

Migratory grief among culturally and linguistically diverse immigrant mental health professionals

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Introduction

Culturally and linguistically diverse (CALD) immigrant mental health professionals (CALD-IMHPs) face migration-related obstacles in their careers, often encountering the emotional complexities of migratory grief (MG), the agony from the loss of homeland, culture and social support, adjustment to local mental health practice systems, and potential vicarious trauma occurred when practitioners are exposed to their clients' traumatic life events, leading to emotional distress and potentially compassion fatigue.

This study expects to contribute to the enfranchisement of MG. It brings attention to ways CALD-IMHPs experience cultural bereavement, their process and sense-making of this life event, and their coping mechanisms to improve their well-being and self-development.

A comprehensive understanding of this experience is crucial not only for CALD-IMHPs to explore adaptive, self-compassionate self-care strategies and utilise their intra-knowledge to provide effective support for clients, but also for people around them, including friends, family, and supervisors, to develop insight for more appropriate support.

This study also aims to promote workplace mental health initiatives that incorporate cultural sensitivity and trauma-informed support for CALD-IMHPs and clients who have experiences of MG. For example, organisations may implement training to increase awareness and competency among clinicians and their supervisors when addressing MG in clinical and supervisory practice. This may contribute to reducing vicarious trauma among clinicians and provide more effective trauma support for clients. Supervisors of CALD-IMHPs may assist with their grieving process and how to best utilise their self-knowledge to enhance their practice.

To fill this gap, this research explored the interrelation between MG and its impact on CALD-IMHPs, focusing on their experiences with migration journey, their coping mechanisms, and if any, vicarious trauma in the workplace when working with immigrant clients. This research will also suggest a self-reflection guide for CALD-IMHPs that may contribute to mitigating secondary trauma and developing self-knowledge, resilience and self-compassion, ultimately promoting better care for both clinicians and their clients.

Methodology

This qualitative research explored the lived experience of MG among IMHPs in Australia using thematic analysis method to identify, analyse, and report patterns (themes) from data.

This research involves a two-phases process: a semi-structured interviews followed by an online survey completed by eligible participants.

Participants will be approached through direct contact, including email, phone, or in-person invitations to internal staff at mental health services at Eastern Health (Melbourne, Victoria).

Consent is obtained in two steps: (1) Online survey and (2) Interview stage.

The online survey is conducted online using a secure platform, collecting:

- Demographic data
- Migratory Grief and Loss questionnaire
- An optional checkbox asking if the participant is willing to be interviewed

The interviews were conducted within 45 – 60 minutes via Zoom or in person, audio recorded with verbal and written consent from participants.

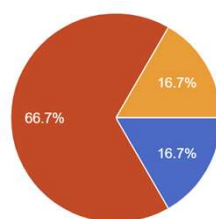


Figure 1A: Since I left my country, I feel that I have more strongly adopted the customs of my homeland

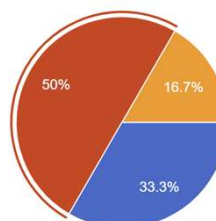


Figure 1C: I feel leaving my homeland was like having a part of me cut off

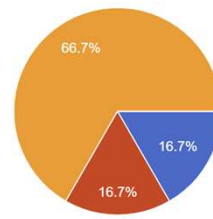


Figure 1B: I feel there is no better place than my homeland

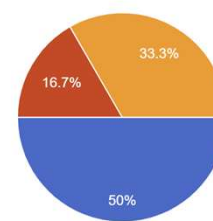


Figure 1D: No matter where I am, I feel my homeland will always be my home

● Always
● From time to time
● Occasionally
● Never

Figure 1: Some results from Migratory grief and loss questionnaires

Results 1

"First, you should know what the problem is. It's hard to explain what you're going through if you don't know how to name your feelings. You have to name what you're going through to externalise it. If you don't even know what you're going through, how are you gonna fix it?"

Experience of MG

All six participants had experienced MG during migration journeys in Australia.

None of them had heard of the term MG prior to participating in this research. However, descriptions of their lived experience and understanding of the term reflects the definition of MG that has been developed in research.

As part of their regular work as MHPs, most of them assisted clients going through practical migration-related issues such as visa process. However, due to the nature of their work and the lack of awareness of MG, they did not provide direct support addressing this matter.

Only one of the participants who previously worked with refugees and asylum seekers had been through vicarious trauma that disturbed their functioning in professional and personal environments. Due to the lack of support from their workplace, they chose to leave the position despite their passion to support this population.

All participants attributed various of their personal and professional achievements to their lived experience as immigrants thanks to their practical knowledge of immigration system in Australia, their resilience, cultural competency, humility, sensitivity and responsiveness. They generally felt more motivated to provide support for CALD clients as they understand the challenges facing this population.

Participants identified personal biases, prejudices, countertransference, and racism that may hinder their practice and interactions with colleagues and clients.

Results 2

Coping strategies

Multiple strategies were employed to make sense of their experiences of cultural loss and grief.

Food-related practices, such as learning to cook traditional dishes, preparing and sharing meals with friends and family, were the most frequently reported means of maintaining cultural connection.

The continuation of traditional rituals, e.g. prayer and the celebration of cultural holidays and festivals, further reinforced their sense of belonging and cultural identity.

All participants reported visiting their home country at least once a year and sustaining close relationships through regular video or audio communication with family members, particularly parents and siblings.

Supervision and reflection emerged as key strategies for coping at work and enhancing professional identity.

The study highlights the vital role of acceptance, gratitude and, one of the most compelling findings - volition, which shape individuals' experiences of MG and their evolving relationship with the host country.

"We chose this country for certain reasons, not because we were running away from home, but because there were things that didn't sit well with our values or our expectations of how we want to live and work and raise our children".

Conclusions

MG, despite being a common experience, is a disenfranchised grief that demands more attention from research, practitioners and society. Insights of MG may inform culturally responsive clinical practice in multiple support services for CALD immigrants and contribute to the development of framework for interventions addressing cultural grief and loss tailored for this vulnerable population.

Acknowledgements

We thank all participants who shared their time, expertise and lived experiences with us to complete this research. We appreciate their strengths, resilience and empathy in the work they do and their journeys that will advocate for the voices of the CALD communities. Our work is deeply strengthened as a result of these contributions.