

Multicultural Young People and Mental Health – Position Paper

The Multicultural Youth Affairs Network NSW is a network of services committed to improving the opportunities and outcomes for multicultural young people in NSW. The MYAN NSW works to develop appropriate policies, strategies and resources that address multicultural youth issues at the local, regional and state-wide levels. It does this through consultation with the youth, family and multicultural sectors, state and local government, and multicultural young people.

Multicultural young people in NSW

The MYAN NSW use the term multicultural young people to refer to those aged 12-25 who are newly arrived, those from refugee backgrounds and Australian born young people from Culturally and Linguistically Diverse (CALD) backgrounds. According to the 2006 Census in NSW there are 1,227,475 people aged between 12-25 (ABS 2006). Of these, 12% were born in a non-English speaking country and over 80 languages are spoken at home (ABS 2006). Between 2005-2010, 30% (7,310) of all Humanitarian arrivals were young people aged 12-24 (Department of Immigration and Citizenship, January 2011). In 2009-10 alone, 23,993 people aged 12-24 migrated to Australia of these there 6,608 or 28% arrived to NSW. Of these young people 1,071 arrived as part of the Humanitarian Program, 4,143 came as part of family migration and 1,390 came as part of skilled migration (Department of Immigration and Citizenship, July 2010).

Multicultural young people and mental health

According to the Transcultural Mental Health Centre (TCMHC), NSW multicultural young people may experience a range of unique mental health issues (TCMHC, 2010). The way multicultural young people experience and understand mental health, the impact that it has on their lives, and the steps that they take to seek help are influenced by their cultural background and conceptions of mental and emotional health. They can also face a number of mental health risk factors including experiences of racism and discrimination, negotiating belonging and identity in a cross-cultural context and, especially for many refugee and newly arrived young people, pre-settlement experiences of trauma or torture.

Currently, there is inadequate data collection and research to indicate rates of mental illness for multicultural young people, and rates of access to mental health services. This discussion on multicultural youth mental health is therefore impeded by a lack of data collection (Australian Research Alliance for Children and Youth, 2007).

Key Issues

- **Access to appropriate mental health treatment**

Intervening early or appropriately into mental health issues for refugee and migrant young people requires an understanding and application of a transcultural mental health model. Understandings of mental health (including assessment and treatment responses) are culturally constructed concepts that need to be sensitively explained to young people and their families. A transcultural mental health approach recognises the significance of cultural and linguistic factors in understanding mental health and addresses specific risk factors for individuals and groups. Multicultural young people often do not receive mental health treatment that refers to the transcultural mental health model. It is important to understand that translating material into community languages is not sufficient to address cultural understandings of mental and emotional health.

- **Resources and cultural competency in mainstream youth mental health services**

Anecdotal evidence from workers in the sector who are supporting young people with mental health issues suggests that while there are specific services that apply the transcultural mental health model such as the Transcultural Mental Health Centre NSW, mainstream mental health services for young people in NSW (e.g. Headspace) often do not have the capacity to apply and utilise these types of culturally appropriate approaches. This has implications for service use and access by multicultural young people.

- **Referral and coordination between services**

The service providers working with multicultural young people often comment that it is hard to find reliable and responsive mental health services to refer young people. The reasons for this include: long waiting lists; past unmet needs from a particular service; or the young person is not comfortable working with a professional that they have not met previously and with whom they have not established rapport. In addition, coordination between services is often not supported or resourced. This can result in gaps in services for early intervention and mental health treatment.

- **Unfamiliarity with service system and concepts of mental health**

Multicultural young people do not always report knowledge or awareness of information about available services. For example, when young people from refugee backgrounds were consulted they often did not know a lot about the mental health services that may be available to them (Refugee Council of Australia, 2009). In addition, it is sometimes considered that referring to 'emotional health' may be more appropriate when working with multicultural young people (Australian Research Alliance for Children and Youth, 2007).

- **Drug and/or alcohol issues co-existing with mental health issues**

Multicultural young people with co-existing mental health and drug and alcohol issues face particular difficulties in accessing a service system, which is not designed for comorbidity.

- **Impact of torture and trauma**

Some common effects of trauma on young people include anxiety, difficulties in establishing trust and friendships, low self esteem, depression, survivor guilt, aggressive outbursts or emotional numbness, sadness and withdrawal, sleeping problems, and intrusive and recurring thoughts. It also affects how young people's ability to learn and play in educational environments (Refugee Council of Australia, 2010). In particular, refugee children and young people often experience multiple stressful and traumatic events and have a number of risk factors for psychosocial disorders.

Recommendations

The MYAN NSW recommends the following actions to improve outcomes for multicultural young people and their mental health and wellbeing:

1. Fund the implementation of a transcultural mental health model, through appropriate professional development, within youth mental health services across NSW.
2. Invest in early intervention programs that use a strengths-based approach and which focus on the development of support networks and social connections to increase the health and wellbeing of young people at risk of mental health issues.
3. Invest in education and training for youth and multicultural workers to identify and refer 'at risk' young people from refugee, newly arrived and CALD backgrounds to early intervention services.
4. Improve access to information about mental health and wellbeing to newly arrived young people in NSW as part of orientation services provided by organisations funded through the Humanitarian Settlement Services as well as in Intensive English Centre's and youth services in high settlement areas.
5. Increase data collection and research about multicultural young people and mental health and wellbeing.

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