultural issues and communication barriers should be acknowledged in the mental health discourse (Department for Victorian Communities 2004). Kokanovic, Peterson, Mitchell and Hansen (2001) argue that migration, culture and language have a profound influence on person's lived experience and mental health and that these factors influence the manner in which the person utilizes mental health services. The key concern emphasized in the mental health policies and research of recent years is that structural barriers are present in accessing services for people of CALD backgrounds, preventing those in need from obtaining necessary assistance. Hitherto, the limited body of research conducted in relation to the needs of Polish community suggests that the nature of mental health problems that characterize the sample group are 'extensive, complicated and chronic' (Martin 1998:9). Members of the community who are clients of mental health services are overrepresented when seeking assistance in crisis and are underrepresented in preventative programs (Ibid:5). This paper provides an overview of some of the issues pertinent to the Polish community in Victoria and examines the*

*barriers to accessing services that have been identified.*

## Profile of the Polish Migrants

In 2001, Australian Bureau of Statistics reported that there were 58,070 Polish people living in Australia. There were 20,409 Poles in Victoria alone and 8,275 of them were 65 years and older. Polish elderly comprise Victoria's fourth largest ethnic elderly population. In addition, the percentage of members of Polish community who arrived as refugees to Australia is the highest in comparison to other ethnic groups (Drozd *et al* 2004).

Most of the Polish migration to Australia occurred in two waves. In the early post World War II (WWII) period, predominantly between the years of 1947 and 1953, an estimated 60,000 Polish persons arrived as refugees under the Displaced Persons program. During WWII, Poland was occupied by Germany from the west and Russia from the east. Over three million Polish Jews and one million ethnic Polish people died in German concentration camps and it is estimated that six million Poles died in total during the war years. Furthermore, many Poles had no home to return to due to the changes in Poland's borders following the war. (Drozd *et al* 2004).

The second main wave of migration took place in the early 1980s. Close to 16,000 people arrived in Australia seeking escape



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from martial law and the communist regime of that time. Whereas the former group of immigrants comprised of people whose lives were significantly disrupted before arrival as a result of WWII in terms of family ties, education and employment, a significant percentage of the latter group comprised of young families and adults who had attained post secondary education and who practiced their professions in Poland. Upon arrival, the level and quality of formal assistance with resettlement and English that was available eased the settlement process in comparison to the absence of such help in the 1940s and 50s. (Kokanovic *et al* 2001).

### **Impact of migration on mental health**

Migration is often regarded as one of life's turning points and is accompanied by various degrees of stress that do not necessarily threaten mental health. However, when the pressures are combined with added risk factors, mental health can be affected. The person often leaves behind all or some family members and friends and ventures into an unknown territory that has its own set of cultural values and language and often operates in a system that the immigrant may not have previously encountered. (Nieuwenhuysen 2005).

In addition, in her study exploring the impact of WWII on the lives of post-war Polish migrants, Mackiewicz (1996) suggests a presence of hidden grief and loss among that group. Despite their efforts to forget the past, the participants indicated that they still remember the war, have dreams and the memories bring sadness. That research could not measure the extent of clinical Post Traumatic

Stress Disorder, however, its findings suggest that some of the symptoms may be present.

Resettlement is a complex adaptation process and not everybody has the resources and support that would assist them in fulfilling their personal aspirations to the extent desired. The post-war Polish refugees, unlike other migrants of that era had to undertake two-year employment contracts in rural Australia and were offered very little settlement assistance. Absence of English language courses and lengthy hours spent in labouring jobs were contributing factors that prevented many migrants from acquiring proficiency in English. For the people that arrived decades later, the social climate was more welcoming. However, these newer migrants experienced considerable difficulties in gaining recognition for their occupational qualifications, and in finding appropriate employment and housing. The inability to participate as members of society in the capacity desired and difficulties with English language may lead to alienation and anguish. (Kokanovic *et al*, 2001).

### **What do we know about mental illness among members of the Polish Community?**

Research conducted by Evert (1996) through Victorian Transcultural Psychiatry Unit identified that Polish people were overrepresented in admissions to psychiatric facilities in comparison to other CALD communities. Polish born women in the over 65 age range have significantly higher contact per capita with community mental health services than Polish born men in the same age range and than their Australian born



counterparts. The older age and accompanied age-related illness (e.g. depression, dementia: Alzheimer's disease or multi-infarct dementia) combined with the refugee status of earlier immigrants may partially account for this overrepresentation of the older Polish migrants in mental health services (Drozd *et al* 2004). In addition, Kliewer and Ward (1988 cited in McDonald & Steel 2000) propose that the effect of migration is more deleterious on females than on males. It is often the men who make the decision to migrate in a family, and subsequently the woman is less aware of, and less prepared for the difficulties that may be encountered in the country of settlement. They further suggest that immigrant women more often experience a marked drop in occupational and income status than males.

Cross-cultural studies of suicide rates in Australia indicated that several of the overseas-born groups including those from Poland have a higher risk of suicide than their Australian born peers (Drozd *et al* 2004). In 2001, the Australian Bureau of Statistics reported that on average every second month in Victoria, a person of Polish background would take his/her life. It has been suggested that this phenomenon is a function of the presence of complexity of other social issues, amongst them: decline in social status, problems in adjustment to a new system, unemployment as well as alcohol and other substance abuse (Drozd *et al* 2004). It should be noted that these issues may be trans-generational, effecting Poles of the second-generation (Martin 1998).

The concern is that provision of assistance is limited to crisis intervention and there is an absence of prevention

mechanisms. In a study conducted by Australian Polish Community Services that examined the prevalence of depression in the Victorian Polish community, 32 per cent of respondents self identified as experiencing depression, 52 per cent were not aware of any services that they could access and 30 per cent would seek assistance from their General Practitioner. However, one of the greatest difficulties repeatedly raised in the literature associated with addressing mental illness is the fear of being stigmatized upon turning for help in a climate where there are misconceptions of mental ill-health in the community. Living with mental illness is often a silenced phenomenon for the person affected by it and the carers. Ideally, implementation of ongoing campaigns challenging the derogatory stereotypes of mental illness would be highly desirable together with programs targeting members of the Polish community in relation to looking after one's mental health and available assistance. (Drozd *et al* 2004).

At present GPs have a pivotal role to play in provision of assistance as often they are the first and sometimes the only health professionals approached for help in relation to mental health issues. The tendency among clients experiencing psychological distress to present with physical symptoms and the challenge for GPs to look under the surface of the initial presentation has been reported. Language difficulties are seen as a major barrier to clients' use of services, their understanding of information, and their interactions with professionals. Although interpreters are used in the practice setting when there are significant communication barriers, there have been



occasions where it was reported that the quality of interpreting was not high. (Kokanovic *et al*, 2001).

### **Implications:**

The United Nations' Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care states that: *all persons have the right to the best available health care, which shall be part of the health and social care system* (in Kokanovic *et al* 2001:5). At present however, not all people requiring assistance are getting it.

As mentioned earlier, there is insufficient information about mental health issues available in the Polish language and the existing information is difficult to locate. There is a lack of prevention and early intervention programs for Polish people, which contributes to the high admissions rate to mental health services at the crisis stage. It is hoped that in the near future the issues may be lessened in the presence of an ongoing commitment from the government to educate the public about mental health and to deliver services in a culturally appropriate and sensitive manner.

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