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Mental health challenges, suicidality, and prevention among Australian migrants of African descent

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Abstract

Acculturation stressors are significant psychosocial elements affecting the mental well-being of migrants globally. Migrants face diverse discriminations resulting in the feeling of despair, affecting their mental health and increase the risk of suicide behaviour. The study aims at exploring and preventing acculturation stressors related to African migrants in Australia, affecting their mental health and increase suicidal ideation. Phenomenological approach was adopted and data were analyzed through a wide range of sources like documented interviews, commentaries, journals, migrants' records, books from library and relevant websites. The findings show that psychosocial challenges leading to suicide ideation among migrants of African descent in Australia are as results of acculturation stressors. The study thereby recommends that government and non-government agencies should take decisive action for the well-being of African migrants in Australia by adopting proactive measures to build inclusive communities, provide clinical services, enact policies to address discrimination and racism, foster social support networks, destigmatizing mental health, and ensuring culturally sensitive care.

Keywords: Acculturation, Africa, Mental health, Migrants, Suicidality

1. Introduction

The emergency of the 21st century records a substantial and noticeable increase in migration globally. According to the Department of Economic and Social Affairs, United Nations (2017), approximately 258 million people in 2017 were living as migrants globally, demonstrating an increase from 220 million in 2010 and 173 million in 2000. The tendencies for migration are triggered by diverse reasons. According to Castelli (2018), individuals' decisions to migrate are driven by three factors: 'macro' consisting of demographic, socio-economic, political, and environmental situations, 'meso' comprising land grabbing, diasporic links and communication technology and 'micro' involving systems like education, religion, marital status, and personal attitude. These form the background of the 'push and pull' theory guiding a wide range of factors like economic, environmental, social, and political factors (Lee, 1966). Given these, individuals' decisions to migrate are wrapped either in pursuit of improved living conditions for themselves, to the families or to escape from threats such as economic, political, agricultural, social, and climatic factors and seek alternative life options elsewhere.

Among migrants, individuals of Culturally and Linguistically Diverse (CALD) especially those with a refugee experience are increasing population groups (Refugee Council of Australia, 2019). Migrants often experience unique challenges related to acculturation, discrimination, and the stress associated while adapting to a new cultural and social environment. These phenomena, driven by language barriers, economic disparities, cultural pride, and identity deeply impact migrants' mental well-being leading to suicidality.

Though some mental health issues are genetic and hereditary (Oguejiofor, 2017), psychosocial stressors such as socioeconomic status, insufficient social support, social stigma, and racial and ethnical discrimination trigger suicidal behaviour (Lindberg, 2023). Psychiatric diseases occur as a result complex interactions of psychological, genetic, environmental, and social elements creating a wide range of affective harms to the psyche and depriving an individual the capacity to keep fit mentally (Umunakwe & Anyanwu, 2023, De Beurs et al., 2019). However, mental health challenges affect an individual's ability to learn thought processes and patterns, as well as their levels of consciousness when engaging in social activities (Steven et al., 2017, Umunakwe & Anyanwu, 2023). Individuals experiencing psychosocial challenges often exhibit anti-social behaviours, including suicide ideation which is the tendency or desire for self-harm driven by profound emotional distress, despair, and feelings of hopelessness (WHO, 2022). This mental health challenges is common among African migrants in Australia.

Australia has experienced significant demographic changes over the years, with an increasing number of migrants from African countries (Abur & Kagola, 2023, Refugee Council of Australia, 2019, Australian Bureau of Statistics (ABS), (2020). Despite the increasing diversity of the Australian population, there is a relative dearth of research focusing specifically on the mental health of migrants of African descent. By this, the study sets to address this gap by providing a nuanced understanding of the mental health challenges and suicidal behaviour faced by African migrants in Australia. This will contribute to the overall mental health resilience of Australian society. It will also offer valuable insights that can inform mental health policies, interventions, and support systems that can reduce suicide ideation especially among migrants.

2. Research objectives

The main aim of this study is to investigate the patterns and contributing factors of suicidality within the Australian migrant community of African descent, considering cultural, socioeconomic, and environmental factors that may influence mental well-being. Specifically, it will explore the prevalence and nature of mental health among Australian migrants of African descent, including the identification of key risk factors and protective factors. Also examine the impact of discrimination, racism, and social exclusion on the mental health of Australian migrants of African descent, examining how these factors contribute to heightened vulnerability and suicidality. Finally, the study will propose and develop culturally sensitive and tailored mental health promotion and suicide prevention strategies for the African migrant population, taking into account their unique cultural background, experiences, and challenges.

3. Research questions

i. What are the prevalent mental health challenges faced by Australian migrants of African descent, and how do these challenges compare to the general population.

ii. How does the experience of migration contribute to the development of Australia?

iii. What are the risk factors associated with suicidality migrants face in Australia?

iv. How do cultural factors, including acculturation stressors and discrimination, impact the mental health of individuals from African backgrounds in Australia?

v. What preventive measures and interventions are effective in addressing mental health challenges and reducing the risk of suicidality among Australian migrants of African descent?

4. Review of related literature

4.1. Mental health illness common to migrants

Most migrants are exposed to stress-inducing and traumatic situations before, during, and following their migration (Somani & Meghani, 2016, WHO, 2018). Significant mental health challenges common to migrants include:

a. Anxiety disorders

This disorder affects millions of migrants around the world. Clinical investigations show that it is common among migrants aged between 21 and 40 years (Lijster et al., 2017). According to Essayagh (2023), refugees having problems obtaining essential services even after their administrative status is formalized sometimes end in a greater likelihood of experiencing heightened anxiety. This is a reaction to stress characterized by an excessive level of fear and worries, along with associated disruptions in behaviour. While Bandelow (2015) offers that it is the result of genetic, environmental, psychological, and sociological factors Moore et al. (2007) argue that anxiety disorder has no precise clinical causes. Investigators often refer to distressing events, including internal, personal, or interpersonal conflicts that trigger anxious conditions such as Generalized anxiety disorder (marked by excessive worry), panic disorder (involving panic attacks), social anxiety disorder (involving excessive fear and worry in social situations), separation anxiety disorder (involving excessive fear or anxiety related to separation from deeply emotionally connected individuals), amongst all. (WHO, 2022).

b. Depression

Most migrants suffer from depression clinically characterized by a diminished mood and a decline in interest in usual activities. This mood usually occurs in the course of migration when immigrants experience transformations in various aspects of their lives in their host countries. Hence, the journey of adapting to unfamiliar environments and cultural customs leads to severe acculturative stress (Oh et al., 2002, Berry, 2006). In a finding by Foo et al. (2018), migrants, especially newcomers and those without employment are at a higher risk. Depression is a perceived primary contributor to both illness and disability with prevalent rates of 12.9% over a lifetime, 7.2% within a year, and 10.8% overall. In its most extreme manifestation, depression can result in suicidal tendencies, and suicide claims the lives of approximately 800,000 individuals each year. This grim statistic makes suicide the second leading cause of death among those aged 15 to 29 (United Nations, 1992). The meta-regression analyses also reveal that factors such as educational achievement, employment status, and the duration of residency significantly contribute to the variation in depression rates.

c. Bipolar disorder

Bipolar disorder also known as manic-depressive illness or manic depression is a persistent mood disorder that leads to significant fluctuations in mood, energy level, cognitive processes, and behaviour. These fluctuations persist for varying durations, ranging from hours to weeks or even months, and can disrupt a patient's capacity to perform routine daily activities (Cleveland Clinic, 2022). Bipolar disorder falls within a spectrum that includes Bipolar I disorder, characterized by at least one episode of mania with or without prior experiences of depression, and Bipolar II disorder, involving at least one episode of depression and one episode of hypomania (a milder form of mania) (Tamparo, 2016). While the exact cause of this disorder remains clinically hazy, experts link it to factors like biochemical brain activity, genetic predisposition, and environmental influences

(Umunakwe & Anyanwu, 2023). Manic symptoms encompass feelings of euphoria or irritability, heightened activity levels, increased energy, and other indications like heightened verbosity, racing thoughts, inflated self-esteem, reduced sleep requirements, distractibility, and impulsive and reckless conduct (WHO, 2022). In a report by Dykxhoorn (2019), the average relative risk of experiencing bipolar affective disorder was 2.47 (with a 95% confidence interval of 1.33 to 4.59) for migrants. The average relative risk for mood disorders with unspecified polarity was 1.25 (with a 95% confidence interval of 1.04 to 1.49), and for any mood disorder, it was 1.38 (with a 95% confidence interval of 1.17 to 1.62) (Institute of Health Metrics and Evaluation, 2022). Migrants affected by bipolar disorders face an elevated risk of suicidal tendencies.

d. Post-Traumatic Stress Disorder (PTSD).

Post-Traumatic Stress Disorder (PTSD) is a mental health condition arising from the experience of one or multiple traumatic events, either personally or vicariously, leading to emotions of powerlessness and a significant disruption in one's self-image and perception of the world (Foa et al. 2008). This affects millions of migrants who have experienced traumatic events; and disparity between the perceived threat and the individual's existing coping mechanisms. For Charlson, et al. (2019), the likelihood of developing PTSD among migrants varies on the nature of the trauma and the presence of protective or risk factors. The key PTSD symptoms include recurring distressing thoughts, heightened alertness, and avoidance behaviours. In a report by Close et al. (2016), the global occurrence of PTSD is around 1-2% in the general population but varies significantly, with rates ranging from 9% to 36% among refugees and a broader range of 4% to 86% for long-term war refugees. This underscores that refugees can be an 'extremely at-risk' demographic with a risk of developing PTSD that is ten times higher than that of the general population.

e. Schizophrenia

Schizophrenia is the alterations in sensory perception, accompanied by both physical and psychological transformations leading to cerebral impairment and alterations in behaviour. It is also a type of psychosis marked by negative behaviours such as social withdrawal, delusions, paranoia, personal fantasies, mental fragmentation, disrupted thought processes, unusual behaviour, and a gradual decline in one's ability to manage personal, domestic, social, and occupational responsibilities (Wright, 2000). It is believed an elevated likelihood of developing schizophrenia in both first-generation and second-generation immigrants, with a notably heightened risk observed in individuals originating from countries where the majority of the population is of Black ethnicity (Selten, 2002). Migrants affected by schizophrenia typically face a reduced life expectancy, with estimates ranging from 10 to 20 years below that of the general population (Laursen, et al. 2014). The symptoms include enduring delusions, hallucinations, disorganized thinking, highly disordered behaviour, and intense agitation.

f. Personality disorders

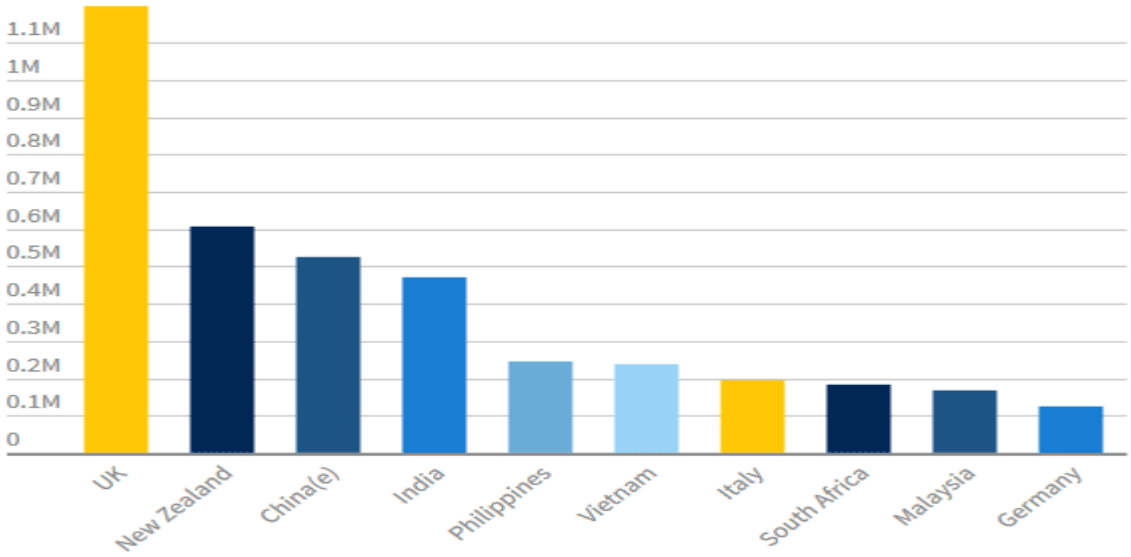
Personality disorders comprise a category of mental conditions characterized by enduring patterns of thoughts and actions that deviate from the societal norm within a given culture. These persistent patterns of thought and behaviour are both unwholesome and resistant to change (MedlinePlus, 2023). Personality disorders typically emerge during a person's teenage or early adult years, with their exact origins remaining a mystery. Nevertheless, it is likely that a combination of genetic factors and early life experiences, including instances of abuse and trauma, contributes to their development. Personality disorders affect migrants and may exhibit patterns of thought, emotion, and behaviour that resemble certain unhealthy personality traits as they grieve the loss of their pre-migratory psychosocial assets, including aspects like cultural identity, emotional connections,

and social support systems (Robjant et al., 2009). This grieving process also extends to the loss of economic resources, like jobs or businesses, social standing, financial and material wealth, as well as symbols of status.

(i) Resettlement in Australia

Migration to Australia is historically tangled with the country's colonization by the British in the late 18th century. According to Balint & Simic (2018), the first wave of migration into Australia mainly consists of convicts and settlers from the British Isles. After World War II, the Australian government launched an aspiring immigration program to boost its population and economic growth. This is supported by a robust humanitarian migration program targeting skilled migrants. Because of this, there was a significant increase in migrants from European countries, particularly Italy, Greece, and the former Yugoslavia. Further, Australia offers refuge to those fleeing conflict and persecution; accepting refugees under various humanitarian visas. No wonder Fiona (2017) asserts that Australia has a rich immigration heritage, characterized by successive influxes of newcomers from countries ravaged by conflict, arid conditions, or the government's program to bolster its population under the 'populate or face decline' policy. Furthermore, the migrants' increase in Australia emanates from the government's ongoing migration initiative, which is presently set at 190,000 individuals annually and predominantly consists of highly skilled immigrants (Migration Bureau, 2017). With the limited increase in population through natural births, Australia relies on immigration to boost its population growth to 1.5 percent, surpassing the worldwide average. In 2023 (as of 31st March), the Australian annual natural increase was 108,800 with 681,000 of immigrants individuals marking a significant rise of 344,700 people or a 102.5% increase from the prior year (Australian Bureau of Statistics, 2023, March). Following this, Australia has become one of the most culturally diverse countries in the world.

Chart 1: Composition of Australian migrant population



Source: Australian Bureau of Statistics on Migration.

Approximately 30% of Australia's population is born overseas. Some of the largest migrant groups came from countries like China, India, the United Kingdom, and New Zealand (ABS, 2022). Over 300 languages are spoken in Australian households, with Mandarin, Arabic, and Vietnamese being among the most common languages other than English. Though Australia possesses a rich history of embracing immigrants, migrants continue to experience acculturation stresses.

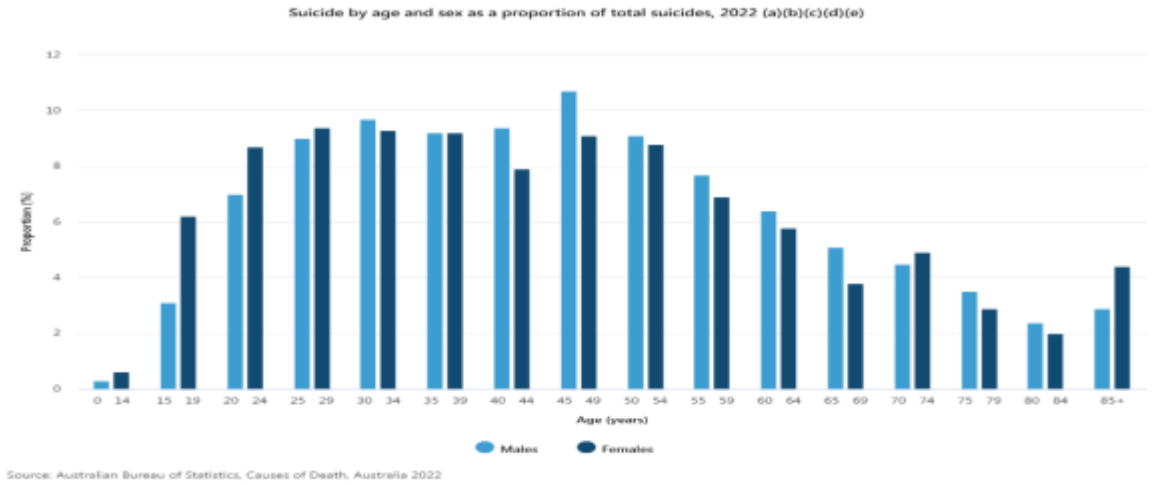
(ii) Challenges specific to migrants in Australia

Acculturation stressors stand out as a stark challenge many migrants face in Australia. According to Ziersch et al. (2020), acculturation stressors are similar to social exclusion and involve social, cultural, and institutional processes that restrict or deny people access to human and civil rights and social and economic capital. Non-indigenes in Australia are limited from accessing certain rights. For instance, Fiona (2017) investigates that most migrants struggle to secure stable employment, which often leads them to experience wage gaps and limited career prospects. This economic marginalization does not only affect their livelihoods but also hinders their ability to integrate fully into Australian society. Language and cultural barriers also compound to acculturation challenge. Limited proficiency in the Australian dialect isolates migrants from accessing crucial social networks, educational opportunities, and health care, which hinders their participation in civic life. Cultural differences as a part might lead to misunderstandings and bias, perpetuating stereotypes and discrimination. Further, discrimination based on race, ethnicity, and religion remains a persistent challenge to migrants' integration in Australia (Carballo & Mboup, 2005). Persistent hate crimes and racially motivated incidents, selective journalism by mainstream media account the scourge of migrants in Australia. However, the feelings of being 'socially isolated, disconnected, and lonely as a result of experiences of exclusion, rejection, and mistrust affect the affective mood of migrants, thereby exposing them to high risks of mental illness.

(iii) Suicide rate in Australia

Australia struggles with relatively high suicide rates annually. According to the Australian Bureau of Statistics (ABS), (2022), suicide is the 15th leading cause of death for Australians. In 2022, there were 3,249 suicides, with 2,455 being males and 794 being females. This compares to the previous year, 2021, where there were 3,166 suicides, with 2,375 males and 791 females. The age-adjusted suicide rate stood at 12.3 fatalities per 100,000 individuals, representing a small uptick from the previous year's figure of 12.1 in 2021. In comparison to 2021, there was a 2.7% rise in the age-adjusted suicide rate for males, while females experienced a 3.3% reduction in their suicide rate. The median age at which individuals who died by suicide was 45.6 (46.0 for males and 44.1 for females). Hence, suicide has become common among younger adults.

Chart 2: Suicide by Age



From the chart, the suicide rate in Australia is higher among young and middle-aged individuals than those in older age cohorts. A total of 81.7 percent of suicide victims were below the age of 65. The median age for individuals who died by suicide was 45.6 years, while for all deaths, it was 82.2 years. The proportion of suicides

among individuals under 25 years old varied between males and females: among females, 15.5% of suicides happened in the under-25 age group. In contrast, for males, 10.5% of suicides occurred in those under 25 years old. According to ABS (2022), between 85.8% of people who died by suicide, the most identified suicide risk factor includes affective disorders and mental health conditions affecting all age groups except those aged 85 years and over. Psychosocial risk factors recorded 68.3% of cases while mental and behavioural disorders reported 62.8% of cases out of 100.0% of total suicides. Further, affective disorders recorded 43.3% cases while anxiety and stress-related disorders recorded 23.9% cases in all ages.

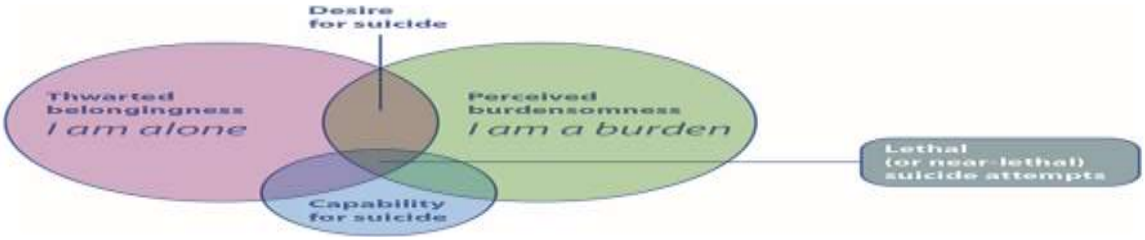
Evaluating the rate of suicide in Australia, certain studies indicate elevated suicide rates among migrants, while other research indicates a contrary trend. In a report by Hedrick et al. (2020), the suicide rate may score higher among migrants who are in secure immigration detention than those who are not when compared to the total number of suicide cases among migrants in Australia. In their findings, among the 560 instances of self-harm among asylum seekers, the rates of self-harm varied significantly across different facilities, with Yongah Hill IDC having the lowest rate at 91 per 1000 asylum seekers (95% CI 72–110), and Perth IDC having the highest rate at 533 per 1000 asylum seekers (95% CI 487–578). On average, the highest rates of self-harm episodes were observed among asylum seekers in three categories of facilities: Immigration Transit Accommodation facilities with a rate of 452 per 1000 (95% CI 410–493), Alternative Places of Detention with a rate of 265 per 1000 (95% CI 233–296), and Immigration Detention Centres with a rate of 225 per 1000 (95% CI 195–254). Among the reported methods of self-harm across these detention types were cutting (35.2%), self-battery (34.8%), and attempted hanging (11.1%). By this, migrants have a reduced likelihood of suicide in contrast to the native Australian population. Troya et al. (2022) in contrast argue that in some ethnic minority migrants, the incidence of self-harm, even when not related to suicidal intentions, is higher when compared to the majority population. However, people belonging to these minority groups are at an increased risk of facing language barriers, acculturative stress, and discrimination, all of which contribute to an elevated risk of suicide. However, the state of suicide rate informed the Australian Government's National Mental Health Commission, together with the Australian Institute of Health and Welfare (AIHW) to establish the National Suicide and Self-harm Monitoring System (the System) as a component of the Australian Government's Prioritising Mental Health Package in the 2019–20 Australian Government Budget to address suicide and self-harm in Australia (Australian Institute of Health and Welfare (AIHW, 2023).

5. Theoretical framework

Interpersonal Psychological Theory of Suicidal Behaviour (IPT) was developed by Thomas E. Joiner to shed light on the psychosocial phenomena leading to suicidal behaviour. The theory suggests that the convergence of three primary factors namely: perceived burdensomeness, thwarted belongingness, and acquired capability for lethal self-harm increases an individual's risk of engaging in suicidal behaviour (De Beurs et al., 2019). Perceived burdensomeness connotes an individual's perception of being a burden to others; feeling as though their existence imposes a heavy load on others. This burden stems from various sources, such as financial troubles, chronic illness, or a perceived inability to meet others' expectations. When combined with thwarted belongingness, which is the perception of being isolated or disconnected from meaningful social connections, individuals may begin to contemplate suicide as a means to escape the emotional pain they are experiencing. The acquired capability for lethal self-harm which is the third component of IPT differentiates those who only think about suicide from those who attempt or complete it. This capability develops over time through repeated exposure to painful or fear-inducing experiences, such as self-injury, accidents, or exposure to violence. The theory posits that individuals must habituate to the fear and pain associated with self-harm to overcome the instinct of self-preservation. However, suicidal thoughts become suicide attempts in a situation whereby the

ability for suicide (defined as a reduced fear of death, and increased tolerance for physical pain) exists (Van Orden et al., 2010).

Chart 3: The Interpersonal Psychological Theory of Suicidal Behaviour (Van Orden et al., 2010)



By IPT, suicidal behaviour becomes a viable option for those who simultaneously experience high levels of perceived burdensomeness and thwarted belongingness while also having acquired the capability for self-harm. This theory however provides a valuable framework for understanding why some migrants of African descent in Australia due to acculturation stressors progress to suicidal ideation.

6. Research methodology

The research adopts a phenomenological method to investigate the firsthand experiences of migrants, aiming to comprehend their perspectives and the way they interpret and navigate their surroundings in the countries they have migrated to. According to Qutoshi (2018), phenomenology as an investigative method extends beyond mere knowledge acquisition. Instead, it involves a thoughtful involvement in interpreting and creating meaning, aiming to comprehend the conscious experience of the human world. A phenomenological research design involves investigating how individuals perceive and comprehend a specific phenomenon. The primary focus of this type of study is to explore the lived experiences of a group in relation to a particular phenomenon, making the examination of their understanding and perspectives a central research question (Pathak, 2017). However, the main goal of a phenomenological investigation is to elucidate the significance, composition, and core of the firsthand experiences of an individual or a collective, related to a specific phenomenon. It also strives to comprehend the way people perceive, view, and comprehend a particular phenomenon. Based on this, phenomenological approach is adopted in this study to provide a holistic and culturally sensitive understanding of mental health challenges, suicidality, and prevention among Australian migrants of African descent.

7. Research Findings

7.1. Acculturation stressors and mental well-being of African migrants in Australia

While Australia prides itself on its multicultural identity, the psychosocial experiences of African migrants show that cultural limitations still pervade the country. Statistics show that African migrants represent a small but growing population in Australia, with 388,179 people in 2021 (about 1.7% of the total population of 26,473,055 people on 31 March 2023) (University of South Australia, 2022, ABS, 2023). African community comprises individuals from various African countries, each with distinct cultures, languages, and traditions. Most of them are accompanied by their children, dependents, or even grandchildren while those without companions are specifically those falling within the age range of 15 to 29 (Abur & Kagola, 2023). According to Cooper et al. (2019), many of these African migrants have a refugee background such as conflict, warfare, displacement, economic hardship, compelled to leave their home nation, or aspired for improved living conditions. Few saw their relations endure torture and severe emotional distress while others may have even resided in refugee camps, grappling with the anxiety and apprehension associated with an uncertain and unpredictable tomorrow (Abur & Kagola, 2023). Considering these psychological and sociological reasons surrounding African migration, Fauk et al. (2022) present that migrant populations, especially those with a

refugee background, are known to be one of the vulnerable groups to mental health challenges, including anxiety, depression, and post-traumatic stress disorder (PTSD). Hence, individuals coming from conflict-ridden nations like Africa face a higher likelihood of developing psychosis where events of early childhood trauma, bereavement, and separation experiences, and maladaptive coping mechanisms like drugs and alcohol dependence serve as potential triggers for psychotic disorders.

Stressors contributing to the mental health challenges of African migrants are classified as 'pre-migration stressors' comprising of civic wars, loss of family members, disconnections from families and friends and difficult life situations faced in their home countries, during their resettlement journey or when living in refugee camps (Kirmayer et al., 2011, Robjant, Hassan, & Katona, 2009) and 'post-migration challenges' such as difficulties in understanding new systems to access essential services and complex settlement processes in the new host nations (Au et al., 2019; Cooper et al., 2019; Udah et al., 2019; Wood et al., 2019). Though the relative impacts of these stressors can vary, experiences of cultural limitations (feelings of being socially isolated and a sense of not belonging) have affected the mental conditions of African migrants thereby making them vulnerable to mental challenges when compared to the broader Australian population. In a research conducted on over 1000 individuals between the ages of 15 and 24 residing in the northwestern area of Melbourne by O'Donoghue (2020), 24.5% of these individuals were first-generation migrants, and they were all experiencing their initial episode of psychosis over a span of six years. The generation of migrants including young people who have migrated to Australia from Africa are up to 10 times more likely to develop a psychotic disorder when compared to their Australian-born counterparts and other migrants from China, India, and Indonesia. O'Donoghue (2020) notes that individuals who migrated from Kenya as first-generation immigrants faced a significantly, higher likelihood of encountering their initial episode of psychosis a more than tenfold elevated risk when compared to those born in Australia. Individuals originating from Sudan exhibited a risk approximately seven times higher, those from Ethiopia also showed a 5.5-fold increased risk, and migrants from Somalia had an almost fourfold elevated risk. The reports underscore the prior research conducted in the UK, which identified an increased risk of psychosis among certain migrant and ethnic minority groups, including African populations. For Dykxhoorn et al. (2019), migrants who visibly stand out from the local population in their new homeland are more susceptible to discrimination, which, in turn, elevates their risk of developing psychosis. Thereof, migration-related factors, such as adjusting to a new culture and the process of seeking asylum led to an increased risk of mental challenges (Apat & Digwa, 2021). Hence, primary factors that pose risks to the mental well-being of African migrants in Australia include aspects such as resettlement experience, cultural adaptation, encounters with racial discrimination, detachment from extended family members, and the social stigma attached to mental health issues as influenced by cultural beliefs (Abur & Kagola, 2023).

Though there are established attempts to link the cultural isolation of African migrants to the diverse cultural background which has a serious impact on finding a supportive community that shares a specific African cultural background in Australia, available evidence shows that African migrants are generally limited from accessing cultural mainstreams in Australia. In a report by the University of South Australia (2022), Baak affirms that "A big reason African-born migrants struggle to secure a meaningful job is that they lack the 'right sort' of social ties to even get a foot in the door." However, negative perceptions about African ethnicity by Australian institutions decrease access to job opportunities, and lower wages, and initiate difficulties in obtaining housing securities (Thern et al., 2017). For instance, Australian anti-migration rhetoric often points the finger at young African arrivals as the key perpetrators of crime (Farnworth & Wright, 2016). Cultural limitations manifest in subtle ways, such as discrimination from landlords, microaggressions, and bias in everyday interactions, making it challenging to assimilate into the broader Australian society. Students from African backgrounds are often subjected to racial bullying at learning centres while those capable of working

frequently confront employment disparities; likely to be unemployed or underemployed when compared to the general Australian population, despite having comparable qualifications and skills. Limited hiring practices and unconscious bias in the workplace contribute also to these disparities, limiting African migrants' economic advancement and opportunities for career growth. The inability to access the native Australian language also forms a part that limits African migrants from social integration. African migrants struggle to access essential services like obtaining information about their rights or engaging with the mainstream Australian culture. They are equally limited from accessing quality healthcare services, quality education, and public media systems. The cumulative effects of these feelings of cultural limitations and the difficulties in adapting to a new culture take a toll on the mental health of African-descent migrants, ranging from higher rates of anxiety, depression, and post-traumatic stress disorder (PTSD). The ripple effect leads to a heightened likelihood of participating in delinquent behaviours mostly, self-harm and suicide as a means of dealing with these related psychosocial issues.

7.2. Suicidal ideation and attempts: a post-migration challenge

A few African migrants in Australia, who face and continuously experience psychosocial challenges as a result of acculturation experiences often resort to a diminished sense of life's purpose, feelings of lost self-esteem, and an inability to engage in meaningful life activities and interpersonal relationships. Highlighting the suicide rate of migrants, Troya et al. (2022) describe African migrants as minority ethnic - groups under the same umbrella, as exemplified by the United States where they are collectively referred to as Black, Indigenous, and people of colour. Despite distinct variations in their ethnic backgrounds and historical experiences, ethnic minority groups, immigrants, and indigenous populations all face similar difficulties and are exposed to common risk factors that increase the likelihood of suicide, such as discrimination, poverty, and social disintegration. Though there are insufficient epidemiological studies on suicidal ideation and attempts among African refugees in Australia, the high prevalence of suicidal ideation indicates the existence of a heavy psychological burden among this population (Apat & Digwa, 2021). African migrants are at imminent risk for suicide or self-harm through their current thoughts, plans, or acts of suicide. Some are extremely agitated, violent, distressed, or uncommunicative and have a history of - thoughts or plans of self-harm or suicide in the past month and/or - acts of self-harm in the past year. Some exhibit a medically serious suicide attempt through evidence of self-injury such as intentional overdose on prescribed or over-the-counter medications, poisoning or acute alcohol intoxication, signs and symptoms that require urgent medical treatment such as bleeding from a self-inflicted wound, loss of consciousness, or extreme lethargy (Mwanri, et al., 2022). Challenges related to acculturation, limitations, and economic disparities increase the feelings of inadequacy and the perception that they are imposing hardships on their families or hosting communities contribute to increased suicidal ideation. This stress arises from the challenges of balancing their original cultural identity with the need to assimilate into the host culture. The pressures to conform to societal norms, learn a new language, and adapt to unfamiliar customs lead to stress, anxiety, and depression. Hence, these result in feelings of isolation, identity confusion, and anxiety which hinder the sense of belonging in their hosting country. Because of this, it becomes harder for African migrants to build meaningful relationships and social support networks, which are crucial protective factors for suicide prevention. Moreover, social challenges including racial profiling, identity crisis, economic challenges, educational limitations, and limited access to mental healthcare lead to a sense of hopelessness and despair, increasing the risk of developing suicidal capabilities.

7.3. Preventive and intervention strategies for suicide

To ensure a reasonable suicide decrease among migrants of African descent in Australia, factors contributing to their mental health issues should be managed and controlled. These stress on the availability of access to various social services, including mental health support (Fauk et al., 2022). In a professional capacity, individuals in the field of mental health within the African Australian community should collaborate to address the barriers hindering access to support. By this, detailed collaborative efforts and the advocacy of mental health professionals such as psychiatrists, psychologists, social workers, mental health nurses, counsellors, youth workers, and other case managers who are well-versed in these challenges should collectively identify and offer suitable interventions and support services. They should also actively enhance the accessibility of mental health services for African Australian youth. Moreover, local churches and educational institutions should collaborate to increase community mental health awareness, reduce the stigma surrounding mental health issues, and encourage young migrants and their families to support one another in seeking mental health assistance. Areas that have higher rates of migrants from certain countries should have services that are adequately resourced, equipped, and staffed for that. According to O'Donoghue (2020), the need to provide sufficient funding and accessible mental health services to vulnerable migrant groups is appropriate. For instance, in 2020, the Australian government allocated significant funding to expand mental health services and launched the 'National Suicide Prevention Adviser' role to provide expert advice and recommendations.

Also, Queensland Health's transcultural Mental Health Centre provides specialist state-wide service to ensure people from culturally and linguistically diverse backgrounds receive culturally responsive mental health care and support. Government initiatives should focus on raising cultural competence and awareness among healthcare professionals, educators, and the broader community. Training programs emphasize the importance of understanding and respecting diverse cultural backgrounds, including those of African descent migrants. By fostering cultural competence, healthcare providers can offer more culturally sensitive and appropriate care, reducing the risk of mental health issues stemming from miscommunication or misdiagnosis. Just like the nationwide approach towards trauma-informed care within mainstream mental health services, a similar approach should be adopted for culturally responsive care. This will help in providing more effective mental health care and combat social limitations through the promotion of inclusivity and diversity. The Australian government recognizes the value of community-based initiatives in supporting mental health. For migrants of African descent, these initiatives provide safe spaces for cultural expression and social support. Community organizations, often funded or supported by the government, offer a range of services, including counselling, mentorship, peer support groups, and youth programs. These initiatives strengthen social connections and resilience, reducing the likelihood of mental health problems developing or worsening. The government allocates resources to expand mental health facilities, hire more mental health professionals, and reduce wait times for services. This addresses the immediate needs of individuals facing mental health crises. Support groups play a pivotal role in creating a sense of community and belonging among African descent migrants. These groups provide a safe space where individuals can share their experiences, challenges, and triumphs. Support group participants often find solace in knowing that they are not alone in their journey of adaptation. The African Migrants Support Network (AMSN) is a shining example of such a program. AMSN organizes regular support group meetings, where migrants can discuss various aspects of their lives in Australia, from job hunting and education to cultural preservation. These sessions not only offer emotional support but also serve as a valuable resource for navigating the complexities of Australian society.

Raising awareness about mental health issues and reducing stigma within the African migrant community is crucial to encourage individuals to seek help when needed and to facilitate access to mental health services within the community. Hence, awareness is required to alter the cultural perceptions of mental illness and

discourage those who might attempt suicide. Additionally, efforts should be made to reduce the stigma associated with migrants facing mental health issues. Acknowledging the significance of awareness-raising events like World Mental Health Day can play a pivotal role in motivating African migrants to get involved in knowing the causes, and how to control mental health issues. This will facilitate education about mental health concerns, including the consequences of untreated mental health issues. These strategies may not provide a complete remedy, but they could play a role in changing the misunderstandings surrounding mental health problems among African migrants in Australia. Furthermore, there should be an effort to bolster culturally and linguistically diverse (CALD) healthcare services in Australia, with a particular emphasis on mental health services. This might encompass policymakers instigating and allocating funding for preventive programs within the African migrant community, ensuring that services are well-equipped and maintain high standards.

One prominent example is the African Cultural Competency Program (ACCP), initiated by community organizations and local governments. This program offers training to public service employees, healthcare professionals, and educators to better serve African-descent migrants. By promoting cultural competency, ACCP strives to reduce instances of discrimination and improve the overall quality of services provided to these communities.

8. Recommendations

Having analysed the effects of psychosocial factors like acculturation stressors towards increasing mental challenges and suicide ideation among migrants of African descent in Australia, the study recommends that:

1. The government should develop a policy framework including, the provision of extended post-migration resettlement programs that will cover extensive psychological and clinical therapies, especially for migrants of refugee background.
2. Since Australia is a multicultural sociality, the population should embrace the spirit of inclusivism.
3. Funds should be allocated for preventive programs within the African migrant community.
4. The health and mental health services should foster culturally responsive care to meet the unique needs of patients within the African migrant community.
5. The mainstream media and law enforcement should refrain from selective journalism and stereotypical and biased policing, political leaders should mind their utterances of hate speech and should be held accountable.
6. African communities should be willing to integrate into their new environment and strive to develop healthy and meaningful connections and social cohesion.

9. Conclusions

Australia has long been a destination for migrants seeking a better life, and the African diaspora is one of the many communities that have settled in the country. Mental health issues confronting African descent migrants are deeply intertwined with the challenges of acculturation stressors because Africans face unique obstacles in adapting in Australia while preserving their cultural identities. Addressing these mental health issues requires a multifaceted approach that includes cultural sensitivity training, anti-discrimination policies, and increased access to culturally responsive mental health services.

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