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RESPONDING TOGETHER

MULTICULTURAL YOUNG
PEOPLE AND THEIR
MENTAL HEALTH

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GLOSSARY

Mental health is a young person's wellbeing in their thought, behaviour and emotions.

Psychosocial is the combination of a young person's individual thought and behaviour and their social factors, for example, family life, school achievement.

Cultural responsiveness recognises that services are generally shaped by the dominant culture and need to adapt to meet the needs of young people from diverse cultures, languages and life experience.

Social determinants are aspects of a young person's life, such as education, work, income and housing that when difficult can have a negative impact on their health.

COVID 19

The COVID-19 pandemic has had a negative impact on young people's mental health, employment and education. Multicultural young people have reported increased experiences of racism, including hypervigilance and concern about re-engaging in public settings. Young people from refugee and migrant backgrounds have also reported experiencing a higher number of COVID-related stressors in comparison to their Anglo-Australian peers.⁽¹⁾ These experiences make responding to the mental health needs of multicultural young people a critical policy for government and the community.

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EXECUTIVE SUMMARY

Young people from refugee and migrant backgrounds in Australia have a wide range of personal experiences. Young people both migrating and arriving as refugees can experience multiple challenges associated with settling in a new country. These include, dislocation and disrupted support networks, adjusting to a new culture, learning a new language, developing a new sense of self-identity, changed family dynamics and configurations and experiences of racism and discrimination.

In addition to these challenges, there are also particular stressors associated with the experience of forced migration that can have an impact on the mental health of young people and their families. Young people with a refugee background may have been exposed to political instability and armed conflict, spent protracted periods in refugee camps or in transit countries, and experienced interrupted education, loss and/or separation from loved ones, racism and discrimination, and associated trauma. In spite of this, young people from migrant and refugee backgrounds often demonstrate incredible resilience. At the same time, many young people from refugee backgrounds are vulnerable to mental ill-health, and yet, are underrepresented in mental health services in Australia.

Young people from migrant and refugee backgrounds who are second generation Australians or spent their formative childhood years growing up in Australia can also encounter particular challenges associated with navigating two cultural worlds, within their family and culture of origin and in the broader Australian community. The collectivist culture of some countries where young people and/or their family originated, can be at odds with an individualised and Westernised mental health service system. Additionally, multicultural young people, families and communities may hold understandings of mental health that are shaped by cultural and religious views which may differ to clinical approaches used in Australia.

Comparatively little policy development and data collection has been undertaken to understand the mental health needs of these young people, their families and communities. To meet the needs of this group, mental health services need to establish connections with these communities, understand their experiences and adapt and tailor services and therapies to ensure they are appropriate, effective and relevant to young people.

KEY ISSUES	SOLUTIONS
<p>Experiences of racism and exclusion/marginalisation</p> <p>Young people from refugee and migrant backgrounds frequently experience racism and discrimination, impacting their mental health and wellbeing. This experience can also serve to exclude young people from opportunities that promote wellbeing.</p>	<p>Addressing racism and discrimination and strengthening social and economic inclusion</p> <p>Develop policies and implement programs to address racism and discrimination, promote social and economic inclusion, and strengthen young people's sense of belonging.</p>
<p>Mental health literacy and stigma</p> <p>A lack of mental health literacy and experiences of personal and community stigma within refugee and migrant communities are barriers to service access for young people and their families.</p>	<p>Psychoeducation</p> <p>Proactive mental health literacy initiatives and resources be developed in partnership with young people from refugee and migrant backgrounds to reduce stigma, and encourage mental health help-seeking.</p>
<p>Service barriers</p> <p>Mental health services are often individually focused and based on a service centre model. Western-clinical models of treatment and recovery are frequently perceived or experienced as being at odds with culturally informed perspectives.</p>	<p>Cultural responsive service design</p> <p>Cultural responsiveness is a whole-of-organisational commitment, enhanced through staff professional development, building a multicultural workforce, expanding interpreter services, and building trust and engagement with young people, families and communities.</p>
<p>Suicide risk</p> <p>Young people with a refugee background face a number of suicide risk factors in addition to factors common to other young people.</p>	<p>Suicide prevention</p> <p>Research is needed to understand suicide risk among refugee communities to inform service delivery; development of accessible suicide prevention guidelines for professions; and a trial suicide prevention model.</p>
<p>Traumatic experiences</p> <p>Traumatic experiences can contribute to mental ill-health. Young people with a refugee background may have particular experiences of trauma that adds to the challenges of resettlement.</p>	<p>Trauma-informed care</p> <p>A nationally coordinated agenda for the delivery of trauma-informed care is required. This agenda would include establishment of guidelines and a described service implementation model, accompanied by professional development and training curriculum.</p>

A dense, overlapping collage of the words "REVOLUTION" and "MIND" in various shades of red and orange, creating a textured, layered effect. The text is arranged in a way that suggests movement and depth, with some words appearing more prominent than others. The overall composition is abstract and visually busy.

YOUNG PEOPLE FROM REFUGEE AND MIGRANT BACKGROUNDS

Most young people from refugee and migrant backgrounds are incredibly resilient and generally cope well despite the challenges of their refugee, settlement and migration experiences. It is important to understand what factors contribute to their resilience, in order to inform effective mental health promotion and prevention strategies.⁽²⁾ Resilience is much more than the inherent traits or qualities of a young person, but is about the ‘quality of the “soil” in which children grow (their homes, schools and communities)’.⁽³⁾

Policy solutions to improve mental health outcomes for refugee and migrant young people need to recognise common issues they face and where targeted responses are needed based on their experiences and reasons for coming to Australia. Responses will vary also for first and second generation refugee and migrant young people. It is important then, to focus on the systems and community connections that help young people to flourish. The National Youth Settlement Framework provides a benchmark of key indicators for supporting young people to settle well in Australia.⁽⁴⁾

The various pathways of refugee and asylum seeking and migration have some common resettlement challenges such as developing a new sense of identity and belonging and specific challenges related to personal experiences that shape an individual’s need for support.

POTENTIAL CHALLENGES DURING RESETTLEMENT

Young people resettling in Australia can face difficulties making a new life in a new culture, which can be especially challenging while also navigating adolescence. This process will be shaped by their past experiences and the new environment and social experiences they have in the community. Factors that will shape a young person’s mental health during resettlement include potentially negative experiences of discrimination, social isolation, trauma⁽⁵⁾ as well as the challenge of learning a new language, cultural norms and social systems.⁽⁶⁾ More specific risk factors are present for young people seeking asylum, including uncertainty around applications for asylum⁽⁷⁾ and poorer mental health as a consequence of immigration detention.⁽⁸⁾

CULTURAL IDENTITY

How a young person identifies with their cultural background can potentially have positive and negative influences on their mental health and help-seeking. Cultural beliefs can inform how mental health is understood and experienced.⁽⁹⁾ Developing an identity that is coherent with themselves, family and cultural expectations, and the new society to which they belong can be particularly challenging for young people from refugee and migrant backgrounds.⁽¹⁰⁾ Young people vary in how they balance their cultural identity and practices while living and studying or working in Australia.⁽¹¹⁾ Balancing cultural identity with the development of skills to adapt to their new culture appear to prepare a young person to cope best in their psychosocial adjustment.⁽¹⁰⁾

LANGUAGE

Proficiency in speaking English enables young people with a refugee or migrant background to participate in education and training programs, as well as increase their employment prospects.(12) confidence, social networks and skill development.(13, 14) With language proficiency, young people will also be better able to communicate their mental health needs and concerns with service providers.

SOCIAL INCLUSION

Social inclusion provides a sense of community belonging. Social support networks can be difficult to recreate in a new country, leaving young people at greater risk of social isolation and exclusion. (14, 15) Experiences of discrimination and racism adds to the sense of exclusion and isolation. The potential dislocation from extended family support networks can also contribute to a sense of isolation.

LIFE STAGE TRANSITIONS

Adolescent development and the transition to adulthood experienced in Australia, together with the challenge of resettlement, contributes to the potential stressors young people and their families can experience. Psychosocial development needs can often go unrecognised when they are entwined into broader issues faced by young people during resettlement. Experiences of trauma or loss may effect a young person's capacity to achieve what are considered normal development goals adding to the challenge of settlement.(16)

There is also the potential for conflict in parenting through adolescence (rules, agreements in new responsibilities and freedoms). The norms around what is accepted as typical adolescent behaviour in a new cultural landscape may conflict with existing family cultural values. This can require families to process a 'profound re-negotiation' of roles and responsibilities.(6) For some communities the concept of a stage between childhood and becoming an adult may be new.

The existence of adolescence as a distinct transitional stage between childhood and adulthood varies across cultures. The Western concept of young people moving to independence to pursue individual goals does not always fit with the cultural perspectives of their families and communities, which can result in misunderstanding or conflict.(16)

Young people face the challenge of developing bicultural or multicultural identities that allow them to participate in different parts of the community and institutions, while still upholding values and behaviour that are acceptable to their families and cultural community. Navigating these hybrid identities is challenging, but critical to young people experiencing both belonging in their own family and in the broader Australian community.

While young people from refugee and migrant backgrounds often develop real strengths and capacities through their lived experience, that is, cross-cultural knowledge, multilingual skills, adaptability and resourcefulness, and a strong desire to achieve and succeed, many will still require support and some will have a need for mental health support.



MENTAL HEALTH OF YOUNG PEOPLE FROM REFUGEE AND MIGRANT BACKGROUNDS

Traumatic experiences and the stress and uncertainty of seeking asylum and the resettlement process can contribute to poorer mental ill-health. Experiences of racism and the challenges of navigating a multicultural identity can also negatively impact on young people's wellbeing. Despite the potential risk, mental health concerns are under-reported and there are low rates of professional help-seeking. Young people consulted by the Centre of Multicultural Youth have consistently identified mental health as a key issue in recent years.(6) Improved mental health and life outcomes for young people are possibly evident in the reduction in

psychosocial distress and suicide risk in the years following migration.(17, 18)

Australian research into the mental health of refugee and migrant communities, and their patterns of mental health service use, are fragmented and usually small scale. Adding to the limited collection of data, is the complex task of collecting data a young person's on mental health which is effected by experiences of trauma and cultural and communication barriers.(19) Research findings have been highly variable with a wide range of prevalence rates reported.(20)

The lack of mental health prevalence data for young people from refugee and migrant backgrounds limits the capacity of governments, Primary Health Networks and community mental health services to undertake informed service planning.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
FURTHER RESEARCH AND DATA COLLECTION			
<p>Specific research programs should be commissioned to fill refugee and migrant mental health data gaps.</p> <p>Longitudinal migrant health study</p> <p>A longitudinal survey (at arrival, two and five years after resettlement) to track mental health trajectories, patterns of treatment need, service access and role of social determinants.</p> <p>A trial survey to test questions, format and language is required to ensure the study approach is accessible and acceptable for target populations.</p> <p>Intergenerational health and mental health study</p> <p>Oversampling of refugee and migrant population groups, interpreters and translated documents are required to enable sufficient data is collected to achieve statistically significant analysis.</p>	<p>A lack of data continues to be a major barrier to developing policies and services for young people with a refugee and migrant background.</p> <p>Previous surveys and data collections provide a starting point for the development of a longitudinal study. For example; Building a New Life in Australia and the Multicultural Youth Census.</p> <p>A longitudinal survey is required to understand mental health experiences and service needs in the short and medium term recognising the ongoing experience and potential challenges of resettlement and adapting to a new country.</p>	<p>An improved understanding of the mental health experiences of young people. This evidence would better inform service need and resourcing decisions.</p>	<p>Australian Bureau of Statistics</p>

UNDERSTANDING MENTAL HEALTH

Young people from refugee and migrant backgrounds bring their own cultural and contextual understanding of mental health. Where young people have been able to integrate a Western health perspective into their understanding of mental health, potential differences with the view held by their family or community may still be a barrier to help-seeking and treatment.(21) Concerns a young person

may have about how their family and community may react to raising mental health issues or help-seeking can exacerbate experiences of stigma within a young person's cultural community. This experience of stigma has the potential to prevent young people from seeking support for fear of worsening their situation and creating family conflict. Stigma can also be experienced by the immediate or extended family and community of a young person experiencing mental ill-health, which may present further barriers to help-seeking.(22)

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
MAKING MENTAL HEALTH LITERACY AVAILABLE TO YOUNG PEOPLE			
<p>Proactive mental health literacy initiatives and resources be developed in partnership with young people from refugee and migrant backgrounds to reduce stigma, and encourage mental health help-seeking.</p> <p>Initiatives and resources should be acceptable and relevant to young people, families and communities. This requires:</p> <ul style="list-style-type: none"> • transcultural mental health approach that reflect cultural, religious and spiritual perspectives; • recurrent funding to provide long-term programs; and • co-design with young people; • a strengths-based, peer to peer model. 	<p>Young people from refugee and migrant backgrounds bring their own cultural and contextual understanding of mental health. This can often be accompanied by stigma, which is a significant barrier to help-seeking and support. A whole-of-community approach that encourages dialogue provides the foundation for young people and families to access mental health support when they need it.</p>	<p>Reduced stigma about mental health and increased help-seeking.</p>	<p>Commonwealth Department of Health, Primary Health Networks (PHNs)</p>

EXPERIENCES OF RACISM AND DISCRIMINATION

For people from refugee and migrant backgrounds, discrimination and its resulting consequences remains one of the significant drivers of mental ill-health. Extensive research highlights a strong relationship between racism and negative health and wellbeing outcomes for young people, including depression, anxiety or psychological distress.⁽²³⁾ This highlights the need to address discrimination and marginalisation as a priority. Experiences of racism and discrimination impact on social determinants of health such as education, employment and social inclusion – building blocks of mental wellbeing.⁽²⁴⁾

Young people who experience race-based discrimination are more likely to experience higher rates of psychological distress^(25, 26) and may find it more difficult to, or be prevented from accessing services and resources. In the last decade, there has been a significant increase in the reported experience of discrimination based on skin colour, ethnic origin and religion to 19 per cent in 2018 from 9 per cent in 2007. Around a quarter of young people between 18 and 24 years of age reported experiencing discrimination with people from non-English speaking backgrounds reporting the highest experience of discrimination, 25 per cent.⁽²⁷⁾

The Multicultural Youth Australia Census 2017, found that 66 per cent of participants mentioned they experienced discrimination based on race and 25 per cent stated they were discriminated against because of their religion.⁽²⁸⁾ This

situation does not improve for many young people. Longitudinal data from Building a New Life in Australia reveals young people from refugee backgrounds experience greater levels of racism and discrimination the longer they are in Australia.⁽²⁹⁾

A recent rapid response survey in the COVID-19 context found that 85 per cent of young people from multicultural backgrounds experienced racism during this time.⁽¹⁾ These findings highlight the strong need for a whole-of-community approach that works to reduce racism and discrimination against young people and families from refugee and migrant backgrounds. Strategies that work to prevent discrimination have been found to be more effective in reducing the mental health impacts on minority groups, rather than focusing on refugee and migrant community responses.⁽³⁰⁾

A sense of inclusion and belonging is critical to the mental health of young people from refugee backgrounds.⁽²⁰⁾ Research highlights that a positive sense of belonging is strongly associated with health and wellbeing, and an absence, with negative health and social outcomes.⁽¹⁴⁾ A positive cultural identity increases resilience, whereas alienation or marginalisation increases the risk of mental ill-health.⁽⁶⁾ Young people from refugee and migrant backgrounds have highlighted the importance of experiencing a sense of belonging in both their own family and culture of origin, and in the broader Australian context, to their overall wellbeing.⁽³¹⁾

Therefore, a broader, contextual approach to supporting the mental health of young people from refugee backgrounds should include:(6)

- Strengthening young people's sense of belonging and social connectedness – to both their own cultural community and with the broader community – supporting bonding and bridging networks;
- Creating meaningful and supportive opportunities in education and employment; and
- Reducing racism and discrimination, and promoting broader community cohesion initiatives to create a more socially inclusive society.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
ADDRESSING RACISM TO SUPPORT YOUNG PEOPLE'S WELLBEING AND SENSE OF BELONGING			
<p>Develop a coordinated strategy to address the experiences and impact of both overt expressions of racism and underlying attitudes and ideas on the mental health of young people from refugee and migrant backgrounds.</p> <p>The strategy would:</p> <ul style="list-style-type: none"> • be co- designed in collaboration with young people and community members; • include community education and awareness; • provide guidelines for government services and services receiving government funding; and • provide resources for schools, workplaces and local government. 	<p>Racism and discrimination have a damaging impact on a person's mental health. This potential impact requires proactive investment in initiatives that prevent and address racism, and strengthen wellbeing and inclusion.</p>	<p>Young people are free from racism and discrimination, and experience a strong sense of inclusion and belonging.</p>	<p>Australian, state and territory, and local governments.</p>

SUICIDE RISK

People from refugee backgrounds, specific migrant populations and ethnic minorities experience an increased risk of suicide.(32) Existing research has mostly focused on adult populations and many reports do not clearly distinguish between different sub-groups, such as refugees, asylum seekers and migrants.(33) There is some evidence that young people from specific populations are at higher risk.(32)

There are a range of suicide risk factors that are specific for young people with a refugee and migrant background and some that are shared with other young people that provide a basis for developing prevention programs. Risk factors include: language barriers, worrying about and separation from family, loss of community status or social network, challenge of integrating into a new culture and a lack of information on the health care system.(32) There is suggestive evidence from Australia that strong family ties and maintaining traditional values may lead to lower suicide rates.(20) This is supported by research synthesis that highlights having

a positive sense of culture and identity is an important protective factor for young people's overall wellbeing.(34)

While governments recognise the particular suicide risks that young people with a refugee background can experience, suicide prevention policies lack specific detail to address these risks. Research is needed to develop evidence-based suicide prevention policies and services for young people with a refugee and migrant background. Areas of suicide risk and prevention research include: social inclusion and the role of cultural factors; cultural responsiveness; protective and risk factors; role of cultural values and beliefs; and effective risk assessment.(35)



“

How a young person identifies with their cultural background can potentially have positive and negative influences on their mental health and help-seeking.”

ENHANCING MENTAL HEALTH SERVICES

Young people from refugee and migrant backgrounds are generally reluctant to seek professional support for psychosocial problems. Barriers are individual, cultural, and service-related. Barriers to accessing mental health services mean young people with a refugee or migrant background are likely to delay help-seeking which can result in a worsening of symptoms and missed opportunity for early intervention.

Young people from refugee backgrounds access Child and Adolescent Mental Health Services at one third the rate of the Australian born community, but admission to acute inpatient units is higher.⁽⁶⁾ Bridges between refugee/migrant communities and mental health services are needed to enable connections between support services and young people.

A strategic national agenda is required to guide the development of coordinated service responses for young people from refugee and migrant backgrounds and their families. The foundation for a national strategy should be based on partnership development with young people from refugee/migrant communities. A strategic national agenda needs to provide direction for establishing:⁽³⁶⁾

- mental health programs that cater specifically to the needs of young people from refugee and migrant backgrounds;
- guidelines and accountability mechanisms for proactive transitioning to culturally responsive service systems;
- youth mental health services and programs that are family-focused – where families are engaged effectively to support their children's health issues and concerns, including translated materials and relatable vignettes;
- investment in health promotion and community education activities relevant and accessible to all community members, that promote social inclusion and belonging; and
- collection of data to inform service development and responses.

The Embrace Multicultural Mental Health framework provides a vehicle for a national strategic national agenda to be communicated and implemented to communities, service providers and health professionals. The Embrace Project is a national program funded by the Australian Government and led by Mental Health Australia in partnership the Federation of Ethnic Communities' Council of Australia and the National Ethnic Disability Alliance.

“ Young people told us they didn't expect practitioners to be cultural experts but would like them to connect by asking questions with genuine interest.”

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
NATIONAL STRATEGIC POLICY AGENDA			
<p>A strategic national mental health and suicide prevention agenda is required to deliver culturally responsive services for young people from refugee and migrant backgrounds.</p> <p>A national policy agenda would include:</p> <ul style="list-style-type: none"> • recognition of the complexity of different experiences and needs of first and second generation young people; • specific mental health programs for young people • guidelines and performance measures; • a family-focus that supports inter-generation communication; and • data collection to enable ongoing improvement. 	<p>The grouping together of a broad range of vulnerable populations in the Fifth National Mental Health and Suicide Prevention Plan does not provide sufficient direction or impetus for policy development.</p> <p>The challenges of resettlement, including cultural identity, language, social inclusion and life stage, and potential differences in experiences for young people from refugee or migrant backgrounds need to be recognised.</p> <p>A national policy agenda would recognise the complexity of migration and settlement experiences and the different needs of first and second generation young people.</p>	Strategic direction for research, data collection, program development and service delivery.	Australian Government

CULTURAL RESPONSIVENESS

Cultural responsiveness is the foundation for services to refugee and migrant communities. Cultural responsiveness is about the setting, service system and processes young people and their families encounter. The skills and qualities of individuals enable the delivery of these services. Research among young people from refugee backgrounds highlights the importance of culturally responsive youth mental health services that are well-located, accessible, flexible, adequately trained and resourced, and that have 'no wrong doors' for new clients.(37)

This resonates with the Centre for Multicultural Youth's consultations with young people from refugee and migrant backgrounds, which highlight practical considerations, and the fact that cultural responsiveness includes the setting, people, process and policies young people encounter when engaging with the mental health system. Young people frequently highlight the need for:

- promoting mental health services to young people to raise awareness;
- the option to access mental health support in settings where they are comfortable (such as youth or settlement services);

- warm and inviting physical spaces, including visual cues such as posters that communicate this is a space that welcomes and understands cultural diversity, different experiences and worldviews;
- interpreters and translated material being promoted and readily available;
- the invitation for young people to bring family members or support people with them if they wish; and
- a culturally diverse mental health workforce – seeing people like themselves reflected in the staffing of the service.

Wellbeing and mental ill-health are influenced by cultural, social and historical contexts. A transcultural approach to mental health is a person-centred approach that is informed by their socio-cultural context. The explanatory model, based on ideas of ethnography, seeks to understand how the person, family or community seeking care understands and makes meaning of their situation, and build on this to develop appropriate care and support. It understands that 'culture' will mean different things to different people, depending on age, gender, religion, socio-economic status, religion, experiences and personality.(38)

Cultural responsiveness is also being aware of one's own cultural values, beliefs and ways of engaging with the world, and how this influences engagement with another person. It involves understanding how the dominant culture, often invisible, imbues systems and processes with the dominant culture's values and beliefs. Cultural responsiveness and similar attributes are identified in mental health policies and workforce development strategies at a national and state and territory level, however, there is a lack of detail and measurable implementation outcomes. A growing body of research evidence for workforce attitudes and awareness provides direction for policy development and implementation measures. A need for more research on changes in workforce behaviour and health outcomes has been identified.(39)

Young people told us that they do not expect practitioners to be knowledgeable about their culture but do expect them to be interested. Australian-based research with young people from refugee backgrounds 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 religious identity.(37)

While culturally responsiveness training reflects current best practice, there is a need to further understand its efficacy in youth mental health, particularly its impact on clinician behaviour and outcomes for young people.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
NATIONAL BENCHMARKS FOR CULTURAL RESPONSIVENESS			
<p>National bench marks and accountability mechanisms for the implementation of cultural responsiveness are required.</p> <p>National bench marks and accountability mechanisms need to include:</p> <ul style="list-style-type: none"> • workforce training, including training for new staff and refresher training across an organisation; • whole-of-organisation structures and support for cultural responsiveness practice; and • evaluation of perceptions and outcomes for young people. <p>Culturally responsive policies must be developed in partnership with refugee and migrant young people, families and communities.</p>	<p>Cultural responsiveness recognises that services are generally shaped by the dominant culture and need to adapt to meet the needs of young people from diverse cultures, languages and life experience.</p> <p>A growing body of research evidence for workforce attitudes and awareness provides direction for policy development and implementation measures.</p> <p>There is a need to further understand its efficacy in youth mental health, particularly its impact on clinician behaviour and outcomes for young people.</p>	<p>Improved cultural responsiveness in mental health services.</p>	<p>Australian Government</p>

ENGAGING FAMILY AND COMMUNITY

Engaging families and communities is an important step in increasing understanding about mental ill-health and the support services that are available. Increased understanding and family inclusive practice can be enablers of help-seeking and treatment. Increased understanding among clinicians and mental health services of the lives and experiences of young people with a refugee or migrant background will also enable the communication needed to engage young people, include families and work with communities.

In developing family inclusive practices for refugee and migrant communities, it is necessary to recognise the concept of family may differ to Western concepts centred around the nuclear family. Within some cultural groups, a community member may be a preferred support person.(40) Young people engaged for this project confirmed that family, friends and community leaders may be an enabler of support for some young people but a barrier for others, with differences also evident between different cultural groups.

Improving communication with families of young people is a feature of transitions to more family inclusive practice in youth mental health services.

Incorporating steps that enhance inclusion of refugee and migrant families as part of this transition would enable these barriers to be addressed. Interpreting services are available to support communication, however, insufficient resources can be a barrier to access (see discussion below). Communication with families and the provision of support for them too has the potential to reduce barriers to help-seeking and treatment access.

Communication of mental health specific information needs to be provided in a cultural context and as part of a broader community engagement that promotes the strengths a community has. This community focused approach will build a foundation on which families can have more confidence engaging with a service and supporting their young person.

HEALTH SERVICES

Refugee and migrant communities have different cultures and collective experiences which will shape how community mental health services engage with communities and design services. Services need to adapt to the particular needs of young people from refugee and migrant backgrounds and their families. Developing and maintaining close relationships with settlement or culturally-specific organisations will enable coordinated support⁽⁶⁾ and pathways to mental health services.

Existing community youth mental health services have a structure on which the planning and delivery of services for young people from refugee and migrant backgrounds and their families and communities can be adapted. The adaption of services should:

- ensure cultural responsiveness to provide a safe environment for young people;
- engage with families to support understanding about mental health and treatment;
- address concerns about privacy and confidentiality; and

- develop outreach services and partnerships with refugee and migrant communities to promote awareness and access to services.

The Embrace Project has developed a framework for mental health in multicultural Australia to support services to work effectively in this context. The framework consists of four service modules: planning, development, partnerships and cultural responsiveness.⁽⁴¹⁾

GOOD PRACTICE FRAMEWORK

The Centre for Multicultural Youth supported Orygen to produce a Good practice framework for designing mental health services for young people from migrant and refugee backgrounds.⁽⁴²⁾

The framework presents the key determining factors that influence mental health and wellbeing and identifies the enablers and barriers to implementing good practice approaches. Young people and service providers were consulted in the creation of the framework.

ENSURING ACCESS TO SERVICES

Some young people from refugee backgrounds on temporary visas are not eligible for Medicare. This exclusion means young people are reliant on specialist services. Unfortunately, specialist services have a threshold for access, partly due to limited funding which will prevent some young people from accessing services. PHNs provide a mechanism for targeted service delivery for young people missing out on mental health support. Local population knowledge coupled with a service need analysis would enable PHNs to fund service requirements through available flexible funding. It is a false economy to not invest in early interventions that reduce the likelihood on more severe symptoms developing and greater health costs in the future.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
ACCESS TO MENTAL HEALTH SERVICES			
PHNs identify unmet mental health needs among young people on temporary visas. Sufficient funding be provided from flexible funding to deliver services to meet this need. Proactive outreach and engagement be undertaken through commissioned youth mental health services to ensure service delivery.	The visa status of some young people prevent them from accessing mental health services through Medicare. Investing in early interventions that reduce the likelihood on more severe symptoms developing and greater health costs in the future.	Greater access to mental health services.	Australian Government

PRIMARY HEALTH SERVICES

While primary health clinics are the main gateway to mental health services in Australia, for young people from refugee and migrant communities, access is more likely to come through non-medical roles. Trusted roles that give young people confidence to seek help include peers, school welfare coordinators, teachers, bicultural/youth workers, and community or religious leaders. Primary health services need to establish connections with refugee and migrant communities and promote their services.

Connections also need to be made with specialist services who are positioned to provide appropriate mental health care. These connections provide referral pathways for young people from primary health services. Guides are available to support practitioners, including: The Australian Refugee Health Practice Guide, developed for primary health practitioners that includes a specific focus on children and adolescents;(43) and a GP resource kit, Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds.(44)

Among refugee and migrant populations, however, a high reliance on GPs can become overreliance, particularly for bilingual GPs.(40) This can be a barrier to accessing primary mental health services or following up referrals to a specialist service. Establishing personal connections with mental health services that enable 'warm' referrals - this may include a telephone call, personally introducing a young person to a mental health professional or service or providing a young person with service information - can improve the likelihood of a young person accessing the new service.

Primary mental health services can develop awareness among refugee and migrant communities with community development events and specialist roles. Community development officers can support the building of bridges between refugee and migrant communities and mental health services. Employing bilingual and bicultural staff, refugee health nurses and providing gender options among clinicians can enhance the acceptability of a mental health service for young people and their families. Bicultural workers bring cultural expertise that builds trust and community engagement, particularly if working with adult community members.

FOSTERING COMMUNITY PARTNERSHIPS

Diversitat Geelong has a dedicated multicultural mental health and wellbeing worker funded by the Department of Health. The role provides mental health education to new arrival communities to the Geelong area and secondary consultation to mental health services in Geelong. The position works closely with Diversitat youth and settlement workers and youth mental health services to engage young people and families to build awareness, trust and reduce stigma. headspace's youth engagement worker and Diversitat's multicultural mental health and wellbeing worker collaborate with youth settlement workers to coordinate a fortnightly program for newly arrived young people that integrates mental health education with sports, cultural and recreational activities.

Young people with refugee backgrounds in Australia have identified aspects of practice that influence acceptability of engagement with health practitioners. These aspects are:

- their style and approach;
- personal qualities, such as warmth and caring;
- a conversational and narrative technique;
- a holistic approach;
- and clarifying expectations and boundaries early.(40)

Responses from young people engaged for this project emphasised the importance of practitioners making a connection, identifying commonalities with young people and creating a calm, comfortable environment.

It is important that mental health professionals understand that young people from refugee and migrant backgrounds are often in the process of developing multi-faceted identities. This reflects the wide variety of environments, worldviews and ways of living young people have experienced at a formative point in their development. This includes establishing themselves in a country where the dominant culture is different to their own cultural background, which can be a significant factor in identity formation.

INTERPRETING SERVICES

Language can be a significant barrier to service access and receiving treatment. The Department of Social Services provides medical practitioners with interpreting services.(45) Despite the availability and benefit of these services, the usage of interpreters in Australian health care settings is poor.(46) Allied health providers such as psychologists do not have access to this service.

Providing interpreters for relatively smaller populations faces the additional barriers of fewer qualified interpreters and increases the chance they may be known to a young person or their family.(46) A lack of access to interpreting services can limit the level of service a young person can be provided. In some instances a family member or friend is used as a replacement interpreter.(47) This situation may present a

barrier for a young person and is potentially risky. Arranging an over the phone interpreter rather than face-to-face can enable anonymity(47) and increases the geographic area an interpreter can work in.

Working with interpreters is an additional skill requirement for clinicians working with young people with refugee and migrant backgrounds. Resources are available for clinicians to develop their skills in working with interpreters. For example, there are youth-specific guidelines for working with interpreters developed by the Centre for Multicultural Youth(48) and Victorian Transcultural Mental Health has an online, self-paced learning module for mental health professionals.(49) Services with a large service demand need to ensure that professional development in working with interpreting services is provided or that this skill is included in employment selection criteria.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
DEVELOPING AND IMPROVING THE CULTURAL RESPONSIVENESS OF MENTAL HEALTH SERVICES			
<p>Primary Health Networks (PHNs) commission culturally responsive youth mental health services.</p> <p>Service components would include, but not be limited to:</p> <p>Multicultural workforce</p> <ul style="list-style-type: none"> • Provide scholarships and incentive programs to train and recruit mental health professionals from diverse cultural and linguistic backgrounds. • Resource opportunities for multicultural peer work in youth mental health. • Ongoing funding for multicultural community development officers. <p>Access to interpreters</p> <ul style="list-style-type: none"> • Specific funding for free interpreting service be allocated to youth mental health services commissioned to provide services for refugee and migrant communities. <p>Commissioning advisory groups</p> <ul style="list-style-type: none"> • Young people be recruited to PHN commissioning advisory groups. 	<p>Bicultural workers bring cultural expertise, build trust and community engagement. The limited available workforce and community connections can result in an unrealistic workload burden.</p> <p>Limited funding of interpreter services and access barriers for allied health providers is a barrier to service provision for refugee communities. Limited services in languages spoken by refugee communities is also a barrier.</p> <p>Community development models that enable services to raise awareness and build community connections can enhance the confidence young people and their families have in accessing services.</p> <p>Some PHNs have refugee young people on advisory group commissioning work.</p>	<p>Improved service access and acceptability among young people, their families and communities.</p>	<p>Commonwealth Departments of Education, Skills and Employment; and Health</p>

SUICIDE PREVENTION

Young people who are in crisis and experiencing suicidal thoughts or behaviours require specialised support services. There is a lack of suicide prevention research despite the importance and urgency to understand what works. The available evidence-base for suicide prevention programs is for young people as a whole, rather than specific population groups. (50) There is a need for a nationally coordinated policy, research and practice focus on suicide prevention for young people with a refugee or migrant background. Interventions need to be tailored to specific communities to encompass attitudes and beliefs about suicide.(51)

Suicide prevention is a priority area of the Fifth National Mental Health and Suicide Prevention Plan. While the plan recognises that suicide attempts and death by suicide is higher in some population groups, there is no specific policy objective or agenda for population groups from refugee, asylum seeker or migrant backgrounds. State and territory suicide prevention documents, while similarly recognising the need to support tend to group vulnerable populations together rather than outlining specific policy direction.

Without specific policy direction, new initiatives or innovative approaches to suicide prevention for young people with a refugee or migrant background will be left to services working with these young people or mental health researchers with a particular interest. As a result, available resources or research funding is unlikely to be sufficient for the scale of research, engagement with young people and communities and resource production required.

UNDERSTANDING DEMAND

Data collected from mandatory clinical intervention and emergency room service access for young people exhibiting suicidal behaviours or intent, does not currently capture more specific demographic indicators, such as immigration history or visa status. The absence of this data limits analysis to determine rates and patterns of suicide prevention service use, particularly for young people who access support across a range of sectors.(35)

There is an opportunity to leverage current and new data collection systems - including the Intergenerational Health and Mental Health Study and the Australian Institute of Health and Welfare suicide monitoring system - to capture specific prevalence rates of suicide related behaviours and self-harm to inform development of culturally responsive suicide prevention programs and services for young people with a refugee or migrant background.

SUICIDE PREVENTION GUIDELINES

There are no formal government-developed suicide prevention guidelines available to assist practitioners working with young people with a refugee or migrant background.

In 2018 suicide first aid guidelines for members of the public to recognise suicide warning signs and assist a person from a refugee or migrant background experiencing suicidal thoughts or engaging in suicidal behaviour.(52) This guidance, together with international guidelines, for example, World Health Organisation(53) and the US Government(54) and suicide awareness material supporting communities to talk about suicide(55) provide starting points for the development of Australian guidelines.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
SUICIDE PREVENTION			
<p>Suicide prevention programs for refugee and migrant young people need to be developed through targeted research to understand demand, program design and practice guidelines.</p> <p>Service demand Prevalence data is required to inform the funding and design of suicide prevention programs.</p> <p>Guidelines Australian government develop a suite of accessible suicide prevention guidelines for professionals including, medical, allied health, education and community representatives working with refugee and migrant communities.</p> <p>Pilot The Medical Research Future Fund fund a co-designed suicide prevention program for refugee and migrant young people under the child and youth mental health investment priority.</p>	<p>A specific focus on young people with a refugee or migrant background is needed in suicide prevention research.</p> <p>Translation of existing evidence needs to be tested and evaluated in a service setting.</p>	<p>Professionals are equipped to provide suicide prevention programs for refugee and migrant young people.</p> <p>Suicide prevention programs are informed by evaluation of evidence-based trials.</p>	<p>Commonwealth Department of Health</p> <p>Suicide prevention and youth mental health leaders, young people and community representatives</p> <p>Medical Research Future Fund</p>



TRAUMA

The experience of trauma among young people with a refugee background will shape the type of care they need and how it is delivered.⁽⁵⁶⁾ While targeted services are familiar with the need for care among this group, limited resources mean they have to triage based on the complexity and severity of young people's experiences. Beyond targeted services, there are inadequate diagnostic frameworks for young people with complex trauma experiences, and a limited number of mental health practitioners who are skilled in trauma treatment approaches or in supervising staff who work with traumatised young people.

TRAUMA-INFORMED CARE

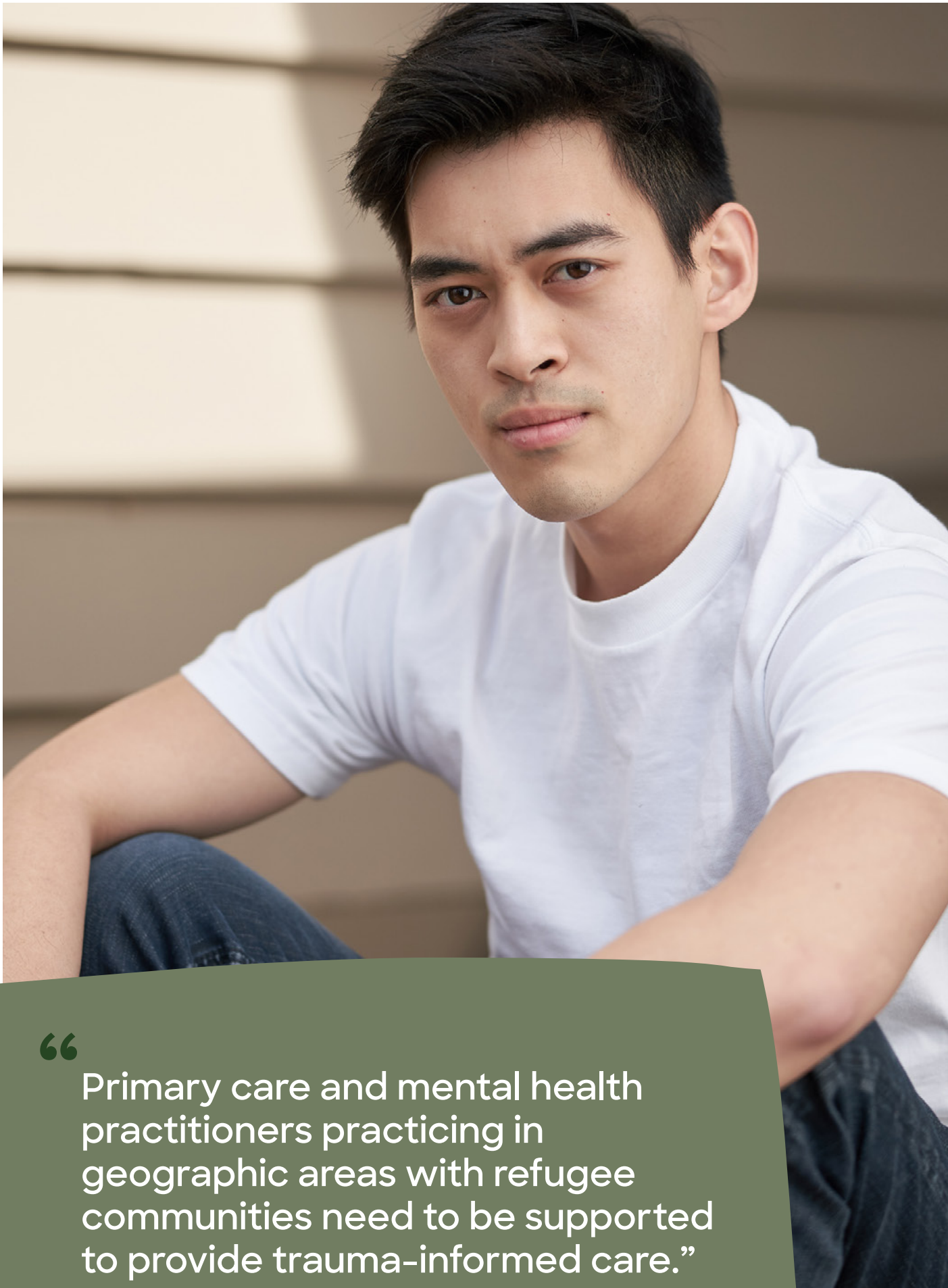
There is limited evidence for how to treat issues arising from complex trauma experienced by young people, including experiences of intergenerational trauma. Trauma-informed care is intended to minimise retraumatisation rather than directly treat specific symptoms related to trauma exposure. The aim of trauma-informed care is ensuring that young people who have previously experienced trauma are given a strong sense of control and empowerment when

accessing a service. Despite an understanding of the principles of trauma-informed care in youth-focused health, human and social service systems in Australia, the approach is inconsistently implemented.⁽⁵⁷⁾ A nationally coordinated agenda for the delivery of trauma-informed care is required.

Orygen has previously developed policy solutions to improve the delivery of trauma-informed care for young people. These solutions were developed for primary and mental health services and, if implemented, would increase the capacity of these services to work cohesively with targeted services for young people from refugee backgrounds and those working with migrant communities. Professional development and training in trauma-informed care needs to be integrated and promoted by professional bodies, universities and services.

Primary care and mental health practitioners practicing in geographic areas with refugee communities need to be supported to provide trauma-informed care. Training is required in how to sensitively and safely enquire about past experiences and assessing how this will determine how they work with a young person. Supervision for staff supporting young people with traumatic experiences is also required.

POLICY SOLUTION	EVIDENCE AND RATIONALE	OUTCOME	MECHANISM
TRAUMA-INFORMED CARE			
Develop service standards, implementation models and practice guidelines of trauma-informed mental health care for services working with refugee and migrant young people. An independent process for assessing compliance is required.	'Trauma-literacy' is an essential skill in supporting the mental health of young people from refugee backgrounds, and other young people who may have experienced trauma, including those from migrant backgrounds.	Implementation of trauma-informed services and practice.	Commonwealth Department of Health



“

Primary care and mental health practitioners practicing in geographic areas with refugee communities need to be supported to provide trauma-informed care.”

SUMMARY

Young people from refugee and migrant backgrounds benefit from:

Positive experiences of belonging and being able to fully participate in the community.

Understanding the support available to them and safe ways to access this support.

Services that reach out to communities and are culturally responsive to their needs.

Suicide prevention activities and programs that are relevant to them.

Mental health services in which trauma-informed care is a central feature.

“

It is important then, to focus on the systems and community connections that help young people to flourish.”





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