

Multicultural Youth Advocacy Network Australia (MYAN)

Response to the Productivity Commission Draft Report-Inquiry into Mental Health

January 2020

21/01/2020

Mental health and young people from refugee and migrant backgrounds

Re: Inquiry into the Social and Economic Benefits of Improving Mental Health

The Multicultural Youth Advocacy Network Australia (MYAN) makes this response to the Draft Report released by the Productivity Commission's Inquiry into Mental Health in December 2019.

This feedback supplements the submission made by MYAN and the Centre for Multicultural Youth (CMY) in 2019 (attached), and draws upon our previous policy work around issues of mental health and young people from migrant and refugee backgrounds.

MYAN commends the Commission on its Draft Report on mental health. MYAN welcomes this opportunity to contribute further to assist the Commission in finalising its report in this inquiry in relation to the following issues:

- Cultural barriers to improving mental health and well-being.
- Interventions in early childhood and school education.
- Suicide prevention.

MYAN also provides feedback to the Commission's additional information requests:

Information request 6.1- Supported Online Treatment for Culturally and Linguistically Diverse People

Information request 18.3- International Students Access to Mental Health Services

MYAN would be pleased to provide further information on any part of this submission to assist the Commission to finalise the report. MYAN also encourages the Commission to hear directly from young people from refugee and migrant backgrounds, including program leaders in the CMY youth-led mental health program 'Reverb'. MYAN are happy to coordinate participation of young people at any future consultations or assist in arranging an alternative opportunity for the Commission to hear from these young people.

About MYAN

MYAN is the national peak body representing the rights and interests of young people aged 12-24 from refugee and migrant backgrounds.

MYAN works in partnership with young people, government and non-government agencies at the state and territory and national levels to ensure that the particular needs of young people from refugee and migrant backgrounds are recognised in policy and practice.

MYAN provides expert policy advice to government, undertakes a range of sector development activities, and supports young people to develop leadership and advocacy skills.

MYAN comments on draft findings, draft recommendations and information requests.

MYAN welcomes the inclusion and recognition of the following categories as distinct issues affecting and influencing mental health: (14) Income and employment support; (15) housing and homelessness; (17) interventions in early childhood and school education; (18) youth economic participation and (20) social participation and inclusion.

MYAN commends the Commission's recognition of the experiences of young people as a specific group (*including Part IV- Early intervention and prevention-section 17.3*), and the acknowledgement that different groups in the community have different needs and outcomes with regards to their mental health and well-being (*Section 1 Early help for people- Cultural barriers to improving mental health and well-being*). However, MYAN would encourage the Commission to comprehensively acknowledge other factors which contribute to mental health and well-being for these groups, for example the impact of racism and discrimination. Prejudice, racism and discrimination can damage mental health and well-being, as well as limit social and economic participation.

MYAN also regrets that the issue of provision of culturally appropriate mental health services for young people from refugee and migrant backgrounds has not been specifically identified by the Commission in the interim report, and is concerned at the overall lack of focus on the cultural responsiveness of the mental health system and its supporting structures to address the particular needs of all Australians.

With one in four young people in Australia from a refugee or migrant background, cultural responsiveness in the mental health system is no longer an option, but a necessity.

MYAN recommends that the Commission place a stronger emphasis in the final report and final recommendations on the specific barriers and gaps in services facing young people and those from culturally and linguistically diverse (CALD) backgrounds, and an emphasis on the broader contextual factors that affect mental health and well-being for these groups.

People from migrant and refugee backgrounds comprise a significant proportion of the Australian population, and while they experience unique needs and barriers to accessing mental health support, cultural conceptions of mental health, illness and recovery differ for people from CALD backgrounds, and these should be acknowledged and explored by services.

In the Commission's final report, MYAN would like to see cultural diversity regarded as an integral component of mental health practice as a whole, rather than as an adjunct to service delivery. Cultural responsiveness has relevance to all organisations providing mental health services and not only those providing specific services to CALD communities, including advocates, practitioners, and policymakers.

MYAN reiterates our recommendations from our previous submission (attached).

Additional comments

Section 1 Overview-Early help for people

Cultural barriers to improving mental health and well-being

MYAN welcomes the recognition by the Commission of the role of cultural and social factors in the treatment of mental health.

While stigma can be a significant barrier to patient access to mental healthcare, MYAN would like to highlight that it is not solely stigma that precludes people from refugee and migrant backgrounds from seeking support. Young people from refugee and migrant backgrounds can face many additional barriers that can impact their access to support and treatment for mental health issues and not all these barriers arise from within their own communities.

Examples of these barriers include lack of awareness of the need for professional help, interpreter requirements, lack of culturally relevant staff or limited understanding of the scope or complexity of the health care system in Australia and the type of services on offer.¹

While it is vital to acknowledge the influence that stigma can have in discouraging young people from refugee and migrant backgrounds in seeking support and treatment for their mental health, it would be beneficial for the Commission to note the role of additional barriers to improving mental health and well-being that exist outside the community, so that service delivery can be more closely aligned to the specific needs of this group.

We recommend that the Commission include in this section a more comprehensive list of barriers that affect mental health and well-being for people from refugee and migrant backgrounds, both from within but outside their own communities.

We also reiterate our recommendations from our initial submission, namely:

1. *Resource initiatives that:*
 - o work with parents/guardians from migrant and refugee backgrounds to understand adolescence and parenting in the Australian context;*
 - o strengthen family relationships in migrant and refugee communities; and*
 - o support young people's connections to family and culture.*
2. *Broaden the scope of mental health prevention to work holistically with young people, families and communities from migrant and refugee backgrounds – to take a family-focussed, community-based approach where relevant, rather than a purely individualised one.*
3. *Invest in culturally relevant, mental health early intervention work with parents and caregivers from migrant and refugee backgrounds, to support the well-being of the young people in their care.*

¹ VicHealth, Data61, CSIRO & MYAN (2017) *Bright Futures: Spotlight on the well-being of young people from refugee and migrant backgrounds*. Melbourne: Victorian Health Promotion Foundation

PART IV Early intervention and prevention

17. Interventions in early childhood and school education

MYAN welcomes the inclusion of a section on the importance of mental health and well-being support and intervention in school education. However, MYAN regrets the absence of a section specific to the needs of high school students and older adolescents. Adolescence is a time of particular vulnerability with regard to mental health, with 50% of all mental illnesses appearing before the age of 14, and 75% by a person's mid-twenties.²

The 2018 Mission Australia Youth Survey revealed a significant increase in the rates of probable serious mental health in surveyed young people aged 15-19. The report found that the percentage of young people identifying mental health as an issue of national importance has doubled in the past three years, from 21% to 43%.³ This increase signals a need to ensure that young people have appropriate and timely access to mental health education, evidence based services and interventions. MYAN recommends that this section be expanded to include a focus on high school students between the ages of 15-19.

MYAN also regrets the lack of reference to the role that racism and discrimination plays in the mental health and well-being of young people from non-Anglo backgrounds, including young people from refugee and migrant backgrounds. Experiences of racism and discrimination can have a profoundly negative impact on mental health and well-being. Extensive research highlights a strong relationship between racism and negative health and well-being outcomes for young people, including depression, anxiety or psychological distress.⁴ For example, a recent report published by VFST regarding insights from students from refugee backgrounds on the barriers and facilitators to school engagement and learning identified racism and discrimination as key barriers to school engagement among this group of young people.⁵

A whole of school approach to combatting racism and discrimination must be an integral part of any mental health policy. Strategies to address mental health in school education need not just be responsive but also preventative, and address racism and discrimination as a crucial aspect of young people's well-being. MYAN recommends that the Commissioner expand this section to include a section on responding to racism and discrimination at school.

MYAN reiterates our recommendations from our initial submission, namely:

² Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). *Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication*. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/archpsyc.62.6.593

³ Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. (2018) Youth Survey Report 2018, Mission Australia.

⁴ VicHealth, (2014). Racism and its links to the health of children and young people, Carlton: VicHealth.

⁵ Victorian Foundation for Survivors of Torture. *School is where you need to be equal and learn: insights from students of refugee backgrounds on learning and engagement in Victorian secondary schools*. 2019, VFST: Melbourne

1. *Increase resourcing of professional, youth-specific mental health and well-being staff within schools and other education and training settings that are:*
 - *capable of responding to demand in reasonable timeframes,*
 - *meet both the therapeutic and learning development needs of young people, and*
 - *are culturally relevant.*
2. *Appropriately resource workforce development and training (including funding for staff professional development time) to:*
 - *Build the capacity of teachers and other education and training staff to recognise signs of mental distress and poor well-being among young people from refugee and migrant backgrounds.*
 - *Build understanding of the particular issues and challenges facing this group of young people in education.*
 - *Develop partnerships with appropriate services and supports (including building relationships with families and cultural and language communities).*
3. *Resource and promote whole of school /educational institution approaches to social inclusion and well-being, including targeted programs as required to support the learning and mental health needs of students from migrant and refugee backgrounds.*

Section 21-Suicide prevention

MYAN welcomes the acknowledgement by the Commission that Western approaches to health and social services are not the most appropriate response for all people.

While there is minimal research on suicide and self-harm amongst the refugee population of Australia, people from refugee backgrounds are known to be at higher risk of suicide than the general population⁶ and research indicates that suicide is the leading cause of death for young people aged between 15-24.⁷ Thus, we reiterate the need for culturally appropriate services that respond to all Australians, including investment into culturally responsive suicide prevention programs such as a youth-suicide prevention program that specifically targets communities from refugee and migrant backgrounds, and recommend this section be expanded to reflect this.

MYAN reiterates our recommendations from our initial submission, namely:

⁶ Colucci, et al.(2012). *The utilisation of mental health services by children and young people from a refugee background: a systematic literature review*. International Journal of Culture and Mental Health.

⁷ Kinchin, I., & Doran, C. M. (2018). *The Cost of Youth Suicide in Australia*. International journal of environmental research and public health.

1. *Invest in a youth-suicide prevention program that specifically targets communities from migrant and refugee backgrounds. Such an approach should: a) be informed by and work in partnership with young people, families and community/religious leaders; and b) develop multilingual dissemination strategies.*

Response to Information Requests

MYAN would like to acknowledge the contribution made by Ali Noura, member of the Victorian Youth Advisory Group (YAG) at the Centre for Multicultural Youth (CMY, which helped shape the response to information request.

Information Request 18.3 — International Students Access to Mental Health Services

The Productivity Commission is seeking more information on:

The difficulties international students face accessing mental health services, including any problems with the Overseas Student Health Cover and the merits of requiring tertiary institutions to take responsibility for ensuring their international students have sufficient healthcare cover.

What reforms are required to improve the treatment of and support provided to international students.

The difficulties international students face accessing mental health services

Lack of information: the lack of knowledge/understanding of available services and how to access them, which organisations to contact, the services offered by organisations, and the cost of accessing these services.

Similarly, **Overseas Student Health Cover** is not always easy to understand e.g. what services/treatments are covered, how reimbursement works. A 2014 study by CMY found that, amongst international students in Victoria there was widespread confusion and dis-satisfaction about the Overseas Student Health Cover and students were experiencing extensive negative financial and health effects from gaps in the medical health insurance scheme. Costs associated with health insurance means that for many international students, addressing their health presents a financial burden, meaning services are not sourced or are discontinued if the financial burden is too great. Adding to the confusion, many students apply to study in Australia via migration agents, and therefore do not personally assess or choose the insurance cover for their time in Australia.

Language barriers: Students from a non-English speaking background can find it challenging to express how they feel in English, and can be unfamiliar with Western mental health terminology that may not be easily translatable in their first language. This can deter individuals from discussing these issues or seeking assistance from English speaking clinicians.

Cultural norms: International students can be heavily reliant on their parents to cover their educational and living expenses while studying in Australia. If students access mental health services that incur a fee, their parents are likely to be aware of the charges. This can be a deterrent for students for whom mental health is still a taboo subject in their communities.

Recommendations

Tertiary institutions should provide comprehensive information about mental health support to international students, e.g. in the form of an information booklet translated into the students first language, prior to or upon arrival to Australia.

Overseas Student Health Cover insurance should be standardised for all international students to a level of care equivalent to the standard Medicare health cover available to permanent residents of Australia, to minimise financial hardship to international students, and provide greater clarity as to what services they are entitled.

International students should be informed about services where health providers, including mental health providers, are able to speak their first language. This could help individuals feel more comfortable in accessing services, and/or expressing themselves more comfortably.

Information Request 6.1 — Supported Online Treatment for Culturally and Linguistically Diverse People

The Productivity Commission is considering recommending the expansion of supported online treatment to cater for people from culturally and linguistically diverse backgrounds. We seek views on:

- the merits of such a proposal;
- in what circumstances would the delivery of supported online treatment be cost-effective;
- what constraints would need to be considered; and
- which language or cultural group should be the focus of any trial expansion.

Merits of the Proposal

The potential merits of online services an alternative to face-to face delivery of prevention and education programs include:

- Cost effective for clients, particularly for those who have to travel long distances.
- Could be effective short-term intervention for young people who are facing long wait times on public mental health waiting lists.
- Could be helpful for individuals living in smaller communities for whom privacy may be an issue.
- Greater access for isolated groups, including but not limited to:
 - young people;
 - those living in rural/regional areas; and/or

- those from CALD and non-English speaking backgrounds.

The internet is a prominent source of information, advice and support for many young people and within the context of CALD communities, online services could allow individuals to identify clinicians who speak their preferred language and/or better understand their cultural norms and values around mental health and well-being. This includes established migrant and refugee communities here in Australia, international students and second-generation Australians who may not need someone who speaks a non-English language but understands the nuances of their cultural background.

Constraints/issues to consider:

- Ensure that all aspects of online service sites are available in different languages rather than having a fact sheet written in different languages. This includes ensuring that it is easy and seamless to switch to one's preferred language when accessing the website/online platform. This has been a problem with other social policy areas, such as Family Violence, where sites have simply translated and pasted onto one factsheet rather than having the whole, interactive site available in a different language.
- Online services may be perceived as impersonal or simply not desirable, so adequate advertising and education needs to be provided to inform CALD communities as to the benefits of online services.
- Feelings of isolation could be compounded.
- Certain individuals/communities may not have access to adequate technology or may not be computer literate. Additionally, young people may not be comfortable accessing these platforms from the family computer or on devices available at school.
- Individuals may be reluctant to use online services out of fears around privacy protection and sharing personal information online.
- Though there are merits to the expansion of supported online treatments, this should not supersede the funding of low-cost and free face-to-face support nor should it remove the need to address the long waiting times for public health services.

Authorised by: Nadine Liddy, MYAN National Coordinator

Contact: Shannon White, MYAN Policy and Advocacy Officer shannon@myan.org.au