

Young People of Refugee Backgrounds share their thoughts on mental health issues and services.

*A roundtable discussion between young people, service providers,
Victorian government representatives and academics*

Round table discussion on access to mental health services by young people from refugee backgrounds

Introduction

Young people of refugee backgrounds have significant risk factors for mental health problems arising from experiences prior to and following settlement in Australia. Authoritative data is not available, but anecdotal reports indicate that their use of mental health services is disproportionately low. There is a dearth of research on the barriers to their access to and usage of services.

In recognition of these circumstances, at the end of 2009 the Centre for International Mental Health (University of Melbourne), the Centre for Multicultural Youth, the Victorian Foundation for Survivors of Torture and the Royal Children's Hospital convened a roundtable on mental health research and policy for young people of refugee backgrounds. Participants included policy makers, health professionals and academics. Discussion indicated a strong need to better understand and improve the engagement of young people of refugee backgrounds with services and to identify what works and does not work with this population. It was also agreed that there are gaps in knowledge affecting the capacity of government and service providers to more effectively address the needs of young people of refugee backgrounds who may have mental health problems. Research tends to be ad hoc, without a shared sense of research priorities that might influence decisions by both funders and researchers.

An outcome of this roundtable was the decision by convenors to develop a specific project to address some of the questions raised at the roundtable. The aim of the project is to explore how policies and services can effectively meet the needs of young people of refugee backgrounds, and to promote a better understanding of these services in communities. The financial support for the project was provided by the William Buckland Foundation and Sidney Myer Fund and is gratefully acknowledged.

The project has three components:

- a study of service providers' experience of factors that inhibit and promote the engagement of young people from refugee backgrounds with services;
- the development of a mental health research agenda; and
- a roundtable meeting with the participation of young people, service providers, academics and government.

A report on the mental health research agenda has been completed and is being disseminated to key stakeholders. A report on engagement with services is being prepared. This is a report of the roundtable with young people, which took place late 2010. Efforts have been made to maintain the voice of participants rather than interpret it, hence the colloquial quality of some of the language used.

Preparatory workshop

In preparation for the roundtable, young people from refugee backgrounds were invited to take part in a workshop designed to assist them to take part confidently by:

- clarifying expectations of what the roundtable is about;
- discussing what mental health is;
- highlighting key mental health issues and discussing stories of situations within their communities

- identifying what works and what does not work for young people's access to mental health services and,
- Preparing to present at the forum

Four young people attended the workshop. A lot of insightful discussion occurred and the young people felt comfortable and prepared for their presentations at the roundtable.

Roundtable participants

The primary purpose of the roundtable was to provide an opportunity for dialogue between young people of refugee backgrounds and other key stakeholders on what works and does not work in the access of this cohort to appropriate and effective mental health services.

The roundtable took place on 17th November 2010 at the Multicultural Hub in Melbourne. Six young people from refugee backgrounds participated. Their countries of origin were Iran, Somalia, Ethiopia, Iraq and Sudan.

Twelve professionals attended, drawn from a range of government, academic and service provider backgrounds.

The meeting was facilitated by Carmel Guerra, Centre for Multicultural Youth (CMY) and Harry Minas, Centre for International Mental Health (CIMH), University of Melbourne.

The roundtable began with presentations by the young people on two themes: 'Our understanding of mental health' and 'Barriers to accessing mental health services', each followed by general discussion. The participants then discussed a range of subjects and the occasion concluded with the young people expressing their hopes and expectations about the outcomes.

Roundtable discussions - Themes

The following general comments were made that provide a context to the themes discussed below:

- The term 'mental health' is problematic in its translation, both literal and figurative, into other languages. The word 'wellbeing' was discussed as an alternative.
- The word 'refugee' can be stigmatising but can also be beneficial at times.

Theme 1: 'Our understanding of mental health'

This is how the young people described their understanding of 'mental health'

- Health and wellbeing of people
- Health of the mind and the soul
- Like 'physical health' there is 'mental health'
- Mental illness can be slight or severe but usually it is thought as opposites: either a person is crazy or normal
- Can be seen as a disability but often it isn't
- Mental health is not visible so it's harder to identify than physical health
- Assumption that if someone has a mental health problem, they cannot do anything
- Connected to self control
- No coping mechanisms
- Some cultures interpret having a mental health issue as probably having done bad things in the past; therefore the person suffering from mental illness must somehow deserve this
- Cultural belief that mental illness is 'from the devil'
- Post-natal depression
- Loss of identity/self

- The community will think you are 'crazy'
- Depression: many people from refugee and backgrounds were separated from family
- To live as 'normal' may seem difficult for someone who has gone through so much simply to survive

Issues raised in discussion:

- The community tends to either under- or over-estimate mental health problems.
- There is a lack of education, awareness and therefore of understanding.
- How long someone has been in Australia does not necessarily determine how much they know about mental health and services.
- Beliefs about mental health are linked to religious beliefs e.g. 'it's the devil'.
- Mental health is understood differently according to different cultures e.g. influence of media/movies about 'crazy people'
- Stigma is high and people can become 'outcast'. The lack of support from community can lead to isolation and shame.
- People identified as mentally ill can be seen as having an illness that is contagious thus community does not talk to them.
- Some mental health problems - such as drug and alcohol problems - are unfamiliar. Drug-induced psychosis is not known of among some communities. Drug and alcohol are less accessible in their home countries
- Post-natal depression is also a condition that is not known, can be perceived as 'normal' and that one just 'has to get through it'.
- Adjustment to the new culture and cultural transition/adjustment needs to be considered in the communities' understandings of mental health.

Theme 2: 'Barriers to accessing mental health services'

The young people identified the following barriers to accessing services:

- Lack of awareness about available services and how to access them (particularly ex-immigration detainees)
- There is a general reluctance to seek help for mental health problems.
- Traditional religious and cultural healing practices are used
- Service providers are unaware of cultural influences. Western mental health practices may seem alien to people from refugee backgrounds
- Bi-lingual services are limited. Problems of having an interpreter there compromises confidentiality
- Follow up is limited
- Limited understanding of the spectrum of severity
- Refugee experience /voices are not being integrated in service delivery. No distinctions are made between different categories of refugees e.g. newly-arrived, ex-immigration detainees etc.
- Trusting a stranger with personal details of ones' life is difficult
- Cost of services
- Transport
- Lack of understanding of the risk factors associated with mental illness e.g. drugs & alcohol, dropping out of school, unemployment
- Lack of feeling of belonging and trust in the services e.g. who is offering the service?

Some ideas to improve access to services:

- Build trust: community can help to create link between young person and the service
- Importance of educating families (not just individual focus)
- Community leaders should be trained to be advocates in communities
- Mental health services and workers need to have cultural competence
- Usually the men in the community are the leaders, they have the potential to be powerful advocates and have a key role in the family. Community leaders are the only way to establish trust in the community.

Roundtable discussions – General

Two questions were put to the participants for general discussion:

- How do we achieve the aims and meet the needs identified in the previous discussion of themes?
- How do we build a genuine bridge between the dominant culture and the cultures and belief systems of people of refugee backgrounds?

Young people wanted the following questions to also be addressed:

- What plans are there to educate communities of people of refugee backgrounds on mental health issues?
- How are the voices of refugees reflected in service delivery?
- How can mental health training be integrated in training of other professions, e.g. teachers and GPs?

Comments related to Services

Lack of information

Services like the ones in Australia don't exist back in the countries of origin of people of refugee backgrounds.

There is a huge lack of information for communities about services available in Australia.

English classes attended by newly-arrived refugees and migrants could provide an opportunity to raise awareness and provide information about services.

The Department of Immigration and Citizenship (DIAC) should establish a Centre where information provision and education about a range of matters/services could be provided to people during the initial period of settlement.

Young people frequently get missed during the early arrival period with regards to information provision and education.

One-off meetings / sessions / trainings are not sufficient for 'real learning' to take place about the availability of services and other settlement matters.

Engagement with services

The young people held the view that if young people knew of services they would attend.

Access issues are two-fold: families don't connect and services don't know how to engage communities. Other times, however, even when a young person wants to access a mental health service, they don't know how.

Trust in services

Genuine trust needs to be built with the community (especially within the current social and political climate). Many people with a refugee background don't trust the law, or the services, because they fear their children will be taken away (if identified with a problem). Focus on building trust is essential.

Community members who use services are a key messenger back to their community about whether those services were good or not. Trust is not just about accessing services but about the service response.

Confidentiality

Confidentiality is very important because communities isolate members if they are seen as 'crazy'.

There is a lack of adequate explanation about the concept of confidentiality by health and other professionals. There are also problems with interpreters that sometimes arise around confidentiality (especially for small and emerging communities where highly trained interpreters are scarce). There is a lag in the training of interpreters from new communities.

Service delivery

Mental health problems in refugee communities range from mild through to severe so access to a spectrum of services is essential.

A large number of young people with a mental health problem in the mainstream society are not seen by mental health professionals but by GPs, pediatricians etc.

Fragmentation of services is problematic: there needs to be consistency across services.

The Mental Health First Aid model that is currently available was raised as a possible way forward. It is currently being actively used with the Vietnamese community. There is a Youth Mental Health First Aid model being delivered by Orygen.

The young people raised concern about the availability of services to people released from immigration detention.

Education of service providers

It is important for mental health service providers to be adequately trained in engaging refugee young people so that when they do come into contact with the service, they remain connected and have a positive experience.

Education policies in Victoria for refugee young people are developing well and in response to need e.g. teacher education.

Education and training needs to be targeting both communities and service providers.

Ongoing engagement

Services need to connect with young people and the places where they 'are' e.g. outreach.

Follow-up with young people takes time, is expensive and some services have limited capacity to do this.

Comments related to communities:

Education of community members

Most people, including community leaders, don't trust the system. Community leaders can bridge the community and the services. There needs to be a focus on training community leaders that is conducted in the relevant languages. However, it should not be taken for granted that all refugees want to connect to their own community. There needs to be training/information sessions to the broader community, including refugees and non-refugees.

It is important to define who the community 'leaders' and 'elders' are. Usually they are all male. Women may also have a key role in the family and need to be considered inclusively. Some community members may be seen as 'educators' and they might be useful access points. It was also suggested we could train the new generation of youth workers (from a refugee background) about services. Some community education work is done through settlement programs but is not delivered systematically. The capacity of mental health services to deliver such training is virtually non-existent.

Focus on education is important but difficult because if people are identified as having a mental health problem, they may risk being marginalised by the community.

Family and parents

Parents play a key role in young people's lives and access to services. Parents require education about mental health. People don't know what counseling is or how it can be beneficial.

The importance of family was raised in relation to young people's mental health. Their wellbeing is intimately connected to the wellbeing of their family (whether present in Australia or not). Family wellbeing needs to be accommodated in training and education. Significant family migration policy barriers currently exist for young people 18 years and older with implications for their mental health.

Future directions

Research

The young people asked: how have services been delivered and what research has been done?

Some research has been done in Canada and the US about mental health promotion in schools. Response: research in Australia is more limited.

Government response

The young people suggested it was important the government take the initiative on education and provision of mental health services to communities with a refugee background.

There is a need to consider short, medium and long-term goals and models.

A role for young people of refugee background

Greater communication, engagement and advocacy between young people and service providers are needed.

An ongoing process of engagement and consultation with young people is required.

Young people can be good representatives to government.

Next steps

The young people stated strongly that they did not want the time and effort they dedicated to the round table to be in vain. They want to see action and change to ensure young people have better access and understanding of mental health and related services.

The convenors - CMY, CIMH, Foundation House, Royal Children's Hospital – made a commitment to keep access to mental health services by young people on their agenda for further advocacy action. They will:

- publish and circulate papers coming out of the research,
- provide updates to, and convene further meetings with, other mental health service stakeholders on the outcomes of the research,
- Continue engagement with all parties and advocate for the findings to be translated into policy and practice.

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