

MYAN policy brief on mental health of young people from refugee and migrant backgrounds

Executive Summary

- The current Australian mental health system is not perceived or experienced by many refugee and migrant-background young people as culturally relevant or safe, and is failing to meet their needs.
- Despite experiencing significant mental health risks, this cohort faces several structural barriers to accessing much needed care, including a lack of mental health literacy, minimal culturally competent mental health services and additional barriers to temporary visa holders.
- Addressing these issues requires investment in culturally-responsive initiatives and services, building a trained workforce and addressing the social determinants contributing to mental ill-health.

About MYAN

As the national peak body for multicultural youth, mental health and wellbeing is a priority topic for MYAN. We work in partnership with young people, government and non-government agencies at the state and territory and national levels. We ensure that the voices and experiences of young people from refugee and migrant backgrounds are recognised in policy and practice.

Iraq and the Philippines. But this cohort faces additional mental health risks compared to the general youth population.

‘In Australia, 33% refugee and migrant-background youth experience symptoms of PTSD and nearly 20% experience common mental health disorders such as depression and anxiety’

Understanding the Issue

Adolescence is the peak time of onset for many mental health disorders. Although **half of all mental illnesses appear before the age of 14 and three-quarters by the age of 25**, young people in Australia still face barriers to appropriate mental health care, including considerable gaps in services, costs, long waits and often a lack of continuity of care. Refugee and migrant-background young people make up a significant portion of the youth cohort – in Australia, 25% of people aged between 15-25 were born overseas, with growing CALD communities from Nepal, India, Pakistan,

Studies on refugee and migrant youth show:

- A national survey found lack of emotional support upon arrival in Australia led to worse mental health years after resettlement.
- A survey of nearly 200 youths found almost **20% experienced discrimination since arriving in Australia.**
- Racism and discrimination worsen mental health and wellbeing, and lower sense of belonging after resettlement.
- Both pre- and post-migration traumas relate to psychological distress and PTSD.

- From a national survey of >3,000 refugees, **two thirds found social integration and economic problems to be significant post-migration stressors**. All experienced on average of two pre-migration traumatic events (e.g., religious persecution, sexual violence).

‘Despite the prevalence of mental illness among refugee and migrant-background youth, there are lower than expected numbers of young people from this cohort accessing mental health services’

Low uptake of services can be due to:

- **Racism and discrimination**: Incidents of verbal or physical assault, incivility and denial of services are common and can occur in many settings (e.g., workplace, services, housing), and may act as barriers to help-seeking. Experience of institutional discrimination can also occur (e.g., restrictions from subsidised mental health services for temporary visa holders).
- **A lack of mental health literacy**: refugee and migrant youth may be hesitant to access mental health support services due to lack of knowledge on services available, how to navigate the system, and poor mental health literacy. This can be exacerbated by fear of stigmatisation by the community and discrimination often stemming from friends and family.
- **A lack of culturally-competent mental health services**: refugee and migrant youth may hold beliefs and understandings of mental health, illness and recovery different from mainstream, clinical approaches adopted in Australia. Lack of health professionals or services, knowledge on cultural contexts of mental health may deter help-seeking.

Untreated mental illness can result in impaired social functioning, poor educational achievement, self-harm, suicide and violence. Mental health issues are also estimated to cost the Australian economy \$12 billion annually, due to workplace disengagement.

Providing **early, targeted, accessible, and youth-focused mental health services** can circumvent the short term detrimental effects of mental health disorders, and safeguard young people from longer term, ongoing cycles of dysfunction and disadvantage.

Policy Alternative: Cohealth's Bi-Cultural Work Program

capacity of the health services sector and deliver health and wellbeing projects in refugee and asylum seeker communities. Bi-cultural workers (BCWs) use training provided by Cohealth, alongside their cultural/language skills, lived experience, and community connections, to promote community voices and deliver programs. From 2017-2022, the **Bi-Cultural Work Program has engaged >200 BCWs, with 141,500 community members taking part in BCW-led projects.**

Programs led and delivered by BCWs include:

- A Chin youth program to increase social connection and wellbeing, and prevent AOD use (263 participants, with 96% of those surveyed after the program reporting that it increased their skills and confidence to look after their health and wellbeing)
- A 6-month refugee mental health and wellbeing program with Chin, Eritrean and Arabic communities in West Melbourne (2,463 participants)

The Bi-Cultural Work Program also plays an important role in educating the health services sector about the work of BCWs and builds organisational capacity to employ BCWs in a culturally safe way. From 2021-2022, Cohealth has delivered 22 capacity building sessions to 370 staff members across the government, health and community sectors. A survey of those who attended these sessions found that 96% of respondents increased their confidence to implement more inclusive recruitment strategies.

Policy Recommendations

1. Develop mental health initiatives that address refugee and migrant young people's unique needs

- Provide recurrent funding for mental health literacy resources and programs aimed at refugee and migrant-background young people and their communities (e.g. – youth-led peer support programs, community engagement, etc.) to reduce stigma
- Invest in long-term research around the efficacy of mental health policies and services in meeting the needs of refugee and migrant-background young people
- Require future targeted youth mental health programs to be developed in consultation with refugee and migrant-background young people and their communities and made available in multiple languages

2. Build a culturally responsive mental health workforce

- Develop a national best practice framework around mental health service provision for migrant and refugee-background young people, with consultation from young people, their families and communities
- Mandate cultural awareness training for all mental health support staff working with young people
- Increase funding for tele-health or tele-psychiatry for young people in rural and remote areas that have limited access to onsite mental health specialists
- Provide incentives (e.g. – scholarships), to increase the number of bi-cultural mental health professionals
- Increase funding for professional phone interpreters for mental health sessions with young people who have English as an Additional Language

3. Address the social determinants that contribute to mental ill-health, including racism

- Adopt the Australian Human Rights Commission's (AHRC) National Anti-Racism Framework and ensure that adequate resources are made available to deliver on the Framework's recommendations
- Extend access to the NDIS to all migrant and refugee-background young people, including those on temporary protection visas after they turn 18

Sources

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