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A Qualitative Study on the Conceptualisation of Mental Health Amongst South Korean Migrants to Australia

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An increase in global awareness of the mental health needs of migrant communities, and recognition of the underutilisation of support services by these communities, has prompted calls for culturally appropriate and competent interventions to address their needs. Providing such culturally effective treatment and mental health services, particularly for culturally and linguistically diverse (CALD) subgroups, requires understanding their perspectives on mental health. This research was led by a migrant from South Korea, living, studying, and working in Australia, and explored how South Korean migrants to Australia talk about mental health and what they need to support their mental health. A qualitative study was conducted via telephone or online web-conferencing using semi-structured interviews. A critical realist approach facilitated consideration and understanding of themes addressing participant perspectives of what promoted South Korean migrants' mental health in the Australian context. All interviews were thematically analysed, and three major themes centred around (shifting) cultural norms were identified. These were increasing individualism (e.g., through self-discovery); the expression of individually new-found norms; and issues around belonging in society. The purpose of this article is to translate these findings into counselling practice and community initiatives to provide practitioners with greater insights into concepts this population group has identified as impacting their mental health.

In an era where refugee and asylum-seeker numbers are globally in crisis, Abbott (2016) highlighted the increased global awareness of migrant mental and public health. Studies show that first- and second-generation migrants

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are at much greater risk of mental health issues than their non-migrant counterparts (Abbott, 2016; Tomasi et al., 2022). In Australia, the Mental Health in Multicultural Australia project estimates that over a quarter of a million first-generation adult Australians from culturally and linguistically diverse (CALD) backgrounds will experience some form of mental health disorder in their lifetime (Australian Government Department of Health and Aged Care, 2018). Various national projects work to improve wellbeing for these communities which has increased community engagement (Mental Health Australia, Federation of Ethnic Communities' Councils of Australia & National Ethnic Disability Alliance, 2019). Despite this, migrants with mental health needs continue to underutilise mental health support notwithstanding decreasing barriers to access (Close et al., 2016).

To address this disparity, the World Health Organization (WHO, 2018) has recommended a comprehensive healthcare model that integrates mental health care into primary care. However, this model may be partly responsible for mental health services being underutilised by migrants as it may not accommodate the unique needs of the CALD community. These needs include having appropriate interpreters, overcoming the stigma of mental illness, and preferring more culturally responsive community care (Lu et al., 2020; Thomson et al., 2015).

Studies examining migrants' experiences of seeking mental health support suggest further barriers to accessing mental health services. For example, often the care provided is experienced as disempowering, with migrants experiencing loss of autonomy due to cultural knowledge not being considered (Khatri & Assefa, 2022). Examples include former Yugoslavian refugee women who preferred their own resources, such as informal networks, for their mental wellbeing, rather than seeking care through the medical model (Sullivan et al., 2020). African refugees might prefer cultural practices which include seeking support from community religious leaders and elders who are traditionally "regarded as people of wisdom, experience and high standing" (Drummond et al., 2011, p. 219). Iraqi refugees in Australia, although also mentioning help from psychiatrists, referred to their religion as helpful for their post-traumatic stress disorder (Slewa-Younan et al., 2014). Similarly, West Indian migrants named religious help as preferable to psychiatric medication (Whitley et al., 2006).

In addition, the concept of mental health is understood to have personal meaning shaped by one's personal knowledge, education, social interaction, experience with health care, and religious and cultural factors (Jimenez et al., 2012). Thus, migrants have differing models to explain mental distress, differing attitudes or behaviours to medical or psychological treatment (WHO, 2018), as well as different experiences and expectations about what is needed to support their mental health (Brough et al., 2003).

In CALD and migrant populations, mental health is often understood in terms of its relationship with acculturation stress (Alegría et al., 2017; Brough et al., 2003; Hashemi et al., 2019). Some authors suggest that language

proficiency could be a barrier to a more nuanced and fuller understanding of such stress that means we may not have a full picture of psychological distress and resilience (du Plooy et al., 2019), particularly of first-generation migrants (Fung & Guzder, 2018; Minas et al., 2013). This study was done in the participants' first language, i.e., Korean, which allowed migrants to tell their own story in their own language, thereby providing a deeper narrative of their migrant stresses. Of particular interest for counsellors and community workers were these Korean migrants' perspectives on collectivist values and how these might shift in an individualistic society, particularly regarding their approach to mental health.

The Relevance of This Research

The number of migrants from Asia to Australia has continued to increase since the mid-1970s (Australian Institute of Health and Welfare, 2018). The 2016 Census indicated that nearly half of the Korea-born migrants in Australia arrived in the last 10 years, with a median age of 34 years and 30.9% attending an educational institution (Australian Government Department of Home Affairs, 2018). The recent arrivals in Australia include people on a working holiday visa (Organisation for Economic Co-operation and Development [OECD], 2018) and international students (Gomes, 2015). The lead researcher in this study is herself an immigrant from South Korea.

Of the few studies examining the mental health for this subgroup in Australia, most used quantitative methodologies and were based on a Western medical model of mental health (Jang et al., 2021; H. J. Kim et al., 2015; Koh et al., 2021). Some quantitative studies aimed to understand how participants recognise and evaluate their mental health and identify how this related to help-seeking by asking participants to rate their mental health status (Jang et al., 2021; Yoon & Jang, 2014). Jang et al. (2021) recommended further research on the conceptualisation of subjective perceptions of mental health status, including self-awareness and recognition of mental distress, in order to promote the use of mental health services.

A recent qualitative study in New Zealand found that Korean parents were reluctant to seek mental health services for their children due to their concerns about service providers' limited cultural competency (Park et al., 2022). In addition, studies from the United States, Canada, New Zealand, and Singapore examined the mental health of South Korean migrant mothers and captured their positive perceptions, such as "sense of empowerment," "freedom," or "feeling independent," as healthy components of their mental health (J. Kim et al., 2014, p. 791).

This qualitative research aimed to add to this limited research by exploring how South Koreans living in Australia conceptualise mental health and what they need to support their mental health. An additional aim was to make recommendations that may inform healthcare and community practice to better meet their needs. The specific research questions were:

How do South Koreans talk about being mentally healthy? How do South Koreans talk about managing their mental health? What do South Koreans need to support their mental health?

Method

Study Overview

As recommended by Frank (2013), this research aimed to empower migrants by allowing them to tell their own story in their own language, thereby providing the research with a deeper narrative regarding this cohort's perspective of its mental health. A qualitative approach was adopted to allow understanding of the perceptions of individual people, and analysis of their meaning (Braun & Clarke, 2013). One-to-one semi-structured interviews were conducted via the online video conferencing platform Zoom or telephone followed by an inductive thematic analysis of the collected data.

Participants and Recruitment

Participants were adults born in South Korea who arrived in Australia after 2008. Data from the Australian Bureau of Statistics (ABS, 2021) shows a significant increase (37%) in migration from South Korea to Australia between 2011 (74,538 migrants) and 2021 (102,092 migrants). The growth in migration is presumably due to political change in South Korea during this period and the relative ease of applying for permanent residency in Australia, with many arrivals settling under the Skilled and Business migration categories (Australian Government Department of Home Affairs, 2018). The researchers acknowledge that the mental health and experiences of those arriving prior to 2008 might differ from those who arrived after this date.

Participants also needed access to Zoom or a telephone and the ability to converse in English or Korean. People who self-reported a current diagnosis of mental illness (e.g., depression or anxiety) were excluded.

This research was approved by the University of Adelaide Human Research Ethics Committee. Participants were recruited through South Korean–Australian immigrant websites and snowball sampling. Information sheets in both English and Korean were provided. Targeted recruitment attempted to achieve a gender balance and roughly equal numbers in each age group. However, as shown in [Table 1](#), there were fewer participants in their 20s and 50s, with most aged in their 30s and 40s.

To enhance the credibility and reliability of the research findings, the lead researcher undertook continuous critical self-reflection (Liamputtong, 2013; Meyrick, 2006). This process included checking with a cultural consultant to determine whether the de-identified English translations and interpretations of the data were culturally appropriate and consistent. This process ensured that any Korean concepts were translated to the best possible English understanding, particularly as not all words and/or concepts are directly translatable. Although also originally from South Korea and fluent in Korean,

the lead researcher conferred with the consultant to ensure validity of this process. Furthermore, the lead researcher did not know any of the participants in any capacity prior to recruitment.

Data Collection

Seventeen participants were interviewed from August 2020 to May 2021. All interviews were conducted in Korean as preferred by the participants, audio-recorded, and transcribed. All but two participants reviewed their transcripts. This allowed the participants to delete information that they did not wish to include in the analysis, thus decreasing the power imbalance between researcher and participant (Liamputtong, 2013).

Interviews were semi-structured, with open-ended questions covering topics such as the participant's definition of good and bad mental health, their experiences of managing mental health in South Korea and Australia, and what they needed to support their mental health. Following their interview, participants answered a short demographic questionnaire. All names, places, and other potentially identifying information were replaced in the transcription. Recruitment ceased at the point of data saturation.

Data Analysis

A critical realist approach was applied to analyse the data. Critical realism holds that an individual agent's behaviour is enabled and constrained by social structures, with the agent's action serving to reinforce, counteract, reproduce, or transform the social structure (Bhaskar, 1989). Although a material reality is accepted (which, in our context, refers to social structure and process), the interpretation or the knowledge about these is socially constructed and "historically contingent" on individual's lived experiences, their meaning-making, and their individual motivation and agency (Belfrage & Hauf, 2017, p. 254). This approach therefore allows for the consideration of concepts of mental health within structural factors, such as cultural norms and gender inequalities, and the interaction of these factors in influencing health outcomes (Connelly, 2001; Scambler, 2001).

The Nvivo (Version 11) software package was used for data analysis (Lumivero, 2015). Nvivo assists with managing qualitative research data by facilitating identification of themes, classification, and sorting of data for improved analysis. Using this software, transcribed data were imported and coded into categories in accordance with the research aims. Initial analysis was driven by the research questions, and concepts inductively emerged from the data without any preconceived notions. Then data were reduced by merging similar concepts. Further analysis aimed to identify original ways in which participants talked about what good mental health meant, how they managed their mental health in South Korea and Australia, and what they needed to support their mental health. These themes were coded after translation of the participant data from Korean into English.

Table 1. Demographic characteristics of study participants

Age group	Female (n = 9)	Male (n = 8)	Total
20s	1	2	3
30s	4	3	7
40s	3	2	5
50s	1	1	2
State			
New South Wales	4	0	4
Victoria	3	1	4
South Australia	0	4	4
Queensland	1	1	2
Unknown	1	2	3
Years living in Australia			
< 5 years	0	2	2
6–10 years	4	1	5
10–15 years	5	5	10

The initial thematic structure was established by the lead researcher, then reviewed by all authors to check agreement with the coding and identify these in appropriate English. Quotations were selected to represent themes in the data and pseudonyms assigned. For each quotation, gender and age are also indicated (e.g., F:28 denotes female aged 28).

Results

Characteristics of Study Participants

The 17 participants consisted of eight men and nine women aged between 27 and 53 years. (One woman did not disclose her age, but her narrative supports an assumption that she was in her 50s.) Most participants were aged in their 30s or 40s and had lived in Australia for 10 to 15 years (see [Table 1](#)). Guest et al. (2006) posited that 12 participants are sufficient to achieve data saturation in purposive sampling and semi-structured interviews for homogenous populations.

Thematic analysis

As shown in [Table 2](#), we identified three themes that participants considered important for their mental health: *self-discovery* (with five subthemes); *speaking up about individually new-found norms*; and *feeling a sense of belonging* (with one subtheme). All themes and subthemes occurred with similar frequency among genders, except that no male participants spoke of the importance of having more flexible time in Australia.

Theme 1: Self-Discovery

The theme of self-discovery comprised the following subthemes:

Table 2. Themes and subthemes in order of frequency by gender

Themes	Number of participants		
	Female	Male	Total
Self-Discovery	9	8	17
Getting to know themselves through time for self	9	4	13
Agency to move forward	7	3	10
Seeing opportunities	6	6	12
Having freedom of choice	8	6	14
More flexible time in Australia	6	0	6
Speaking up about individually new-found norms	6	5	11
Feeling a sense of belonging in their society	6	8	14
Addressing racism	2	4	6

Getting to Know Themselves Through Time for Self

Participants expressed that taking time for themselves allowed them to become aware of their emotional experiences and what these might mean. This growth in emotional intelligence helped them change and improve their mental health. Myungjoon (M:42) described it like this: “I think knowing myself would help mental health by knowing why I have this kind of emotion, idea, reaction, and behaviour in this situation.” Similarly, applying skills in emotional regulation assisted participants in their daily functioning with some describing distress and “interruption” when this was not possible.

Agency to Move Forward

Participants described how having agency provided them with motivation and willpower to move forward. This willpower was described as foundational for good mental health outcomes. For some, this meant accepting the reality that people will have a different opinion and, at times, voice criticism. They chose to move forward regardless, accepting the criticism of others as merely their opinion. Two participants who did not feel accepted as they navigated the unfamiliar Australian health system described how it made them feel frustrated and “crazy”.

Su (F:36) explained that:

The criteria for healthy or unhealthy mental health [is] whether you have the willpower to keep moving on [with your life] or not ... I think it is not healthy mental health if you are not willing to do anything and feel like you hate everything.

Siwon (F:41) talked about how she moves on with her life: “If we all think of criticism as somebody’s opinion ... It’d be better to realise and accept reality and then move on to the next step [of my life].”

Seeing Opportunities

Many participants stated that their mental health was promoted by seeing the opportunities their new lives presented, including the possibility to change perspectives, including of mental health. Daesik (M:33) spoke of the rigid cultural expectations regarding university studies which he said can change: “We only focus on going to a good university after finishing high school, but I hope [South Korean] people see other directions of the road [in life].”

Others spoke of how South Koreans can change how they view mental illness. Traditionally they would view someone with poor mental health as dangerous and “crazy”. This view led them to stigmatise poor mental health leading to a reluctance to access mental health treatment. Opening up various options creates opportunities for better outcomes. Again, Daesik (M:33) said: “As [the South Korean] society sees those people [with mental illness] with one view [of being ‘crazy’], people themselves could not admit that they need to get treatment for their illness.” Another male, Myungjoon (M:42), expressed his “hope [that South Korean] people would know that bad mental health is not a dangerous or huge issue, but something everyone experiences once in their life.”

Having Freedom of Choice

Fourteen participants spoke of the importance of having the freedom to choose enjoyable activities and described how their mental health improved when they were able to act on their own preferences and choices. Su (F:36) said: “I have been living by shifting my interests to what I do. It helps my mental health by doing [something new] that I am capable of doing.” She explained that “doing something that I am forced to do is really bad for my mental health.”

More Flexible Time in Australia

Women, but not men, spoke of valuing their increased flexible time in Australia compared to South Korea. They noted that their decreased social obligations in Australia compared to South Korea saw them feeling less burdened and stressed in Australia. This increased their mental flexibility resulting in increased motivation and enhanced mental health. Somi (F:38) said: “The company provides the freedom for me to manage my time ... and now I feel mentally flexible.” She also explained: “I felt a bit free in terms of the [social] obligation I had to fulfil since I moved to Australia.” Similarly, Su (F:36) said: “I’ve got more time to think and enjoy new changes in my life ... you have more time [and] that makes me motivated to do something in my spare time.”

Theme 2: Speaking up About Individually New-Found Norms

The second theme identified that assists South Korean migrants in their mental health was their speaking up about their individually new-found norms against previous traditionally held norms. By speaking up against

Korean-held virtues such as endurance and sacrifice these migrants enabled themselves to seek out mental help as required rather than holding firm to beliefs and norms which might prevent this. For example, Somi (F:38) said: “Now I am asking for help on how to solve the problem and how I feel about it ... but it wasn’t easy because we were all told to learn endurance as a virtue in South Korea.” Siwon (F:41) said: “Women should sacrifice and endure in South Korean society ... Australian society is somewhat gendered equality in that both women and men do housework together and talk about anything very openly.”

Some participants, however, alluded to the persistence of previously held cultural norms, speaking of turning to alcohol which helped them “pour out” their feelings and relieve stress, with one participant, Somi (F:38), showing some movement towards other helping resources: “I [drank] non-stop in South Korea, but now I only have one or two glasses of alcohol. I’ve also changed to enjoy talking with people and the time together.” Jun (F:37) said: “I relieved myself by talking with friends, drinking alcohol [in South Korea]. I relieve my stress by drinking here in Australia, too ... I feel free and easy after I pour out all my feelings [by drinking alcohol].”

Theme 3: Feeling a Sense of Belonging in Their Society

Fourteen participants stated that feeling a sense of belonging was important for their good mental health, although their experiences of belonging differed, particularly across genders. Men tended to emphasise their belonging within their own nuclear family (rather than their parental family) for good mental health: “I think I will be more psychologically stable if I have my own family,” said Yeonsoo (M:33).

Women, however, stated how the absence of family and friends was a major barrier to their good mental health. Some drew on their Australian in-laws for emotional support. Hana (F:50s) described the situation like this: “We [married South Korean women] could easily ask for help about marital relationships in South Korea ... There are families, including the wife’s family and family in-laws. This part is a little bit absent.” Siwon (F:41) said: “I’ve got emotional support from my parents-in-law. As I have my husband and my kid, so they really stand by my side to overcome anything.”

A few participants also experienced belonging within the South Korean community and spoke of a South Korean migrant’s need to build good relationships with other South Koreans to have this sense of belonging. Several described themselves as the people “living on the border of the country” and stated that South Koreans should stay together to feel a sense of belonging in Australia:

South Koreans in Australia usually feel like one of the people living on the border of the country ... If people have a good relationship with other South Koreans here and feel a sense of belonging, it would be good for their mental health. (Halim, M:40)

However, other participants spoke of challenges in joining the South Korean community. They spoke of the prevalence of gossip which made trust difficult. Others spoke of the struggle with differences between early and more recently arrived settlers in Australia, even within cultural community agencies. Jun (F:37) said: “I don’t trust people communicating with each other inside the [South Korean] Christian community because I saw many untrustworthy people talking behind my back.” Similarly, Taehyen (M:53) commented: “It’s hard to cooperate and communicate with the people who came very early in the 1970s or 1980s ... Nobody knows what they [South Korean associations] are doing.”

Addressing racism

In their efforts to find belonging in mainstream Australian society, some participants spoke of their experiences of racism. Some spoke about being actively engaged in challenging racism as helping their mental health, with two describing the courage and confidence they needed to confront this. They spoke about the benefits of addressing racism, but noted the governmental responsibility in this issue, as it affects mental health adversely:

I need to build up the courage to cut off something I hate ... I think it is very important for the government to try to eradicate racism in Australia. I think it is the number one priority for helping my mental health. (Jun, F:37)

Some participants expressed concerns for their family’s safety should they actively confront expressions of racism, and coped instead by reframing such behaviour as that done by uneducated people. Halim (M:40) said: “Avoiding the incident is best for my family’s safety,” and Jihoon (M:47) said: “It’d be best to just think of a racist as an uneducated person and ignore the incident.”

Finally, many participants spoke of language barriers which were associated with a loss of confidence in joining or socialising with Australians thereby adversely affecting their sense of belonging: “I had learnt American English back in South Korea, so it was hard for me to adopt Australian English. Therefore, I lost my confidence, and I avoided socialising with people.” (Jun, F:37)

Discussion

This qualitative study explored the meaning of good mental health for South Korean migrants to Australia and what they needed to support their mental health. Three themes were found. Firstly, South Koreans emphasised growth in their self-discovery with subthemes such as participants’ growing emotional self-awareness, as well as their increased sense of agency and freedom.

South Korean society is characterised by a collectivist structure, which promotes group harmony and deference to hierarchy (Moon et al., 2018). From a critical realist perspective, this explains why South Korean people

adhere to certain values and virtues including those of maintaining community and respecting hierarchy (Akkuş et al., 2017). In particular, the virtues of endurance and sacrifice affect their ability to reach out for support when their mental health is at risk. In contrast, Australia is an individualistic society, which allows for “independence and uniqueness” as well as personal choices and self-control (Moon et al., 2018, p. 3). Now residing in an individualistic society, these South Koreans, in support of their mental health, reflected on what they valued in South Korea and noted the shift towards their preference for personal discovery. They shifted from the collectivist values of endurance and sacrifice towards an individualistic lens of personal choice. An improved sense of self includes “personal control, mastery, and self-efficacy” and provides a sense of agency which is associated with increased resilience and better health outcomes (Hitlin et al., 2015, p. 164).

This new-found agency resulted in greater motivation and willpower to move beyond any perceived or actual criticism as they sought out help for their mental health. They recognised that different points of view are acceptable, including theirs. This is particularly important for the destigmatisation of poor mental health. South Korean culture is underpinned by the context of saving face, which underlies shame in how South Koreans view, express, and respond to poor mental health (Han et al., 2017). As migrants in Australia, they are exposed to Australia’s recovery-oriented mental health model, which considers recovery to mean understanding one’s abilities and achieving personal autonomy, meaning, and purpose, and a positive sense of self (Smith-Merry et al., 2016). The participants in this study indicated that this was a helpful way for them to reframe their understanding of mental health. The ability to hold different opinions also resulted in them discovering new possibilities and new ways to exercise agency, such as seeing other career opportunities beyond those related to tertiary studies or choosing their own recreational activities.

The participants, particularly the women, experienced increased freedom as the burden of previously held social norms and expectations lessened. In line with other literature, married South Korean women experienced a greater sense of freedom and autonomy, and felt they were more likely to be appreciated in Western cultures than Eastern cultures (J. Kim et al., 2014; Seo et al., 2019). The participants expressed how Australian society allowed South Korean women more flexibility in contrast to expectations in a traditionally patriarchal society (Seo et al., 2019). In South Korea, cultural gender norms constrain and dictate women’s time, which is often dependent on the permission of their husbands or elders (Seo et al., 2019). In Australia, however, with its increased freedom and flexibility, the participants emphasised their experiences of increased agency and control in their own lives which allowed them more time and knowledge to evaluate and improve their personal wellbeing (Seo et al., 2019).

The second theme developed around participants' growing ability to individually voice their new-found norms. These were particularly related to acting on their mental health needs, which might be seen as contrary to traditionally held beliefs around endurance and sacrifice. Previous studies have shown that Korean women were discouraged from expressing their emotional needs because they were believed to disrupt family harmony (Seo et al., 2020). The participants in this study showed how they developed and valued the ability to voice their needs and seek support.

The third theme discussed the need for belonging and how this is often a struggle. A systematic review of Canadian literature found that the loss of social support networks from their country of origin adversely influenced foreign-born women's wellbeing (Rezazadeh & Hoover, 2018). The development and maintenance of social networks are important to cope with and repair disconnections caused by migration (Alegría et al., 2017). This study also indicated this difficulty. Although the participants in this study suggested joining the South Korean community in Australia, they also talked about a hidden dynamic of hierarchy within the South Korean community between early and late settlers. Engagement with this community required an understanding of and compliance with this hierarchical structure. For some, this was a barrier to building a sense of belonging within that community, which they would have valued for their mental health. The participants highlighted a lack of trust between individuals which hinders building relationships and participation in the South Korean community. Previous studies also highlight such cultural barriers, including saving face, gossip, and confidentiality, as reasons that likely contribute to immigrants' reluctance to join the South Korean community in Australia (Han et al., 2017). Exploration on how the communities can be more inclusive would benefit these migrants' mental health.

The participants also spoke of their experiences with racism within mainstream Australian society. Racism is well documented as negatively affecting the mental health of immigrants (Ferdinand et al., 2015; Noh et al., 2007; Viruell-Fuentes et al., 2012). Some participants noted active engagement in challenging racism. They observed how their increased sense of agency enabled them to acknowledge injustice and courageously address racism and how this assisted their mental health. A critical realist approach identifies racism as a structural problem rather than one located within the individual. Indeed, these participants asserted that, rather than seeking to empower resilience in the individual as a response to racism, social and structural change led by governments is required (Gopalkrishnan, 2018). Some participants reported their conscious decision to ignore racist incidents, but Liang et al. (2007) suggest that ignoring racism as a coping strategy further exacerbates its negative mental health effects. Healthy individual coping strategies might therefore still be needed, but organisational and

community interventions designed to prevent racism will assist in the promotion of mental health particularly for CALD migrant groups (Ferdinand et al., 2015; Markwick et al., 2019).

Implications for Counsellors and Community Initiatives

Since the mid-1970s, Derald Wing Sue and Stanley Sue have contributed richly to the growing understanding of multicultural counselling including multicultural competence, conflicting worldviews, awareness of bias and assumptions, and the need for culturally sensitive interventions (as cited in Ridley & Kleiner, 2003). Since then, multicultural competence and cultural humility have become integral to ethical counselling practice (Williams, 2003). Two worldviews often contrasted with each other are those of individualism and collectivism. Individualism centres on personal goals, uniqueness, and control, whereas collectivism is centred more on the individual being bound and obligated by and within the group (Williams, 2003). This distinction becomes visible in an individual's self-description, where those in an individualistic society affirm personal success and self-esteem and those in a collectivist society value cooperation (Williams, 2003). The relationship between an individual and their worldview, particularly when migrants move from one dominant worldview to another, is complex, as seen in this research, and reminds practitioners to remain aware of assumptions and inherent biases. It also reminds practitioners that the therapeutic relationship and the practitioner's stance within that relationship might need to be sensitively navigated within various cultural variations (Williams, 2003), taking into account each migrant client's unique positioning within these variations.

The participants in this study were all migrants from South Korea. Although traditionally coming from a collectivist culture, they provide practitioners with insight into their increasing individualism. They valued self-discovery, freedom of choice, and the personal agency and flexibility provided to them in an individualistic Australian society, and they believed that these factors contributed to their improved wellbeing. They also discussed the consequences if they were not able to enact these values, naming increased alcohol consumption as a particular issue.

A sense of belonging is well documented as having a positive outcome on mental health as it plays a vital role in managing stress, providing a way for individuals to be integrated into a community where they feel needed, valued, and able to contribute (Stebleton et al., 2014). As such, belonging is important within both individualism and collectivism. In individualism, it is seen as the "optimal point" on the social continuum of the individual self (Bornholt, 2000, p. 416). The individual self, motivated to be "both socially distinctive and socially assimilated," categorises themselves in terms of their individuality as well as their group affiliation (Bornholt, 2000, p. 416). Social distinctiveness is found within a person's "sense of individuality" such as their uniqueness, choice of activities, and own "personal space" (Bornholt, 2000, p. 418). Social assimilation is found in belonging to a group within which

a person's individual values are validated, and their beliefs and attitudes are maintained (Bornholt, 2000). Within this research, participants recognised the need for a sense of belonging for their mental health and discussed their struggles as they navigate this space between South Korean groups and Australian society.

Community development initiatives can contribute to building supportive groups and communities where Korea-born migrants can feel safe and find belonging. This might be through creating community dialogue in distributing mental health information or by involving trusted community members with lived experience to help reframe previously held norms and assist with mental health, possibly even making these available in Korean (Han et al., 2017; Nous Group, 2020). Community development strategies might consider providing opportunities for early settlers and new migrants to participate in meaningful community activities together to resolve, or at least try to minimise, hidden hierarchies between them and thereby promote South Korean individuals' mental health.

Limitations and Suggestions for Future Research

Consultation with a cultural advisor minimised translational errors and increased the credibility of the data (Gill et al., 2008). Due to the lead researcher's fluency in Korean, the study was able to capture nuanced perceptions of mental health for the South Korean community in Australia. This enabled more in-depth self-reflection and engagement with the research questions by the participants. However, the study was conducted during the COVID-19 pandemic and lockdown, which is recognised as a limitation, as this could have influenced the participants' experiences and perspectives on their mental health. The small number of participants may also be insufficient for generalising across the population group.

Future face-to-face studies might further facilitate in-depth interviews with a greater number of participants, including older South Koreans. Further research on the change and possible psychological dissonance between personal selfhood within individualism and communal values within collectivism may provide valuable insights into South Koreans' mental health as they negotiate their transition from a collectivist to an individualistic worldview. Similar studies of other cultural groups, perhaps attending to collectivist and individualistic variation, could also be of value.

Conclusion

This study provided South Korean migrants in Australia a voice in their own language to conceptualise their understanding of mental health and the support they need. It is noteworthy how the participants stressed the importance of self-discovery and individual preferences as opposed to traditional South Korean collectivist norms. A critical realist approach allowed for understanding of how Australia's individualistic society influenced these South Korean migrants to increasingly value an individualistic approach in supporting their mental health. However, a

hierarchy remains in the South Korean community, particularly between early and new settlers, that hinders the integration and a sense of belonging for new migrants. A better understanding of the unique dynamic of the South Korean community and insight into the nuanced changes from collectivist to individualistic living will assist counsellors and healthcare practitioners when working with this group of migrants. Suggestions are also made for community and government initiatives to enhance belonging and break down barriers of racism. Such strategies and approaches would enhance the mental health needs of South Korean migrants in Australia.

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