CENTRE FOR MULTICULTURAL YOUTH

CMY Submission to the Royal Commission into Victoria's Mental Health Service System

July 2019

About the Centre for Multicultural Youth

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.

About this submission

CMY welcomes the opportunity to provide feedback to the Commission around the experiences of young people from migrant and refugee backgrounds engaging with Victoria's mental health system. CMY is pleased to see the Commission's focus on gaps in services facing particular groups, including young people and those from culturally and linguistically diverse backgrounds, and an emphasis on the broader contextual factors that impact on mental health.

CMY recently undertook a review of CMY's previous policy work around issues of mental health and young people from migrant and refugee backgrounds, and broader literature, to make a joint submission with MYAN (Australia) to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health focused on the needs and interests of young people from refugee and migrant backgrounds.[1] This submission is informed by this work. This submission is also informed by consultations with:

- Young people from migrant and refugee backgrounds around mental health, including young people involved in CMY's Youth Advisory Group and in CMY's Shout Out Mental Health initiative (this is a youth leadership public speaking bureau);
- CMY staff (many of whom are bicultural workers) who work directly with young people and their families and communities;
- Service representatives involved in the Victorian Settlement Youth Network.

This submission focuses on the following areas:

[1] CMY & MYAN. (2019). Joint Submission to the Productivity Commission's Inquiry into the Social and Economic Benefits of Improving Mental Health. Retrieved from https://myan.org.au/wp-content/uploads/2019/04/cmy-submission-productivity-commission-mh-inquiry.pdf

Recommendations

Recommendations for prevention

2.1.1 Continue to support initiatives that are accessible and promote mental health and wellbeing among young people from migrant and refugee backgrounds, such as sport, recreation, arts, youth support and leadership development – that strengthen young people's social capital, ability to access support, and increase a sense of belonging.

2.2.1 That to address stigma and promote access to mental health support requires mental health literacy in communities from migrant and refugee backgrounds, as part of a broader health literacy strategy. Such an approach should:

a. Use a co-design, partnership and tailored approach to work with migrant and refugee communities to improve mental health literacy (including partnering with community/faith leaders, bicultural youth/community workers, parents and young people). This could include exploring opportunities to develop culturally relevant, mental health early intervention programs with parents and caregivers from migrant and refugee backgrounds, to support the wellbeing of the young people in their care;

b. Incorporate a strengths-based, transcultural mental health lens that explores and integrates the strengths of various cultures and religious/spiritual views;

c. Be funded recurrently to allow for long-term mental health literacy education and dialogue;

d. Invest in culturally relevant peer education and support programs, including the use of culturally relevant mentors and role models.

2.2.2 Resource (and/or require mental health services to resource) youth-led and peer-to-peer initiatives by young people from migrant and refugee background that create opportunities for promoting social inclusion and addressing racism and discrimination.

2.2.3 Look for opportunities to develop or align social cohesion and anti-racism strategies that include mental health and wellbeing approaches.

2.3.1 Resource targeted and culturally relevant youth work interventions with young people from migrant and refugee backgrounds identified as 'falling through the gaps' (for example, Le Mana and CSG).

2.4.1 Invest in culturally driven, youth-focussed community development approaches (such as Community Support Groups or the CMY Le Mana Project) that can engage holistically with young people, families and community leaders from migrant and refugee backgrounds, and can act as a point of coordination for services and government. Such approaches should be funded for a minimum of 2-3 years, to allow for effective trust, engagement, coordination and responses to community-identified needs.

2.6.1 Look for opportunities to replicate successful models of cross-sector partnerships that support the social and economic wellbeing of young people from refugee and migrant backgrounds, such as the JVEN African and Pasifika youth program.

2.7.1 Resource programs that work with parents from migrant and refugee backgrounds around parenting adolescents in the Australian context, understanding education and employment pathways; and that support their own mental health and wellbeing.

2.7.2 Invest in co-designed and community-led programs that strengthen intergenerational dialogue amongst migrant and refugee communities.

Recommendations for early intervention and promoting access

3.1.1 Resource working and learning partnerships between youth mental health providers, multicultural youth workers, refugee mental health specialists and education welfare staff to better meet the needs of young people from migrant and refugee backgrounds.

3.1.2 Resource (and/or require mental health services to resource) culturally relevant, co-designed peer education and support models around mental health.

3.2.1 Resource initiatives that draw on the expertise of the multicultural youth sector to build the youth mental health sectors' ability to engage and work effectively with young people from migrant and refugee backgrounds. This goes beyond notions of 'cultural competency' and requires a whole of organisational approach, including policies, systems, personnel and practice. This includes building in accountability mechanisms to funding that require mental health services ensure services are accessible (e.g. use of interpreters).

3.3.1 Build the ability of both professional and non-professional gatekeepers to engage, assess and respond to the mental health needs of young people from migrant and refugee backgrounds.

3.4.1 Build on the work of organisations like CMY to develop a best practice framework around mental health early intervention for young people from migrant and refugee backgrounds.

3.4.2 Resource bicultural/multicultural liaison roles in youth mental health and community health services, which can play a community engagement and brokering role.

3.4.3 Provide scholarships and incentive programs to recruit mental health professionals from diverse cultural and linguistic backgrounds (as has been done amongst ATSI communities).

Recommendations for addressing youth suicide

4.1.1 Adopt an 'early warning system' that identifies communities of young people who are struggling and at greater risk (e.g. such a system could track risk factors associated with youth suicide within refugee and migrant communities, such as engagement with youth justice and school disengagement, and has mechanisms for mobilising timely prevention responses). Indicators could 'trigger' investment in community partnerships and projects to ensure vulnerable groups are directly informing service responses and early intervention strategies.

4.1.2 Invest in early intervention youth suicide programs that specifically target communities from migrant and refugee backgrounds. Such an approach should:

a) link in to existing programs addressing issues of cultural, educational, employment, social and economic disadvantage, so that initiatives are recognised as an integral part of a holistic approach to youth suicide prevention[2];

b) be informed by and work in partnership with young people, families and community;

c) be targeted and locally-based – this means tailoring programs to the particular needs of various migrant communities (recognising that no one size fits all); and

d) develop multilingual dissemination strategies (such as use of community media and youth champions) to support community engagement.

4.1.3 Improve data collection, quality and reporting. Building on the Suicide Prevention Australia's recommendation, this would include a focus on "improving the integrity (accuracy and timeliness), collation (local and national information including the integration of state-based data) and distribution of suicide data to assist service delivery and research".[3]

4.1.4 Invest in further research to:

a) investigate the 'early warning signs' for youth suicide in refugee and migrant communities and helps inform the development of an 'early warning system' to drive targeted, early intervention responses.

b) evaluate selective interventions for targeted early intervention youth suicide strategies with young people from migrant and refugee backgrounds. This should include building evaluation into service funding agreements to ensure it is carried out and requiring services to evaluate their use of youth participation and partnerships.

Recommendations for improving data collection and quality

4.2.1 Improve quality and consistency of data and feedback collected across Victoria's mental health network to understand diverse populations and identify their specific needs.

4.2.2 Introduce a compliance component within mental health service reporting on service users to ensure genuine accountability for provision of services to people from refugee and migrant backgrounds.

Recommendations for youth justice

4.3.1 Work in partnership with the youth justice system, young people and community to develop culturally appropriate mental health responses for groups of migrant and refugee young people who are over-represented in the youth justice system. (Previous measures have

[2] This recommendation is based on Recommendation 6 of the Parliament of the Commonwealth of Australia's 2011 report into youth suicide - *Before it's too late: Report on early intervention programs preventing youth suicide*. This recommendation came out of the Committee's identification of service complexity and fragmentation of services as a key barrier to young people at risk not being able to access the support they need. Strategies are required that ensure services link up and deliver collaborative responses so young people do not fall through the gaps and can easily find the assistance they need. See The Parliament of the Commonwealth of Australia (2011), p. 41

[3] Suicide Prevention Australia (2019).

included programs that build positive relationships between police and particular groups of migrant and refugee young people; employing culturally specific workers in juvenile and young adult justice services; training and cultural support provided to court services and workers in the youth justice system; and culturally appropriate and specific programs lead by respected community leaders and young people.)

4.3.2 The Royal Commission should recommend that section 344 of the Children, Youth and Families Act 2005 be amended to raise the age of criminal responsibility to 14 years.

4.3.3 Fund further research into the underlying causes of offending behaviour specific to cultural groups over-represented in crime statistics and the youth justice system that draws on the expertise of young people and communities concerned. This will inform services on how best to develop effective, culturally relevant responses.

4.3.4 Evaluate the success of already existing programs designed to support migrant and refugee young people with regard to offending and mental health (both early intervention and more tertiary responses). This will assist with the identification of good practices and areas where mental health services have a particular role, providing a framework for future partnerships and initiatives to decrease rates of offending.

Recommendation for online access

4.4.1 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.

Recommendations for access to appropriate mental health services and supports in regional/rural areas

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

a) 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;

b) 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.

1. Background on mental health and young people from migrant and refugee backgrounds

The cultural diversity of Victoria's population is on the rise.[4] With almost half of Victoria's young people aged between 12 and 24 years either born overseas, or with one or more parent born overseas, young people from refugee and migrant backgrounds are no longer the exception they are 'the mainstream'.[5]

Although often grouped together, there can be distinct differences amongst young people from refugee and migrant backgrounds. This includes the complexities and multiplicities of self-identification. Young people from migrant and refugee backgrounds can identify with multiple ethnicities and ancestries, including adopting or discarding certain identities, regardless of whether they were born in Australia or have just recently arrived. CMY use an inclusive definition of refugee and migrant young people that includes people between the ages of 12 and 24 years who:

- arrived in Australia on humanitarian visas and those who have fled their home country under similar circumstances;
- arrived in Australia as a migrant; and
- those who were born in Australia with one or both parents born overseas.

However, it is important to note that young people born in Australia, and whose parents were also born in Australia, may also identify as being from a migrant or refugee background. Often referred to as third-plus generation Australians, this cohort of young people are included in CMY programs and services when and if they choose to self-identify as having a refugee or migrant background.

Most young people from refugee and migrant backgrounds are incredibly resilient and generally cope well despite the challenges of the refugee and settlement experience.[6] 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.[7] Resilience is much more than the inherent traits or qualities of a young person, but is about the "quality of the 'soil' in which children grow (their homes, schools and communities)".[8] We must then focus on the systems and community connections that help young people to flourish.[9]

Adolescents are identified as a group that are vulnerable to mental ill-health, due to the multiple physical, emotional and social changes that occur in this unique developmental stage.[10] Promoting mental health amongst this age group is critical not only for their current wellbeing, but for their

[4] Department of Premier and Cabinet (2017) *Victoria's diverse population: 2016 Census*. Retrieved from https://www.multicultural.vic.gov.au/population-and-migration/victorias-diversity/victorias-population-diversity
[5] ABS. (2016). *Census of Population and Housing*, Census TableBuilder. Retrieved from https://www.abs.gov.au/websitedbs/censushome.nsf/home/tablebuilder?opendocument&navpos=240
[6] 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.
[7] Colucci et al., (2014), p. 103.
[8] Commissioner for Children and Young People WA. (2014). *Report of the 2014 Thinker in Residence Dr Michael Ungar: Resilience*. Retrieved from https://www.ccyp.wa.gov.au/media/1119/report-2014-thinker-in-residence-michael-ungar-resilience-may-2014.pdf
[9] Commissioner for Children and Young People WA. (2014).
[10] WHO. (2018). *Adolescent Mental Health*. Retrieved from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health; Blakemore, S. (2019). The art of medicine: Adolescence and mental health, *The Lancet*, vol. 393, 18 May 2019.

mental health as adults in the future. Many mental illnesses first appear before the age of 24.[11] Multiple risk factors identified for this age group include:

- desire for greater autonomy;
- pressure to conform with peers;
- exploration of sexual identity;
- increased access to and use of technology;
- quality of home life;
- quality of peer relationships;
- exposure to violence (e.g. in the home, or bullying, sexual violence);
- socio-economic problems.[12]

However, young people from refugee and migrant backgrounds face additional risks to their mental health.[13] 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.[1415] These can include:

- separation from family;
- low socioeconomic status;
- insecure housing;
- lack of social networks;
- trauma;
- racism and discrimination;
- intergenerational conflict;
- lack of English; and
- the challenges of acculturation including experiences of identity and belonging.

These factors can place them at risk of depression, anxiety and other mental health issues.[16] 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 young people.[17] Conversely, recent research with Hazara young people in Australia also

[11] Blakemore, (2019).
[12] WHO, (2018).
[13] WHO, (2018); Blakemore, (2019).
[14] VicHealth, Data61, CSRIO & MYAN, (2017), Bright Futures: Spotlight on the wellbeing of young people from refugee and migrant backgrounds. Victorian Health Promotion Foundation, Melbourne; Lau W., Silove D., Edwards B., Forbes D., Bryant R., McFarlane A., Hadzi-Pavlovic D., Steel Z. , Nickerson A., Van Hooff M., Felmingham K., Cowlishaw S., Alkemade N., Kartal D, O'Donnell M. (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.
[14] VicHealth, et al. (2017).
[15] WHO Regional Office for Europe. (2018). *Health of Refugees and Migrants: Regional situation analysis, practices, experiences, lessons learned and ways forward.* Retrieved from https://www.who.int/migrants/publications/EURO-report.pdf?ua=1
[16] Ibid.
[17] 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.

highlights that presence of immediate family in Australia was a statistically significant contributor to personal wellbeing.[18]

Although there is minimal research on the mental health of young people from refugee backgrounds, a literature analysis 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.[19] 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.[20] 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.[21] 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.[22]

Despite this, there are lower than expected numbers of young people from refugee and migrant backgrounds presenting to mental health services.[23] 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.[24]

A 2015 evaluation of headspace found that although the service is being accessed by significant numbers of young people from a diversity of backgrounds, young people from migrant and refugee backgrounds remain "starkly under-represented as clients."[25] According to the report, almost all young people accessing headspace were Australian born (92.8%), and of the "7.2% of clients that were born overseas, only 6.6% speak a language other than English at home (compared to 19.3% of Australian young people)."[26] Stakeholders identified a number of barriers to access, including stigma, waiting lists, and a lack of culturally appropriate services.[27]

Similarly, the Victorian Auditor-General's Office's report on Child and Youth Mental Health identified that although young people from CALD backgrounds are identified as a vulnerable group, they are

[18] 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*, 70: 122-130.
[19] Colucci, et al., 2014.
[20] Rioseco, P. & Liddy, N. (2018). Settlement outcomes for humanitarian youth and active citizenship: Economic participation, social participation and personal wellbeing. Australian Institute of Family Studies. Retrieved from https://aifs.gov.au/publications/settlement-outcomes-humanitarian-youth-and-active-citizenship
[21] Commissioner for Children and Young People WA. (2013). The mental health and wellbeing of children and young people: Children and Young people from culturally and linguistically diverse communities, Policy brief. Retrieved from https://www.ccyp.wa.gov.au/media/1292/policy-brief-mental-health-children-and-young-people-from-culturally-and-linguistically-diverse-communities-september-2013.pdf
[22] Rioseco & Liddy (2018).
[23] Colucci, et al., (2014).
[24] 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,* 52(6):766-90.
[25] Hilferty, F. Cassells, R. Muir, K. Duncan, A. Christensen, D. Mitrou, F. Gao, G. Mavisakalyan, A. Hafekost, K. Tarverdi, Y. Nguyen, H. Wingrove, C. & Katz, I. (2015). *Is headspace making a difference to young people's lives? Final Report of the independent evaluation of the headspace program*. (SPRC Report 08/2015). Retrieved from https://headspace.org.au/assets/Uploads/Evaluation-of-headspace-program.pdf
[26] Hilferty et al. (2015).
[27] Hilferty et al. (2015).

presenting in Child and Youth Mental Health Services in low numbers.[28] A recent Australian report also highlights that families from non-English speaking backgrounds are less likely to access mental health support for their children.[29] It is evident that there is much work to be done in order to ensure that young people from refugee and migrant backgrounds are getting access to the mental health support they need, particularly in the early intervention space.

CMY's consultations revealed that particular groups of young people from refugee or migrant backgrounds who 'fall through the gaps' of existing mental health and wellbeing support programs include: young people who have been in Australia for over five years; those on orphan relative visas[30]; young asylum seekers who are 18 years or over; young carers; young people with disabilities; international students; and, those from Pasifika backgrounds.[31] This is because many services are not funded to work with these groups. At the same time, there is often a shortage of generalist youth support roles (such as those available in local council), and where those that do exist they are not always well equipped to work with these specific groups or with those from migrant and refugee backgrounds.

2. A focus on prevention

2.1. Promoting mental health with young people from migrant and refugee backgrounds

Mental health is holistic and context driven; economic participation and social inclusion are the building blocks of social and emotional wellbeing. 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.[32] The WHO identifies that in addition to mental health being affected by socioeconomic, psychological and biological factors, it is also impacted upon by environmental factors such as violence, discrimination, exclusion and human rights violations.[33]

As a result, it is important to focus not only on clinical mental health reforms, but also on holistic community-based strategies that work on the individual, community and societal level that promote

[28] VAGO. (2019). *Child and Youth Mental Health*, Independent assurance report to Parliament 2018–19: 26. Retrieved from https://www.audit.vic.gov.au/sites/default/files/2019-06/050619-Youth-Mental-Health_0.pdf
[29] Hiscock, H. Mulraney, M. Efron, D. Freed, G. Coghill, D. Sciberras, E. Warren, H. & Sawyer,M. (2019). Use and predictors of health services among Australian children with mental health problems: A national prospective study, *Australian Journal of Psychology*. https://doi.org/10.1111/ajpy.12256
[30] For more information on this group see CMY. (2014). Young people on Remaining Relative visas (115) and Orphan Relative visas (117): entitlements and referral pathway options. Retrieved from https://www.cmy.net.au/sites/default/files/publication-documents/Young%20People%20on%20Remaining%20Relative%20visas%20(115)%20and%20Orphan%20Relative%20visas%20(117).pdf
[31] For more see CMY. (2018). Young people on special category (444) visas: entitlements and referral pathway options. Retrieved from https://www.cmy.net.au/sites/default/files/publication-documents/Fact%20Sheet%20-%20Young%20People%20on%20Special%20Category%20%28444%29%20Visas.pdf
[32] Victorian Government, cited in CMY. (2014a). Mind Matters: The Mental health and Wellbeing of Young People from Diverse Cultural Backgrounds, Carlton, Centre for Multicultural Youth.
[33] WHO

wellbeing. There is a substantial body of literature around the protective factors that can be built upon to strengthen resilience.[34]

For people from migrant and refugee backgrounds, 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.[35] Extensive research highlights a strong relationship between racism and negative health and wellbeing outcomes for young people, including depression, anxiety or psychological distress.[36] It highlights the need to address disadvantage and marginalisation as a priority and to reinvigorate the national narrative that recognises the strength of our cultural diversity.

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.[37] 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%).[38]

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.[39] The BNLA findings indicate the need to work with communities of all ages to reduce discrimination against young people from migrant and refugee backgrounds.[40] Furthermore in the Multicultural Youth Australia Census 2017[41], 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.[42]

A sense of inclusion and belonging is critical to young people of migrant and refugee background's mental health. A positive cultural identity increases resilience, whereas alienation or marginalisation increases the risk of mental illness.[43]

Therefore, a broader, contextual approach to supporting young people from migrant and refugee background's mental health should include:

- strengthening young people's sense of belonging and social connectedness – to both their own cultural community and with the broader community (supporting bonding and bridging networks);
- creating meaningful and supportive opportunities in education and employment; and
- reducing racism and discrimination.[44]

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[34] Chauvin, A. cited in CMY, (2014a).
[35] Markus, A. (2014). cited in VicHealth & CSIRO (2015).
[36] VicHealth. (2014). Racism and its links to the health of children and young people, Carlton: VicHealth.
[37] Markus, A. (2018), *Mapping Social Cohesion: The Scanlon Foundation surveys 2018*. Caulfield East: Monash University, pp. 68-69.
[38] Ibid.
[39] Rioseco & Liddy (2018).
[40] Ibid.
[41] 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*. Retrieved from https://education.unimelb.edu.au/__data/assets/pdf_file/0011/2972036/MY-Aust-Report-17-18.pdf
[42] Markus, A. (2017). *Mapping Social Cohesion: The Scanlon Foundation surveys 2017*. Caulfield East: Monash University, pp. 59-60.
[43] Commonwealth of Australia, 2010 cited in CMY, 2014a.

CMY believes there is a need for political and social leadership to ensure that public conversations take place in respectful and constructive ways, are evidence-based and include the voices of young people.[45] 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. The 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 Victoria's overall social cohesion.

2.2. Reducing stigma and discrimination and promoting mental health literacy

> *"The subject of mental health is very taboo in a cultural sense"* – bicultural youth worker

Although we have come a long way in reducing some of the stigma associated with mental ill-health young people from migrant and refugee backgrounds, and those who work with them, identified stigma as a fundamental priority. Consultations with young people from migrant and refugee backgrounds on the issue of mental health revealed that stigma, shame, intergenerational conflict and fear of burdening parents/family creates barriers to service access and help seeking. Improving mental health literacy and reducing stigma should be a core priority of any work to strengthen the mental wellbeing of young people from migrant and refugee backgrounds.

Communities of refugee and migrant backgrounds bring with them different cultural norms and understanding around mental health, shaped by cultural values and religious/spiritual beliefs. At times, these are 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?… did I do something against my cultural norms, standards and obligations?"[46] Mental illness can carry cultural meaning, such as being a sign that the person has broken some kind of higher law or trespassed in some way, which carries blame and shame. Research has also highlighted a lack of understanding around 'talk therapies' in certain cultural contexts, particularly with a stranger.[47]

> *"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

The issue of interpretation and translation around mental health concepts was also an issue regularly raised throughout consultations. In many languages and cultures, the words to translate Western mental health concepts simply do not exist, and those that do are at the acute end of the spectrum

[44] CMY, 2014a.
[45] MYAN. (2017). Submission to the Joint Standing Committee on Migration Inquiry into Settlement Outcomes, Carlton, MYAN.
[46] Valibhoy, M., Kaplan, I. & Szwarc, J. (2017), "It comes down to just how human someone can be": A qualitative study with young people from refugee backgrounds about their experiences of Australian mental health services, *Transcultural Psychiatry*, 54 (1): 23-45; Colucci, et al., (2014).
[47] Colucci, et al., (2014).

(i.e. 'crazy') – and often carry stigma. For example, 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".[48]

Even if young people have well developed mental health literacy, they reported that the issue is very sensitive amongst their parents and community, which can make them reluctant to reach out or raise issues of concern. In a consultation with newly arrived young people in Melbourne, they identified that talking to parents around mental health issues would actually exacerbate problems rather than help. Bicultural youth workers similarly reported 'hitting walls' when trying to talk to parents about their child's mental health and the need for support. Young people that do seek help can run the risk of experiencing stigma and judgement from others in their community, including parents or community and religious leaders.

CMY's ongoing consultation with young people from migrant and refugee backgrounds highlights the importance of working from a proactive, collaborative, holistic and community development approach in terms of promoting mental wellbeing in their communities, and de-stigmatising help seeking around mental health.[49] Increasing mental health literacy in order to reduce stigma and promote help seeking should be culturally tailored, given this creates better outcomes and service access than generic approaches.[50] Young people have long advocated for collective means of working with young people, families, communities and community/religious leaders to educate and decrease stigma associated with seeking help for mental wellbeing.[51]

> *"We have to go through our leaders – they have a lot of influence on families. We need to raise awareness, create opportunities where families understand it is an issue, there is a need."* – bicultural youth worker

> *"It is very common in our communities that when you are working with a young person you are not just engaging with parents and siblings, but with grandparents and aunts and uncles."* – bicultural youth worker

Young people from refugee backgrounds 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 (including multilingual media);
- peer mentors and group activities;
- using positive role models to "normalise" mental health problems; and

[48] de Antiss & Ziaian, 2010 in Colucci, et al., (2015).
[49] 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*. Retrieved from http://refugeehealthnetwork.org.au/young-people-of-refugee-backgrounds-share-their-throughts-on-mental-health-issues-and-services-a-roundtable-discussion-between-young-people-service-providers-victorian-government-representatives-an/
[50] Mental Health in Multicultural Australia. (2014). Framework for Mental Health in Multicultural Australia: Introductory Guide. Mt Gravatt, MHiMA.
[51] CMY, et al., (2010).

- educating community/religious leaders who may be able to use their influence to change attitudes.[52]

Case Study 1 – CMY's Shout Out Mental Health Working Group

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 negatively impact their sense of belonging. Shout Out is an innovative leadership program that trains and nurtures young people from migrant and refugee backgrounds to share their experiences and perspectives on issues they are most passionate about with a wide variety of audiences. Shout Out is an opportunity for young people to present their stories and experiences to audiences who may not usually have the chance to hear them.

By training young people in public speaking and connecting them to speaking opportunities at a range of public forums, Shout Out empowers and enables young people to be active citizens and actively promote positive perceptions of young people as respected and influential members of our communities.

In 2018, CMY's Youth Advisory Group identified mental health as a key issue of concern to young people from refugee and migrant backgrounds in Victoria. Wanting to understand more about this issue and how it affects not only young people but their families and communities the group undertook a project to research and consult with young people to learn more about this issue.

The culmination of this project was the establishment in 2019 of a specialised Shout Out speakers group with a focus on mental health. These are young people with lived experiences of the impacts and challenges of mental ill-health, their own or that of family and friends.

The group identified the need for direct engagement on issues relating to mental health with:

- Young people from refugee and migrant backgrounds;
- Mental health services and workers; and
- Community leaders and family/parents.

In 2019, this group have presented on their perspectives and experiences on mental to a number of mental health services and groups of young people. They have also worked on developing workshops to undertake targeted, culturally relevant, peer-to-peer programs with other young people from refugee and migrant backgrounds. One of the main focuses of the speakers group will be delivering these workshops at schools as an early intervention with a focus on promoting self-care and help-seeking behaviour. The group are also currently exploring opportunities and methods for working with family and community leaders to raise awareness of mental health concerns among young people from refugee and migrant backgrounds and address the stigma experienced in many communities.

[52] Valibhoy, et al. (2017).

Case Study 2: Supporting mental health amongst newly arrived young people – Diversitat Geelong

The Self-care group is the continuation of the Renew project designed in 2018 between Diversitat and Headspace to address concerns that young people from refugee backgrounds and their families tend not to seek early intervention and prevention support from mental health services. The group is supported by Diversitat's multicultural mental health worker and Headspace's youth engagement, and meets fortnightly, integrating both mental health education with sports, cultural and recreational activities.

The Self-care group has been formed by a group of young people (16-25) from refugee backgrounds who share a common interest in enhancing their awareness of mental health issues. Some of the participants have a direct personal or family experience of mental health issues and others are aware of some mental health issues through friendship groups and community connections. The group sought people who wanted to connect with other young people and work collectively to raise community awareness about mental health issues and the support services that are available.

Participants have collaborated in recruiting other young people through school and community connections. The main aim of this new group is to extend awareness of mental health issues to other young people and open up more and new conversations about mental health issues at individual, family and community level. Participants of the Renew project will share experiences and insights with new participants and support their engagement with the group.

The group meets once fortnightly, alternating one mental health education session with a recreational activity in the next fortnight. Activities include sports, cultural activities and picnic days, hiking trips just to name a few.

2.3. Social inclusion, connection and support

A sense of inclusion and belonging in society, including a positive sense of (multi) cultural identity and strong social connections is critical to young people from migrant and refugee background's mental health.[53] Additionally, having opportunities for positive influence and being involved in the local community is important for young people of refugee and migrant background's overall wellbeing - in terms of friendships, developing new skills, and being able to make a positive contribution to the community in which they live.[54]

CMY's 30 years of experience working with young people from migrant and refugee backgrounds' highlights that culturally relevant youth support for young people of refugee and migrant background - including youth support, social programs, arts, sports, recreational and leadership development and opportunities – are critically important in terms of promoting wellbeing, a sense of belonging and

[53] Commonwealth of Australia, 2010 cited in CMY, 2014a.
[54] CMY. (2014b). Active Citizenship, Participation and Belonging: Young people from migrant and refugee backgrounds in Victoria, Carlton, CMY.

connectedness. Similarly, working to address key barriers such as racism and discrimination are important in protecting young people from migrant and refugee background's mental health. To address this, the Victorian Government should be looking for opportunities to link mental health and wellbeing in to broader social cohesion and anti-racism strategies.

Social inclusion could also be promoted through cultural mentor, peer leadership programs that provide young people with examples of young people like themselves who have been 'successful' or provide a 'living signpost' as to what they can also achieve. There is also a need for culturally tailored responses to engage certain groups of young people who may not relate to the 'mainstream' service system, including local council youth services, school welfare workers or teachers.

2.4. Co-designed, culturally competent youth-focussed community development work

For some groups of young people from migrant and refugee background, a culturally competent, community-driven and community development approach is needed in order to better meet their needs and assist with engagement in the broader community and service system. CMY's experience working alongside both Pasifika and South Sudanese youth-focussed community development models is that they are extremely effective and important at engaging with not only young people from these communities, but also with families, community leaders and the broader service system. They could be considered 'deep' forms of community development, where program staff possess cultural expertise and hold established trust and relationships with the community concerned.

Bicultural community and youth workers play a critical role in facilitating engagement with young people, families and community/faith leaders that other mainstream services find difficult to access. Theirs is an important role that engages community, provides a point of coordination, and that can broker relationships between community, services and government. They provide cultural advice and expertise to the mainstream service system. At the same time, bicultural workers work alongside communities to build trust and understanding around existing supports. Additionally, they provide young people with role models from cultural backgrounds similar to their own – something young people from migrant and refugee backgrounds frequently report is central to developing a healthy, bi/multicultural community (that is, seeing people like yourself who are successful and able to integrate their own cultural and faith background with that of the broader community).

Case Study 3: The Le Mana (Empower) Pasifika Project

Pasifika young people and the particular issues they face remained invisible in Victoria for many years.[55] Overtime this group of young people came to the attention of CMY, and a number of services, as a group who were 'falling through the gaps' as they started presenting to frontline services in greater numbers with multiple, complex needs. The extent of Pasifika young peoples' unmet needs slowly become more evident as their numbers grew in school disengagement and youth justice statistics.

Over the last seven years, CMY worked with Pasifika community elders and leaders to build a trusting partnership in order to support the establishment of a Pasifika community peak body to represent their own issues as one voice - United Pasifika Council of Victoria (UPCOV). In the process, CMY created deep engagement with this community to identify youth issues in a way that is culturally appropriate, sensitive and respectful of their culture and needs. In partnership with UPCOV, CMY brought the issues and concerns for Pasifika young people to the attention of the State Government, which culminated in Victorian Office for Youth (OfY) funding for a Pasifika youth and families project. The project, Le Mana, is a genuine partnership between CMY and the Pasifika community peak body, to address challenges young people face in education, employment and in youth justice. More importantly, the project is also an opportunity to strengthen community structures and to support their access into mainstream services.

The project employs skilled staff from Pasifika backgrounds. The project has been developed with the dual aim of improving educational outcomes and aspirations for young people from Pasifika backgrounds, and improving the local service sector to better support young people and their families. The Le Mana project has strong engagement with young people, families, community/faith leaders and the local service system – and is effectively working with young people and communities to meet their needs – a group that the service system has not often effectively responded to. This project demonstrates a model of deep community engagement to support this community to engage with the mainstream service system.

[55] Many Pasifika community members living in Victoria have arrived in Australia on 444 visas. The Special Category (subclass 444) visa is a temporary visa that allows a New Zealand citizen to remain indefinitely and live, work or study in Australia. As the 444 visa is not a permanent visa, visa holders do not have the same rights and benefits as Australian citizens or Australian permanent residents. These visa holders are also not entitled to on arrival settlement supports and services, as are some other newly arrived communities. See CMY (2018) https://www.cmy.net.au/publications/young-people-special-category-444-visas for more information.

Case Study 4: Community Support Group (CSG) – South Sudanese Community in Victoria

The Victorian Government has funded a Community Support Group (CSG) with the South Sudanese community in Victoria - a coordinated, community-led approach to enhance youth and community engagement and to respond to local community issues and needs. CMY manages the Melton/Brimbank and Dandenong/Casey CSGs, while Wyndham Community and Education Centre manages the Wyndham CSG. The focus of a CSG is to link people to an integrated range of programs and activities such as education, training, employment pathways, health and human services, sport and recreation and other community activities. A CSG can also implement new programs and activities where community needs are identified.

The Community Support Group (CSG) purpose is to actively engage the South Sudanese communities in and across Dandenong/Casey and Brimbank/Melton in the scoping and development of local responses and facilitating local community participation in the decision-making process, in particular young people's input in the project. The CSG:

- employs skilled staff from South Sudanese backgrounds;
- works with the South Sudanese community to support outcomes for young people and their families;
- establishes and maintains relationships with key community partners and service stakeholders from a variety of sectors including but not limited to the youth, community, sports and government sectors;
- engages with the South Sudanese communities and young people to co-construct programs to respond to issues affecting young people and support team members on implementation;
- builds the capacity and knowledge of government and non-government services in working with South Sudanese young people and their families;
- coordinates and/or collaborates with services to deliver relevant programs ensuring appropriate systems are in place for high quality, cost effective and timely program delivery, monitoring and reporting according to best practice standards.

These co-designed, culturally competent community development approaches are critical for deep engagement with particular communities of young people, parents, community/faith leaders, government and services. Cultural expertise, relationships, trust and partnerships are the foundation for the success of these types of approaches, which means they require adequate time and funding to establish, gain trust and develop effective partnerships. Short-term funding has been raised as a serious concern in many programs that aim to counter the social disadvantage that communities from migrant and refugee backgrounds can face.[56] Many of these types of programs may be only gaining momentum once funding ceases. "Formal recognition and support of the time and resources required

[56] Bartels, L. (2011). Crime prevention programs for culturally and linguistically diverse communities in Australia. *Research in practice*, 18. Canberra: Australian Institute of Criminology. Retrieved from http://www.aic.gov.au/publications/current%20series/rip/1-10/18.html

by programs to transition from an establishment phase may increase the chances that a program will develop an effective and sustainable operating model."[57]

2.5. Education

School is an important site for development of social relationships with success in education supported by the quality of the relationships that young people and their parents forge in the school setting. This has recently been recognised in the Victorian Government's *Framework for Improving Student Outcomes*, which identifies the promotion of inclusion as a priority under one of the four state-wide school improvement priority areas. [58] Schools also play a critical role in facilitating cultural and social capital for young people and for their families. Social support and feelings of safety at school are integral to improving student outcomes.

Young people from migrant and refugee backgrounds can face considerable pressure and expectation from family to succeed in education, compared with the broader youth population, negatively impacting on their mental wellbeing.[59] This was a theme that emerged in CMY's consultations regarding this submission, and regularly in CMY's work. A Young Thinker in Residence at the Youth Affairs Council Victoria (YACVic) of Australian-Vietnamese background also outlined this pressure he uncovered in his consultations with young people from migrant and refugee backgrounds:

> *"I spoke with a Lebanese girl who was trying to explain her VCE results to her parents. She got a 40 in business management, and her grandparents were like, "Where's the other ten?" They did not realise that 40 meant she was in the top 8 per cent in the state (really impressive!)… It's very hard for these kids to translate the system to their parents during a stressful time."* – Harry Koelyn, Young Thinker in Residence - YACVic [60]

Similarly, bicultural youth workers spoke about the significant weight on the shoulders of young people from migrant and refugee backgrounds – in terms of meeting the high and sometimes unrealistic expectations of their parents. Parents are often unaware that their children may be struggling academically (many with English as a second language, and interrupted education), and frequently lack understanding around education and employment pathways in Australia. Relatedly, parents from migrant and refugee backgrounds can frequently lack a strong relationship with their child's school or teachers. They may be busy with other pressures of life; might not feel welcome or confident to become involved in their child's education; or may have different cultural understandings regarding the level of involvement parents should have in the school setting. Similarly, schools can often struggle to effectively engage and communicate with parents from migrant and refugee backgrounds.

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[57] Bartels (2011).
[58] Victorian Government (Department of Education and Training). (2019). *Framework for Improving Student Outcomes*. Retrieved from https://www.education.vic.gov.au/Documents/school/principals/management/FISOModelandCycleA3Poster.pdf
[59] VicHealth, Data 61, CSIRO & MYAN. (2017). *Bright Futures: Spotlight on the wellbeing of young people from refugee and migrant backgrounds*. Melbourne: Victorian Health Promotion Foundation.
[60] Harry Koelyn, Young Thinker in Residence – YACVic. Retrieved (28 June 2019) from https://www.yacvic.org.au/blog/intergenerational-relationships-migrant-refugees/

> *"A lot of parents don't know what's going on, even when kids get expelled"* – bicultural youth worker

Yet according to the most recent State of Victoria's Children report, evidence shows that parents' actions and behaviours exert an "early, strong and lasting effect on children's outcomes in terms of learning and development, wellbeing, social and emotional functioning and health."[61] The report emphasizes that of all factors in the home learning environment, parent encouragement and expectations for their child's educational achievement contribute most to student achievement."[62]

Parents' lack of knowledge of the school system and curriculum, own English language ability, disjuncture between expectations for their children's educational prospects and young people's language and literacy abilities, and lack of support to facilitate young people's engagement in school in Australia were factors identified by CMY workers as key contributors to school disengagement among young people from refugee and migrant backgrounds. Schools are also critical sites for the development of knowledge and skills to navigate post-education pathways, both for students and their families.

Schools and the education system play a significant connecting role, supporting young people's access to future education and employment pathways, and facilitating access to mental health support. CMY's experience delivering the Navigator program (specifically supporting young people from refugee and migrant backgrounds who have disengaged from school) has reinforced the underlying reasons for the implementation of the program – that is, that disengagement is often related to mental health and young people from refugee and migrant backgrounds often need targeted support to address their needs in this area. The transition from school is a particular point of risk for adolescence, as young people can fall through the gaps of services.[63] Therefore it is critical that strong partnerships are established between schools, other educational providers and community based services, to facilitate support for young people once they have left school.

Examples of family engagement such as Community Hubs, that use primary school as a central point to engage migrant and refugee women and connect them to health, education and employment support, provides a strong example of the way schools can be a site for connection and engagement of families from refugee and migrant backgrounds in local services. A similar model could be explored in the secondary school context – where schools become sites for support and connection with families in terms of providing services that meet community-identified needs, such as education and employment, whilst facilitating engagement with the broader service system (including access to parenting and mental health support).

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[61] DET. (2016). State of Victoria's Children Report – 2015. Melbourne: DET, p. 83
[62] DET. (2016)., p. 28 & 83
[63] The Parliament of the Commonwealth of Australia (2011) *Before it's too late: Report on early intervention programs preventing youth suicide*. Retrieved from https://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-a-before, p. 42.

2.6. Employment

Research suggests that prolonged unemployment or underemployment has a serious detrimental impact on both mental and physical health.[64] Effects of long-term youth unemployment on mental health range from greater levels of anxiety and depression and higher suicide rates, to alienation and increased anti-social behaviour.[65]

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.[66] 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 highlighted the relationship between unemployment and mental ill-health among young people from refugee and migrant backgrounds.[67] 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 nowhere 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

The WHO outlines a number of initiatives workplaces should undertake to promote mental health in the workplace.[68] 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.

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 promotes staff health and wellbeing.[69] Employers need to ensure their workplaces are inclusive and supportive of people of

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[64] 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, Data 61, CSIRO & MYAN. (2017).
[65] Morsy 2012, McKee-Ryan et al. 2005, Kieselbach 2000, Philip et al. 2015 cited in VicHealth & CSIRO (2015). *Bright Futures: Megatrends impacting the mental wellbeing of young Victorians over the coming 20 years*. Melbourne: Victorian Health Promotion Foundation.
[66] Derous et al. in VicHealth, Data 61, CSIRO & MYAN. (2017); Beadle, S. (2014), *Facilitating the Transition to Employment for Refugee Young People.* Carlton: Centre for Multicultural Youth (CMY).
[67] 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).
[68] WHO. (2017). *Mental Health In the Workplace*, https://www.who.int/mental_health/in_the_workplace/en/
[69] VicHealth. (2013). How cultural diversity can be good for business, Carlton: VicHealth.

all ages and cultural backgrounds.[70] Government have an important role in supporting this to become a reality.

Stronger partnerships between government, services, employers and communities are needed to better support young people from migrant and refugee backgrounds' ability to successfully transition to meaningful work.

CMY welcomes approaches such as the Victorian Government's JVEN focus on young people from African and Pasifika backgrounds. This partnership model draws on the respective strengths of the agencies involved with multicultural organisations (in this case CMY) acting as community engagers, CMY's trusted relationships in the community means workers can identify and refer young people to the program. JVEN partners establish relationships and pathways with industry and employers, linking young people with employment opportunities. Both partners then work together to support the young person to remain engaged in the program. This model could be replicated in the mental health system, leveraging the particular expertise of relevant community organisations (including settlement, multicultural and youth organisations), mental health services working in partnerships could achieve improved outcomes for young people from refugee and migrant backgrounds.

2.7. Addressing the needs of family members and carers

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. Young people are quick to adapt and the process of acculturation in Australia is often much faster than the experience of their parents. Parents and guardians can often lack the resources needed to 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, and a strong sense of cultural identity.

CMY's consultations emphasised once again that intergenerational relationships are key to young people's mental health and wellbeing, and yet in many families from migrant and refugee backgrounds, these can be under strain. Families need culturally appropriate support and information on how to address parenting challenges (particularly those associated with adolescents) in a new country often without extended family members to support and guide them. Support for families could include information about expectations and misconceptions for young people and parents/ guardians, the types of issues that may naturally be a source of conflict during settlement and acculturation, and that it is okay to seek help. Empowering families with knowledge, in a supportive environment, should alleviate rather than exacerbate some of the insecurities and anxieties experienced in settlement.[71] This is not only for newly arrived communities, but those that may have been in Australia for some time.

[70] WHO (2017).
[71] CMY (2011). *Good Practice Guide: Youth Work in the Family Context*. Carlton: Centre for Multicultural Youth (CMY).

> *"The problem is that the parents don't hear them… Some parents just want to get them back to church."* – bicultural youth worker

Despite this, many services continue to work from a Western paradigm that responds to the young person as an individual, rather than understand the collectivist cultures from which they may come from. Family and elders often play a critical role in the lives of young people, and working from a family centred perspective is extremely important. Not only that, but proactively engaging parents around parenting adolescents in the Australian context, including supports that are available, is critical in terms of preventing family conflict and breakdown, which contributes to mental ill-health. Schools can play an important role in facilitating contact with family members. The community hub model used to engage mothers from migrant and refugee backgrounds in health, education and training is one that could be built upon to establish stronger relationships with families and increase their access to available support.

The impact of parent/guardian mental health

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's experience is that young people from migrant and refugee backgrounds can be particularly vulnerable to poor mental health as a result of their parent's/guardian's 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

Recommendations for prevention

2.1.1 Continue to support initiatives that are accessible and promote mental health and wellbeing among young people from migrant and refugee backgrounds, such as sport, recreation, arts, youth support and leadership development – that strengthen young people's social capital, ability to access support, and increase a sense of belonging.

2.2.1 That to address stigma and promote access to mental health support requires mental health literacy in communities from migrant and refugee backgrounds, as part of a broader health literacy strategy. Such an approach should:

a) Use a co-design, partnership and tailored approach to work with migrant and refugee communities to improve mental health literacy (including partnering with community/faith leaders, bicultural youth/community workers, parents and young people). This could include exploring opportunities to develop culturally relevant,

mental health early intervention programs with parents and caregivers from migrant and refugee backgrounds, to support the wellbeing of the young people in their care;

b) Incorporate a strengths-based, transcultural mental health lens that explores and integrates the strengths of various cultures and religious/spiritual views;

c) Be funded recurrently to allow for long-term mental health literacy education and dialogue;

d) Invest in culturally relevant peer education and support programs, including the use of culturally relevant mentors and role models.

2.2.2 Resource (and/or require mental health services to resource) youth-led and peer-to-peer initiatives by young people from migrant and refugee background that create opportunities for promoting social inclusion and addressing racism and discrimination.

2.2.3 Look for opportunities to develop or align social cohesion and anti-racism strategies that include mental health and wellbeing approaches.

2.3.1 Resource targeted and culturally relevant youth work interventions with young people from migrant and refugee backgrounds identified as 'falling through the gaps' (for example, Le Mana and CSG).

2.4.1 Invest in culturally driven, youth-focussed community development approaches (such as Community Support Groups or the CMY Le Mana Project) that can engage holistically with young people, families and community leaders from migrant and refugee backgrounds, and can act as a point of coordination for services and government. Such approaches should be funded for a minimum of 2-3 years, to allow for effective trust, engagement, coordination and responses to community-identified needs.

2.6.1 Look for opportunities to replicate successful models of cross-sector partnerships that support the social and economic wellbeing of young people from refugee and migrant backgrounds, such as the JVEN African and Pasifika youth program.

2.7.1 Resource programs that work with parents from migrant and refugee backgrounds around parenting adolescents in the Australian context, understanding education and employment pathways; and that support their own mental health and wellbeing.

2.7.2 Invest in co-designed and community-led programs that strengthen intergenerational dialogue amongst migrant and refugee communities.

3. Early intervention and promoting access

3.1. A 'whole of community' approach: Working with young people, families and community

Community engagement is critical to an effective mental health service system. Developing responses that are timely, effective and successful requires a system that is capable of engaging with and learning from the community. A key issue repeatedly identified by young people from refugee and migrant backgrounds is the challenges they face engaging with a service system that doesn't understand and respond to their needs. Young people continually tell us that they want more meaningful participation and engagement, not consultation that tends towards tokenism, but real opportunities to influence decision making and inform how services for them are planned for, funded, designed, delivered and evaluated. For young people from a refugee and migrant background a mental health service system that works well would adopt a 'whole of community' approach that actively engages with young people from refugee and migrant backgrounds, and their parents and communities, as partners to identify needs and co-design, implement and evaluate targeted, culturally relevant solutions.

Guidelines and good practice approaches for supporting meaningful participation and partnership already exist. The mental health service system needs to explore how these would best fit at different levels of the system and work with young people from refugee and migrant backgrounds to develop models for their ongoing, meaningful participation.

Examples of existing guidelines and good practice include:

- *Not "Just Ticking A Box": Youth participation with young people from refugee and migrant Backgrounds* (MYAN 2018): "Youth participation is about developing partnerships with young people so that they may take a valued position and role within our community and are able to be actively involved in the decision making processes that affect them."[72] Meaningful youth participation requires investment in individuals, organisations and systems to ensure the necessary knowledge and structures are in place to build that capacity of young people and provide the opportunities for them to participate.[73]
- Inclusive organisations: A guide to good practice strategies for engaging young people from migrant and refugee backgrounds in services and programs (CMY 2016): Building the youth mental health sectors' ability to engage and work effectively with young people from migrant and refugee backgrounds requires going beyond notions of 'cultural competency' as a skill held by an individual worker to adopting a whole of organisational approach, including policies, systems, personnel and practice competence. Understanding the needs and interests of your community requires working with them – this means partnership with young people from refugee and migrant backgrounds, and their families and communities, is essential.[74]

[72] AYAC cited in MYAN. (2018). *Not "Just Ticking A Box": Youth participation with young people from refugee and migrant Backgrounds*. Retrieved from https://myan.org.au/wp-content/uploads/2018/11/youthparticipationfinalinteractive.pdf, p. 7
[73] MYAN, (2018).
[74] CMY. (2016). Inclusive Organisations: A guide to good practice strategies for engaging young people from migrant and refugee backgrounds in services and programs, Carlton, CMY. Retrieved from https://www.cmy.net.au/publications/inclusive-organisations

- *Partnership Practice Guide* (VCOSS 2018): Partnerships across service organisations and with government and community are a critical component to effective service system responses and are necessary when responding to complex social issues such as mental health. Partnerships allow for better and more timely identification of issues and needs, more swift development of targeted responses and for good practice to be shared.[75]
- *Cultural Responsiveness framework: Guidelines for Victorian health services* (Victorian Government (Department of Health) 2009): The empowerment of supported communities and their inclusion in their own development is a central tenet of community development work.[76] This idea has been drawn upon to inform the concept of 'consumer participation' within health services, with participation in health recognised as "an essential principle of health development, clinical governance, community capacity building and the development of social capital".[77] 'CALD' consumer participation is outlined under Domain 3 (with Standard 5 specifically outlining community participation as an ongoing element of program and service planning, improvement and review) and refers to the various activities that involve active consumer involvement across the levels of the Victorian health system.[78]
- *DHHS Cultural Diversity Plan 2016-19* (Victorian Government (Department of Health and Human Services) 2009): Cultural responsiveness at the organisational level: Organisation policies, structures and processes that promote partnership and partnership: Equally valuable to a mental health service system that works well are the presence of structures and systems that promote and value cultural diversity. An example is the elevation of partnerships with diverse communities to a priority area (Objective 10). Additionally, this plan builds in, at a system level, recognition of cultural competency as an ongoing process of learning and improvement that transcends the skills of an individual worker by requiring "frameworks and processes that enable culturally and linguistically diverse clients, carers and communities to engage and participate in service planning, design and delivery".[79]
- Collective impact approach: The value of this approach as an effective tool for addressing complex social problems in the area of mental health has been recognised within the *Victorian suicide prevention framework 2016-2025*. This approach centres the experiences and knowledge of those people who are the target of policy and services as experts and draws them into the process of identifying issues and designing solutions. It also recognises

[75] VCOSS. (2018). Partnerships Practice Guide. Retrieved from https://vcoss.org.au/resources/vcoss-partnership-practice-guide/
[76] Couch, J. & Francis, S. (2006). Participation for All? Searching for Marginalized Voices: The Case for Including Refugee Young People, *Children, Youth and Environments* 16(2): 272-290. Retrieved from http://www.colorado.edu/journals/cye.
[77] Victorian Government (Department of Health). (2009). *Cultural Responsiveness framework: Guidelines for Victorian health services.* Retrieved from https://www2.health.vic.gov.au/about/participation-and-communication/consumer-participation/participation-policy, p. 273
[78] KPMG for the Victorian Government (Department of Health). (2014). *Doing it with us not for us, Discussion Paper*. Retrieved fromhttps://www2.health.vic.gov.au/about/participation-and-communication/consumer-participation/summative-evaluation-of-participation-policy, p. 7.
[79] Victorian Government (Department of Health and Human Services). (2009). *DHHS Cultural Diversity Plan 2016-19.*Retrieved from https://www2.health.vic.gov.au/about/publications/policiesandguidelines/dhhs-delivering-for-diversity-cultural-diversity-plan-2016-19, P. 20

the need to bring all stakeholders together to map out the issues and design new solutions.[80]

A 'whole of community' approach seeks to engage with the community, as well as with relevant services and organisations and all levels of government. This approach takes partnerships as essential. Throughout this submission, we have identified case studies and opportunities for greater partnership and engagement with young people from refugee and migrant backgrounds, and their families and communities, to improve their access to and engagement with mental health services, and mental health and wellbeing outcomes.

3.2. Culturally relevant, youth mental health services

There is significant work to be done to strengthen access and ensure that the youth mental health system is a safe, trusted and culturally relevant place for young people from migrant and refugee backgrounds to seek support. Strategies needed include work within migrant and refugee communities to reduce stigma and increase mental health literacy, as well as a more culturally responsive mental health system. This was emphasised throughout recent consultations with young people from migrant and refugee backgrounds on the issue of mental health, who identified key barriers to accessing mental health support being due to:

- stigma, shame, intergenerational conflict as well as fear of burdening parents/family; and
- racism, lack of cultural responsiveness and negative experiences when visiting mental health services.

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 culturally relevant youth mental health services that are:

- well-located
- accessible
- flexible
- adequately trained and resourced; and
- 'no wrong doors' for new clients.[81]

Youth mental health services need to be more flexible and adaptable, and adopt youth-centred, culturally relevant 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.[82] Given the centrality

[80] Victorian Government (Department of Health & Human Services). (2016). *Victorian suicide prevention framework 2016-2025.* Retrieved from https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-suicide-prevention-framework-2016-2025. For more on this approach see https://collaborationforimpact.com.
[81] Valibhoy, et al., (2017), p. 24.
[82] Ibid.

of trust and relationship building as key to improving access, youth mental health services must work closely with services or groups that have well-established relationships with young people from migrant and refugee communities.

> *"We need (cultural) mentors out there, to support the young people, because it's so taboo in the community."* – multicultural youth worker

Religious leaders, faith healers or community leaders are often the people families from migrant and refugee backgrounds turn to for support, rather than the service system.[83] These leaders then are a critical link between families, communities and the services trying to improve mental health and well-being."[84] There is a need to integrate an approach to mental health that builds upon the strengths of various cultural and religious/spiritual worldviews.

Case Study 5 – A Transcultural Approach to Mental Health

The Te Whare Marie Specialist Māori Mental Health Service in Porirua, New Zealand, is a service providing mainstream mental health services to the Maori community complemented by Māori cultural concepts and pathways of health. The model blends Western mental health paradigms and models of care with Maori spiritual and cultural knowledge. In practice, mental health clinicians work alongside cultural therapists – or tohunga – in an approach where each body of knowledge is valued equally, allowing for both clinical and cultural perspectives to diagnosis and care. This is an approach that is "about giving the options to the person and allowing the person to decide and make their own decision to get well." Wiremu NiaNia, Tohunga, Te Whare Marie.

For more see, Te Moananui (2018) *Under the Korowai: a look at Maori mental health practice*. Available from https://www.youtube.com/watch?v=odo_-Vh2-fI&feature=youtu.be&t=8

Partnerships between organisations that work with young people from migrant and refugee backgrounds, and youth mental health services are integral. A gap often exists between services that work more broadly with young people from migrant and refugee backgrounds around issues of settlement, support and wellbeing, and the youth mental health space. Multicultural youth workers may not feel equipped to deal with more complex mental health issues, yet they are often the ones that young people disclose to given their established relationship. At the same time, those working with young people from refugee and migrant backgrounds can struggle to get referrals to youth mental health providers to 'stick'.

> *"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

For those that do reach out for help, feedback from multicultural youth workers suggest that over the phone assessments are inadequate for many young people. Intake processes are failing to detect the risk these young people face. Greater resources are required to allow for face-to-face trust and

[83] De Silva, S. & Santhanam-Martin, R. (2013). *Cultures in the Know: Enabling Multifaith Communities to improve Mental Well-Being*. ADEC & VTPU.
[84] Ibid.

rapport building as part of the assessment process. Similarly, the length of wait time is of concern – and community members of youth workers are left carrying the burden of support whilst waiting for the young person to receive professional help.

> *"I've got about six young people I support who are on the waiting list for headspace. When they get assessed on the phone, the young person says 'yes, yes I'm okay' so they are put to back of the waiting list, because they don't trust the person. But they are not okay… They [headspace] need to sit with them and read their body language. I'm trying to work with the headspace staff as to how to get the real response from the young people. Questions like "when is the last time you had an anxiety attack?" doesn't always translate for our young people… Three weeks wait for headspace is too long"* – bicultural youth worker

> *"The initial engagement and assessment tool needs to change. It's more about making the connection around initiating that relationship, than an assessment tool like ticking a box… Mental health case workers say our caseloads are so high – it's about resourcing of the sector"* – bicultural youth worker

Case Study 6 – 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 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 of the importance of representation 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', and not for people like themselves.

Research has identified a number of facilitators to promoting access and working more effectively with young people from refugee and migrant backgrounds around mental health issues. These include:

- Understanding cultural definitions of mental health, illness and treatment
- 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. [85]

Our consultations with young people from migrant and refugee backgrounds and service providers additionally highlighted key features of good youth mental health service responses. These included those that:

- were well connected with migrant and refugee communities and services in their local areas
- were operating in locations young people regularly frequent (e.g. outreach, co-location)
- employed workers from migrant/refugee communities
- provided wrap around services in collaboration with other service providers
- included early intervention as a targeted service response
- actively worked to address rural and regional inequalities.

Similarly, effective family engagement is critical to supporting the mental health of young people from migrant and refugee backgrounds.

Our consultations with young people from migrant and refugee backgrounds also highlighted that they value:

- Choice around the cultural background of mental health professional (some would like to see staff from similar backgrounds; others desire the anonymity that comes with someone from a different background to their own);
- Mental health staff to be aware and informed around issues of culture, religion, migration history (e.g. refugee background);

[85] Colucci, et al. (2015).

- To be seen as an individual (the young person as expert in their life - no assumptions about what their culture, religion, age or migration history means to the young person);
- Seeing people themselves reflected in the mental health workforce (a culturally diverse mental health workforce).

CMY would like to reiterate the frequently voiced concerns of the young people we spoke to for this consultation that while they want to be recognised as a diverse group with diverse needs they don't want or need a totally separate or distinct mental health system that further amplifies their 'difference'. This means they want to be treated as individuals and not have their culture, religion or migration pathways determine how the system responds to their needs. Instead, they want to be able to choose the type of mental health services they access – whether these are services delivered by bicultural workers who work alongside trained mental health professionals, or are culturally competent services within the 'mainstream' mental health system – because a diversity of quality services are available.

3.3. Working with 'gatekeepers'

> *These community leaders are our gate keepers* – Pasifika youth worker

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 they seek out. 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".[86] 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.[87]

The 2011 federal government's report on youth suicide prevention highlights the importance of Gatekeeper training, referring to

> *"a diverse range of individuals who have regular contact with young people. These people include family, friends, teachers, youth workers, sports coaches, health professionals, law enforcement and emergency services personnel… Each of these groups of people play two critical roles: to act as 'detectors' and monitor for early warning signs of young people at risk; and to act as 'facilitators' – alerting and making appropriate referrals to specialist service providers as required."*[88]

For particular groups of young people from migrant and refugee backgrounds, the 'non-professional' gatekeepers play a significant role – such as friends, cultural mentors, trusted community members, faith or community leaders – given they may lack trust with more 'typical' gatekeepers such as school welfare workers. CMY consultations highlighted that some young people do not perceive teachers, school welfare workers or 'professional' help services as safe places to turn in crisis, and are far more

[86] Ellis et al., in Colucci, et al., (2014), p. 98.
[87] Valibhoy, et al. (2017).
[88] The Parliament of the Commonwealth of Australia (2011).

likely to turn to a friend or trusted person in the community. Educating these 'non-professional' gatekeepers such as friends, family and trusted community members can be more challenging in terms of time, resources and engagement, and requires a proactive strategy that works alongside communities.[89]

Improving the ability of 'professional' gatekeepers to engage with, detect and assess the need for mental health support is also extremely important for the wellbeing of young people from migrant and refugee backgrounds. There is international evidence that gatekeeper training aimed at GPs can be very effective in reducing the risk of youth suicide.[90] Teachers, school welfare coordinators and GPs for instance are important points of interface for facilitating effective support for young people, yet CMYs consultations indicate that these gatekeepers are not always able to effectively engage with or assess with young people from migrant and refugee backgrounds who may be at risk.

> *"The boys from schools, they don't seek support from wellbeing staff. The staff can't engage with the students – the language they use, they're not someone they would go to. The boys can't talk to their parents, don't have adults to turn to."* – bicultural youth worker

Young people and families may not know the language to use and/or haven't recognised the signs of mental illness, and this is not always being detected by gatekeepers around them. Examples were provided of where a service had worked alongside a family to encourage them to seek help for their teenage child, but when they attended the GP, their concerns were dismissed. Similarly, youth workers gave examples of a family taking their child to the GP who had mental health concerns, but the family described physical symptoms rather than using the language of mental health. The GP did not detect the mental health issues present and no mental health plan was provided. Concerns have been raised around the wording of screening questions used by GPs and whether this would be understood by young people and parents. The issue of 10 rebated sessions per year being insufficient is also a concern some youth workers raised.

Given that some young people are reluctant to seek help from teachers, school welfare workers or GPs - key points of referral to the youth mental health service system – it is important to also invest in other culturally relevant and community-based responses where we build on the existing trusting relationships that young people have. Specialist multicultural youth workers, peers, trusted community members, and multicultural/bicultural youth workers are key points of referral and support.

However, community responses need adequate support, training and resourcing. Bicultural youth workers spoke of receiving calls at all hours of the day or night, sometimes from interstate, from young people from their cultural communities who were needing help with mental health concerns (sometimes who were unknown to them). Similarly, they spoke of volunteers within the community who run case management out of hours for free for members of their community. However, there were questions around what kind of support and training these volunteers receive, to ensure such responses are effective, sustainable and don't result in burn out.

[89] The Parliament of the Commonwealth of Australia (2011).
[90] The Parliament of the Commonwealth of Australia (2011).

> *"We come and pick the young person up after hours, provide that supported referral, we'll take you – otherwise they just won't go. I got a call from Sydney and I said 'I can't get to you, have you got someone else who can come and get to you and help'"* – bicultural youth worker

At the moment, bicultural youth community development initiatives (such as CMY's Le Mana and CSG programs) are doing much of this important early intervention work amongst young people in the community, filling gaps in the service system between young people, 'professional gatekeepers' and the mental health service system.

In CMY's experience, placing specialist multicultural youth workers in schools that have high numbers of young people from refugee backgrounds is an effective way of building trust and meeting young people's support needs. Additionally, young people continually inform us that peers are a key place they seek support – so investing in culturally relevant peer education and support is an area that should receive further attention.

3.4. Mental health workforce development

Bicultural mental health workers are important resources in the mental health 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. Bicultural liaison roles have a history of effectiveness in promoting access and building trust between migrant and refugee communities and services. Similarly, designated roles that focus on engagement with migrant and refugee communities are important in building mental health literacy and reducing stigma.

Case Study 7: Multicultural Mental Health and Wellbeing Worker

Diversitat Geelong has a dedicated Multicultural Mental Health & Wellbeing Worker funded by the Department of Health. The role has two main areas of focus, one is delivering mental health education to new arrival communities to the Geelong area and the second is providing cultural competency and secondary consultation to mental health services in Geelong.

The role is able to outreach to groups of newly arrived young people, including parents groups, to educate and reduce stigma around mental health – including working in partnership with local mental health providers. Often settlement and youth workers don't have the time and resources to develop explicit partnerships and relationships with all of the programs and services offering mental health and wellbeing programs that may be of relevance. A role such as this is able to make these connections for services, linking new arrival communities in to important, and often typically underutilised, services in this area.

Key factors contributing to the success of this role include:

- Status in community as a trusted organisation: The trusted position the organisation holds with communities means the worker is able to leverage this trust to engage more readily with communities on a topic that may be typically quite challenging. This can also assist in the facilitation of referrals, with the trust often transferring to other organisations and services introduced by the working - facilitating more timely and smooth referrals into other services.
- Dedicated programs, teams and workers: The process of establishing partnerships to support new communities to access and engage with local services and supports is greatly enabled by the existence of dedicated programs, teams and workers who understand the particular needs and interested of community members with refugee and migrant backgrounds. Again, this means that pathways and linkages are more readily opened up as there is shared understanding and awareness of the community needs and an existing commitment to working to address these.

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 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" – bicultural 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 professionals, could be one way of expanding the cultural diversity of the mental health workforce.

Recommendations for early intervention and promoting access

3.1.1 Resource working and learning partnerships between youth mental health providers, multicultural youth workers, refugee mental health specialists and education welfare staff to better meet the needs of young people from migrant and refugee backgrounds.

3.1.2 Resource (and/or require mental health services to resource) culturally relevant, co-designed peer education and support models around mental health.

3.2.1 Resource initiatives that draw on the expertise of the multicultural youth sector to build the youth mental health sectors' ability to engage and work effectively with young people from migrant and refugee backgrounds. This goes beyond notions of 'cultural competency' and requires a whole of organisational approach, including policies, systems, personnel and practice. This includes building in accountability mechanisms to funding that require mental health services ensure services are accessible (e.g. use of interpreters).

3.3.1 Build the ability of both professional and non-professional gatekeepers to engage, assess and respond to the mental health needs of young people from migrant and refugee backgrounds.

3.4.1 Build on the work of organisations like CMY to develop a best practice framework around mental health early intervention for young people from migrant and refugee backgrounds.

3.4.2 Resource bicultural/multicultural liaison roles in youth mental health and community health services, which can play a community engagement and brokering role.

3.4.3 Provide scholarships and incentive programs to recruit mental health professionals from diverse cultural and linguistic backgrounds (as has been done amongst ATSI communities).

4. Focus issues

4.1. Addressing youth suicide

Suicide is a growing public health concern in Australia, with rates of suicide increasing over the last two decades.[91] Particular groups of young people in society are considered to be at a greater risk of suicide. Young people from migrant and refugee backgrounds are one such group.[92] Despite being at greater risk, there is a "paucity of data on suicide in culturally and linguistically diverse (CALD) populations". [93] Even with such gaps in official data, CMY is aware of an increase in suicide and suicide attempts by young people from migrant and refugee backgrounds in Victoria. There are certain communities CMY is aware of who are reporting that this is of growing concern.

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 because of a lack of understanding and awareness of how mental health issues may present; other accounts indicate that people may have had concerns, yet were unsure of where to seek help or how to respond.

Despite being at greater risk of youth suicide there are few examples of targeted, culturally relevant youth suicide strategies for young Victorian's from refugee and migrant backgrounds – with the notable recent exception of a response that was initiated once youth suicide had reached crisis point (see Case Study below). Victoria's mental health service system requires an immediate investment, from early intervention to crisis response, to address the particular needs of young people from refugee and migrant backgrounds in regards to youth suicide. This work must adopt both a partnerships approach, that engages young people, families and communities, and must be targeted, locally-based and culturally relevant.

[91] Suicide Prevention Australia (2019), p. 3
[92] The Parliament of the Commonwealth of Australia (2011), p. 21. It should be noted that this is based on research using data from the period 1979 – 1994 – see Diversity Health Institute (2010), Submission to the Standing Committee on Health and Ageing (No 12), p 1, available from https://www.aph.gov.au/parliamentary_business/committees/house_of_representatives_committees?url=haa/./youthsuicide/subs.htm
[93] The Parliament of the Commonwealth of Australia, 2011., 2.10, p. 10

Case Study 8: Youth mental health first aid with the Melbourne South Sudanese community

In response to a high number of recent youth suicides in the South Sudanese community in Melbourne, the Victorian government is working alongside community representatives to build the mental health capacity of both bicultural youth workers and community volunteers (both youth, religious and community leaders from South Sudanese backgrounds). This includes offering training such as Suicide Assist (suicide intervention model) and 'SafeTALK' (suicide alert helper training). There is a significant need for these kinds of tailored interventions in other communities from migrant and refugee backgrounds – in partnership with youth and community leaders. However, such initiatives should be preventative rather than waiting until crisis point.

While this is an important investment to meet the needs of a community in crises, CMY would like to see greater investment in early intervention approaches that address the needs of young people, their families and communities, before they reach crisis.

Crisis responses are important for supporting community and youth workers, and other non-professionals (e.g. faith leaders, friends and family members), who are often the first responders when young people from refugee and migrant backgrounds, or their families and communities, are in crisis.

> *"People are getting calls at 3 in the morning re: kids jumping off the bridge… our community leaders are picking up the pieces."* – bicultural youth worker

While the capacity to respond to a community in crisis is an important element of an effective service system, as we have outlined above (see 3. Early intervention and promoting access) much more needs to be done earlier to build the capacity of people young people turn to in times of need to ensure they have the skills and resources to respond and provide appropriate support, and to prevent young people reaching crisis point.[94]

CMY strongly supports the Victorian Government's commitment to suicide prevention, expressed in the Victorian suicide prevention framework 2016-2025, particularly objective 5 – helping local communities prevent suicide.[95] Locally based solutions are critically important to ensuring responses are targeted to meet the diverse needs of communities. CMY is also encouraged by the Government's commitment to "developing culturally appropriate and safe suicide prevention approaches", however would like to see greater proactive efforts to work alongside migrant and refugee communities (including young people and families) to co-design culturally appropriate early intervention youth suicide initiatives.[96]

While more research and data are needed to understand the particular risk and protective factors linked to suicidal behaviours for refugee and migrant young people, we do know that lower suicide risk is associated with strong connection to family, religion and traditional values.[97] This highlights the

[94] This includes the adoption of an approach within youth suicide strategies that is sensitive to "early responses to concerns" from 'at risk' communities. Objective 2 - Victorian Government (Department of Health & Human Services) (2016), p. 6
[95] Victorian Government (Department of Health & Human Services) (2016).
[96] Victorian Government (Department of Health & Human Services) (2016).
[97] Burvill, Armstrong & Carlson, 1983; Kliewer, 1991; McDonald & Steel, 1997; Morrell, Taylor, Slaytor & Ford, 1999 cited in Mental Health in Multicultural Australia, (2014), *Framework for Mental Health in Multicultural Australia: Introductory Guide*. Mt Gravatt, MHiMA.

importance of strengthening young people's relationships with family and culture, which for many young people may include spirituality or religion, as a central element to youth suicide strategies with refugee and migrant communities.

The Parliament of the Commonwealth of Australia's report on early intervention and prevention of youth suicide outlines the need for indicated (individual), selective (group) and universal interventions.[98] CMY supports this approach, and would advocate that indicative approaches (such as working with young people identified as 'at risk' and supporting friends, family and community to support them) are critically important. Also important is a universal approach that promotes social and emotional wellbeing of young people (including social and economic inclusion and freedom from racism and discrimination).

However, a selective intervention approach (targeted specifically to young people and communities from migrant and refugee backgrounds, tailored to particular cultural groups) is especially needed. "Selective intervention programs must be tailored to the particular group in question, in order to reflect a group's attitudes and beliefs about suicide, mental health and well being".[99] This approach is support by Suicide Prevention Australia who has called for the development of a National Suicide Prevention Plan that "recognise(s) the importance of customised broad based (biopsychosocial) strategies for Priority Population groups" in Australia's suicide prevention strategy.[100]

Selective early intervention with refugee and migrant young people would work to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention. Examples for this cohort could include culturally relevant youth work, social and recreational programs, initiatives with young people from migrant and refugee backgrounds to reduce stigma and increase understanding of mental health and wellbeing.

Evaluation and reporting – data

In addition to investing in targeted early intervention strategies, CMY recognise the need for youth suicide programs to be evaluated, so we know what works, and for quality data to be collected to support timely, targeted intervention and prevention programs. A lack of data has previously been identified as impacting upon the effectiveness of Australian youth suicide prevention approaches. For example, the 2011 national inquiry into youth suicide reported that "where evaluations have been undertaken, evidence suggests that to some extent assessments have been hampered by a paucity of disaggregated statistical data on high risk groups."[101]

In Victoria, the Coroner's Court of Victoria keeps a suicide register (Victorian Suicide Register, VSR), in part to identify high-risk population groups. However, this record does not capture detailed data on the cultural and linguistic background of persons and data from the register is not currently publicly accessible.[102] While CMY recognise that data collection on youth suicide is problematic, with the

[98] The Parliament of the Commonwealth of Australia, 2011., pp. 19-23
[99] The Parliament of the Commonwealth of Australia, 2011., p. 21
[100] Suicide Prevention Australia (2019), p. 6
[101] The Parliament of the Commonwealth of Australia, 2011., 3.37 p. 30
[102] Personal Correspondence with Coroner's Court of Victoria – 28 June 2019: See also, Elston, R., 'Melbourne South Sudanese Youth Say They are sick of losing their friends to suicide', *SBSNews*, 7 June 2019, available from https://www.sbs.com.au/news/melbourne-s-south-sudanese-youth-say-they-re-sick-of-losing-their-friends-to-suicide

contributing issues well-documented,[103] the collation of comprehensive information about those who die by suicide and their wider social circumstances is recognised as "a necessary prerequisite for guiding local decisions on suicide prevention planning and action."[104] A lack of information and poor data makes it very challenging to gather a complete picture of youth suicide and has flow on effects for the development of effective and timely service responses and preventative interventions.

Recommendations for addressing youth suicide

4.1.1 Adopt an 'early warning system' that identifies communities of young people who are struggling and at greater risk (e.g. such a system could track risk factors associated with youth suicide within refugee and migrant communities, such as engagement with youth justice and school disengagement, and has mechanisms for mobilising timely prevention responses). Indicators could 'trigger' investment in community partnerships and projects to ensure vulnerable groups are directly informing service responses and early intervention strategies.

4.1.2 Invest in early intervention youth suicide programs that specifically target communities from migrant and refugee backgrounds. Such an approach should:

a) link in to existing programs addressing issues of cultural, educational, employment, social and economic disadvantage, so that initiatives are recognised as an integral part of a holistic approach to youth suicide prevention[105]

b) be informed by and work in partnership with young people, families and community;

c) be targeted and locally-based – this means tailoring programs to the particular needs of various migrant communities (recognising that no one size fits all) and

d) develop multilingual dissemination strategies (such as use of community media and youth champions) to support community engagement.

4.1.3 Improve data collection, quality and reporting. Building on the Suicide Prevention Australia's recommendation, this would include a focus on "improving the integrity (accuracy and timeliness), collation (local and national information including the integration of state-based data) and distribution of suicide data to assist service delivery and research".[106]

4.1.4 Invest in further research to:

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[103] The Parliament of the Commonwealth of Australia, 2011., p. 12

[104] Sutherland, G. Milner,A. Dwyer, J. Bugeja, L. Woodward, A. Robinson, J. & Perkis, J. (2017). Implementation and evaluation of the Victorian Suicide Register, *Australian and New Zealand Journal of Public Health*, 42(3): 296-302.Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12725

[105] This recommendation is based on Recommendation 6 of the Parliament of the Commonwealth of Australia's 2011 report into youth suicide - *Before it's too late: Report on early intervention programs preventing youth suicide*. This recommendation came out of the Committee's identification of service complexity and fragmentation of services as a key barrier to young people at risk not being able to access the support they need. Strategies are required that ensure services link up and deliver collaborative responses so young people do not fall through the gaps and can easily find the assistance they need. See The Parliament of the Commonwealth of Australia (2011), p. 41

[106] Suicide Prevention Australia (2019).

a) investigate the 'early warning signs' for youth suicide in refugee and migrant communities and helps inform the development of an 'early warning system' to drive targeted, early intervention responses.

b) evaluate selective interventions for targeted early intervention youth suicide strategies with young people from migrant and refugee backgrounds. This should include building evaluation into service funding agreements to ensure it is carried out and requiring services to evaluate their use of youth participation and partnerships.

4.2. Data

In the 2017-18 Victorian Mental Health Services Annual Report it was reported that just 3.9% of people accessing mental health community support services had a CALD status[107], while the percentage of 'consumers of culturally diverse backgrounds' accessing clinical mental health services was 13.7%.[108]

Current mental health services data collection systems do not adequately capture data about the cultural and language diversity of service users from refugee and migrant backgrounds, their needs, outcomes or service utilisation experience.[109] In Victoria, this lack of data on and feedback from Victoria's refugee and migrant communities is seen to be negatively impacting upon mental health services from the level of system design and funding prioritisation to service planning, implementation, monitoring and evaluation, and outcomes.

A recognised challenge for service planning and investment in programs with newly arrived communities is the lack of up to date, accurate, publicly available settlement data.[110] However, while recognising challenges associated with accessing data from other jurisdictions, the Victorian Auditor General has argued "service delivery departments and service providers could be doing more to collect and analyse client feedback and other relevant data for planning and evaluation purposes."[111] Acknowledging that the collection of accurate and consistent data on cultural and linguistic diversity can be a challenge, standards and guidelines have been developed that can support services to understand what information may be useful to collect in order to inform their planning and improve their services.[112]

Beyond the collection of demographic data, effective data systems must also capture the views and feedback of service users from refugee and migrant backgrounds and undertake data analysis and reporting. Capturing service user feedback and experiences for refugee and migrant communities may require translating information into language and necessarily includes regular consultations with communities in order to track progress, to identify emerging trends (well before statistical data collection methods can identify these) to more comprehensively understand needs and to inform solutions.

Additionally, at a national level it has also been reported that "there is limited monitoring or reporting on the status of mental wellbeing in CALD communities, the level of service access or mental health

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[107] This appears to be a binary 'yes/no' variable where CALD status is not defined. See Victorian Government (Department of Health and Human Services). (2018). *Victoria's Mental Health Services Annual Report 2017-18*. Retrieved from https://www2.health.vic.gov.au/-/media/health/files/collections/annual-reports/m/mental-health-services-annual-report-2017-18.pdf?la=en&hash=9A002E3E14738001A85BFB46FB49DBA016F065A4, p. 71

[108] Victorian Government (Department of Health and Human Services) (2018), p. 65

[109] Mental Health in Multicultural Australia (2014).

[110] See MYAN. (2019). *2019 Federal Election Policy Platform*. Retrieved from https://myan.org.au/wp-content/uploads/2019/04/myanfederalelectionpolicyplatform2019.pdf

[111] VAGO. (2014). Access to services for migrants, refugees and asylum seekers. Retrieved from https://www.audit.vic.gov.au/sites/default/files/20140529-Migrants-Services.pdf, p. xi

[112] For example, ABS (Australian Bureau of Statistics) 1999. Standards for Statistics on Cultural and Language Diversity. ABS cat. no. 1289.0. Canberra: ABS. Note, challenges with data related to this population group have also been identified. For a recent example see, FECCA. (2019). *Measures of cultural and linguistic diversity – data and reporting, Policy Paper*. Retrieved from http://fecca.org.au/wp-content/uploads/2019/05/Issue-Paper-Data-Standards-Policy-Final.pdf

outcomes."[113] Monitoring and reporting has also been identified as an issue in Victoria according to a 2019 report from the Auditor General's Officer which noted "DHHS does not set expectations for service delivery for most funded programs and does not monitor what programs and activities health services deliver."[114] A lack of accountability for services to identify and respond to the particular service needs of the community is concerning. A 2014 report from the Victorian Auditor General suggests that this may be a more systemic issue when it comes to communities from a refugee or migrant background, as "Departments do not undertake systematic analysis of needs, and their service provision to CALD communities and achievement of related policy outcomes are not monitored, reported or held to account."[115]

A comprehensive data collection, analysis and reporting system that accurately captures information about how young people from refugee and migrant backgrounds are engaging with Victoria's mental health service system, their mental health needs and their experiences of the system is urgently required. The development of clear, consistent guidelines to support Victoria's mental health system to respond most effectively to the needs of the state's increasingly diverse population should be a priority. Guidelines should consider what already exists and should be informed by the needs and interests of community members from refugee and migrant backgrounds, including young people. There is also a need to ensure genuine accountability for provision of services to people from refugee and migrant backgrounds. This is a crucial element of the 'whole of community' approach, which requires funded services and programs to collect, analyse and report on data that demonstrates how they are undertaking youth participation and engagement with refugee and migrant young people and how they are translating this into services that are meeting identified needs and are achieving outcomes for the communities they are working in.

Recommendations for improving data collection and quality

4.2.1 Improve quality and consistency of data and feedback collected across Victoria's mental health network to understand diverse populations and identify their specific needs.

4.2.2 Introduce a compliance component within mental health service reporting on service users to ensure genuine accountability for provision of services to people from refugee and migrant backgrounds.

[113] Mental Health in Multicultural Australia (2014).
[114] VAGO (2019).
115 VAGO (2014), p. xii

4.3. Youth justice

> *"Interactions between the complex needs of young people, the nature of their offending and the megatrends shaping and influencing their lives poses significant challenges for the youth justice system. It necessitates the need for holistic, integrated thinking to address health, mental health, disability, education and employment needs in order to reduce reoffending."* – Armytage and Ogloff, 2017 [116]

The intersection between youth justice and mental health is well documented, with young people with mental health needs found to be significantly over-represented in Victoria's justice systems.[117] Despite this the "barriers experienced by all Victorians to obtain mental healthcare are compounded for young offenders who do not have priority access to services."[118]

There is a recognised need to better integrate mental health services for young offenders in Victoria in order to respond to offending from a more holistic frame. A 2017 report into Victoria's Youth Justice System identified a range of issues preventing access to appropriate mental health care and support for young offenders. Issues ranged from inconsistent practice for identifying mental health concerns and referring young people for appropriate support and care at intake, to limited mental health skills and training of staff (particularly to address inadequate screening), inadequate provision of mental health services within the youth justice system and a lack of prioritisation for assessment and treatment for complex young offenders.[119] The report also highlighted how detention and isolation exacerbate underlying mental health issues.[120]

Mental health symptoms do not cause offending but are associated with offending behaviours. Successful youth justice responses are informed first by recognition that disengagement and marginalisation are key underlying drivers for risk factors associated with offending behaviour and secondly by identification of risk and protective factors associated with criminal offending or other anti-social behaviour among young people, including mental health.[121] Key risk and protective factors identified at various levels include:

- Community (e.g. risk – poverty / protective - connectedness);
- School (e.g. risk - academic failure / protective - sense of belonging);
- Family (e.g. risk - family conflict / protective – maintenance of rituals); and
- Individual or peer (e.g. risk – alienation / protective – work success during adolescence).[122]

Adolescence has also been identified as an associated factor in youth offending behaviour, with adolescents "more susceptible to peer influence and risk-taking behaviour as a result of their stage of

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[116] Armytage & Ogloff. (2017). *Youth Justice: Review and strategy – Meeting needs and reducing offending, Executive Summary*. Retrieved from https://www.justice.vic.gov.au/sites/default/files/embridge_cache/emshare/original/public/2018/08/bf/6198c2b50/report_meeting_needs_and_reducing_offending_executive_summary_2017.pdf, p. 11
[117] Ibid.
[118] Armytage & Ogloff. (2017), p. 13
[119] Ibid.
[120] Ibid.
[121] Sutherland & Millsteed (2016a).
[122] Drugs and Crime Prevention Committee (2008)., p. 34 cited in MYAN (2017). *Submission to the Joint Standing Committee on Migration Inquiry into Settlement Outcomes*. Carlton: MYAN, p. 45

physical, mental and emotional development".[123] As a result however, most young offending is episodic, transitory and unlikely to continue into adulthood. Young people are likely, with appropriate intervention, to be successfully diverted from this behavior, especially if underlying factors placing them at risk are addressed. [124] Youth justice approaches should recognise addressing offending among young people requires a focus on diversion and rehabilitation – addressing mental health and wellbeing is a critical element to this work, with drug and alcohol interventions an integral part of a broader suite of mental health responses.

Young people from refugee and migrant backgrounds often face additional barriers that can result in them missing out on opportunities to participate, limiting connectedness and belonging and negatively impacting upon social and economic wellbeing.[125] Research shows that risk factors associated with young people's offending behaviour can be linked to particular social and economic vulnerabilities,[126] including poor mental health.[127] While the offending behaviour of some young people from refugee and migrant backgrounds has been linked to experiences of discrimination, feelings of social isolation and economic exclusion,[128] in some reporting this has been taken further to propose a supposed connection between refugee and migrant minorities and criminality.[129] However, Australian research into youth offending makes clear that it is misleading to suggest that being a member of a particular ethnic, religious or racial group is causally related to criminal activity.[130]

The Armytage and Ogloff report has identified the need for more culturally appropriate and responsive programs and approaches be developed within the Victorian youth justice system.[131] This includes development of crime prevention approaches that draw on the strengths of the broader cultural community and the adoption of approaches that build on existing models and "community-inclusive initiatives" that are working with young people from refugee and migrant backgrounds.[132]

Greater engagement with families is also necessary for effective youth justice responses with young people from refugee and migrant backgrounds, recognising that "strong prosocial connections with family and parents are protective factors for young people" in regards to youth offending.[133]/[134] To address the mental health needs of young people from refugee and migrant backgrounds in the youth justice system, the youth justice system should also seek to employ workers from various cultural backgrounds. As others have reported, and as the models explored in the case studies throughout this

[123] Hephill and Smith (2010). cited in MYAN (2017), p. 45
[124] JSS (2015). An escalating problem: Responding to the increased remand of children in Victoria. Melbourne: JSS. cited in MYAN (2017), p. 45
[125] CMY (2014b).
[126] Drugs and Crime Prevention Committee. (2008). *Inquiry into strategies to prevent high volume offending by young people.* (Discussion Paper). Melbourne: Parliament of Victoria, p. 34
[127] VAGO (2019).
[128] Armytage & Ogloff (2017)., p. 10: see also CMY. (2014). *Fair and accurate? Migrant and Refugee Young People, Crime and the Media*. Carlton: CMY.
[129] Collins, J. & Reid, C. (2009) cited in CMY (2014c), p. 6
[130] Baur (2006). cited in Bartels. (2011). Crime prevention programs for culturally and linguistically diverse communities in Australia. *Research in practice*, 18. Canberra: Australian Institute of Criminology.
[131] Armytage & Ogloff (2017), p. 24
[132] Armytage & Ogloff (2017), p. 10
[133] Armytage & Ogloff (2017), p. 9
[134] Armytage & Ogloff (2017), p. 13 & 24. Family engagement was an identified gap in current Victorian practice according to this report.

submission attest to, a culturally diverse workforce has "the potential to build community capacity and support for at-risk young people".[135]

Addressing the over-representation of certain groups in youth offending requires targeted investment in mental health early intervention and prevention strategies that promote the social and economic wellbeing of the young person, their family and community. Such interventions should be recognised as important elements of an effective and proactive youth justice diversion strategy. Whole of government approaches that encourage cross-portfolio collaboration are required to ensure such interventions, targeting the upstream factors contributing to poor mental health and youth justice outcomes for young people from refugee and migrant backgrounds, are successful. Such approaches should also work with young people, families and communities from refugee and migrant backgrounds to identify issues, support linkages across areas and to explore partnerships and models that can promote social and economic wellbeing and participation.

A related factor identified by young people as impacting upon their mental health and wellbeing is negative stereotypes and portrayals of young people from refugee and migrant backgrounds in relation to youth justice in the media and broader community.[136] Such portrayals can lead young people to feel stigmatised by the media and the public, and targeted by authority figures such as police.[137] According to Australian research, "there are strong and consistent relationships between racial discrimination and a range of detrimental health outcomes such as low self-esteem, reduced resilience, increased behaviour problems and lower levels of wellbeing."[138] To address this, programs targeting attitudes and perceptions in the wider community are needed. Such programs should not only promote social inclusion but need to directly challenge racism and discrimination in our community.

Raise the legal age

The Smart Justice for Young People (SJ4YP) Coalition in Victoria – a coalition of leading Aboriginal and Torres Strait Islander, social services, health, legal and youth advocacy organisations who advocate for evidence-based and effective responses to justice involved children and young people. CMY support SJ4YP in calling on the Government to raise the age of criminal responsibility to at least 14 years old. This call is supported by the Australian Medical Association, the Royal Australian College of Physician, the Australian Indigenous Doctors' Association, the National Aboriginal and Torres Strait Islander Legal Services, the Lowitja Institute as well as Public Guardians and Children's Commissioners across the country.[139]

In their work to raise awareness of this issue SJ4YP have noted:

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[135] Armytage & Ogloff (2017), p. 19
[136] Armytage & Ogloff (2017), p. 24
[137] See for example, Smith, B. & Reside, S. (2016) *'Boys, you wanna give me some action?': Interventions into policing of racialised communities in Melbourne*. Retrieved from http://smls.org.au/wp-content/uploads/2016/09/Boys-Wanna-Give-Me-Some-Action.pdf
[138] Priest et al, 2013 cited in (2015). Haile-Michael, D. & Issa, M. 'The more things change the more they stay the same': Report of the KFCLC Peer Advocacy Outreach Project on racial profiling in Melbourne. Retrieved from http://www.policeaccountability.org.au/wp-content/uploads/2015/07/More-Things-Change_report_softcopy.pdf, p. 15
[139] Australian Medical Association. (2019). *AMA Calls for the Age of Criminal Responsibility to be Raised to 14 Years of Age,* 25 March 2019, available from https://ama.com.au/media/ama-calls-age-criminal-responsibility-be-raised-14-years-age

> "Criminalising the behaviour of young and vulnerable children creates a vicious cycle of disadvantage that can entrench children in the criminal justice system.[140] Studies show that the younger a child has their first contact with the criminal justice system, the higher the chance of future offending.[141]
>
> The age of criminal responsibility in Victoria is 10 years.[142] This is the age at which a child can be investigated for an offence, arrested by police, charged and locked up in a youth prison.
>
> The current legal minimum age of criminal responsibility is against medical evidence that children aged 10 to 14 years lack emotional, mental and intellectual maturity. Research shows that children's brains are still developing throughout these formative years where they have limited capacity for reflection before action.[143] Children in grades four, five and six are not at a cognitive level of development where they are able to fully appreciate the criminal nature of their actions or the life-long consequences of criminalisation.[144]
>
> The current minimum age is in breach of international human rights law and is inconsistent with international standards. The median age of criminal responsibility worldwide is 14 years old. The United Nations Committee on the Rights of the Child has consistently said that countries should be working towards a minimum age of 14 years or older.[145] The Royal Commission into the Protection and Detention of Children in the Northern Territory recommended that the Northern Territory raise the age of criminal responsibility.[146]"

CMY join with SJ4YP in calling on the Royal Commission to recommend that section 344 of the *Children, Youth and Families Act 2005* be amended to raise the age of criminal responsibility to 14 years. It is crucial that these reforms be included in the recommendations made by the Royal Commission to prevent the criminalisation of children and the significant mental health risks associated with this.

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[140] Australian Institute of Health and Welfare (2016). *Young people returning to sentenced youth justice supervision 2014–15*. Juvenile justice series no. 20. Cat. no. JUV 84. Canberra: AIHW.The younger a person was at the start of their first supervised sentence, the more likely they were to return to sentenced supervision. For those whose first supervised sentenced was community-based, 90% of those aged 10-12 at the start of this sentence returned to sentenced supervision, compared with 23% of those aged 16 and just 3% of those aged 17. More staggering were those sentenced to detention as their first supervised sentence, all (100%) those aged 10-12 at the start of his sentence returned to some type of sentenced supervision before they turned 18. This rate of return decreased with age, to around 80% of those 14 and 15, 56% of those 16 and 17% of those 17.

[141] Ibid. See also Australian Institute of Health and Welfare 2013. Young People Aged 10 – 14 in the youth justice system, 2011-12. Juvenile justice series No.12 JUV 19. Canberra: AIHW.

[142] Children, Youth and Families Act 2005 (Vic), s 344.

[143] Andrew Becroft, 'From Little Things, Big Things Grow: Emerging Youth Justice Themes in the South Pacific' (Paper presented at the Australasian Youth Justice Conference on Changing Trajectories of Offending and Reoffending, New Zealand, 21-22 May 2013) 5 referring to Science Advisory Committee *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence* (May 2011) at 24. See also Kelly Richards, 'What makes juvenile offenders different from adult offenders?' (2011) 409 *Trends & issues in crime and criminal justice*, 4; Laurence Steinberg 'Risk Taking in Adolescence: New Perspectives from Brain and Behavioural Science' (2007) 16 *Current Directions in Psychological Science* 55, 56.

[144] Ibid.

[145] Committee on the Rights of the Child, *General Comment No. 10 Children's rights in juvenile justice*, 44th sess, UN Doc CRC/C/GC/10, (25 April 2007), pp. 32-33.

[146] The Commonwealth of Australia. (2017). Royal Commission into the Protection and Detention of Children in the Northern Territory, *Final Report* (2017) vol 2B, p. 420.

Recommendations for youth justice

4.3.1 Work in partnership with the youth justice system, young people and community to develop culturally appropriate mental health responses for groups of migrant and refugee young people who are over-represented in the youth justice system. (Previous measures have included programs that build positive relationships between police and particular groups of migrant and refugee young people; employing culturally specific workers in juvenile and young adult justice services; training and cultural support provided to court services and workers in the youth justice system; and culturally appropriate and specific programs lead by respected community leaders and young people.)

4.3.2 The Royal Commission should recommend that section 344 of the Children, Youth and Families Act 2005 be amended to raise the age of criminal responsibility to 14 years.

4.3.3 Fund further research into the underlying causes of offending behaviour specific to cultural groups over-represented in crime statistics and the youth justice system that draws on the expertise of young people and communities concerned. This will inform services on how best to develop effective, culturally relevant responses.

4.3.4 Evaluate the success of already existing programs designed to support migrant and refugee young people with regard to offending and mental health (both early intervention and more tertiary responses). This will assist with the identification of good practices and areas where mental health services have a particular role, providing a framework for future partnerships and initiatives to decrease rates of offending.

4.4. Online

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.[147] 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 understandings of mental illness offered.[148] There is virtually no support directed at young people from migrant and refugee backgrounds who may be grappling with a range of additional issues.[149]

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. 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 Youth Affairs Council Victoria's (YACVic) 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."[150]

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 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.

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[147] Ivancic, L., Perrens, B., Fildes, J., Perry, Y. & Christensen, H. (2014), *Youth Mental Health Report*, June 2014. Mission Australia and Black Dog Institute.
[148] CMY (2014a).
[149] CMY (2014a).
[150] YACVic. (2015). *Strengthening young people's mental health: A submission to the Victorian Government's 10 year Mental Health Strategy*. Retrieved from https://www.yacvic.org.au/assets/Documents/SUB-YACVic-submission-to-Victorias-10-Year-Mental-Health-Strategy.pdf

Case Study 9 – 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.

Building on recommendations from the Consumers Health Youth Health Forum[151] CMY also call for the development of 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 approaches to promote online mental health support for young people from migrant and refugee backgrounds.

Recommendation for online access

4.4.1 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.

[151] Consumers Health Forum of Australia. (2018). *Youth Health Forum Call to Action*. Retrieved from https://chf.org.au/sites/default/files/chf_yhfcall_to_action_final_002.pdf

4.5. Access to appropriate mental health services and supports in regional/rural areas

CMY 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. Often there is no available youth-specific mental health service, 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 for access to appropriate mental health services and supports in regional/rural areas

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

a) 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;

b) 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.

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