
REPORT FROM STATEWIDE MULTICULTURAL YOUTH ISSUES NETWORK MEETING

**Engaging refugee and migrant young people
around mental health: Exploring strategies that
work**

9:30am to 12:30pm, Thursday 16th October 2008

CO.AS.IT Conference Room, Faraday Street, Carlton

Overview

The Centre for Multicultural Youth's (CMY) third Statewide Multicultural Youth Issues Network meeting of 2008 was held in partnership with Action on Disability within Ethnic Communities (ADEC) on the topic of refugee and migrant young people and mental health. The forum provided an opportunity for mental health service providers, youth and settlement workers, as well as other interested groups, to come together to explore what can and does work in engaging refugee and migrant young people around mental health.

Over 80 people participated in the forum. Guest speakers and discussion groups explored a number of issues including:

- The cultural dimensions of mental health;
- Issues faced by refugee and migrant young people in dealing with mental health issues; and
- Possibilities for developing more inclusive and accessible mental health services.

This report documents the proceedings of the forum which includes guest speakers' presentations, strategies for engaging refugee and migrant young people around mental health issues and improving service delivery, as well as follow-up actions to be explored and developed by ADEC and CMY.

Speakers

Yvonne Stolk

Research and Education Consultant; Clinical Psychologist, Victorian Transcultural Psychiatry Unit

Statistics from the 2006 census show that 8% of Victorians in the 0-24 age group were born in a non-English speaking country (NESC). The top three countries of birth were China, India and Malaysia. Of humanitarian (refugee) arrivals aged 0-18 years arriving in Victoria between 2002 and 2007, the top three countries of birth were Sudan, Afghanistan and Iraq.

Issues impacting on the mental health and wellbeing of children and young people from refugee backgrounds include:

- Post traumatic stress disorder (PTSD);
- Little or no experience of school, or very disrupted schooling;
- Loss of family members;
- Uncertainty about the fate of family members back home;
- May have been used as child soldier;
- Resettlement and acculturation difficulties; and
- Racism and prejudice.

Rates of access per 10,000 head of population to Child and Adolescent Mental Health Services (CAMHS) by refugee and migrant communities are on average one third of the Australian born community, indicating a proportionately lower rate of involvement in CAMHS services. Access varies widely among refugee and migrant communities. For example, Chinese and Malaysian children and young people have very low access rates even though they are two of the three largest migrant communities in Victoria.

Yvonne highlighted the fact that admission to acute inpatient units in Victorian CAMHS (2001/02) was higher for children and young people from refugee and migrant backgrounds. They also had significantly longer periods of admissions, indicating refugee and migrant CAMHS clients may be more severely disordered by the time they reach a mental health service.

Overall, the issue of lower rates of access to mental health services raises the question of whether or not rates of mental disorder are lower in refugee and migrant communities. However, research suggests that:

- Children of migrants have a similar level of mental health problems as Australian-born children (Alati et al., 2003);
- Mental health problems may not be recognised as such by parents from a refugee or migrant background and/or overlooked by traumatised parents.

The lower access rates of refugee and migrant communities has been attributed to:

- Lack of knowledge of services;
- Language barriers;
- Lack of ethnically matched mental health staff;
- Continuing family care;
- Different explanatory models of illness;
- Preference for traditional treatment;
- Reluctance to seek treatment due to stigma and shame; and
- Failure of case recognition or reluctance to refer by GP's.

Cultural factors that may delay or prevent help-seeking include:

- Families from cultures that hold collectivist values tend to expect to look after family members with a (mental) illness. In individualist cultures there is a greater expectation that young people will differentiate and become independent.
- Some cultures may not distinguish between mental and physical illness.
- Belief systems may attribute behaviours associated with mental illness to spirit possession or witchcraft which can mean that traditional treatment may be sought; the mental illness may be associated with stigma or seen as karma. There may also be an expectation that nature will restore imbalance in the body.

The question of an ethnic community burden was raised: If the rate of mental disorder for children and adolescents in the community from refugee and migrant communities is comparable to the Australian-born, while access to services is

significantly lower, then the suffering of individual children and young people and the burden on families in refugee and migrant communities may be high.

Yvonne highlighted a number of strategies utilised by VTPU that focus on developing culturally competent practice among mental health services. These include:

- Providing training and onsite support to mental health service staff;
- Working together with cultural portfolio holders based in mental health services and psychiatric disability rehabilitation and support services to enhance cultural responsiveness;
- Providing population and mental health data to mental health services to identify local needs, develop response strategies and to conduct research into identified issues;
- Providing a telephone support service for mental health service staff;
- Provision and improvement of a website with multiple resources. See www.vtpu.org.au; and
- Working in partnership with Foundation House and Action on Disability within Ethnic Communities (ADEC).

Evan Bichara

Consumer Advocate, Victorian Transcultural Psychiatry Unit

Evan highlighted a number of strategies aimed at removing the barriers people from refugee and migrant backgrounds are likely to experience in accessing health and mental health services. These strategies include:

- Training for GP's and other health workers on engaging clients from refugee and migrant communities and how to be more visible and accessible in their communities;
- Improving access by creating more user-friendly, transparent, sensitive services (both clinical and community based);
- Cross cultural training for the existing mental health work force and future workforce (i.e., students);
- Creating more opportunities for mental health education within refugee and migrant communities;
- Education for services providers and community members that includes consumer and carer viewpoints, with emphasis on the lived experience of mental illness, positive and negative experiences with service providers and how recovery is achieved while keeping one's cultural identity together with the wider community;
- Desensitising mental illness [reducing stigma] – Stigma can be a huge barrier to a person's recovery. Access to support, translated information about stigma and mental health, and counselling as an individual method of learning, can all help to reduce stigma;
- Stigma reduction messages include: 'it's okay to seek help'; 'there are many services in our community', and that 'there are biological, psychological and social aspects of mental illness so we should not blame each other for its occurrence';
- Building partnerships among people and services.

For more information and further resources provided by the Victorian Transcultural Psychiatry Unit go to www.vtpu.org.au

Derek Wilson, Abraha Mamo Gebremariam, Damian Mason

Footscray Youth Housing Group

Footscray Youth Housing Group (FYHG) provides housing and support to young people who are homeless or at risk of homelessness. The presentation explored the

role that cultural sensitivity and understanding plays in delivering best practice services to young people from a refugee or migrant background that are homeless or at risk of homelessness, and who also have a mental illness.

FYHG discussed a particular case of a young refugee experiencing homelessness. The young person arrived in Australia at age 15 as an unaccompanied minor. He had lived in a refugee camp for a number of years without family members and with no access to medical or psychological support services. In Australia, he initially settled in a rural area but soon left to come to Melbourne where he became homeless and heard about FYHG through word of mouth. FYHG developed a relationship with the young person through providing housing and support.

The presenters identified a number of strategies for engaging the young person around his mental health and well being. These include:

- Taking time to build rapport and a relationship of trust;
- Using interpreters to facilitate communication (over time the need for an interpreter decreased);
- A service context with a good knowledge of cultural diversity and the impact of war and conflict on a young person. For workers, this means learning as much as possible about an individual's culture and the nature of the refugee experience;
- A support plan that included sport and artistic activities which provided opportunities for support workers to raise the topic of mental health in a safe and informal manner.

Over time the young person became more open to discussing his mental health and disclosed that he had witnessed the killing of his family and was drafted into a militia group. Initially the young person did not want to be referred to a support service, and held a view that it was not 'manly' to seek this type of help. However, as his mental health deteriorated and self-medication increased, he did agree to a referral to Foundation House (Victorian Foundation for the Survivors of Torture) and was placed on the waiting list. It became necessary however for FYHG to refer the young person to a crisis mental health service and so a referral was made to the Youth Access Team (YAT) at Orygen Youth Health. The young person was then admitted to hospital.

A forum participant asked if the process of getting the young person to the YAT team actually worked. FYHG said that it can be difficult due to a lack of resources, the need for interpreter use, and the perceptions held by the young person and their community as to what such a referral may mean. FYHG suggested that employing workers from refugee and migrant backgrounds to work with young people can help to address these issues.

Abraha spoke about the lack of clear understanding of the concept of mental health in many refugee and migrant communities, and that mental health services are not very accessible to refugee and migrant young people. He suggested some further strategies to increase service responsiveness including:

- Employing workers from relevant refugee and migrant backgrounds to work with young people;
- Improving communication with young people by learning as much as possible about how culture and previous experience informs their ideas and behaviour;
- Checking in with the young person regularly to clarify that you, as the worker, have correctly understood them and that they also have a clear understanding of what you are communicating; and
- Explaining confidentiality and emphasising its importance often.

Poni Tongun, Alyssa Blamey and Carla Vanlaar

Western Melbourne Headspace, Community Capacity Building Team

Established in 2006, Headspace is Australia's National Youth Mental Health Foundation, managed by a consortium of agencies including Orygen Research Centre, Australian Psychological Society, Mind and Brain Institute and the Australian General Practice Network.

Headspace is currently establishing 30 headspace centres around the country where young people and their families can receive help. A youth-friendly, accessible website that delivers health information, advice and support in a meaningful way is also available. Go to www.headspace.org.au for further information and locations of Headspace centres.

The aim of Headspace is to reduce the burden of disease among young people aged 12 – 25 caused by mental health and related substance use problems with emphasis on:

- Promoting early identification and effective, evidence-based interventions;
- Improved access to mental health services; and
- Specialist providers and primary health care working together within an accessible and integrated service framework.

The presenters highlighted statistics supporting the development of the Headspace model:

- Around 14% of young people aged 12-17 and around 27% of young people aged 18-24 years experience a mental health disorder in any given 12 month period;
- Over 75% of all serious mental health problems commence before age 25 years;
- Only one in four young people with a mental health problem receives professional help. Even among young people with the most severe mental health problems only 50% receive professional help;
- Research also shows that young people are most likely to turn to their friends for support or advice. Only 10% turn to youth workers and professionals.

Headspace provides a first port-of-call for young people seeking information and help for mental health issues; lends a hand in changing the way that services for young people are delivered; raises awareness in the community and provides training for professionals working with young people.

A forum participant asked the presenters what happens if a young person just walks into the Headspace centre. Headspace responded that there is a drop-in system and the Youth Access Team (YAT) can support the young person for four sessions before linking them to a GP.

The presenters highlighted a number of community development initiatives they are experimenting with to make connections with young people and to increase awareness of mental health. These include:

- An art program and exhibition where young people have created digital photographic responses to the questions "what's in your headspace?"
- Sponsoring events with soccer clubs
- Making links with ESL TAFE students.

A comment from a participant was made about the issue of disclosure and it being a difficult experience for a young person if they have to disclose traumatic information a number of times when there are a number of steps involved in getting support. Headspace responded that the idea of the YAT is just to "hold" young people and that they don't necessarily need to see a GP. If a specialist service was required (like Foundation House) then the Youth Access Team could refer the young person there.

[CMY note]: The comment about disclosure is reflective of the challenges that workers supporting refugee young people can often face: disclosure of issues relating to mental health are most likely to occur in the context of an established relationship of trust. There are times when a young person may accept a referral to Foundation House, a mental health service or a GP, but it is very likely that there will also be times when the young person is unwilling to do so and the worker with the established relationship is required to respond to the disclosure and continue to support the young person. This highlights the high level of skill required by workers who are regularly engaging with refugee young people and the need for ongoing professional development and support.

For more information about Western Melbourne Headspace go to www.headspace.org.au

Group Discussion: Strategies

Through small group discussions, participants identified a broad range of strategies aimed at engaging young people in meaningful ways while also providing opportunities for workers and services to build relationships with young people and raise issues of mental health in informal and culturally appropriate ways. Responses were categorised under two questions:

1. What are some strategies or programs that you know of that are effective in engaging migrant and refugee young people around mental health issues?

Direct engagement strategies

- Sport, recreational, and artistic programs – In developing group programs such as these, participatory principals are important. Is the activity something young people have identified that they want? Are they invited to contribute to the development, planning and running of the program?
- Running programs based in schools, language centres and TAFE – These settings are a great way of meeting young people from refugee and migrant backgrounds. Building relationships with student welfare coordinators is also important as they are often the first point of contact when the young person needs extra support.
- Flexibility in service provision – Refugee and migrant young people are generally unfamiliar with how mainstream services operate. A flexible approach which includes outreach (going to meet young people where they are, home visits, and running programs outside business hours and on weekends) are all useful ways of building connections and increasing service accessibility.
- Developing trust with community members and increasing the worker and services presence in the community – This can include consultation with community leaders and elders, attending and sponsoring community events (including youth-specific events), and sharing food and hospitality is also a great way of building relationships.
- Increasing opportunities for participation in services and activities by assisting with transport – Paying for transport (providing metlink tickets etc) or providing transport (accessing a van or vehicle for work purposes) is important.

- Language barriers often influence the capacity of young people from refugee and migrant backgrounds to participate in mainstream programs. Programs that target a particular language or cultural group (e.g. a creative media project for Burmese or Sudanese young people) can help to address this barrier.
- Family inclusive practice – Spend time with the young person's family so that they are aware of the service you are providing.
- Overall, a key message of participants was the importance of creative programs for young people that provide enjoyable participation and opportunities through which mental health can be discussed, rather than programs that target the topic directly.

Existing programs and initiatives

- Locating youth-specific workers in settlement services and youth workers from relevant refugee and migrant backgrounds in mainstream services – A directory of organisations funded to work with refugee and migrant young people in Victoria can be found on CMY's website. www.cmy.net.au/uploads/downloads/cmyi/pdfs/Publications/CLD_youth-workers_directory_2008.pdf
- Victorian Foundation for the Survivors of Torture – Kaleidoscope program: a 6-week structured group program for secondary school students from refugee backgrounds. www.foundationhouse.org.au/resources/publications
- The Songroom - a national initiative providing opportunities for disadvantaged young people to participate in creative arts. www.songroom.org.au
- Eastern Region Mental Health Association (ERMHA) is piloting a program aimed at linking people from refugee and migrant backgrounds into mainstream mental health services. The program has a strong community development focus. www.ermha.org/services
- MadCap Café at Dandenong Plaza. Supported by ERMHA and using a strengths-based and peer modeling approach, the café is run by young people with a mental illness. The program was recently profiled on the ABC's 7:30 Report. www.abc.net.au/local/videos/2008/10/27/2401936.htm?site=melbourne
- Music and Hip Hop programs developed by the Multicultural Health and Support Service around engaging with young people around issues of sexual health and building peer relationships. www.nrhc.com.au/nrhc/programs/mhss.html
- "Out of Africa and into Soccer," an initiative funded by VicHealth aimed at providing opportunities for newly arrived young men from African backgrounds to participate in the community through sport. www.footballfedvic.com.au/development/communitydev/OutofAfrica.pdf
- Peer education and youth participation models as developed by the Western Young People's Independent Network. www.home.vicnet.net.au/~wypin/
- Partnerships between language schools or ESL TAFE programs and youth settlement services (example given of partnership between NMIT and CMY Multicultural Youth Worker in Broadmeadows)
- Youth Early Psychosis (YEP) program provides an early intervention service for young people between 16 and 25 years who are experiencing or at risk of a first episode of psychosis. <http://www.health.vic.gov.au/mentalhealth/psychosis/index.htm>

Service development strategies

- Partnerships and collaboration between mental health services, youth services, settlement and multicultural services was seen as essential to effective engagement with young people and their communities, as well as enabling a more holistic and culturally sensitive response to mental health issues.
- Ensuring the workforce is culturally sensitive and culturally diverse. This means employing and making good use of bi-cultural workers and providing opportunities for workers to develop their cross-cultural competency skills.
- Development of multilingual mental health promotional material.
- A service environment that encourages working with refugee young people in the context of the family.

2. What could work differently or better in terms of services, programs and strategies?

Training and professional development

- Generally participants felt there was a need among youth workers, settlement workers and mental health workers for improved understanding of the complexities in the relationship between mental health, culture, faith and how this interacts with resettlement and the impact of torture and trauma.
- Scholarships to provide opportunities for bi-cultural workers to study and further develop their skills in the area of mental health service provision.

Actions:

- ⇒ ADEC is currently investigating opportunities for the development of competency-based mental health training for bilingual workers.
- ⇒ CMY and ADEC, in conjunction with key stakeholders, will explore the development of a workshop in 2009 to address the training issues outlined above.
- ⇒ CMY can provide secondary consultation and professional development/training on request, and is happy to talk to mental health services around best practice in engaging with refugee and migrant young people. For more information, go to: www.cmy.net.au/ProfessionalDevelopment
- ⇒ CMY has convened a bi-cultural worker (and manager) network over the past three years. This network recognises the additional complexities faced by workers who are working within their own cultural communities, and aims to support and strengthen bi-cultural youth and family work practice in the community sector. For more information about this network, contact CMY's Sector Development & Policy Team (9340 3700).

Service provision

- Better ways of engaging with refugee young people and their families around issues of mental health early in the settlement process. Settlement support services (IHSS) are short term and not mental health specific. Mainstream mental health services, youth and settlement support services need to be skilled in responding to the mental health needs of this client group so that the default is not always to refer young people to Foundation House for torture and trauma counselling (Foundation House often have long waiting lists and may not always be the most suitable service when support is required).

- Overall there is a need for improved communication and collaboration between drug and alcohol, mental health and settlement services.
- An increased number of bi-cultural workers in mental health services would improve accessibility and sensitivity to the needs of refugee and migrant young people.
- Improved mechanism for consulting with refugee and migrant young people, hearing their voice in service planning, tailoring services to their needs and receiving feedback on what works for them.
- Simplifying or "de-jargonising" the language that is used to talk about mental health.

Actions:

- ⇒ ADEC, in consultation with other services and agencies, will develop mental health training for ethno-specific and multicultural organisations, many of which are engaged in settlement work.
- ⇒ ADEC has recently developed a youth reference group, consisting of young people with disabilities from ethnic backgrounds, to inform the development of ADEC's projects and programs. ADEC and the youth reference group will begin to explore how the group can inform the broader service sectors about access issues.
- ⇒ CMY can provide support and advice to agencies around involving refugee and migrant young people in service planning and consultations. For more information, contact CMY's Sector Development & Policy Team (9340 3700).
- ⇒ CMY has developed a resource that may assist services in planning a consultation with refugee and migrant young people: '*Considering consulting? A guide to meaningful consultation with young people from refugee and migrant backgrounds* (2007) can be downloaded from: www.cmy.net.au/AllCMYPublications#C

Community engagement

- Better engagement with elders, community and spiritual leaders to gain their respect and trust and to receive their input regarding how people in their communities view mental health and mental illness.
- Developing more creative ways of increasing community awareness in relation to the impact that settling in a new country has on mental health. One strategy could involve the increased use of local media in particular ethnic community radio and newspapers as a way of promoting messages about mental health.

Actions:

- ⇒ In future mental health community engagement and community development strategies, ADEC will work with key stakeholders, such as CMY, to ensure young people are involved in the consultation, development, implementation and evaluation of projects.
- ⇒ ADEC will invite key stakeholders to join a community capacity building network focusing on developing mental health literacy and awareness within ethnic communities. One of the key priorities for the network will be young people.

Evaluation

From the feedback provided by participants through evaluation forms, it was evident that the content of the guest presenters was generally very well received and that the group discussions were useful. It was also apparent that participants felt the topic of mental health and young people from refugee and migrant backgrounds to be very broad and that they would like the opportunity to be able to go into more depth. Particular areas of interest included: more clinical input from specialist mental health services like CAMHS, Orygen Youth Health and Foundation House.

It was also suggested that access to mental health services for young people from refugee and migrant backgrounds could be improved by developing partnerships between youth mental health services and services already working closely with refugee and migrant young people.

Actions:

- ⇒ CMY and ADEC, in conjunction with key stakeholders, will explore the development of a workshop in 2009 to address training issues outlined above.
- ⇒ CMY's Statewide Multicultural Youth Issues Network (SMYIN) provides a regular forum for cross-sector networking. To find out when the next SMYIN meeting is on, subscribe to 'CMY Updates' via www.cmy.net.au or go to the SMYIN webpage: www.cmy.net.au/StatewideNetwork

Resources

Action on Disability within Ethnic Communities www.adec.org.au

Andary, L. Stolk, Y. Klimidis, S. (2003) *Assessing Mental Health Across Cultures*, Bowen Hills: Australian Academic Press.

Barnes, D. (ed.) (2003) *Asylum Seekers and Refugees in Australia: Issues of Mental Health and Wellbeing*, Parramatta: Transcultural Mental Health Centre.

Carroll, J.K. Murag, Waali, and Gini: *Expressions of Distress in Refugees from Somalia*, Primary Care Companion, *Journal of Clinical Psychiatry* 2004; 6 (3).

This article provides insight into how mental illness is understood, expressed and treated among Somali refugees, and how these factors influence access to mental health services.

Centre for Multicultural Youth publications. A wide range of resources for working with refugee and migrant young people can be found on the CMY website: – www.cmy.net.au/AllCMYPublications

Kleinman, A. *The Explanatory Model* – An approach developed by Arthur Kleinman provides some questions workers can use to help understand how a young person and their family members understand mental illness.

www.mmha.org.au/mmha-products/synergy/2006-no-3/Anthropology%20in%20the%20Clinic/?searchterm=Anthropology%20in%20the%20clinic

Multicultural Mental Health Australia www.mmha.org.au

Multicultural Mental Health Australia, National Ethnic Disability Alliance, Australian Mental Health Consumer Network and the Australian Government Department of Health and Ageing, *Reality Check: Culturally Diverse Mental Health Consumers Speak Out*, 2004.

www.mmha.org.au/mmha-products/books-and-resources/reality-check

Although not youth-specific, this resource is consumer focused and provides valuable insight into the experiences of migrants and refugees accessing mental health services, as well as making recommendations on how services can be more culturally responsive.

Refugee Health Research Centre La Trobe University, *Good Starts Study for Refugee Youth*

www.latrobe.edu.au/rhrc/refugee_youth.html

Website provides a range of resources regarding researching the health and wellbeing of young people from refugee backgrounds.

Sengaaga Ssali, T. *Best practice in promoting mental well-being amongst Horn of Africa refugee women and youth*, Migration Action April/May 1998 (pp 19-28).

Stolk, Y. Minas, I.H., Klimidis, S. (2008) *Access to Mental Health Services in Victoria: A Focus on Ethnic Communities*, Melbourne: Victorian Transcultural Psychiatric Unit.

www.vtpu.org.au/docs/Access%20to%20MHSs.pdf

Victorian Foundation for the Survivors of Torture

www.foundationhouse.org.au/home/index.htm

Victorian Government Department of Human Services, *Cultural diversity plan for Victoria's specialist mental health services: 2006-2010*.

www.health.vic.gov.au/mentalhealth/publications/pubs.htm

Victorian Health Promotion Foundation (VicHealth), *Promoting the Mental Health and Wellbeing of New Arrival Communities*, 2003.

Victorian Transcultural Psychiatry Unit www.vtpu.org.au

For more information

For more information about this Statewide Multicultural Youth Issues Network meeting, visit CMY's website www.cmy.net.au/StatewideNetwork

Or contact:

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For more information about ADEC, visit ADEC's website www.adec.org.au

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