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CENTRE FOR
MULTICULTURAL YOUTH

Mind Matters

THE MENTAL HEALTH AND WELLBEING OF YOUNG PEOPLE FROM DIVERSE CULTURAL BACKGROUNDS

Contents

The Centre for Multicultural Youth is a Victorian not-for-profit organisation supporting young people from migrant and refugee backgrounds to build better lives in Australia.

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Introduction

Mental health is the major health issue facing young Australians. Overall mental health and substance abuse disorders account for 60-70% of the disease burden among 15-24 year olds in Australia.[1]There has been a broad recognition amongst service providers and governments at a range of levels, that despite the quality services provided by the specialist mental health sector and many universal services, services are not in general responding widely and early enough to mental health problems in children and young people. There are strong indications of significant under-reporting of mental health concerns and low rates of professional help seeking amongst multicultural[2] young people. The current review of Victoria's mental health system provides an important opportunity to ensure that multicultural youth mental health concerns are given particular consideration.

CMY's Previous Work

The Centre for Multicultural Youth has undertaken a range of work over the past five years in the area of mental health and wellbeing for young people from diverse cultural backgrounds. Through the provision of casework, specialist projects and group work, CMY have provided support for many young people who are isolated, disconnected, lacking social networks and supports and for whom the challenges of resettlement and trauma recovery have had significant mental health impacts. The CMY Youth Advisory Group and other young people consulted have consistently identified mental health and wellbeing as being of primary significance.

In building a cross-sectoral response to emerging mental health issues, CMY held a statewide multicultural youth issues forum in October 2008. This forum was a partnership with Action on Disability within Ethnic Communities (ADEC). It addressed the cultural dimensions of mental health, the unique issues faced by refugee and migrant young people and the possibilities for developing more inclusive mental health services. In 2009 we held roundtables with young people in partnership with International Mental Health (University of Melbourne), the Victorian Foundation for Survivors of Torture and the Royal Children's Hospital and we were a member of the Migrant Mental Health Taskforce in 2010- 2011.

Given that childhood and adolescence are critical periods that lay the foundation for lifelong wellbeing, improving the mental health and wellbeing of our adolescents should remain a significant social and public health concern in Victoria. CMY has therefore responed to this key issue in this paper. We also recently contributed to a paper on the barriers to and facilitators of utilisation of mental health services by young people of refugee background[3], and contributed to the Mental Health in Multicultural Victoria 2012 service roundtables and the subsequent report. Other key partners in this work include the Victorian Transcultural Psychiatry Unit (VTPU) and the Ethnic Communities Council of Victoria (ECCV).

1. headspace National Youth Mental Health Foundation homepage, available from: www.headspace.org.au cited June 2012

2. CMY uses the term multicultural young people inclusively to include young people aged 12 and 25 from migrant and refugee backgrounds and those who were born in Australia to parents who were born overseas.

3. Colucci, E., Minas, H., Szwarc, J., Paxton, J. and Guerra, C. (submitted). Barriers and facilitators to the utilization of mental health services among young people of refugee background, 2012

Multicultural Young People in Victoria

Victoria is Australia's most culturally diverse state and that diversity is growing. According to 2011 census data over 46% of Victoria's population was either born overseas or has a parent who was born overseas and more than 23% speak a language other than English at home,[4] overtaking NSW as the state with the highest overseas born population. In 2006, more than 18% of the population was born in a non-main English speaking country (NMESC)[5] a figure which is likely to have significantly increased in the past five years.[6] Multicultural young people make up a sizeable proportion of Victoria's youth. According to the 2006 Census 15% of young people aged between 12 and 24 years were born overseas and 20% speak a language other than English at home.

Victoria's newly-arrived refugee population is also essentially young. Over the last five years 6,068 or approximately 30% of Victoria's humanitarian arrivals were aged between 12 and 24 years at the time of arrival. A further 30% were younger than 12 years.[7] In 2010-11 alone, 1,078 humanitarian entrants aged 12-24 settled in Victoria.[8]

4. Australian Bureau of Statistics (ABS), Census 2011, Canberra: ABS, 2011

5. Australian Bureau of Statistics (ABS), Census 2006, Canberra: ABS, 2006

6. Detailed 2011 census data yet to be released.

7. Humanitarian youth arrivals 1 July 2006–30 June 2011.DIAC settlement database accessed Oct 2011.

8. Ibid

Mental Health Policy Frameworks

In the last decade, the development of youth mental health initiatives along with mental health reforms at State and Federal levels has seen major changes in the ways in which the mental health of young people is being addressed. While Victoria is recognised as a leader in the delivery of mental health services, attention to migrant issues and those of diversity in general have often lagged behind other reform agendas.[9]

> *The cultural and linguistic diversity of the Victorian population has not influenced mental health policy making, service design, or clinical practice in a sustained and continuing fashion. Immigrant and refugee communities continue to be characterised as "specific needs groups". Understanding that diversity is a fundamental feature of the Victorian population, requires a basic re-thinking of the policy response.*[10]

A number of Victoria's mental health reform strategies such as the Framework for Recovery-Oriented Practice 2011, Victorian Public Health and Wellbeing Plan 2011—2015 and Victorian Health Priorities Framework 2012–2022 highlight the need to target at risk cohorts such as those for whom English is not their first language.

The Mental Health Act (1986) also includes among its objectives:

> *To establish, develop, promote, assist and encourage mental health services which take into account the age-related, gender-related, religious, cultural, language and other special needs of people with a mental health disorder.*

Other strategies have outlined in more detail the areas of focus for future service system development to ensure greater cultural competency. The DHS Cultural Diversity Plan for Specialist Mental Health Services: 2006-2010 outlines five broad outcomes for mental health services. While this document is currently under review, the outcomes remain relevant; the use of language services, staff competence providing culturally sensitive interventions, establishing links with local ethno-specific community organisations, reviewing policies and work practices and developing procedures for recording and reporting on cross-cultural activities.

Frameworks such as these provide the fundamental scaffolding for planning and service improvements. The Minister for Health's commitment to the establishment of Mental Health in Multicultural Victoria represents a welcome strategy to oversee this work.

9. Victorian Transcultural Psychiatry Unit. Cultural responsiveness in specialist mental health services: Service development as a component of a capacity building project, 2011; Melbourne: Victorian Transcultural Psychiatry Unit.

10. Minas, H, Proposal for a Victorian Mental Health and Cultural Diversity Taskforce. New Paradigm. 2009; 37-42.

Mental Health of Young Victorians

Young people's mental health and wellbeing can be understood as a continuum from those who are relatively healthy and well, to those at risk of developing mental illness, those in need of mental health services, those already within the service system, and those with an ongoing mental health concerns and/or who require recovery support. Strategies to improve multicultural young people's wellbeing need to encompass this broad spectrum that includes culturally responsive service delivery.

Victoria's mental health system consists of early intervention, community and school based services, primary and clinical care, acute inpatient care, rehabilitation and recovery services. A small number of specialist mental health services exist alongside mainstream services to cater for the needs of those from refugee and migrant backgrounds. Child and adolescent services also provide specialist responses to young people.

Youth Mental illness

According to the Australian Bureau of Statistics one in four (26.4%) young Australians aged 16–24 years have experienced mental illness in the past year.[11] Anxiety disorders are the most common, affecting 15% of young people, with Post Traumatic Stress Disorder the most commonly experienced anxiety disorder (8%). Young people are more likely to have anxiety disorders (15%) and substance use disorders (13%) than affective disorders including depression and bi-polar disorder (6%).

75% of mental health problems emerge before the age of 25.[12] In Australia, young women (30%) are more likely than young men (23%) to have had a mental disorder in the previous year. They are also twice as likely as young men to have an affective disorder or an anxiety disorder.[13] In 2007, suicide accounted for 22% (or 272) of Australian deaths from all causes for those aged 16-24 years. Around 79% of young people that died due to suicide were male although hospital admissions data indicates young women are more likely than young men to attempt suicide.[14]

In terms of broader mental health and wellbeing, according to the Mission Australia Youth Survey, 2011, coping with stress was the highest ranking personal concern for the 7,489 11-24 year olds surveyed in Victoria, followed by school or study problems and body image.

Service Access and Seeking Help

While the prevalence of mental illness is relatively high in young people, they have a relatively low use of mental health services compared with older age groups.[15]Over 75% of Australian adolescents experiencing mental health problems do not seek help from health services.[16] Rates of professional help seeking are much lower for young men than young women which of special concern partly because of the substantially higher rates of completed suicide in men.[17]

According to Mission Australia survey of young people, over 20% of young people with a problem or concern have stated that they do not have anywhere to go for advice and support.[18] This is especially true of young men 20-24. Those who do have advice and support report that they rely on friends, parents, relative or family friends in the first instance. The internet is also ranked highly as a source of advice and support for 20% of respondents concerned about sexuality, discrimination, body image, depression, and self harm. This reflects evidence that that young people are increasingly relying on the Internet and ICT to find information and seek help.[19] The professionals most likely to act as gatekeepers to mental health services for young people are school counsellors, general practitioners, and youth workers.[20]

11. Australian Bureau of Statistics (ABS), Mental Health of Young People 2007, ABS, Canberra, 2010

12. headspace National Youth Mental Health Foundation webpage available from: www.headspace.org.au/about-headspace/about-us/why-headspace viewed 19th June, 2012.

13. Australian Bureau of Statistics 2007 Survey of Mental Health and Wellbeing: Summary of Results. Canberra: ABS; 2008.

14. De Leo, D., Hickey, P, Neulinger, K., & Cantor, C. Ageing and suicide. Commonwealth Department of Health and Aged Care, Canberra, 2001

15. Australian Bureau of Statistics, The National Survey of Mental Health and Wellbeing, 2007, Canberra. ABS, 2010

16. Even among young people with the most severe mental health problems only 50% receive professional help. ABS, 2007 Survey of Mental Health and Wellbeing: Summary of Results. Canberra: ABS, 2008.

17. Australian Bureau of Statistics, Suicides, Australia, 1994 to 2004. Canberra: ABS, 2006.

18. Mission Australia, National Survey of Young Australians 2011. Sydney, 2011

19. Rickwood, D., Deane, F., and Wilson,C., When and how do young people seek professional help for mental health problems? Med Journal of Aust 2007; 187 (7): 35

20. Mission Australia, National Survey of Young Australians 2011. Sydney, 2011

Mental Health of Multicultural Young People

Mental illness amongst multicultural youth

There is very little data about prevalence of mental illness within multicultural communities, however the Australian Bureau of Statistics data suggests similar prevalence rates. The number of people of non English speaking backgrounds diagnosed with mental and behavioural problems is proportional to those born in Australia.[21] International studies suggest that rates of schizophrenia are similar across all cultures. Depressive and anxiety disorders are also found in all countries and cultures, but may vary in prevalence and manifestation.[22] According to Stolk et al. international research indicates that rates of mood and anxiety disorders may be higher in immigrant than host communities as a result of the stresses of migration, settlement in a new country and low language proficiency.[23] In Australia people of migrant and refugee backgrounds are often characterized by higher levels of psychosocial distress.[24]

In looking more specifically at the experiences of multicultural young people in Australia, there is a lack of research. It is clear however, that some of the environmental risk factors which are known to increase the risk of mental illness, including higher levels of social disadvantage, unemployment, traumatic experience prior to immigration, and separation from families and communities, are more common in many CALD communities in Australia. Young people, asylum seekers and refugees are noted to be at particularly high risk.[25]

Service Access and Help Seeking

Why would I do that? [Iraqi female participant]

Nobody does it . . . they usually tell their friends if they need help. [Iraqi male participant]

I won't go to school counsellor. [Liberian female participant]

They don't really want anyone else to know. [former Yugoslavian male participant]

People might think you're crazy or something. They would. They would think that. [Iraqi male participant]

Despite the existence of specialist adolescent and multicultural services, many multicultural young people with mental health problems do not access mental health services. Those who do so, typically present to services at a later age, when illness is more severe, are more likely to be admitted into acute inpatient care and are generally treated for longer periods.[26] While service underutilisation appears to be an issue for all young people, those from migrant and refugee backgrounds may be at an increased risk of mental health problems and have greater difficulty accessing mental health care, should they require it.

21. Australian Bureau of Statistics, The National Survey of Mental Health and Wellbeing, 2007, Canberra. ABS, 2010.

22. Mental Health in Multicultural Victoria –Roundtable Report, Victorian State Govt, 2012

23. Stolk, Y, Minas, I. H., Klimidis, S. Access to mental health services in Victoria: A focus on ethnic communities, Melbourne. Victorian Transcultural Psychiatry Unit, 2008

24. ABS 2005 op cit

25. Mental Health in Multicultural Victoria –Roundtable Report, Victorian State Govt, 2012

26. de Anstiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. Transcult Psychiatry, 2009: 46(4), 584-607. Michelson, D., & Sclare, I. Psychological needs, service utilization and provision of care in a specialist mental health clinic for young refugees: A comparative study. Clin Child Psychol Psychiatry, 2009: 14(2), 273-296.

Settlement services, who are more likely to have some contact with at least newly arrived and refugee young people do not have the current capacity to provide mental health support. Newly arrived young people and their families are eligible for support from generalist settlement services within the first five years of their arrival. These services have not traditionally had a strong youth focus, although more recently positive changes have been made in implementing youth plans for those in the Humanitarian Settlement Support program. While settlement services offer a wide range of assistance to families, they are not specialist mental health providers, and they tend not to have close relationships with generalist youth and mental health services. Young people who are now considered settled (such as those from African communities) are also no longer eligible for settlement services, having spent more than five years in Australia.

In relation to those with more serious mental health concerns, evidence still indicates that young people from migrant and refugee backgrounds access mental health services at a lower rate than other Australian born young people, although their need for such services may be as great or greater. According to the Victorian Transcultural Psychiatry Unit (VTPU), rates of access to Child and Adolescent Mental Health Services (CAMHS) in Victoria by young people from migrant and refugee backgrounds are on average one third of that of the Australian born community,[27] indicating a proportionately lower rate of involvement in these specialist services. Some communities are particularly underrepresented.

According to the VTPU, across all ages, those from diverse cultural backgrounds have consistently lower rates of access to mental health services, but a higher proportion are involuntary admissions, and higher proportions are diagnosed with a psychosis, relative to the Australian-born population. While CALD young people do not access CAMHS services in proportionately high numbers, admissions to acute inpatient units in Victorian CAMHS is higher for children and young people from refugee and migrant backgrounds.[28]They also have significantly longer periods of admissions, meaning that young people from diverse backgrounds are likely to be more severely disordered by the time they reach a mental health service.[29]

Young people from migrant and refugee backgrounds are shown to be largely very reluctant to seek professional support with their psychosocial problems due to a range of individual, cultural, and service-related barriers.[30] According to Collucci, et al., studies conducted by Ellis, et al., (2010), de Anstiss and Ziaian (2010) and Halcon, et al., (2004) however indicate that young refugees at least might be more likely than others to access sources of help such as friends, religious and school personnel.[31]

A brief review of key internet based youth health websites where young people may go to seek help with mental health concerns, such as beyondblue, headspace, Reach, Orygen, and Kids Help Line indicates that there is little if any acknowledgement of cultural diversity or of the additional barriers, or alternative understandings of mental illness offered. There is virtually no support directed at young people from migrant and refugee backgrounds who may be grappling with a range of additional issues.

27. per 10,000 head of population

28. 2001/02. More recent data not publically available

29. Stolk, Y in CMY, Engaging refugee and migrant young people around mental health: Exploring strategies that work. 2008 available at: www.healthissuescentre.org.au

30. de Anstiss, H., & Ziaian, T. Mental health help-seeking and refugee adolescents: qualitative findings from a mixed-methods investigation. Australian Psychologist, 2010: 45(1), 29-37.

31. Colucci, E., Szwarc, J., Minas, H., Paxton, J. and Guerra, C. (submitted). The utilisation of mental health services among children and young people from a refugee background: A systematic literature review.

At Risk Cohorts

While some generalist youth studies exists, there is a dearth of research on the mental health and wellbeing of migrant and refugee young people and the levels of social support and community connections they experience. Barriers that multicultural young people face in access to and usage of services have also not been thoroughly studied. It is therefore difficult to ascertain the proportion of those who are faring well, and those who are at risk, or in need of intensive support. There are indicators however, that some young people from migrant and refugee backgrounds are more likely than their Australian born peers to experience social exclusion and be at risk of experiencing mental illness in their lifetime.

Young people from refugee and migrant backgrounds often demonstrate high levels of strength, resilience, resourcefulness and understanding. Many settle smoothly and become part of the Victorian community. However, some multicultural young people are highly vulnerable and many face a number of mental health risk factors in addition to those of the general population of young people.

> *Children and young people are identified as being at particular risk of receiving suboptimal health care due to the impact of pre- and post-migration factors combined with the effect of resettlement pressures on a parent's ability to care for their children.*[32]

Migrant young people

Young people who have migrated to Australia face a range of additional challenges which may place them at a higher risk of poor 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 familiarity with Australia's social systems [33]

Acculturation and identity formation during the teenage years of complex psycho-social and physical development can result in high levels of 'acculturation stress' and conflict in families. This is made more complex where the family unit has been significantly restructured and re-configured due to separation, death, migration processes, reunification and re-marriage. The extended family who provide significant support may be absent from the Australian context, and the western focus on individualism can hinder the community connectedness that the family may have experienced overseas.

Racism and discrimination are also significant issues identified by multicultural young people. Nearly half of all multicultural Victorians report having experienced some type of discrimination based on their ethnicity or nationality. Depression, stress and anxiety, and increased levels of problematic substance use have all been linked to the experience of discrimination.[34]

Refugees

According to de Anstiss (et. al), refugees may have multiple risk factors for mental health problems and suicide, and accessing services is often more difficult for these young people.[35] Until recently, young people's needs have not been specifically address by on arrival support programs, and where it does occur, this support is limited. Newly arrived refugees have also been shown to experience difficulties in accessing health and community services in a timely and effective way.[36]

Many refugee young people have experienced and witnessed high levels of traumatic events and violence including war, persecution, sexual assault, the death and disappearance of loved ones and survival in a range of dangerous circumstances.[37] Data on humanitarian entrants 0-17 in Victoria indicates that a majority of refugee children or young people have experienced a threat of harm to their family. Around half have experienced dangerous flight and around 40% have experienced forced separation or

32. Davidson, N., Skull, S., Burgner, D., Kelly, P., Raman, S., Silove, D., et al. An issue of access: Delivering equitable health care for newly arrived refugee children in Australia. J Paed Child Health, 2004; 40(9-10): 569-575.

33. MYAN Policy Briefing Paper. Multicultural Youth Advocacy Network, 2012. Cited May 2012 Available at: www.myan.org.au/policy-work

34. VicHealth, Ethnic and race-based discrimination as a determinant of mental health and wellbeing, Research Summary 3, Melbourne, VicHealth, 2008.

35. de Anstiss, H., Ziaian, T., Procter, N., Warland, J., & Baghurst, P. Help-seeking for mental health problems in young refugees: A review of the literature with implications for policy, practice, and research. Transcultural Psychiatry, 2009; 46(4): 584-607.

36. Victorian Department of Human Services, Refugee health and wellbeing action plan 2008-2010: Current and future initiatives. Melbourne.

37. Annual reports, 2004-2008. The Victorian Foundation for the Survivors of Torture.

witnessed violence. Around one third have experienced combat fire and over 20% have experienced disappearance of family members.[38] Young refugees have been forced to leave their country often with no goodbyes and no chance to plan or integrate what can be sudden and significant losses. They have often lived for lengthy periods of time with poor nutritional, health and educational opportunities in refugee camps or in insecure situations in countries of first asylum and may have little or no familiarity with aspects of life in a western nation such as Australia.

As a result, they often experience grief, loss and culture shock, and may experience chronic hypervigilance, dissociation, sleeplessness and other somatic disorders.

They also:

- Are at higher risk of depression, anxiety and PTSD than Australian born young people[39]
- Are at risk of and social isolation, and poverty due to family debt repayment pressures
- Are more likely to experience educational barriers due to lack of or disrupted previous schooling
- Have high levels of fear for family members left behind

Research indicates a clear link between early exposure to traumatic events and acute or longstanding stress, to impacts on the developing brain which may affect behaviour and health in later life.[40]Both trauma experience and stress after resettlement affect mental health in refugees.[41]

A meta analysis of risk factors associated with poorer mental health outcomes for refugees of all ages include: insecure housing, restricted economic opportunity and ongoing conflict in country of origin. Those who have come from a rural area and those with higher pre-arrival education levels and socio-economic status[42] have also been shown to be at higher risk.

Young people who have arrived in Australia as orphans and are under the care of non-parent guardians such as aunts and uncles, or young people who immigrate on spouse visas are particularly vulnerable groups. The stress of managing relationships within these new family and care relationships with limited support place these young people at particular risk.

Despite the prevalence of trauma amongst young refugees there are no systematic studies of the mental health of this group in Australia. No local data exists on the rate of referral of refugee children and young people to mental health services[43] although the Victorian Foundation for Survivors of Torture is currently researching the experience of young refugees in accessing mental health services in Victoria.[44]

Notwithstanding the trauma they are exposed to however, the majority of refugee young people manage to become well adjusted adults without significantly impaired function.[45] Peer relationships have been shown to be an important indicator in predicting social adjustment; as have connections to communities of a similar background in the country of resettlement.[46]

Unaccompanied Humanitarian Minors

Unaccompanied Minors are young people (under 18) who have arrived in Australia with no close adult relative able or willing to care for them. Unaccompanied minors have become a more significant proportion of the young people entering Australia through our humanitarian program. Many of these young people have spent time in detention facilities and or community detention while awaiting the determination of their refugee status. Studies of unaccompanied minors indicate an extraordinarily high prevalence of traumatic experiences.[47] Uncertain visa status for young asylum seekers[48] is shown to be

38. Annual reports, 2004-2008. The Victorian Foundation for the Survivors of Torture. (ibid)

39. Colucci, E., Szwarc, J., Minas, H., Paxton, J. and Guerra, C. (submitted). The utilisation of mental health services among children and young people from a refugee background: A systematic literature review.

40. Chauvin, Anita The immediate and long-term impact of trauma on children and young people: The implications of placement in detention centres for recovery from trauma and development of resilience

41. Clarke GN, Sack WH, Goff B. Three forms of stress in Cambodian adolescent refugees. Journal of Abnormal Child Psychology 1993;21:65-77.

42. These groups are likely to experience grief due to a significant loss of status on arrival

43. Colucci, E, op.cit.

44. Project TYRES: Talking with Young Refugees about Experiences of Services, Foundation House.

45. Lyons J. Strategies for assessing the potential for positive adjustment following trauma. Journal of Traumatic Stress 1991;4:93-111, Sigal JJ. Long-term effects of the Holocaust: empirical evidence for resilience in the first, second, and third generation. Psychoanal Rev 1998;85:579-85.

46. Schweitzer R, Melville F, Steel Z, Lacherez P. Trauma, post-migration living difficulties, and social support as predictors of psychological adjustment in resettled Sudanese refugees. Aust NZ J Psychiatry 2006;40:179-87 and Almqvist K, Broberg AG. Mental health and social adjustment in young refugee children 31/2 years after their arrival in Sweden: J Am Acad Child Adolesc Psychiatry 1999 Vol 38(6): 723-730.

47. Colucci, E, op cit.

48. Asylum seekers are those who have applied for recognition as a refugee under the UN Convention Relating to the Status of Refugees but whose case for protection has yet to be determined.

a significant factor in their mental health problems. Unaccompanied minors are at particularly high risk of depression, psychosis and Continuous Traumatic Stress Disorder (CTSD) arising from time spent in detention in Australia and adapting to life in Australia without parental or other family support.

Second Generation Young People

Some social indicators for young people born in Australia to a parent or parents from migrant background tend to compare well with those of other Australian born young people. They generally do not face the stress associated with loss and disconnection which accompanies migration, and have not faced the refugee experience directly. While these young people tend to fair relatively well, some whose needs are more complex or who are more disconnected and disengaged tend to be overlooked.

They may:

- Be living in between two cultures, facing increased likelihood of inter-generational conflict due to differences in the family regarding values and norms and the complexity of a bi-cultural identity formation.
- Be living in areas of entrenched socio-economic disadvantage
- Experience racism and discrimination
- Be disengaged from school, social alienated and isolated
- Feel alienated from community elders and leaders

High Achievers

Given the strong value of educational attainment in many newly arrived communities, a number of Victorian schools have indicated they have serious mental health concerns for high achieving young people. Some schools are calling for assistance for students in terms of stress management, the need to balance study with social, physical and other developmental needs and support to deal with educational pressure.[49] In the absence of this balance, young people's mental health is likely to become very poor, increasing the risk of major depressive episodes, anxiety and suicide.

Young Carers

CLD community members with mental illnesses are more likely to live with family members than the wider Australian population, which indicates families are taking on the majority of care. The impacts of care are likely to be significant for the family, and young people often bear the brunt of the impact. Due to their faster language uptake and acculturation rate, parents can rely heavily on their children for emotional and practical support, leading to the 'parentification' of young people, who may take on adult responsibilities beyond their age.[50] Young people CMY consulted in a carers forum in 2010 indicated that they are often unrecognised in their caring role, seeing it as their (largely accepted) duty to look after family members requiring support. Parent mental health is a significant influence on child mental health in refugee cohorts.[51] In the absence of culturally responsive service provision young people role as carers, it can place undue stress on them, leading to their own poor mental health and disconnection from family and friends.

49. Milburn, C., Clever, diligent... and feeling the pressure, The Age, October 17, 2011

50. Bashir M. Immigrant and Refugee Young People: Challenges in Mental Health. In: Bennett DLB, Marie, ed. Deeper Dimensions: Culture, Youth and Mental Health. Sydney: NSW Transcultural Mental Health Centre 2000:64-74.

51. Rousseau C, Drapeau A, Corin E. Risk and protective factors in Central American and Southeast Asian refugee children. Journal of Refugee Studies 1998; 11:156-74.

Service Barriers

Research by de Antiss and & Ziaian,[52] one of the few studies that exist on the process of seeking support around mental health issues for multicultural young people, confirms anecdotal evidence CMY has collected via consultation and casework. According to a number of roundtables held by CMY and partners with service providers and young people,[53] some of the key factors which reduce the likelihood that young people will seek professional support include:

- Stigma attached to mental illness within communities
- Shame about help seeking outside the family
- Contagion fears leading to ostracism and therefore isolation of young person/family
- Reluctance from carers to seek help and engage with services due to sense of family responsibility and/or due to a fear that children may be taken away
- Differences in cultural explanations and perceptions surrounding mental health and illness (e.g. attributing difficulties to spirit possession, or karma)
- Lack of understanding about Australian approaches to mental illness, treatment and recovery options
- Lack of information about services available and how to access them (for newly arrived and those who are relatively settled)
- Lack of experience in comparable services overseas
- Fear of not being properly understood by service providers;
- Belief (and experience) that services are not culturally appropriate;
- Fear of lack of confidentiality and concerns about the use of interpreters
- Belief that they should be able to sort out their own mental health problems on their own
- Isolation and a lack of connection to Australian service system as a whole
- Transport barriers

Barriers experienced by mental health services in effective engagement with communities include:

- Poor targeting of service provision for this group
- Poor early identification of and assistance for young people at risk
- Lack of engagement in cross-cultural dialogue about understandings of mental health/ illness and treatment
- Failure of recognition of issues or reluctance to refer by GPs.
- Poor level of assessment and culturally competent clinical practice.
- Lack of culturally appropriate healing, treatment and support options(including the integration of faith-based and traditional practices)
- Lack of engagement with emerging and established communities and community leaders regarding mental health issues
- The use of inaccessible language and terminology
- Reliance on translation as the sole method of addressing language and cultural barriers
- Lack of engagement with diverse young people and their families as consumer advocates and with ethnic communities in program design.
- Lack of cross-sectoral collaboration between mental health services and specialist multicultural services

52. de Antiss and & Ziaian, 2010 op cit.

53. Mental Health in Multicultural Victoria –Roundtable Report, Victorian State Govt, 2012 and CMY, Young people of refugee backgrounds share their thoughts on mental health issues and services, 2011

Resilience, Risk and Protective Factors

Aside from addressing the additional risk factors facing young people from diverse cultural backgrounds, it is important to understand the factors that lead to their resilience and increased coping. There is now a significant body of literature which demonstrates that there are identifiable risk factors which can be minimised and protective factors which can be built upon to support the development of resilience.[54]

> *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.*[55]

According to the *Mindmatters* school based mental health and wellbeing material, the following factors have been demonstrated to contribute to an individual's capacity to cope and enhance their resilience:

- Connectedness (to a school, community, family, faith, sub-culture)
- Relationship with a caring adult
- Supportive networks, belonging and role-models
- Self-esteem
- Belief in own ability to cope
- Handling the demands of school
- Sense of control

Chauvin adds additional factors,[56] including

- Developing insight into distress, patterns and triggers for behaviours
- Developing life-skills (such as reflection, communication, problem-solving, conflict resolution)
- Having opportunities to experience success in some domain of their life, to develop optimism about the future

While these factors are relevant for multicultural youth, it is essential that any discussion of risk factors acknowledges that mental health issues must be addressed not only at the individual, but also at a whole of community level. Research indicates that the critical social, environmental and economic determinants of mental wellbeing and of mental illness are common across nations.[57] This research also shows clear relationships between key social determinants and the development of mental health problems such as psychological distress, stress, anxiety and depression.[58]

54. Chauvin, op. cit.

55. CoA 2010a, Mindmatters CommunityMatters Draft 2012, Commonwealth of Australia viewed 20 June, 2012. www.mindmatters.edu.au/verve/_resources/Community_Matters_complete_draft_manuscript_v1.pdf

56. Chauvin (ibid)

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Future Considerations

Researchers, community agencies, young people and specialist mental health services CMY and other specialists have consulted agree on the following key areas of priority for action. These are:

1. Service system improvements include:
    - » cross-cultural competencies within youth mental health services
    - » data collection, evaluation and research
    - » Develop specialist mental health promotion programs for migrant and refugee communities, targeting young people
    - » Integrate culturally diverse understandings of mental illness, its causes and treatments
    - » Investigate the underutilization of mental health services by young people of migrant and refugee backgrounds

2. Early intervention initiatives include:
    - » Improve young people's sense of belonging, social connections, resilience and coping
    - » Create meaningful and supportive opportunities in education and employment
    - » Build bridges between services, young people , families and their communities
    - » Improve mental health literacy and reduce stigma in multicultural communities
    - » Reduce racism and discrimination