



The Productivity Commission's Inquiry into the
Social and Economic Benefits of Improving Mental
Health:

Submission from the Centre for Multicultural
Youth (CMY) & the Multicultural Youth Advocacy
Network (MYAN) Australia

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CMY and MYAN's submission to Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health



Introduction

About the Centre for Multicultural Youth (CMY) & the Multicultural Youth Advocacy Network (MYAN)

The Centre for Multicultural Youth (CMY) is a not-for-profit organisation based in Victoria, providing specialist knowledge and support to young people from migrant and refugee backgrounds. Our vision is that young people from migrant and refugee backgrounds are connected, empowered and influential Australians.

Multicultural Youth Advocacy Network (MYAN) is the national peak body representing the rights and interests of young people 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, and to support a coherent and consistent approach to addressing these needs in policy and service delivery. MYAN undertakes a range of policy and sector development activities, and supports young people to develop leadership and advocacy skills to influence the national and international agenda.

About this submission

CMY and MYAN undertook a review of CMY and MYAN’s previous policy work around issues of mental health and young people from migrant and refugee backgrounds, whilst also drawing upon relevant broader literature. We also held consultations with CMY staff who work directly with young people and their families and with young people on CMY’s Youth Advisory Group. Additionally, we convened a national teleconference with MYAN networks around Australia in relation to the terms of reference.

CMY and MYAN welcome the opportunity to provide feedback to the Commission around mental health and issues facing young people from migrant and refugee backgrounds. CMY and MYAN are pleased to see the Commission’s focus on gaps in services facing particular groups, including youth people and those from culturally and linguistically diverse backgrounds, and an emphasis on the broader contextual factors that impact on mental health.

This submission focuses on the following areas:

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1. Mental health and young people from migrant and refugee backgrounds

Most young people from refugee and migrant backgrounds are incredibly resilient and generally cope well despite the challenges of the refugee and settlement experience.¹ It is therefore important to understand what it is that contributes to their resilience, in order to inform effective mental health promotion and prevention strategies.²

Research outlines a number of social, cultural and psychological factors that negatively impact the mental health and wellbeing of young people from refugee and migrant backgrounds.³ These can include separation from family, low socioeconomic status, insecure housing, lack of social networks, trauma, racism, discrimination, lack of English and the challenges of acculturation including experiences of identity and belonging, all of which can place them at risk of depression, anxiety and other mental health issues.⁴ Australian-based research has also highlighted a strong connection between mental ill-health and having family members still based in conflict areas overseas, which is an experience common to many humanitarian

¹ Colucci, E. Szwarc, J. Minas, H. Paxton, G. & Guerra, C., (2014), 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: 1. 86-108.

² Colucci et al., (2014) p. 103.

³ VicHealth, Data61, CSRIO and MYAN, (2017), *Bright Futures: Spotlight on the wellbeing of young people from refugee and migrant backgrounds*. Victorian Health Promotion Foundation, Melbourne; Lau, Silove & Edwards et al. (2018), Adjustment of refugee children and adolescents in Australia: outcomes from wave three of the Building a New Life in Australia study, *BMC Medicine*, 16:157.

³ VicHealth, et al. (2017).

⁴ Ibid.



young people.⁵ Conversely, recent research with Hazara young people in Australia also highlights that presence of immediate family in Australia was a statistically significant contributor to personal wellbeing.⁶

Although there is minimal research on the mental health of young people from refugee backgrounds, a literature analysis also suggests higher rates of psychiatric disorders amongst this group compared with the adult population, and highlights that they also face a high risk of suicide.⁷ The Building a New Life in Australia study revealed that young people from humanitarian backgrounds have much higher levels of psychological stress – 31% of young men and 37% of young women – than the general youth population in Australia.⁸ Research in WA also highlights that children and young people from CALD communities are at greater risk of mental health problems and face additional service barriers.⁹ These findings indicate that it is essential that services and programs respond to the mental health needs of these young people – addressing settlement related stress, mental health issues and pre-migration trauma.¹⁰

Despite this, there are lower than expected numbers of young people from refugee backgrounds presenting to mental health services.¹¹ In the context of Australia, children and young people generally have relatively low levels of service usage (despite high levels of mental health issues), while refugee children and young people have even lower rates of utilisation of mental health services compared with young people more broadly.¹² It is evident that there is much work to be done in order to strengthen young people from refugee backgrounds' engagement with mental health services, particularly in the early intervention space.

2. Mental health promotion & illness prevention among young people from migrant and refugee backgrounds

There is a substantial body of literature around the protective factors that can be built upon to strengthen resilience.¹³ Research suggests that key social, environmental and economic determinants of mental wellbeing and mental illness are shared across nations, and that there are key relationships between these determinants and the development of mental health problems.¹⁴

⁵ Nickerson, A., Bryant, R., Steel, Z., Silove, D. & Brooks, R. (2010). The impact of fear for family on mental health in a resettled Iraqi community, *Journal of Psychiatric Research*, 44: 229-235.

⁶ Copolov, C. Knowles, A. & Meyer, D. (2017). Exploring the predictors and mediators of personal wellbeing for young Hazaras with refugee backgrounds in Australia, *Australian Journal of Psychology*.

⁷ Colucci, et al., 2014.

⁸ Rioseco, P. & Liddy, N. (2018). Settlement outcomes for humanitarian youth and active citizenship, Australian Institute of Family Studies,

⁹ Commissioner for Children and Young People- Western Australia, (2013). *The mental health and wellbeing of children and young people: Children and young people from culturally and linguistically diverse communities*, Policy brief.

¹⁰ Rioseco & Liddy (2018).

¹¹ Colucci, et al., (2014).

¹² Colucci, E. Minas, H. Szwarc, J. Guerra, C. & Paxton, G. (2015), In or out? Barriers and facilitators to refugee-background young people accessing mental health services, *Transcultural Psychiatry* 0 (0): 1 – 25.

¹³ Chauvin, A. cited in Centre for Multicultural Youth, (2014a), *Mind Matters: The Mental health and Wellbeing of Young People from Diverse Cultural Backgrounds*, Carlton: CMY.

¹⁴ Victorian Government, cited in CMY, (2014a).



Despite this, there is a need for greater research into and funding for initiatives that promote protective factors that support better physical and health outcomes for young people from migrant and refugee backgrounds.¹⁵ A broader, contextual approach to supporting young people from refugee and migrant background's mental health should include:

- Strengthening young people's sense of belonging, social connectedness, resilience and coping skills;
- Creating meaningful and supportive opportunities in education and employment; and
- Reducing racism and discrimination.¹⁶

Intergenerational conflict is a common issue young people from migrant and refugee backgrounds face, in terms of the conflicting expectations that can arise when navigating the space between two cultures. Parents and guardians can often lack the resources needed to navigate conflict and support their young people in the context of Australia, including a lack of information and awareness about the range of supports available to help them address these common challenges. Strengthening young people's connection to family is a critical protective factor, promoting healthy supportive relationships, a strong sense of cultural identity, and providing the critical stability that comes from having a sense of 'home' – both in the physical and familial sense.

Coherent with this family focussed approach, it is also evident that young people's wellbeing is directly impacted by the mental health of their parent's or carers. CMY and MYAN's experience is that young people from migrant and refugee backgrounds can be particularly vulnerable to poor mental health as a result of their parents/guardians mental ill-health, which can be exacerbated by pre-arrival trauma or stress related to settlement. There is a strong need to work holistically with families and young people around mental health and wellbeing – to create models that can work with caregivers, young people and community/religious leaders to promote mental wellbeing. Supporting the mental health of caregivers from migrant and refugee backgrounds is a critical factor to protecting the mental wellbeing of the young people in their care.

"We see young people where their stress is due to their parents' stress. We knew a young man who was trying to hurt himself at school. His parents had been kicked out of their home and it was very stressful for them. Now the housing is sorted, he's happy as, he's going great. Those things are stable now, housing, dad's work – now he can just worry about school." – multicultural youth worker

CMY and MYAN's ongoing consultation with young people from migrant and refugee backgrounds highlights the importance of working from a proactive, holistic and community development approach in terms of promoting mental wellbeing in their communities, and de-stigmatising help seeking around mental health.¹⁷ Young people have advocated for collective means of working with families, communities and community/religious leaders to educate and decrease stigma associated with seeking help for mental wellbeing.¹⁸

Recommendations for mental illness prevention:

¹⁵ Colucci et al. (2014)

¹⁶ CMY, (2014a).

¹⁷ CMY, VFST, Royal Children's Hospital & Centre for International Mental Health (Melbourne University), (2010), *Young People of Refugee Backgrounds share their thoughts on mental health issues and services.*

¹⁸ CMY, et al., (2010).



Resource initiatives that:

- *work with parents/guardians from migrant and refugee backgrounds to understand adolescence and parenting in the Australian context;*
- *strengthen family relationships in migrant and refugee communities; and*
- *support young people's connections to family and culture.*

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.

Invest in culturally relevant, mental health early intervention work with parents and caregivers from migrant and refugee backgrounds, to support the wellbeing of the young people in their care.

- **Access to mental health services**

Lack of awareness of support available or cultural beliefs around mental illness (including fears of stigma) can prevent young people from migrant and refugee backgrounds accessing either preventative or support in the early stages of mental ill-health.¹⁹ Unfortunately, low uptake of mental health services by young people from refugee and migrant backgrounds can be misunderstood as a lack of need, and “can act as a disincentive to the development of more specialised services” for this group of young people.²⁰

Service accessibility is about responsiveness to young people's needs, regardless of where they fall on the mental health continuum. Colucci et al. found that it was mostly young people of refugee background with a clear diagnosis (mostly major psychiatric disorders) who were successfully referred to a mainstream health service.²¹

Additionally, there are certain groups who face additional barriers to access. Young people on temporary visas (such as TPVs and SHEVs) with psychosocial disabilities can face challenges in accessing support, as they are currently ineligible for NDIS. This is a significant service gap, leaving such young people vulnerable and without adequate support. Unaccompanied Humanitarian Minors with psychosocial disabilities who are on temporary visas are particularly vulnerable, given they lack the support of family who can sometimes attempt to fill these service gaps. International students are yet another group who are also vulnerable due to a lack of family supports systems and a lack of understanding as to what mental health supports are available.

Mental health services need to adopt a youth-friendly, transcultural mental health model – that takes into account both their adolescence and cultural and linguistic background. However, increasing the cultural competence of services alone will not necessarily result in greater uptake of mental health services;

¹⁹ Gorman et al. in VicHealth et al. (2017).

²⁰ VicHealth et al. (2017).

²¹ Colucci et al., (2015), p. 9.



“culturally relevant mental health services quickly become irrelevant if ethnic minority adolescents do not find their way in to them.”²²

“I think it is just from a cultural point of view we don't really ask for help, it's not easy to go out and ask for help... There is also just a bit of shame. But, as well, on the other side is that services are not culturally safe and that's why our kids won't even go, even when they really need this specialist support” – Pasifika youth worker

Mental health services need to adopt an active, community engagement model that is both youth and culturally relevant, particularly for early intervention services such as Headspace. Valibhoy, et al.'s research amongst young people of refugee backgrounds in Melbourne highlights the need for “well-located, accessible, flexible, adequately trained and resourced services that have ‘no wrong doors’ for new clients.”²³ Mental health services must be set in spaces that are ‘safe’ and informal in order for young people from migrant backgrounds to feel at ease. Services must be close to public transport, yet discreet so as not to attract the attention of other community members, in order to prevent stigma.²⁴ In CMY's experience, the role of reception and intake in mental health services is also extremely important – at times they can be overly formal, non-youth friendly processes that do not always take the time to help the young person understand and feel at ease.

Mental health services need to be more flexible and adaptable, and adopt youth-centred ways of engaging with young people from refugee and migrant backgrounds. Outreach models that ‘go to where young people are’ (such as schools or co-location in migrant youth services) are critical, as are approaches that use recreational activity as a point of engagement rather than expecting young people to attend settings that are overly clinical or formal.²⁵ It is important that youth mental health services work closely with services that have well-established relationships with young people from migrant and refugee communities. Trust and relationship building are key to improving access.

“Services have KPIs and things they have to do, but from a cultural view that doesn't mean much. If you don't have a relationship with the young person they're not interested” – multicultural youth worker

Case Study – Service collaboration (Headspace Hobart and Multicultural Youth Tasmania)

Multicultural Youth Tasmania (MYT) program of Migrant Resource Centre Tasmania provides targeted services and projects to support young people up to 25 years from multicultural backgrounds to reach their full potential to thrive as active citizens of the Tasmanian community. MYT works with mainstream services through its partnerships with MYAN to build their capacity work with young people who are settling in Hobart.

Upon seeing a need and limited access of young people to mainstream mental health services, MYT reached out to Headspace to discuss improving referral pathways for multicultural youth into their service. This was the beginning close collaboration between MYT as the only multicultural youth specific service in Tasmania

²² Colucci et al., (2015), p. 17.

²³ Valibhoy, et al., (2017), p. 24.

²⁴ Ibid.

²⁵ Ibid.



and Headspace Hobart. MYT team and Headspace staff started working together to try and deliver culturally competent mental health services within Headspace for multicultural young people.

This included project collaboration of youth health and information workshops, and site tours to Headspace for MYT clients. Headspace increasingly acknowledged that they did not have strong engagement with multicultural youth in their service. Clinicians from Headspace also reported sometimes feeling under skilled or out of depth delivering clinical interventions to this cohort and Headspace Hobart management identified that more training was required. Due to already existing relationship, Headspace Hobart approached MYT for this training. In April 2018, MYT delivered the National Youth Settlement Framework (NYSF) training to Headspace Hobart. As part of this ongoing collaboration, MYT continued to engage Headspace in implementation of NYSF good practice capabilities and the two organisations maintained the relationship at different levels, from management to front-line workers.

Collaboration successes:

Headspace reported increased engagement of young people from migrant/refugee backgrounds – numbers of young people from this cohort accessing Headspace *tripled* in the year they collaborated with MYT.

Change in young people's perception – young people reported viewing Headspace as a more safe and inclusive space because of their relationship with MYT. Whereas in the past, the referrals made from MYT to Headspace were bouncing back, young people reported that they're more open to referrals to Headspace, as they became familiarized with Headspace services and saw Headspace staff in MYT.

Success of the program was due to the commitment of both MYT and Headspace staff, and willingness from Headspace to accept they needed up-skilling in relation to multicultural youth engagement.

An ongoing approach to collaboration rather than a 'once off' approach to a professional development session was also key to this success.

MYT and Headspace are also exploring models of outreach to continue to increase familiarity, trust and engagement with the service.

Additionally, mental health organisations need to ensure they represent the cultural diversity of the community they service. Organisations need to ensure they visually reflect a diversity of young people in their promotional material and online presence, to help communicate that their service is available for all. Young people have consistently informed CMY and MYAN how important the issue of representation is in facilitating access– that is, seeing people who look like you, reflected in all aspects of a service. In our consultations, some young people from migrant or refugee backgrounds conveyed that there is sometimes a perception that mental health services are for 'white people'.

A qualitative study by the University of Melbourne, Foundation House, CMY and the Royal Children's Hospital revealed a number of facilitators to working more effectively with young people from refugee backgrounds around mental health issues.²⁶ These include:

- Understanding cultural definitions of mental health, illness and treatment

²⁶Colucci, E. Minas, H. Szwarc, J. Guerra, C. & Paxton, G. (2015), In or out? Barriers and facilitators to refugee-background young people accessing mental health services, *Transcultural Psychiatry* 0 (0).



- The style and approach of mental health providers
- Service accessibility
- Trust
- Working with interpreters
- Engaging family and community
- Advocacy – holistically responding to self-identified needs of the young person; and
- Continuity of care.²⁷

It is heartening to see that Orygen is working with the Centre for Multicultural Youth to develop a good practice framework in the delivery of mental health services for young people from migrant and refugee backgrounds. CMY and MYAN advocate for this kind of framework approach to be broadened to other more early intervention mental health services also.

Case study – Towards a best practice framework

The Centre for Multicultural Youth (CMY) has been contracted by Orygen, The National Centre of Excellence in Youth Mental Health, to develop a best practice framework for the delivery of mental health services for young people from migrant and refugee backgrounds in Australia. This project will develop resource materials to support the 31 National PHNs in commissioning best practice services aimed at improving the mental health and wellbeing of young people from migrant and refugee backgrounds.

The project will investigate the following key research questions:

- 1) What are the existing PHN commissioned mental health services for young people from migrant and refugee backgrounds;
- 2) Why is each service effective or not effective?
- 3) What are the gaps in existing mental health services for young people from migrant and refugee backgrounds; and
- 4) What are the best practice service approaches to improving the mental health and wellbeing of young people from migrant and refugee backgrounds?

Recommendations to increase access to mental health support:

That youth mental health services be required to demonstrate and report on the way they are servicing the needs of young people from migrant and refugee backgrounds in terms of:

- *An awareness of the demographics of the youth population in their region;*
- *Actions taken to increase engagement with migrant and refugee young people community (e.g. through partnerships, community engagement strategies); and*

²⁷ Colucci, et al., (2015).



- *Reporting on numbers of young people from migrant and refugee backgrounds receiving mental health support.*

Build the capacity youth mental health services to more adequately meet the needs of young people from migrant and refugee backgrounds through:

- *Developing a national best practice framework around mental health early intervention for young people from refugee and migrant backgrounds, building on the work of CMY and Orygen;*
- *Cultural competency training and professional development;*
- *Resourcing partnerships between youth mental health providers, refugee mental health specialists (FASST agencies), educational welfare staff and multicultural youth workers to better meet the mental health needs of migrant and refugee young people;*
- *Co-locating early-intervention youth mental health services with multicultural youth organisations;*
- *Incorporating other culturally relevant forms of support alongside mental health services, guided by young people and their families. This could include healers, shamans, community leaders, elders or faith or religious leaders.*

Ensure that young people from refugee and migrant backgrounds have equal access and representation in NDIS, including those on temporary protection visas (TPVs and SHEVs) after they turn 18.

- **Reducing stigma related to mental health among refugee and migrant communities**

There is a strong need for community-based education and mental health promotion initiatives that reduce stigma among refugee and migrant communities, in order to promote access. It is important to increase the mental health literacy of young people and communities from refugee and migrant backgrounds; concepts around mental health are not always easily translatable across cultures and languages. An Australian study amongst 13-17 year olds from African backgrounds revealed that most surveyed were not aware of the terms “mental health” or “mental illness”.²⁸

“We try to refer someone to Headspace, and they won’t go. There is stigma associated. Or the perception that ‘Headspace is a place that white people go” – multicultural youth worker

Communities of refugee and migrant backgrounds have different cultural norms around mental health, which can often be accompanied by stigma. For example, speaking about issues outside of the family may be considered culturally inappropriate, or talking about problems can be seen to exacerbate them. In the words of one young person who spoke with a mental health professional: “did I do the right thing about telling?...”

²⁸ de Antiss & Ziaian, 2010 in Colucci, et al., (2015).



did I do something against my cultural norms, standards and obligations?"²⁹ Research has also highlighted a lack of understanding around 'talk therapies', particularly with a stranger.³⁰

Access to mental health services by children and young people from refugee backgrounds is often influenced by 'gateway providers' who shape the kind of decisions they make and help seeking behaviour they seek out.³¹ For example, Ellis et al. found that "family, religious leaders, friends and schools, apart from being providers of help, are also identified as gateways to help".³² This was supported by Melbourne-based research, which found that young people from refugee backgrounds were highly influenced by the attitudes of family and friends towards mental health professionals, including at times, their direct experiences of services.³³

This highlights the importance of a community-based approach when working with communities of refugee background. A number of strategies need to be utilised, including:

- Building relationships and trust between mental health services, young people, families and their communities;
- Promoting dialogue around mental health in multicultural communities more broadly; and,
- Improving mental health literacy amongst young people, families and community leaders.³⁴

Young people in Valibhoy et al.'s research also suggested other options for reducing stigma and improving mental health literacy, including:

- School-based education programs (particularly English Language Schools and sites where newly arrived young people would be attending);
- Advertising on television and other media;
- Peer mentor and group activities;
- Using positive role models to "normalise" mental health problems; and
- Educating community cultural leaders who may be able to use their influence to change attitudes.³⁵

²⁹ Valibhoy, et al. (2017); Colucci, et al., (2014).

³⁰ Colucci, et al., (2014).

³¹ Ibid.

³² Ellis et al., in Colucci, et al., (2014), p. 98.

³³ Valibhoy, et al. (2017).

³⁴ CMY, (2014).

³⁵ Valibhoy, et al. (2017).



Shout Out – a youth-led mental health initiative

CMY's Shout Out program is an innovative public speakers agency that trains and nurtures young people from migrant and refugee backgrounds to share their experiences and views with a wider audience. Young people from migrant and refugee backgrounds have a wealth of unique perspectives and fresh ideas to contribute to Australia's rich diversity. However their voices are often stereotyped, marginalised or invisible in mainstream culture and this can damage their ability to feel like they belong. Shout Out is an opportunity for young people to redress the balance and present their stories and experiences to audiences that may not usually have the chance to hear them.

Mental health focus

In response to the suggestion by young people involved in CMY's Youth Advisory Group, CMY is developing a specialized extension of the 'Shout Out' program to help address the stigma of mental illness. The initiative will engage young people from refugee and migrant backgrounds to amplify their voices share their lived experiences and add depth and fresh perspectives conversations about mental health. Speakers in the mental health specialization will be provided with specific training and support from CMY and mental service providers to co-design and co-deliver safe and culturally-relevant conversations through workshops at secondary and tertiary educational institutions.

Recommendations to reduce stigma related to mental health:

Resource community engagement initiatives that work with migrant and refugee communities (including young people) to increase understandings around mental health and mental health services, as part of a broader health literacy strategy.

Resource youth-led and culturally relevant, peer support models that support young people from migrant and refugee background's engagement with mental health support.

- **Increasing access though online support**

Online interventions, particularly for young people, could be an area that facilitates access to mental health support. In the general youth population of Australia, the internet is one of the most popular sources of information, advice and support for young people, alongside peers, both with and without a probable serious mental illness.³⁶ However it may not be the same for young people of migrant and refugee backgrounds. Further research is required around assessing the kind of online mental health support that is most effective for young people from migrant and refugee backgrounds, and how best to encourage access to this information.

A brief review of key internet based youth health websites where young people may go to seek help with mental health concerns, such as beyondblue, headspace, Reach, Orygen, and Kids Help Line indicates that there is little if any acknowledgement of cultural diversity or of the additional barriers, or alternative

³⁶ Mission Australia, (2014), *Youth Mental Health Report*.



understandings of mental illness offered.³⁷ There is virtually no support directed at young people from migrant and refugee backgrounds who may be grappling with a range of additional issues.³⁸

CMY consulted several of our youth facilitators on this topic who reported that many newly arrived young people from refugee backgrounds are unaware that basic mental health supports exist (for example, some were unaware of services such as Lifeline), let alone know how to navigate and access online mental health support.³⁹ They were doubtful that many newly arrived young people would go online for help with their mental health needs. However, some did suggest that being introduced to online resources by a teacher or youth worker might help young people to be aware that this support is available, and increase their likelihood of using it.

This is supported by YACVic’s research in this area, which emphasises the importance of trusted workers or staff introducing young people to potential online support: “It is important to learn from models of e-counselling which have generated high demand, such as eheadspace. We would suggest that one important component is active in-person engagement with youth workers and school staff, who can introduce young people to such online services and ‘walk them through’ using them at first.”⁴⁰

This suggests that there is more work to be done in understanding how online platforms can support the mental health and wellbeing of this cohort of young people. A trusting relationship that can help introduce a young people to navigate online support appears to be an important ingredient. Similarly, anecdotal feedback indicates that some young people from migrant and refugee backgrounds reach out online to peers they respect in order to seek help with their mental wellbeing.

Case study – migrant young people seeking help online

CMY’s community development programs with Pasifika young people and their communities has revealed that many young Pasifika people in Victoria are following influential peers online from similar cultural backgrounds, for example, bloggers or musicians. It has emerged that some Pasifika young people are reaching out to these bloggers to seek support around mental health issues. This highlights the importance of peer support, but also reveals challenges in that these bloggers or social media influencers are not necessarily skilled or equipped to respond to the mental health needs of their peers. It suggests that there is more work to be done in terms of the intersection of online platforms, peer support programs and culturally relevant approaches.

The CMY Le Mana team worked alongside Pasifika young people to develop a youth-led forum. Young people invited peers, including influential Pasifika bloggers, to attend and discuss a number of community issues identified by young Pasifika people, including mental health.

³⁷ CMY, (2014a).

³⁸ CMY, (2014a).

³⁹ CMY, (2015), Internal conversations with three CMY youth facilitators from South Sudanese, Afghan and Ethiopian backgrounds.

⁴⁰ YACVic, (2015), *YACVic’s submission to the Victorian Government’s 10 year Mental Health Strategy*.



Supporting the Youth Health Forum's⁴¹ recommendations, CMY and MYAN advocate for the need to develop culturally relevant peer support systems around mental health – which could be developed both online and face to face. Further resourcing is required to learn more about the best approach to promote online mental health support for young people from migrant and refugee backgrounds.

Recommendations regarding online mental health support:

- *Invest in research that explores how young people from migrant and refugee backgrounds are using online means to support their mental health and wellbeing, and develop strategies and interventions to strengthen support in this space.*
- **Access in regional/rural areas**

CMY and MYAN have particular concerns around the accessibility of culturally relevant, youth mental health services in rural and regional areas. Service feedback is that young people from migrant and refugee backgrounds at times have to travel great distances to access mental health services – at times travelling across state borders - and it can be difficult and time consuming to reach these services by public transport. Additionally, often there is not a youth-specific mental health service available, let alone one that is culturally relevant and equipped to work with young people from migrant and refugee backgrounds.

Educational providers and settlement services in these areas report struggling under the strain of these multiple barriers. As a result, ill-equipped teachers and community workers are attempting to fill gaps in mental health support for these young people. There is a need for flexible, outreach models of mental health support that are both age and culturally relevant in rural and regional areas. This all points to a critical need for youth mental health outreach; to ensure that young people access the support they need and to which they are entitled.

Recommendations regarding access in rural and regional areas:

Resource the mental health system in rural and regional areas to better meet the needs of young people from migrant and refugee backgrounds through:

- *Providing culturally competent, youth focussed mental health practitioners that can outreach to local schools, community organisations and spaces that young people in rural and regional areas access;*
- *Skilling up teachers and youth workers who engage with young people from migrant and refugee backgrounds in rural and regional areas, to better identify mental health issues and make effective referrals.*

⁴¹ Consumers Health Forum of Australia, (2018), Youth Health Forum Call to Action, https://chf.org.au/sites/default/files/chf_yhfcall_to_action_final_002.pdf



- **Suicide prevention**

CMY and MYAN are receiving feedback of an increase in suicide and suicide attempts by young people from within migrant and refugee backgrounds. The impact of a young person taking their life has far-reaching effects in the communities of concern, including negatively affecting mental wellbeing, or triggering self-harm or suicide ideation amongst other young people from within those communities. Families and community members are often at a loss as to how to respond. At times warning signs may have been missed; other accounts indicate that people may have had concerns, yet were unsure of where to seek help or how to respond.

Feedback from young people from migrant and refugee backgrounds indicates that there can be a great deal of shame associated with a young person taking their life. Sometimes it is covered up by the family or community leaders, resulting in anger and distrust amongst young people who want to more openly discuss the issue, including the impact of the loss on their own mental health and wellbeing, and how to better support young people in their cultural communities. These differences in response can exacerbate generational conflict between young people and their elders.

Recommendations regarding suicide prevention:

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.

3. Health workforce

There is a strong need to develop the mental health service system's capacity to effectively support young people of refugee backgrounds and their families. This includes:

- Increasing the cross-cultural competency of youth mental health services and professionals, including Integrating culturally diverse understandings of mental illness, its causes and treatments;
- Recruiting bicultural workers in mental health services who can play a 'brokering' and outreach role;
- Effective data collection, evaluation and research; and
- Developing specialist mental health promotion and literacy programs for migrant and refugee communities, including with young people.⁴²

CMY and MYAN advocate for bicultural/multicultural liaison workers as important resources in the service system. These roles are critical in 'brokering' – that is, building trust and helping young people and families navigate mental health services, and helping services more adequately respond to these communities. Additionally, there is the need to encourage and promote mental health career pathways for people of migrant and refugee background to ensure there is greater representation within mental health services and encourage access.

"It is so hard to get our young people through the door. If we hear of bicultural workers around we let our community know, especially if they speak the language it is even better. We just don't have the

⁴²CMY, (2014a).



workers coming through, in terms of psychologists, counsellors. We have them back in New Zealand, but not here. It's about working with the whole family, culturally that's how things work – building that trust from the get go – and that takes time” – Pasifika youth worker

Providing scholarship or incentive programs that target individuals from particular communities or language groups, with the aim of increasing the pool of bi-cultural mental health workers, could be one way of expanding the cultural diversity of the mental health workforce.

Recommendations related to the health workforce:

Provide scholarship or incentive programs to recruit more bi-cultural workers into the mental health profession.

Resource multicultural liaisons in youth mental health services, who can play a brokering and community engagement role.

4. Housing

CMY's years of direct experience working with young people from refugee and migrant backgrounds highlights the strong link between secure housing and mental health. While young people broadly are more at risk of homelessness than the general population, those from refugee or migrant backgrounds face additional risk factors.⁴³ In 2017-2018, 15% of Specialist Homelessness Service (SHS) users presenting alone were young people, and Sudan was the country of origin of the third highest population group accessing services.⁴⁴

While there is no clear homelessness data on young people from refugee and migrant backgrounds, anecdotal evidence suggests that they are overrepresented in presentation to SHS and we do know that this group of young people face a complex mix of factors that may mean they are particularly vulnerable to homelessness.

Young people from refugee backgrounds are particularly vulnerable to family breakdown – one of the leading causes of youth homelessness – particularly due to the impact of trauma and loss, disrupted and re-configured family relationships, overcrowded housing, increased responsibilities and high expectations for young people, and differing rates of acculturation between the generations.⁴⁵ Additionally, lack of social capital due to the migration experience impacts on the ability to draw on the support of community networks to access housing support. A lack of financial and material resources can compound vulnerability in terms of finding secure housing.

Mental wellbeing is negatively impacted by insecure housing or homelessness (for a young person and their family) with flow on effects for a young person's connection to education, training and employment. Conversely, finding stable, affordable and safe housing is a protective factor that provides a secure foundation to support young people to pursue education, training and employment options. Pursuit of

⁴³ Centre for Multicultural Youth (2010), *Finding Home in Australia*, Carlton: CMY.

⁴⁴ Australian Institute of Health and Welfare (2018), *Specialist Homelessness Services Annual report 2017-2018*.

⁴⁵ CMY (2010).



education, training and employment should be a critical focus of adolescence and young adulthood – if there are barriers for young people to developing these pathways, there are long term implications and flow on effects in the later stages of life.

Groups particularly vulnerable to homelessness include young people from humanitarian backgrounds, young mothers, those on orphan visas, those on Temporary Protection Visas (TPVs) and young asylum seekers.

Recommendations regarding housing:

- *Increase housing support options for vulnerable young people from migrant and refugee backgrounds – that allow for longer periods of support, and work with young people to address multiple needs (mental health, education, training, employment, recreation, life-skills).*
- *Invest in appropriate and accessible housing stock for young people from refugee and migrant backgrounds – including crisis, transitional, and larger public housing dwellings (to accommodate when young people have been reunited with family members) – near to public transport, employment and educational options.*

5. Social participation and inclusion

Research emphasises that young people from refugee background's experiences of social inclusion or exclusion are deeply connected with their health and wellbeing.⁴⁶ Personal confidence and connection to cultural identity (bonding social capital) is often a forerunner to the trust and self-assurance needed to build broader social connections.⁴⁷ Bridging ties (with those beyond your immediate social circles) play a critical role in transitioning from study to work, and social cohesion more broadly.⁴⁸

Being involved in the local community is important for young people of refugee and migrant background's overall wellbeing - in terms of making new friends, developing new skills, and being able to make a positive contribution to their new home.⁴⁹ Alongside positive physical, sexual and mental health and self-esteem, goals for the future (and understanding pathways to achieving them), well developed life skills and positive relationships are all indicators of wellbeing for young people settling in Australia.

This highlights the need to provide stronger generalist youth support that is culturally relevant for young people from refugee and migrant backgrounds. There are many groups who 'fall through the gaps' of existing support programs – such as young people who have been in Australia for over five years, those on Orphan visas, young asylum seekers who are 18 years or over, and second-generation migrant young people - as many services are unfunded to work with these groups. At the same time, there is a shortage of generalist youth support roles (with funding often tied to narrowly defined outcomes such as employment or housing). Those that do exist are not always well equipped to work cross-culturally.

⁴⁶ Correa-Velez, Gifford & Barnett in Rioseco & Liddy, N. (2018).

⁴⁷ Pittaway, et al. (2015).

⁴⁸ Kellock, (2016).

⁴⁹ CMY, (2014b), *Active Citizenship, Participation and Belonging: Young people from migrant and refugee backgrounds in Victoria*, Carlton, CMY.



CMY and MYAN's experience demonstrates the importance of culturally relevant youth services that can work across the broad range of youth issues, to connect young people and their families with social, recreational, health and wellbeing, education and employment opportunities around them. These opportunities strengthen connections to others in the community, and are critical to laying the foundations for mental wellbeing. Accessible sport, arts and youth leadership opportunities provide an important context for the engagement of young people from migrant and refugee backgrounds. Recreational and youth-focussed activities allow young people to 'take a break' from the stresses of settlement or adolescence, while also providing opportunities to develop wider networks and develop friendships. They also have beneficial flow on effects, impacting on other areas of life such as overall wellbeing, education and employment.⁵⁰

Recommendations regarding social participation and inclusion:

Invest in accessible, youth initiatives that provide opportunities for young people from migrant and refugee backgrounds to participate in community-based recreation such as sport, the arts, and leadership development.

Ensure generalist youth work is adequately resourced and equipped to engage with refugee and migrant young people and their families in a proactive way, particularly in rural and regional areas.

- **Addressing racism and discrimination**

A strong sense of cultural identity is a protective factor that can increase young people's resilience.⁵¹ On the other hand, "*confusion and insecurity about cultural identity, especially if accompanied by feelings of alienation and marginalisation from the dominant culture, can be a risk factor for mental illness.*"⁵² A strong sense of multi-cultural identity can be significantly undermined by experiences of racism and discrimination.

For migrant and refugee communities, discrimination (and its resulting disadvantages) remains one of the significant drivers of mental illness in Australia and reported experiences of racism are currently close to the highest levels recorded in the last decade.⁵³ It highlights the need to address disadvantage and marginalisation as a priority and to reinvigorate the national narrative that recognises the strength of our diversity. Experiences of racism and discrimination can have a profoundly negative impact on health and wellbeing. Extensive research highlights a strong relationship between racism and negative health and wellbeing outcomes for young people, including depression, anxiety or psychological distress.⁵⁴

⁵⁰ CMY (2014b); Kellock, (2016).

⁵¹ Commonwealth of Australia, (2010) cited in CMY, (2014a).

⁵² Ibid.

⁵³ Markus, A. (2014). cited in VicHealth & CSIRO (2015).

⁵⁴ VicHealth, (2014). *Racism and its links to the health of children and young people*, Carlton: VicHealth.



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% in 2018 from 9% in 2007.⁵⁵ 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%).⁵⁶

Longitudinal data from Building a New Life in Australia (BNLA) reveals young people experience greater levels of racism and discrimination the longer they are in Australia.⁵⁷ The BNLA findings indicate the need to work with communities of all ages to reduce discrimination against young people from migrant and refugee backgrounds.⁵⁸ Furthermore in the Multicultural Youth Australia Census 2017⁵⁹, 66% of the participants mentioned they experienced discrimination based on race and 25% stated they were discriminated because of their religion. This indicates that more should be done to achieve better settlement outcomes for young people upon arrival to Australia to ensure social cohesion; something that benefits everyone.⁶⁰

Settlement outcomes cannot be considered independent from the experiences faced upon arrival to Australia. As noted by the Productivity Commission, "... *social cohesion also depends on the extent to which immigrants themselves and the Australian-born population accept diverse ethnic identities as consistent with a common 'national' identity, which itself evolves over time. A high level of acceptance is conducive to better integration.*"⁶¹ Research also suggests that integration is closely related to experiences after arriving in a country and is not solely dependent on the immigrant's own skills or capabilities.

As a multicultural society, Australia needs to work to ensure that young people from refugee and migrant backgrounds (both first generation and subsequent generations) have a sense of belonging and inclusion in their new country and community.

CMY and MYAN believes there is a critical need for political leadership to ensure that national conversations take place in respectful and constructive ways, are evidence-based and include the voices of young people.⁶² There is also a need for initiatives that actively promote the documented benefits of diversity to all of Australia and reiterate that successful settlement is a two-way process - equally dependent on the host community's 'reception' or welcome as it is on new arrivals' skills and attributes. Government focus and continual referral to broad characteristics and particular cultural groups as 'problematic' reinforces inaccurate stereotypes, harming young people, their families and communities, including having a significant negative impact on their mental health and wellbeing. It also undermines Australia's overall social cohesion.

Recommendations addressing racism and discrimination:

⁵⁵ Markus, A (2018), *Mapping Social Cohesion: The Scanlon Foundation surveys 2018*. Caulfield East: Monash University, pp. 68-69.

⁵⁶ Ibid.

⁵⁷ Rioseco & Liddy (2018).

⁵⁸ Ibid.

⁵⁹ The census is the first nation wide study of Australia's multicultural youth with 69% of participants aged 15 to 19 and 37% aged 20 to 25. For more see, Wyn, J., Khan, R., & Dadvand, B. (2018). *Multicultural Youth Australia Census 2017 Infographic Report*.

⁶⁰ Markus, A (2017), *Mapping Social Cohesion: The Scanlon Foundation surveys 2017*. Caulfield East: Monash University, pp. 59-60.

⁶¹ Productivity Commission, (2016) *Inquiry Report: Migrant Intake Into Australia, No. 77*. Canberra: Productivity Commission, p.11.

⁶² MYAN, (2017). *Submission to the Joint Standing Committee on Migration Inquiry into Settlement Outcomes*, Carlton, MYAN.



Develop a national youth leadership initiative to encourage and support young people from migrant and refugee backgrounds to develop and implement new ideas for building social cohesion. Expand grants programs for social cohesion initiatives to have a particular focus on youth-led initiatives and youth focussed programs.

Expand the national anti-racism strategy and related campaigns and programs, including a wide range of community and school-based programs that address racism and discrimination.

Promote the documented benefits of diversity to all of Australia and reiterate that successful settlement is a two-way process - equally dependent on the host communities 'reception' or welcome as it is on new arrivals' skills and attributes.

Cease and challenge referral to broad characteristics and particular cultural groups as 'problematic', avoiding inaccurate stereotypes, harming young people, their families and communities.

Ensure there are opportunities for young people from refugee and migrant backgrounds to have their voices heard, and to play a role in representing themselves in local communities.

6. Education and Training

Supporting and promoting access to mental health and wellbeing support in education and training institutions helps to keep young people engaged in learning. Early disengagement from education is a particular vulnerability for young people from refugee and migrant backgrounds that places them at greater risk of short- and long-term unemployment and social exclusion.⁶³ Engagement in education and training thus has fundamental and long-term implications for the young person, their family and the wider Australian community.

Positive mental health and wellbeing are critical to successful engagement in education, and education and training institutions are important sites for promoting young people's mental health and wellbeing. When a targeted, whole-of-organisation approach is adopted, education and training institutions can become communities of wellbeing. Schools in particular are sites that are able to provide a range of protective factors against mental illness. For example, at the individual level, students' wellbeing and mental health are promoted when schools provide staff with training to identify mental health and wellbeing needs of students from refugee and migrant backgrounds and offer specialised supports to meet identified needs. At the institution level, students' wellbeing and mental health are supported when schools deliver programs that promote social inclusion (a key protective factor against mental illness) and provide an inclusive school environment.

Schools also support students' mental health and wellbeing by promoting community engagement. Research indicates that this community engagement capacity also makes schools an important site during settlement, with schools providing young people with a sense of belonging, safety and security as places where young

⁶³ CMY (2014c). *Fair and accurate? Migrant and Refugee Young People, Crime and the Media*. Carlton: CMY, p. 5: See also, AIFS (2016). *Family factors in early school leaving*. Available at <https://aifs.gov.au/cfca/publications/family-factors-early-school-leaving>



people and their families establish trust and acceptance, find social support, and that can act as a bridge to success in the broader community.⁶⁴

In our work, we have observed that many schools do not have adequate staffing and resources to respond to the particular mental health and wellbeing needs of their students from refugee and migrant backgrounds. As a result, many young people are either not having their need for professional mental health services met, because issues are not being identified, and/or referrals are not occurring, and/or young people are experiencing unreasonable wait times to access adequate, professional support. Long wait times for professional services are also placing unreasonable pressure on education staff to respond to mental health and wellbeing concerns. Teachers are often time-poor and ill-equipped to respond to these welfare needs.

- **Professional support services**

CMY and MYAN recognise that a lack of access to professional mental health services is part of a broader issue of resourcing for in-school and community-based youth-specific mental health services in Victoria and across Australia.⁶⁵ We acknowledge that some recent actions, such as the Victorian Government's Mental Health in Schools program and additional funding for *headspace* services committed to in the most recent federal budget, are attempts to begin to address this gap in the broader youth-specific mental health service system, which includes services such as access to psychologists in schools.⁶⁶ However, to respond to the particular needs of migrant and refugee young people we note that there remains a need for increased resourcing of professional youth-specific mental health and wellbeing services within schools and other education and training settings that are (i) capable of responding to demand in reasonable timeframes, (ii) meet both the learning development and therapeutic needs of young people, and, as discussed above, (iii) are culturally relevant. Professionally trained, wellbeing staff who offer culturally and age appropriate support play a critical role within educational settings. They provide a resource for teachers - who are often the first point of contact for student wellbeing needs – a suitable place to refer.

- **Support for teachers and staff in education and training settings**

When adequate, accessible professional mental health and wellbeing services are not available in schools the support for a young person's mental health often falls onto teachers and staff in education and training settings. This additional responsibility is coupled with the increasing emphasis on teaching staff's role in promoting young people's mental health. However, while there is currently a strong desire for staff to be able to identify and respond to students' mental health and wellbeing needs in the school setting, in practice most staff are not adequately skilled or trained to do this work, nor do they have adequate time. A new program, *Be You*, by Beyond Blue is providing support in this area by offering education staff with free online training and resources to recognise and respond to mental illness.⁶⁷ In Victoria, a state government

⁶⁴ CMY (2017), *Settlement outcomes of young people from migrant and refugee backgrounds: A submission to the federal government's inquiry into Settlement Outcomes*, Carlton: CMY.

⁶⁵ <https://ayac.org.au/uploads/Mental%20Health.pdf> and <https://www.vicyouth.org.au/2-good-health-and-recovery-from-illness-or-substance-misuse/>

⁶⁶ <https://www.premier.vic.gov.au/expanding-mental-health-support-to-victorian-students/>; https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/BudgetReview201920/Health

⁶⁷ <https://beyou.edu.au/>



partnership with the Orygen National Centre of Excellence in Youth Mental Health is similarly working to promote student wellbeing within secondary schools by offering schools access to expert advice online.⁶⁸

Programs such as these are important tools for supporting staff to respond to mental health and wellbeing concerns of young people within education and training settings; however, there are particular social, cultural and psychological factors that negatively impact the mental health and wellbeing of young people from refugee and migrant backgrounds.⁶⁹ Those working with young people from refugee and migrant backgrounds in the education and training sector should understand how the refugee and migrant experience intersects with mental health, be capable of recognising the particular needs of these young people in education, and the factors impacting upon participation and engagement in this context. This includes the need for strong engagement with young people's families to support their overall education and wellbeing needs.

Two programs delivered in Victoria are currently working to meet these needs. These are Foundation House's 'Schools in for Refugees' Program that works in schools to upskill staff on how trauma interacts with the school experience and the Refugee Education Support Program (See RESP Case Study below). Programs such as these, that aim to develop the skills and knowledge of the education and training workforce to meet the needs of young people from migrant and refugee backgrounds, need to be expanded nationally with a focus on institutions in areas of high and more recent settlement.

⁶⁸ This program aims to assist school staff to create mental health support plans for students and to advise schools on how to work with community and health services.

<https://www.yacvic.org.au/advocacy/supporting-all-students-to-enjoy-good-mental-health-yacvic-welcomes-victorian-government-pledge/>

⁶⁹ VicHealth, et al.,(2017); Lau, Silove & Edwards et al. (2018), Adjustment of refugee children and adolescents in Australia: outcomes from wave three of the Building a New Life in Australia study, *BMC Medicine*, 16:157.

⁶⁹ VicHealth, et al., (2017).



Case Study: Refugee Education Support Program (RESP)

RESP is a partnership between CMY, Foundation House and the Department of Education and Training, that is delivered in collaboration with Catholic Education Commission of Victoria and the Association of Independent Schools Victoria. Recognising the particular needs of refugee and newly arrived students, RESP is funded by the State Government Department of Education and Training to improve the educational outcomes of students from migrant and refugee backgrounds. It is a unique program in Australia that has demonstrated outstanding outcomes through independent evaluation research.

RESP provides professional learning to build staff capacity to improve student learning, engagement and wellbeing. The program works with staff teams from each school to identify and progress areas of change they would like to work on to strengthen the learning, engagement, and well-being of students and families of refugee backgrounds.

Focus on family engagement and support

RESP provides holistic and targeted support to selected schools to strengthen the connections between student achievement and wellbeing and student, family, school and community engagement.

Family engagement RESP projects work directly with parents and carers to increase the connection between families and schools. Family engagement projects facilitate two-way learning and engagement between schools and families, to improve students' learning and wellbeing outcomes. These projects can include ongoing group work or a series of short-term interactive workshops. They can be held before, during or after school.

Family Learning Groups provide an ongoing opportunity for families to connect with each other and the school, supported by Multicultural Education Aides, principals, teachers, and community bilingual workers.

"Very helpful to us and support our children for better education ... school took seriously about homework club and it has been started." Parent

Family Workshops for parents and carers involve a series of interactive workshops focused on increasing their understanding of school, the education system, transitions, educational and career pathways, and ways that families can support their children in their learning.

"Parents appear to be more confident with accessing information - asking for assistance when needed." Teacher

It is essential that resourcing is provided to schools with students from refugee and migrant backgrounds to ensure staff are supported to undertake this important capacity building work. This would include ensuring that staff are allocated time to participate in relevant training and development, and are adequately supported to carry out this ongoing work as part of their role.

- **Socially inclusive and supportive learning environments**

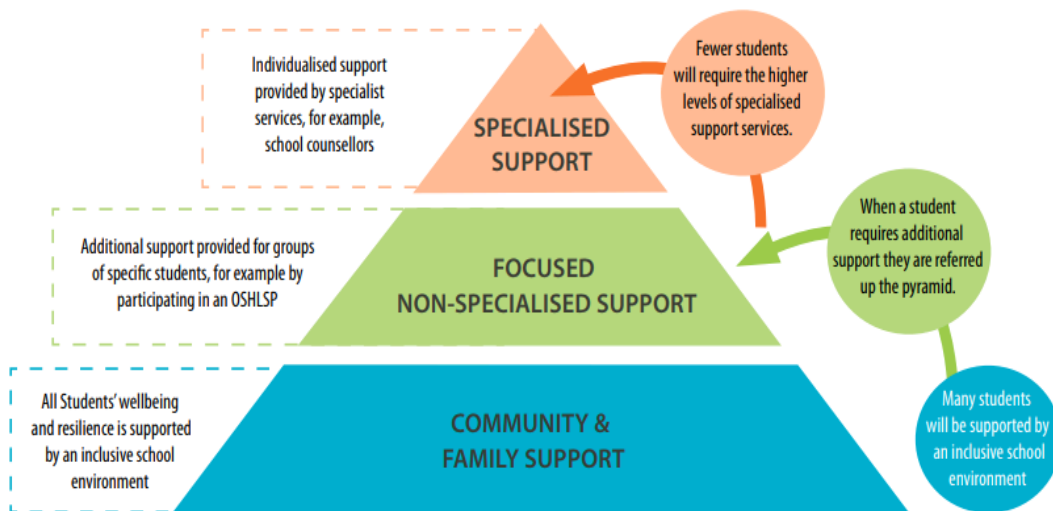
Building a young person's sense of social connection and inclusion in the Australian community is an important element to wellbeing and resilience in relation to mental and overall health.⁷⁰ Schools and education and training settings are important places for young people to access opportunities that develop

⁷⁰ VicHealth & CSIRO (2015).



confidence, leadership abilities and develop social connections – all factors important to positive mental health.⁷¹ Investment in programs within schools that actively promote inclusion, educational success and support parental and community engagement in education are important. This includes both recreational (sports, arts and social) opportunities, and educational support such as homework clubs.

Our research has shown that learning support programs, such as Out-of-School-Hours-Learning-Support-Programs (OSHLSPs), are an example of a positive, proactive intervention that promotes the wellbeing of young people from migrant and refugee backgrounds. OSHLSPs achieve this by providing additional support to young learners, who may be experiencing particular challenges in education due to their migration experience, while also helping young people to build resilience.⁷² OSHLSPs, and other programs, follow best practice in supporting young people with mental illness by connecting with specialist providers when needed. The following diagram⁷³ provides a model demonstrating the way schools can provide a scaffold of wellbeing support, from a broader whole-of-school approach to inclusion, to more targeted interventions.



- **Tertiary education and training settings**

Access to mental health and wellbeing support for students studying at the tertiary level in Australia is ad hoc. While some providers have established wellbeing teams and services, these are too often subject to irregular funding. A common challenge in the tertiary education sector is that these teams are vulnerable to being cut back due to budget constraints in the tertiary education sector. Welfare coordinators at Youth TAFE EAL classes are often inundated with welfare needs, yet even these roles are often cut or underfunded. These students are often a vulnerable group, given many are from humanitarian backgrounds and have arrived in later adolescence with a background of interrupted education. Similarly, RTOs and the VET sector may have limited, if any, designated welfare support roles.

⁷¹ CMY, (2014b).

⁷² CMY (2018) *State of the Sector: Out-of-School-Hours Learning Support 2018*. Carlton: CMY.

⁷³ CMY (2018), p. 21



International students are considered to be a high-risk group within the tertiary education level, particularly those in the English (ELICOS) and Vocational and Training sectors (VET).⁷⁴ International students face additional challenges linking to health services, and educational institutions are the most likely 'service' they will turn to for support, given their already established relationship.⁷⁵ Challenges include understanding the health system in Australia as well as language and cultural barriers. Some international students won't actively seek support for their mental ill-health due to fear there are costs involved, or that it may negatively impact on their visas or place in a course. For instance, CMY's research in 2014 found that 50% of international students surveyed were unsure how to access health and welfare services, and confusion around the costs of medical services (such as attending a GP) deterred many from seeking medical help.⁷⁶

There is a strong need to consistently resource welfare and academic support for young people from migrant and refugee backgrounds who may be vulnerable to mental ill health or require educational support. Particular groups, such as those from refugee backgrounds in EAL transition courses, and international students (particularly those in ELICOS and VET), require a targeted approach that is resourced in a consistent and ongoing manner.

Recommendations concerning education:

Increase resourcing of professional, youth-specific mental health and wellbeing 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.*

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 wellbeing among young people from refugee and migrant backgrounds;*
- *build understanding of the particular issues and challenges facing this group of young people in education, and;*
- *develop partnerships with appropriate services and supports (including building relationships with families and cultural and language communities).*

⁷⁴ CMY (2014d), *International students: Opportunities and costs of studying in Victoria*, Carlton: CMY.

⁷⁵ CMY (2008), *Submission to the Overseas Experience Student Taskforce*, Carlton: CMY.

⁷⁶ CMY (2014d).



Resource and promote whole of school /educational institution approaches to social inclusion and wellbeing, including targeted programs as required to support the learning and mental health needs of students from migrant and refugee backgrounds.

7. Unemployment, underemployment and the impact on mental health

The Foundation for Young Australians estimates it is taking young Australians 2.6 years to transition from education to secure full time work.⁷⁷ In FYA's research of over 14,000 young people, among those aged between 18-24 who were looking for work, "28% reported anxiety in the previous year and more than 40% said they were affected by stress."⁷⁸ Research suggests that prolonged unemployment or underemployment has a serious impact on both mental and physical health, often leading to social.⁷⁹

Young people from migrant and refugee backgrounds experience additional barriers finding employment, due to racial discrimination, lack of bridging social networks and a lack of understanding how the Australian labour market works.⁸⁰ Their parents or guardians are also often unable to assist them in this difficult process, given they often lack information and understanding of employment pathways in the Australian context.

CMY's previous research regarding transitions to employment surfaced the relationship between unemployment and mental ill-health among young people from refugee and migrant backgrounds.⁸¹ Young people spoke about experiencing knock backs in their attempts to secure work as having a profoundly negative impact on their mental wellbeing, at times making them reluctant to seek help or reach out again:

"I apply somewhere, when I get rejected I pretty much – my world blacks down. I have no where to go" - young woman, refugee background

"Last night I was telling my fiancé and my mum and dad – I need to go to Headspace, I feel like I have an anxiety and depression, because I could not sleep at night – I was thinking, 'Why?' You know we work hard [study] – but you see no result" – young woman, refugee background

Even young people from migrant backgrounds who were highly educated and demonstrated confidence, motivation and strong interpersonal skills spoke about the mental toll of extended unemployment:

"When I finished Uni I did not get a single interview to this day – dude, trust me, I lost my mind" - young woman, migrant background

⁷⁷ Foundation for Young Australians (FYA), (2018). *The New Work Reality*, FYA, https://www.fya.org.au/wp-content/uploads/2018/06/FYA_TheNewWorkReality_sml.pdf

⁷⁸ FYA (2018).

⁷⁹ VicHealth & CSIRO (2015). *Bright Futures: Megatrends impacting the mental wellbeing of young Victorians over the coming 20 years*. Melbourne: Victorian Health Promotion Foundation; Paul & Moser in VicHealth, Data61, CSIRO and MYAN (2017).

⁸⁰ Deros et al. in CSIRO and MYAN (2017), *Bright Futures: Spotlight on the wellbeing of young people from refugee and migrant backgrounds*. Victorian Health Promotion Foundation, Melbourne; Beadle, S. (2014), *Facilitating the Transition to Employment for Refugee Young People*, Centre for Multicultural Youth.

⁸¹ Kellock, (2016) *The Missing Link? Young people from migrant and refugee backgrounds, social capital and the transition to employment*. Carlton: Centre for Multicultural Youth (CMY).



Research by VicHealth, Data61, CSIRO and MYAN highlights key questions related to supporting young people from migrant and refugee backgrounds to enter the workforce and to promote their mental health and wellbeing:

- *How can we raise awareness of cultural biases and develop a culture of inclusion that realises the full potential of all in the workforce and the positive impact that diversity can have on an organisation?*
- *What actions can we take to ensure ongoing support for young people from refugee and migrant backgrounds to learn about the job market, develop networks and manage competing education, work, family, community and cultural priorities?*
- *How can we better enable young people from migrant and refugee backgrounds to successfully transition their skills to the Australian workforce?*
- *How can we better support the mental health and resilience of young people from migrant and refugee backgrounds experiencing periods of unemployment or underemployment?⁸²*

The WHO outlines a number of initiatives workplaces should undertake to promote mental health in the workplace.⁸³ These include acknowledging employees' strengths, and an awareness of the workplace environment and how it can be changed to promote better mental health for staff. For young people from refugee and migrant backgrounds, acknowledging their capabilities is particularly important given the deficit lens with which they can be viewed. They bring numerous strengths to the work context, including multiple languages, diverse cultural worldviews, flexibility, adaptability and resilience - qualities that should be assets in the changing future of work.

Relatedly, the benefits of a cultural diverse workforce should be promoted to businesses – including the fact that it can increase innovation, creativity, productivity, save money, and can promote staff health and wellbeing.⁸⁴ Employers need to ensure their workplaces are inclusive and supportive of people of all ages and cultural backgrounds.⁸⁵ Government have an important role in supporting this to become a reality.

Recommendations concerning employment:

Invest in culturally relevant, youth focussed employment programs for young people from migrant and refugee backgrounds that:

- *provide pre-employment skills for young people;*
- *work with employers to broker paid work opportunities;*
- *draw upon the support of skilled mentors;*
- *provide ongoing support to both young people and employer to ensure successful employment outcomes.*

⁸² VicHealth, et al. (2017).

⁸³ WHO, (2017), *Mental Health In the Workplace*, https://www.who.int/mental_health/in_the_workplace/en/

⁸⁴ VicHealth, (2013), *How cultural diversity can be good for business*, Carlton: VicHealth.

⁸⁵ WHO (2017).



Promote the benefits of cultural diversity to employers, including resources and support to increase diversity in the workplace.



8. Recommendations:

1. Recommendations for mental illness prevention:

1.1 Resource initiatives that:

- work with parents/guardians from migrant and refugee backgrounds to understand adolescence and parenting in the Australian context;
- strengthen family relationships in migrant and refugee communities; and
- support young people's connections to family and culture.

1.2 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.

1.3 Invest in culturally relevant, mental health early intervention work with parents and caregivers from migrant and refugee backgrounds, to support the wellbeing of the young people in their care.

2 Recommendations to increase access to mental health support:

2.1 That youth mental health services be required to demonstrate and report on the way they are servicing the needs of young people from migrant and refugee backgrounds in terms of:

- An awareness of the demographics of the youth population in their region;
- Actions taken to increase engagement with migrant and refugee young people community (e.g. through partnerships, community engagement strategies); and
- Reporting on numbers of young people from migrant and refugee backgrounds receiving mental health support.

2.2 Build the capacity youth mental health services to more adequately meet the needs of young people from migrant and refugee backgrounds through:

- Developing a national best practice framework around mental health early intervention for young people from refugee and migrant backgrounds, building on the work of CMY and Orygen;
- Cultural competency training and professional development;
- Resourcing partnerships between youth mental health providers, refugee mental health specialists (FASST agencies), educational welfare staff and multicultural youth workers to better meet the mental health needs of migrant and refugee young people;



- *Co-locating early-intervention youth mental health services with multicultural youth organisations;*
- *Incorporating other culturally relevant forms of support alongside mental health services, guided by young people and their families. This could include healers, shamans, community leaders, elders or faith or religious leaders.*

2.3 Ensure that young people from refugee and migrant backgrounds have equal access and representation in NDIS, including those on temporary protection visas (TPVs and SHEVs) after they turn 18.

3 Recommendations to reduce stigma related to mental health:

- 3.1 Resource community engagement initiatives that work with migrant and refugee communities (including young people) to increase understandings around mental health and mental health services, as part of a broader health literacy strategy.*
- 3.2 Resource youth-led and culturally relevant, peer support models that support young people from migrant and refugee background's engagement with mental health support.*

4 Recommendations regarding online mental health support:

- 4.1 Invest in research that explores how young people from migrant and refugee backgrounds are using online means to support their mental health and wellbeing, and develop strategies and interventions to strengthen support in this space.*

5 Recommendations regarding access in rural and regional areas:

- 5.1 Resource the mental health system in rural and regional areas to better meet the needs of young people from migrant and refugee backgrounds through:*
- *Providing culturally competent, youth focussed mental health practitioners that can outreach to local schools, community organisations and spaces that young people in rural and regional areas access;*
 - *Skilling up teachers and youth workers who engage with young people from migrant and refugee backgrounds in rural and regional areas, to better identify mental health issues and make effective referrals.*

6 Recommendations regarding suicide prevention:



6.1 *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.*

7 Recommendations related to the health workforce:

7.1 *Provide scholarship or incentive programs to recruit more bi-cultural workers into the mental health profession.*

7.2 *Resource multicultural liaisons in youth mental health services, who can play a brokering and community engagement role.*

8 Recommendations regarding housing:

8.1 *Increase housing support options for vulnerable young people from migrant and refugee backgrounds – that allow for longer periods of support, and work with young people to address multiple needs (mental health, education, training, employment, recreation, life-skills).*

8.2 *Invest in appropriate and accessible housing stock for young people from refugee and migrant backgrounds – including crisis, transitional, and larger public housing dwellings (to accommodate when young people have been reunited with family members) – near to public transport, employment and educational options.*

9 Recommendations regarding social participation and inclusion:

9.1 *Invest in accessible, youth initiatives that provide opportunities for young people from migrant and refugee backgrounds to participate in community-based recreation such as sport, the arts, and leadership development.*

9.2 *Ensure generalist youth work is adequately resourced and equipped to engage with refugee and migrant young people and their families in a proactive way, particularly in rural and regional areas.*

10 Recommendations addressing racism and discrimination:

10.1 *Develop a national youth leadership initiative to encourage and support young people from migrant and refugee backgrounds to develop and implement new ideas for building social cohesion. Expand*



grants programs for social cohesion initiatives to have a particular focus on youth-led initiatives and youth focussed programs.

10.2 *Expand the national anti-racism strategy and related campaigns and programs, including a wide range of community and school-based programs that address racism and discrimination.*

10.3 *Promote the documented benefits of diversity to all of Australia and reiterate that successful settlement is a two-way process - equally dependent on the host communities 'reception' or welcome as it is on new arrivals' skills and attributes.*

10.4 *Cease and challenge referral to broad characteristics and particular cultural groups as 'problematic', avoiding inaccurate stereotypes, harming young people, their families and communities.*

10.5 *Ensure there are opportunities for young people from refugee and migrant backgrounds to have their voices heard, and can play a role in representing themselves in local communities.*

11 Recommendations concerning education and training:

11.1 *Increase resourcing of professional, youth-specific mental health and wellbeing 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.*

11.2 *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 wellbeing among young people from refugee and migrant backgrounds;*
- *build understanding of the particular issues and challenges facing this group of young people in education, and;*
- *develop partnerships with appropriate services and supports (including building relationships with families and cultural and language communities).*



11.3 *Resource and promote whole of school /educational institution approaches to social inclusion and wellbeing, including targeted programs as required to support the learning and mental health needs of students from migrant and refugee backgrounds.*

12 Recommendations concerning employment:

12.1 *Invest in culturally relevant, youth focussed employment programs for young people from migrant and refugee backgrounds that:*

- *provide pre-employment skills for young people;*
- *work with employers to broker paid work opportunities;*
- *draw upon the support of skilled mentors;*
- *provide ongoing support to both young people and employer to ensure successful employment outcomes.*

12.2 *Promote the benefits of cultural diversity to employers, including resources and support to increase diversity in the workplace.*

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