Supporting the mental health of young people from refugee backgrounds

A submission to the Victorian Government’s 10 Year Mental Health Plan

September 2015
Promoting the mental health of young people from refugee backgrounds

Introduction

CMY is a Victorian not-for-profit organisation supporting young people from migrant and refugee backgrounds to build better lives in Australia. Our purpose is to ensure that young people from migrant and refugee backgrounds have every opportunity to succeed in Australia.

CMY welcomes the opportunity to provide input into the Victoria Government’s 10 year mental health strategy. CMY strongly supports the government’s recognition of the importance of supporting the mental health of young people and of those from refugee (including asylum seeker) backgrounds. This submission focusses on questions from the youth and refugee technical papers, including:

- Are the key barriers to good mental health and disadvantage associated with poor mental health for young people adequately described?
- How can we improve these outcomes for young people (having regard to what we know about the barriers and harms experienced by young people)? What do we know works?
- Do the options for consideration focus effort where it is most needed and most effective? Are there other options that should also be considered?
- How do we build system capacity of the specialist mental health service system to respond to the mental health needs of people from refugee backgrounds, including asylum seekers, across the continuum of services and establish new or redesigned functions to address critical gaps and pressing needs?
- What other challenges or opportunities arise in relation to providing adequate mental healthcare for people from refugee backgrounds, including asylum seekers?

Supporting the mental health and wellbeing of young people from refugee backgrounds

Most young people from refugee backgrounds are incredibly resilient and generally cope well despite the challenges of the refugee and settlement experience.\(^1\) It is therefore important to understand what it is that contributes to their resilience, in order to inform effective mental health promotion and prevention strategies.\(^2\)

CMY welcomes the government’s recognition that mental health is holistic and context driven; that economic participation and social inclusion are the building blocks of social and emotional wellbeing. As a result, it is important to focus not only on clinical mental health reforms, but also on holistic community-based strategies that work on the individual, community and societal level. There is a substantial body of

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\(^2\) Ibid, p. 103.
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literature around the protective factors that can be built upon to strengthen resilience. Research suggests that key social, environmental and economic determinants of mental wellbeing and mental illness are shared across nations, and that there are key relationships between these determinants and the development of mental health problems. Therefore a broader, contextual approach to supporting young people from refugee background’s mental health should include:

- Strengthening young people’s sense of belonging, social connectedness, resilience and coping skills;
- Creating meaningful and supportive opportunities in education and employment; and
- Reducing racism and discrimination.

A sense of inclusion and belonging is critical to young people of refugee background’s mental health. For instance,

“A positive sense of cultural identity and heritage, especially if accompanied by strong community affiliations, can be a protective factor which increases the resilience of young people. Conversely, confusion and insecurity about cultural identity, especially if accompanied by feelings of alienation and marginalisation from the dominant culture, can be a risk factor for mental illness.”

Additionally, having opportunities for positive influence and being involved in the local community is important for young people of refugee and migrant background’s overall wellbeing - in terms of making new friends, developing new skills, and being able to make a positive contribution to their new home.

This highlights the need to provide stronger generalist youth support that is culturally relevant for young people of refugee background. There are many groups who ‘fall through the gaps’ of existing support programs – such as young people who have been in Australia for over five years, those on Orphan visas, and young asylum seekers who are 18 years or over - as many services are unfunded to work with this groups. At the same time, there is a shortage of generalist youth support roles (such as those available in local council), and those that do exist are not always well equipped to work with these specific groups. CMY’s experience is that many young people of refugee background need greater support with issues such as employment, yet there is a lack of generalist youth support able to provide this that are not restricted in some way by funding guidelines.

These issues are particularly pertinent in rural and regional areas. In CMY’s experience of one regional area, there are no migrant and refugee youth specific support programs available, yet mainstream services are at capacity (with often extensive waiting lists) and are often reluctant to adapt their practices in order to be more culturally relevant. There needs to be stronger resourcing of culturally relevant youth support services in these areas, particularly in areas with high levels of settlement growth. Additionally, resources must be targeted towards building the capacity of mainstream services in these regions to meet the needs of these young people.

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3 Chauvin, A. cited in Centre for Multicultural Youth, 2014a, Mind Matters: The Mental health and Wellbeing of Young People from Diverse Cultural Backgrounds, Carlton, CMY.
5 CMY, 2014a.
7 CMY, 2014b, Active Citizenship, Participation and Belonging: Young people from migrant and refugee backgrounds in Victoria, Carlton, CMY.
Vulnerable young people of migrant and refugee (including asylum seeker) background

CMY supports the government’s identification of young refugees who have experienced trauma as a group who face significant risk. CMY would also like to highlight that both young people of migrant and asylum seeker background are also groups that should be prioritised. For instance, all young people who have migrated face a number of issues that can negatively impact upon their mental health, such as:

- Adapting to a new culture and language
- Negotiating issues of belonging and identity in a cross-cultural context
- Experiences of racism and discrimination
- Lack of social support networks; and
- Lack of familiarity with Australia’s social systems.

Additionally, those from asylum seeker backgrounds face not only the trauma of experiences in their country of origin, but also those associated with their asylum seeker journey and the ongoing uncertainty as to their own and their family’s futures. Significant numbers of young people from asylum seeker backgrounds in Victoria have spent time in immigration detention, or are on Bridging Visas. This prolonged uncertainty as to their status in Australia has profoundly detrimental impacts on mental health and wellbeing. Additionally, young people who arrive in Australia unaccompanied (both through the offshore humanitarian program or as asylum seekers) lack the vital support networks that family provide, and are a particularly vulnerable group.

Young people from refugee backgrounds are often vulnerable to experiencing poor mental health. The experiences of forced migration, trauma, grief and loss, and resettlement can result in young people from refugee backgrounds being particularly at risk of the development of mental health problems. Additionally, many of their parent’s have undiagnosed mental health conditions due to torture and trauma issues. Research indicates that young people from refugee backgrounds:

- Have higher risk of depression, anxiety and PTSD than Australian born young people
- Are at risk of social isolation, and poverty due to family debt repayment pressures
- Experience educational barriers due to lack of or disrupted previous schooling
- Have high levels of fear for family members left behind.

Although there is minimal research on the mental health of young people from refugee backgrounds, a recent literature analysis also suggests higher rates of psychiatric disorders amongst this group compared with the adult population, and highlights that they also face a high risk of suicide.

However there are lower than expected numbers of young people from refugee backgrounds presenting to mental health services. In the context of Australia, children and young people generally have relatively low

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8 For the purposes of this paper, the term ‘refugee’ will be used to include both those of refugee and asylum seeker background.
9 CMY, 2014a.
12 Colucci, et al., 2014.
13 Ibid.
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levels of service usage (despite high levels of mental health issues), while refugee children and young people have even lower rates of utilisation of mental health services compared with young people more broadly.\(^{14}\) It is evident that there is much work to be done in order to strengthen young people from refugee backgrounds’ engagement with mental health services.

**Improving mental health outcomes for young people of refugee background - What do we know works?**

Unfortunately there is limited evidence as to ‘what works’ in facilitating stronger engagement of young people from refugee backgrounds with mental health services.\(^{15}\) This highlights a clear need for greater data collection and research around this issue. However a recent qualitative study by the University of Melbourne, Foundation House, CMY and the Royal Children’s Hospital revealed a number of facilitators to working more effectively with young people from refugee backgrounds around mental health issues.\(^{16}\) These include:

- Understanding cultural definitions of mental health, illness and treatment
- The style and approach of mental health providers
- Service accessibility
- Trust
- Working with interpreters
- Engaging family and community
- Advocacy – holistically responding to self-identified needs of the young person; and
- Continuity of care.\(^{17}\)

Research has highlighted the importance of services demonstrating respect and understanding of a young person’s cultural background, including cultural understandings of mental health.\(^{18}\) In the words of one young person of refugee background,

> “They don’t really have faith in the system to begin with... and I think that if they have the information and they want to come... and then the system is not culturally appropriate for them, you can really damage them in [the] long term whether or not they would access the system again.”\(^{19}\)

Culturally competent and sensitive mental health responses should take into account the young person’s gender, cultural and religious background, in terms of matching them with the most suitable mental health professional.\(^{20}\) In research by Valibhoy et al. with young people of refugee backgrounds, participants highlighted the importance of practitioners being interested to learn about their culture and religious background, including the nuances of how that particular young person relates to their own cultural and

\(^{14}\) Colucci, E. Minas, H. Szwarc, J. Guerra, C. & Paxton, G. 2015, In or out? Barriers and facilitators to refugee-background young people accessing mental health services, *Transcultural Psychiatry* 0 (0): 1 – 25.

\(^{15}\) Colucci, et al., 2015.

\(^{16}\) Ibid.

\(^{17}\) Ibid.

\(^{18}\) Ibid.

\(^{19}\) Ibid, p. 7.

\(^{20}\) Ibid.
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religious identity.\textsuperscript{21} It is important that professionals understand that young people from migrant and refugee backgrounds are often in the process of developing ‘multi-faceted identities’, “reflecting their exposure to varied environments and ways of life during their refugee journeys, at critical development stages”.\textsuperscript{22}

Although ‘refugee’ can be a label many young people are keen to discard upon settlement in Australia, Valibhoy et al.’s research also highlights that young people do want practitioners to understand some of the experiences they have faced, such as exposure to violence and persecution, and having to leave behind family and friends in dangerous environments.\textsuperscript{23} Understanding the impact of the refugee experience is important, although the individual details of the trauma may not need to be discussed. “A trauma centred approach acknowledges that the trauma is in the room, [the need to] work differently with youth with a trauma history, it’s not about having to talk about the trauma.”\textsuperscript{24}

This highlights the importance of the \textit{skills and approaches of mental health practitioners} in supporting young people from refugee backgrounds to engage with services. Young people of refugee background value certain things from practitioners, including: advice, support and advocacy to address their felt needs, understanding the interrelationship of their practical problems and underlying psychological needs, and a holistic approach that integrates care for both their health and social wellbeing.\textsuperscript{25} As a result, mental health professionals require core knowledge, skills, attitudes and relational qualities in order to effectively engage with young people of refugee backgrounds.\textsuperscript{26}

Issues of \textit{service accessibility} are also critical. Increasing the cultural competence of services alone will not necessarily result in greater uptake of mental health services; “culturally relevant mental health services quickly become irrelevant if ethnic minority adolescents do not find their way in to them.”\textsuperscript{27}

Mental health services must be set in spaces that are ‘safe’ and informal in order for young people from migrant backgrounds to feel at ease. Services must be close to public transport, yet discreet so as not to attract the attention of other community members, in order to prevent stigma.\textsuperscript{28} In CMY’s experience, the role of reception and intake in mental health services is also extremely important – at times they can be overly formal, non-youth friendly processes that do not always take the time to help the young person understand and feel at ease. Services also need to be more flexible and adaptable, and adopt youth-centred ways of engaging with young people from refugee backgrounds. Outreach models that ‘go to where young people are’ (such as schools or youth services) are needed, as are approaches that use recreational activity as a point of engagement rather than expecting young people to attend settings that are overly clinical or formal.\textsuperscript{29}

Service accessibility is also about responsiveness to young people’s needs, regardless of where they fall on the mental health continuum. Colucci et al. found that it was mostly young people of refugee background

\begin{itemize}
    \item \textsuperscript{21} Valibhoy, M. Kaplan, I. & Szwarc, J. 2015, “It comes down to just how human someone can be”: A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services, Victorian Foundation for Survivors of Torture (Foundation House), Melbourne.
    \item \textsuperscript{22} Ibid.
    \item \textsuperscript{23} Valibhoy, et al.
    \item \textsuperscript{24} Colucci, et al., 2015, p.7.
    \item \textsuperscript{25} Valibhoy, et al.
    \item \textsuperscript{26} Ibid.
    \item \textsuperscript{27} Ibid, p. 17.
    \item \textsuperscript{28} Ibid.
    \item \textsuperscript{29} Ibid.
\end{itemize}
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with a clear diagnosis (mostly major psychiatric disorders) who were successfully referred to a mainstream health service.\textsuperscript{30} Additionally, Valibhoy, et al.’s research amongst young people of refugee backgrounds in Melbourne highlights the need for “well-located, accessible, flexible, adequately trained and resourced services that have ‘no wrong doors’ for new clients.”\textsuperscript{31} CMY supports the government’s proposal to expand early intervention services that can be more inclusive of young people and their families with a broader range of problems, and commitment to ensuring services are flexible and inviting, such as offering outreach and out of hours appointments.

\textbf{Trust} is also central to how and whether young people from refugee backgrounds engage with mental health services. Establishing and building takes time; many young people have had their sense of trust in others eroded as a result of the refugee experience. Negative experiences with authority during their migration journey can mean building trust with professionals is a slow process. However trust is fundamental to effective engagement and support. In addition to the professional skills and knowledge discussed previously, explaining how information collected will be used and ensuring confidentiality are integral parts of developing and maintaining trust.\textsuperscript{32}

Additionally, using interpreters effectively is also important for young people from migrant and refugee backgrounds. Young people should be consulted at the point of referral about their interpreter preferences (for instance, do they prefer someone with a particular gender, language or background?), as young people from small communities may have fears of confidentiality.\textsuperscript{33} Using phone interpreters or employing bilingual health workers could also assist with ensuring confidentiality.

CMY’s experience is that some youth mental health services are not always using interpreters when necessary, particularly at the point of assessment. This is a critical moment where both the young person and practitioner (or receptionist) need to be able to effectively communicate and understand one another. Foundation House’s report ‘Promoting the engagement of interpreters in Victorian health services’ outlines a number of issues that have been shown to increase interpreter use amongst health professionals and organisations. These include education and training for health professionals within a broader cultural competence framework; pre-service health practitioner education; professional development for existing health staff; organisational leadership; developing strong relationships between key agencies; and the employment of in-house interpreters.\textsuperscript{34}

\textbf{Engaging with family and community} is also an important aspect of supporting young people from refugee background’s engagement with mental health services.\textsuperscript{35} Research reveals young people from refugee backgrounds want mental health practitioners to understand the value of family to them and the way this may differ culturally in the context of Australia.\textsuperscript{36} Yet engaging with young people’s families can be complex. Seeking the young person’s input as to if and how they would like a service to work with their family is important, as is engaging with members of the young person’s community (with their consent).\textsuperscript{37} Community

\textsuperscript{30} Colucci, 2015, p. 9.
\textsuperscript{31} Valibhoy, et al., 2015, p. 24.
\textsuperscript{32} Colucci, et al., 2015.
\textsuperscript{33} Ibid.
\textsuperscript{34} Foundation House, 2013, \textit{Promoting the engagement of interpreters in Victorian health services}, Brunswick, Foundation House.
\textsuperscript{35} Colucci, et al., 2015.
\textsuperscript{36} Valibhoy, et al.
\textsuperscript{37} Colucci, et al., 2015.
liaison workers or bi-cultural workers within mental health services can play an important intermediary role, facilitating trust between young people and the organisation.38

Engaging with families and communities is also about taking a broader, proactive community development approach. There is a need for an integrated approach to mental health service delivery; mental health services should directly engage and build relationships with refugee communities and the broader service system.40

Advocacy – or holistically attending to the priorities of the young person – should also be part of a mental health approach for young people from refugee backgrounds. Meeting young people’s practical needs builds trust and rapport, particularly if they are unfamiliar or hesitant to use mental health services. “The best practice for refugee young people requires professionals who are not ‘stuck into their own professional roles’, and should work to address immediate needs, which might involve advocacy on the young person’s behalf”.41 It is important that mental health services have the flexibility to provide practical support and advocacy for young people from refugee backgrounds and their families; this builds trust and addresses factors that may be compromising their mental wellbeing.

Relatedly, continuity of care is critical for vulnerable young people from refugee backgrounds, particularly as building trust is so important yet can take significant time.42 Having to re-tell their story to multiple professionals can be counterproductive and can exacerbate poor mental health.43 Complex service systems where young people are referred from service to service, waiting lists, ineligibility criteria and lack of continuity have all been identified by young people of refugee background as causes of distress when interacting with the mental health system. Research demonstrates that young people from refugee backgrounds appreciate “long-term interventions, outreach, flexibility and regularity of contacts, and multilevel forms of assistance to meet their needs”.44

Additionally, professionals should involve young people from refugee backgrounds in decision making about their own care. Without allowing young people to determine their own priorities and express their own experiences, “refugees may be the subject of institutional responses that are influenced by stereotypes and the homogenising of refugees into a single pathological identity”.45

There are mental health programs that are working effectively to support the mental health needs of young people and families from refugee backgrounds. Strengthening these services or programs could go a long way in providing stronger prevention, early intervention and support. For example, Foundation House has often long waiting lists and is limited as to how many new clients they can respond to. Further resourcing of effective specialist services like this would enable them to take a stronger role in supporting the mental health of vulnerable young people and families from refugee backgrounds.

Options for consideration

38 Colucci, et al., 2015.
40 Colucci, et al., 2015.
42 Valibhoy et al.
43 Colucci, et al., 2015.
44 Valibhoy, et al., p. 20.
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CMY strongly supports the government’s focus on vulnerable groups, and is pleased that the mental health needs of both young people and those from refugee backgrounds are highlighted. CMY would also like to advocate that the government’s 10 year mental health strategy prioritise and address the particular needs of young people from refugee-like backgrounds, including asylum seeker and migrant backgrounds.

- **Specialist services (Foundation House, VTPU) building cultural capacity of mental health services**

CMY strongly supports the government’s proposal to use specialist services such as Foundation House of the Victorian Transcultural Psychiatry Unit to build the cultural capacity of mental health services, to ensure young people of refugee background have quality mental health treatment and care. Building the capacity of mainstream mental health services includes developing the skills, attitudes and relational qualities of practitioners whilst also addressing service system issues.

Workers with young people of refugee background have expressed that there is a strong need to expand the role that organisations such as VTPU and Foundation House are able to offer in terms of providing secondary consultation and advice. This expertise should be made widely available to mental health and other relevant professionals (such as youth and settlement workers), and would strengthen the mental health service systems ability to effectively work with young people of migrant and refugee background.

- **Single intake and assessment point**

The government’s technical paper proposes a single ‘youth triage’ intake and assessment point for mental health. CMY has some concerns about such an approach. Streamlined approaches can inadvertently at times become a barrier to support. Single entry points for adult AOD, mental health and youth housing have presented challenges, particularly for those most marginalised. Young people from refugee and migrant backgrounds frequently take time to develop trust with a particular service or youth worker; forcing them to engage with an unfamiliar ‘one size fits all’ referral point could in reality deter some young people from seeking help. A flexible service system that builds on the trusting service relationships refugee young people have established is important in facilitating engagement with the mental health systems.

One way of building on these established relationships is to have a ‘no wrong door’ approach, which works to guarantee that young people receive the help they need regardless of what service they approach for help. This method places the young person at the centre, and places the onus on the initial service to facilitate and support appropriate referral. This approach uses the strength of a trusted relationship to facilitate stronger engagement with the mental health system – which is critical for young people from refugee backgrounds who may be wary of new, unfamiliar or overly formal systems.

- **Co-location of services**

CMY strongly supports the co-location of specialist clinical services within broader youth services or environments where young people feel comfortable and are able to access services in a discreet way. CMY is aware of successful co-locations where mental health professionals outreach on a regular basis to places young people already attend, such as a youth or settlement service that provides a broad range of welfare or recreational programs. This supports engagement whilst providing a degree of discretion and confidentiality for the young person.
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Co-location and service partnerships could also strengthen the capacity of generalist youth workers to provide more effective mental health early intervention. However it is important that adequate time and resources are allocated to develop strong and effective partnerships.

- **Specialist mental health support for services**

CMY believes there is much scope for mental health service systems to provide greater support to youth workers and schools that work with young people from refugee backgrounds. Anecdotal feedback suggests many youth workers feel underequipped to respond to mental health issues, and would benefit from stronger support and expertise in this area. Many young people from refugee backgrounds do not receive mental health support until it is at the acute stage, so equipping broader youth support workers and schools with the skills to adequately support, respond to and refer young people would go a long way in strengthening early intervention responses.

- **Expand youth prevention and early intervention programs**

CMY supports the government’s proposal to expand established youth early intervention programs to work with a broad scope of issues in supporting young people and their families. There is also a strong need to resource community development programs that engage multicultural young people, community leaders and families from refugee backgrounds to build mental health literacy, reduce stigma and promote help-seeking behaviour.

This community-based approach to mental health was emphasised at a roundtable held in 2009 with young people of refugee background on the issue of mental health. They recommended the following initiatives to improve young people’s access to mental health services:

- Mental health services to build relationships and trust with local refugee communities – the community can help connect young people with relevant services
- Educate families and communities – don’t just focus on the individual
- Work with community leaders to become advocates around mental health and reduce stigma
- For mental health practitioners to develop cultural competence.

A partnership approach between mental health, youth and refugee specific services in order to run community engagement programs around mental health with young people and their families could be a promising start. Other suggestions include funding specific youth mental health community engagement roles in areas with high youth refugee and migrant populations.

- **Investment in Youth Prevention and Recovery Centres**

CMY’s experience suggests there needs to be further investment in sub-acute community-based youth Step Up/Step Down models such as Prevention and Recovery Centres (PARCs) that are culturally and family inclusive, in cases where in-home care is not appropriate. This is particularly the case in regional areas, where options are relatively limited. CMY is pleased that as part of its election platform the Labor

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46 CMY, 2009, *Young People of Refugee Backgrounds share their thoughts on mental health issues and services: A roundtable discussion between young people, service providers, Victorian government representatives and academics*, Carlton, CMY.
government committed to extending PARC services, and is hopeful that young people will be a focus of this commitment.47

- Online interventions

CMY notes that the government’s proposals do not refer to online interventions with regard to the 10 year Mental Health Plan, although this could be an area that provides significant support, particularly to young people. However further consideration may be required around assessing the online mental health needs and usage for young people of refugee background.

In 2014, CMY conducted a brief review of internet based youth health websites where young people may go to seek support for mental health related issues, such as beyond blue, headspace, Reach, Orygen, and Kids Help Line.48 The search revealed little, if any, acknowledgement of cultural diversity, including the specific barriers that migrant, refugee and asylum seeker young people experience, or alternative understandings of mental health and illness.

CMY consulted several of our youth facilitators on this topic who reported that many newly arrived young people from refugee backgrounds are unaware basic mental health supports exist (for example, some were unaware of services such as Lifeline), let alone know how to navigate and access online mental health support.49 They were doubtful that many newly arrived young people would go online for help with their mental health needs. However some did suggest that being introduced to online resources by a teacher or youth worker might help young people to be aware that this support is available, and increase their likelihood of using it.

Additionally, many young people of refugee background, particularly those who are newly arrived, do not have access to a personal or home computer or the internet. Using public computers at school or the library presents issues of confidentiality. For this reason, phone apps may have more uptake with this demographic, although issues of stigma and confidentiality would still need to be addressed. Language and literacy barriers are other issues that might interfere with the effectiveness of online approaches for some young people of migrant and refugee backgrounds.

This suggests that there is more work to be done in understanding how online platforms can support the mental health and wellbeing of this cohort of young people. A trusting relationship that can help introduce a young people to navigate online support appears to be an important ingredient.

Building the capacity of the mental health service system to work with young people from refugee backgrounds

There is a strong need to develop the mental health service system’s capacity to effectively support young people of refugee backgrounds and their families. This includes:

- Increasing the cross-cultural competency of youth mental health services and professionals, including integrating culturally diverse understandings of mental illness, its causes and treatments
- Effective data collection, evaluation and research; and

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48 CMY, 2014.
49 CMY, September 2015, Internal conversations with three CMY youth facilitators from South Sudanese, Afghan and Ethiopian backgrounds.
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- Developing specialist mental health promotion and literacy programs for migrant and refugee communities, including with young people.\(^{50}\)

CMY strongly supports the government’s proposal to encourage greater collaboration between mental health services and specialist trauma services such as Foundation House and the Victorian Transcultural Psychiatry Unit. Training, secondary consultation and ongoing work is required to ensure mainstream mental health youth services are culturally responsive.

Reducing stigma related to mental health among refugee communities

There is a strong need for community-based education and mental health promotion initiatives that reduce stigma among refugee communities. It is important to increase the mental health literacy of young people and communities from refugee backgrounds; for example, an Australian study amongst 13-17 year old Africans revealed that most surveyed were not aware of the terms “mental health” or “mental illness”.\(^ {51}\)

Communities of refugee backgrounds have different cultural norms around mental health, which can often be accompanied by stigma. For example, speaking about issues outside of the family may be considered culturally inappropriate. In the words of one young person who spoke with a mental health professional: “did I do the right thing about telling... did I do something against my cultural norms, standards and obligations?”\(^ {52}\) Research has also highlighted a lack of understanding around ‘talk therapies’, particularly with a stranger.\(^ {53}\)

Children and young people from refugee backgrounds’ access to mental-health services is often influenced by ‘gateway providers’ who impact upon the kind of decisions they make and help seeking behaviour they seek out.\(^ {54}\) For example, Ellis et al. found that “family, religious leaders, friends and schools, apart from being providers of help, are also identified as gateways to help”.\(^ {55}\) This was supported by recent Melbourne-based research, which found that young people from refugee backgrounds were highly influenced by the attitudes of family and friends towards mental health professionals, including at times, their direct experiences of services.\(^ {56}\)

This highlights the importance of a community-based approach when working with communities of refugee background. A number of strategies need to be utilised, including:

- Building relationships and trust between mental health services, young people, families and their communities;
- Promoting dialogue around mental health in multicultural communities more broadly; and,
- Improving mental health literacy amongst young people, families and community leaders.\(^ {57}\)

\(^{50}\) CMY, 2014a.
\(^{51}\) de Antiss & Ziaian, 2010 in Colucci, et al., 2015.
\(^{53}\) Colucci, et al., 2014.
\(^{54}\) Ibid.
\(^{55}\) Ellis et al., 2010, in Colucci, et al., 2014, p. 98.
\(^{56}\) Valibhoy, et al.
\(^{57}\) CMY, 2014a.
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Young people in Valibhoy et al.’s research also suggested other options for reducing stigma and improving mental health literacy, including:

- School-based education programs (particularly English Language Schools and sites where newly arrived young people would be attending);
- Advertising on television and other media;
- Peer mentor and group activities;
- Using positive role models to “normalise” mental health problems; and
- Educating community cultural leaders who may be able to use their influence to change attitudes.  

Providing scholarship or incentive programs that target individuals from particular communities or language groups, with the aim of increasing the pool of bi-cultural mental health workers, could also be worth exploring.

Additional challenges and opportunities in providing mental health care for young people of refugee backgrounds

Overall there is a significant gap in research around the use of mental health services by young people of refugee background, including barriers and facilitators to access. The research that does exist around mental health service barriers for young people from refugee backgrounds identifies a number of issues, including:

- a low priority being placed on mental health
- lack of understanding regarding mental health and related services
- stigma related to mental health problems and help-seeking
- distrust of services (including a belief they have low levels of cross-cultural competence); and
- social and cultural factors that impact on “how problems are understood, whether help is sought and from where”.

Therefore, further research is required to understand “rates and prevalence of service use, pathways to referrals and factors that act as barriers or facilitators to assessing and engaging with services.”

Additionally, further research around the role of gender and gender roles in impacting upon mental health utilisation by young people from refugee backgrounds is important.

There is also a research gap in understanding refugee parents’ perceptions of youth mental health services in Australia. This information would assist in prioritising services and mental health resources. Additionally, many young people of refugee background are living in families where their parents/guardians are living with undiagnosed mental health issues, often as a result of trauma and torture. The impact of

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58 Valibhoy, et al.
59 Colucci, et al., 2014.
61 Colucci, et al., 2014.
62 Ibid.
63 Ibid.
64 Ibid.
parental/guardian mental health on young people of refugee and migrant background is also an area that needs to be researched further.

Recommendations:

1. **Invest in youth support initiatives for young people of refugee background that strengthen the protective factors for mental health and wellbeing, including initiatives that:**
   - Strengthen young people’s sense of belonging, social connectedness, resilience and coping skills
   - Create meaningful and supportive opportunities in education and employment
   - Reduce racism and discrimination
   - Provide opportunities for positive community influence and leadership development.

2. **Increase resources to proven models that support the mental health and wellbeing of young people and families from refugee backgrounds, and expand programs to areas where they don’t exist, such as**
   - Strengthening the capacity of culturally relevant counselling services such as Foundation House, including their ability to provide secondary consultation to the youth, settlement and mental health sector
   - Providing refugee youth specific support in rural and regional areas

3. **Build the capacity of youth mental health services to be culturally competent, flexible, youth-focussed, and informed by understandings of the refugee experience and trauma.**
   - Strengthen partnerships between mental health organisations, ethno-specific and community based organisations that work with young people from refugee and migrant backgrounds.
   - Ensure that mental health services address the following issues in order to effectively work with young people from refugee backgrounds:
     - Understanding cultural definitions of mental health, illness and treatment
     - The style and approach of mental health providers
     - Service accessibility
     - Trust
     - Working with interpreters
     - Engaging family and community
     - Advocacy – holistically responding to self-identified needs of the young person
     - Continuity of care.

4. **Strengthen the use of interpreters in mental health settings**
   - For all mental health staff and students to undertake professional development with regard to using interpreters.

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*Colucci, et al., 2014.*
• For mental health organisations to situate interpreter use within a broader, cultural competency framework.

5. Invest in strategies that actively recruit and expand the number of bi-cultural mental health workers who can play a brokering and liaison role - providing cultural advice to mental health professionals and engaging proactively with refugee and migrant communities to educate and reduce stigma.

6. Strengthen collaboration and joint care management between schools, youth workers and mental health services – to improve mental health and educational outcomes for young people from refugee backgrounds.

7. Increase the coordination and integration of the mental health service system to work with young people and families of refugee background at all stages of the spectrum – from early intervention through to crisis intervention.
   • Develop a ‘no wrong door’ policy that enables young people of refugee background to access mental health services regardless of where they first seek help – and to be supported through this process.

8. Resource mental health focussed community engagement programs with communities from refugee backgrounds that work to promote mental health, reduce stigma and facilitate linkages with existing mental health services. Programs should aim to create dialogue and trust between mental health services and communities concerned, within a broader prevention, early intervention and health promotion framework. They should work on multiple levels, including with:
   o Young people
   o Families
   o Community leaders
   o Communities

9. Collect, analyse and disseminate data related to mental health for young people of refugee backgrounds, including:
   • Rates and prevalence of mental health service use
   • Young people and families’ understanding of mental health system and referral pathways
   • Barriers and facilitators to seeking mental health support
   • ‘What works’ in mental health interventions for this group of young people
   • Perception and experiences of parents and families with mental health services
   • The needs of young people supporting parents with undiagnosed mental health issues and how the system can provide better support
   • The use of online interventions
   • What supports resiliency in this cohort of young people
Promoting the mental health of young people from refugee backgrounds

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