

# Developing a best practice framework for mental health services for young people from migrant & refugee backgrounds

*Notes from practitioner and youth focus groups // May 2019*



# MYAN NSW empowers young people from migrant and refugee backgrounds to make their voices heard.

## Why did we gather?

Multicultural Youth Affairs Network (MYAN) NSW hosted two focus groups facilitated by the Centre for Multicultural Youth (CMY). The focus groups were for practitioners and young people and aimed to contribute to developing best practice service approaches to improve the mental health and wellbeing of young people from refugee and migrant backgrounds in Australia.

These focus groups were part of a research project being conducted by CMY, assessing mental health services for young people from refugee and migrant backgrounds. The project will develop a best practice framework to support the 31 National Primary Health Networks (PHN) in commissioning effective, high quality programs aimed at improving the mental health and wellbeing of young people from refugee and migrant backgrounds.

Through discussions of key issues and opportunities CMY hopes to identify good practice approaches, frameworks and principles for mental health services, clarify the role of the PHNs in commissioning services that improve the mental health and wellbeing of the target group and provide recommendations regarding key elements of a good practice framework.



**MYAN NSW**  
Multicultural Youth Affairs Network





# Sector Consultation

## Who was there?

- Navitas English
- Nepean Blue Mountains Primary
- Health Network
- NSW Department of Education
- NSW Ministry of Health
- NSW Police
- Parramatta Mission
- St George Accommodation for Youth
- STARTTS
- Western Sydney Local Health District
- Youth Action
- MYAN NSW
- Australian Catholic University
- Carers NSW
- Centre for Multicultural Youth
- headspace
- Macarthur Diversity Services Initiative
- Macquarie University
- Mental Health Australia
- MetaFlo
- South West Connect
- South West Sydney Primary Health Network

## Sector Consultation Findings

It is worth noting that consultation participants were initially asked to think of a community environment that would help improve and maintain wellbeing and mental health of young people from refugee and migrant background. Overall, responses and discussions centred around a mental health service environment rather than a community level vision.

### Vision for a mental health system

Within this context, participants mentioned that a mental health service system should be holistic, coordinated and securely funded. In addition, it would be culturally appropriate and use easy to understand language which avoids the medicalisation of mental health and mental illness.

**It was discussed that a mental health system that would improve and maintain wellbeing and mental health of young people from a refugee and migrant background should:**

- » Be age appropriate.
- » Consider the social determinants of health (income, education, employment, housing etc.).
- » Engage in collaborative practice across a number of sectors – diversity of organisations working to a common goal.
- » Have staff who are trained in a number of areas such as cultural accountability, the juvenile justice system and anti-racism.
- » Be guided by young people and community-identified priorities in addressing mental health.
- » Be aware and considerate of young people's readiness access services and the changing needs throughout their settlement journey.
- » Be empathetic and understanding.
- » Work with the community to increase their understanding of what mental health is.

*"There needs to be a culturally appropriate understanding of mental health and mental illness. This needs to use language that is appropriate and which avoids jargon e.g. medical jargon and the medicalisation of mental illness."*

*"We should regularly listen to the community about their priorities, their needs and challenges and what we should focus on."*

*"The needs of young people change throughout the settlement journey and this will affect when and how they access mental health services and what for. Are we ready for them at all points along their settlement journey?"*

## What would make this system happen & what outcomes would be seen?

Discussion about enablers for the development of such a mental health service system included services and staff having roles that are flexible and responsive to allow practitioners to make tailored adjustments to better support young people. This includes delivering services and programs after hours and providing food and transport.

Young people would be involved in the design and delivery of the service using a strengths-based and youth development approach, and attendance would be voluntary. Services would also be actively looking for ways to 'say yes' to young people and be responsive when young people seek help.

Having shared experiences between clients and mental health professionals was mentioned as another enabler for the development of a more empathetic and understanding mental health service system.

Participants mentioned a number of outcomes that would result from the development of the proposed mental health service system including the community and services showing more care and concern; young people starting to refer friends to use services; and young people having someone in their life to encourage them to be the best version of themselves. In addition, young people would have more of a voice.



*"The young person entered the service via an arts program then moved onto team-based care, then the young person was able to volunteer and then was employed."*





## Closing circle insights by workshop participants

Participants shared their insights in a closing circle. Overall, practitioners valued such diverse organisations coming together to talk about youth mental health and acknowledged the wealth of experience and knowledge in the room. They expressed wanting more opportunities to work collaboratively but highlighted that competitive tendering makes collaboration challenging. Discussion also centred around young people – the importance of young people being part of the consultation; that young people's needs are different to adults; and how we can facilitate more young people to be part of the mental health support systems.

Practitioners noted the powerful stories they could take back to their organisations and networks to inform good practice. Discussion also included the multidisciplinary nature of mental health education, especially when working to increase community mental health literacy. Many questions were raised about how to reach parents and how to include them in our work. One participant talked about dignity and how services need to work hard to uphold it when supporting young people to access mental health support. Finally, the group noted the importance for practitioners who don't work in mental health specific services to understand the nature of mental health and how to support young people and communities from refugee and migrant backgrounds.

*"The exposure to young people's opinions was a big learning curve for me."*

*"As refugees we have already lost 90% of our dignity, we don't want to lose any more of it – please don't take any more of my remaining dignity."*

*"Young people need to have more of a voice in how we deliver services to them."*



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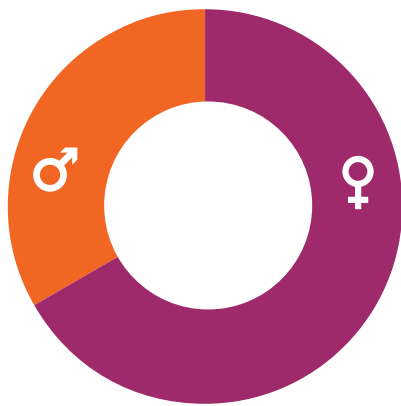
**“As refugees we have already lost 90% of our dignity, we don't want to lose any more of it – please don't take any more of my remaining dignity.”**

**“Young people need to have more of a voice in how we deliver services to them.”**

## Youth Consultation: Who was there?

# 24 young people participated in the consultation

Most of the participants had previously accessed a counsellor or mental health service.



Approximately two thirds identified as female and one third as male.

### They identified their cultural backgrounds as:

Indian  
Tamil  
Filipino  
Lebanese  
Vietnamese  
South Sudanese

Egyptian  
Pakistani  
Afghan  
Assyrian  
Afro-Colombian-Italian  
Vietnamese-Filipino

Punjabi  
Bangladeshi  
Ghanaian-Togolese  
Singaporean-Chinese  
Pakistani-Australian



# Youth Consultation Findings

## Can you name any mental health services?

Overall, young people's discussions about known mental health services centred around school counsellors. Many reported that they had not or would not go and see their school counsellor for a variety of different reasons. Headspace, Beyond Blue, Kids Helpline, The Butterfly Foundation, Fairfield Clinic and STARTTS programs were specific mental health services mentioned. It was reported that there are not enough services and those that exist are not always accessible by public transport. Other young people mentioned the cost associated with going to see a private practitioner.

*"I could never go to my school counsellor – there is such a stigma in school to seek help".*

*"No one knows where the school counsellor's office is.*

*The location of the office is scary – it's located right next to the toilet."*

*"People never actually meet the counsellor, no one knows who she is."*

*"We have never been told what we can go to the counsellor for."*

*"I have actually been to see the counsellor. She was very cold and discouraging. I found her to be scary – she wears all black."*

*"If you don't like your counsellor at school, there are no other options. I went to her because I didn't want my parents to know I was seeing someone."*



## Who would you talk to if you needed help?

Family, teachers and trusted workers were mentioned as persons young people would talk to if they needed help. Young people also raised issues regarding going to family for help, including lack of understanding about mental health and not wanting to upset the family. They referred to mental health being seen as a western problem by their families and the need to educate families about mental health. Some young people mentioned being able to go to their GP and get a mental health care plan.

*"I would go with my family with me as I trust my family."*

*"My family had information about where to go and what to do."*

*"For some of my friends, the last person they want to be involved in mental health services is the family. I want to talk with someone outside my family and networks."*

*"We have to educate the families about mental health because family are the people we trust."*

*"I know my family care but I don't want to tell them about a problem in my head."*

*"Mental health is a western concept – parents think it is influenced by western culture."*

*"Parents can't understand how I can be sad. I didn't live through the war."*

*"I have been sad. I have depression and anxiety. They can't understand. How can my struggle ever compare with theirs?"*

*"I am my mum's carer. She was in a psych hospital. I had to teach her about mental illness. There is a lot of shame in our community."*

*"My parents shamed me for going to the service. They said don't tell anyone."*



## **What are some of the things that make you feel good? Create a welcoming space? What made you go back? What might stop you from going back?**

Young people also spoke about mental health workers not being culturally trained. They reported that there should be more multicultural mental health workers (younger ones as well), so people from different cultural backgrounds can feel more comfortable going to them. Some young people reported that not all workers needed to have had the same experiences as them and that not all cultural backgrounds would be represented. Trust in the community and feeling safe were also mentioned in the focus group.

*"If a counsellor is not culturally trained they wouldn't know how to help you."*

*"I have not yet found anyone who is culturally trained."*

*"Most counsellors are from western cultural backgrounds – they should try to also have staff from non-western backgrounds."*

*"Mental health workers fail to acknowledge and appreciate cultural differences, making me feel dissatisfied with the service."*

*"I don't expect everyone to understand my culture. I want help with mental health issues. I don't need you to know all about what it is to live as a black person. I don't want to get bogged down in that."*

*"I have been asked so many stupid questions, asking me if I have moved out of home yet. I am not even married, of course I haven't moved out of home yet!!"*

*"It is difficult to talk with someone who knows little about your culture. I don't want to spend the entire consultation explaining my culture."*

*"I have a boyfriend that my parents don't know about. The counsellor has no idea how much it affects me that I am hiding my boyfriend from my parents. I would have to explain all of this to the therapist, what is the point?"*

*"I hold back on my story so that I don't have to defend who I am and my culture."*

*"Often people say it is best to have people from your own culture working with others from the same culture. I know a lot of people who don't trust interpreters as they don't trust that confidentiality will be kept."*

*"Amongst the parent generation, there is a lot less trust due to concerns about breaking confidentiality."*

*"You need to make sure that people feel safe."*

*"Money has been difficult for the family. They wanted to spend money on things other than medication and medical care."*



# At MYAN we believe we are only as good as **the collective of young people who work with us.**

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## Where to from here?

CMY and MYAN's ongoing consultation with young people from migrant and refugee backgrounds highlights the importance of working from a proactive, holistic and community development approach in terms of promoting mental wellbeing in their communities, and de-stigmatising help seeking around mental health.

We need to broaden the scope of mental health prevention to work holistically with young people, families and communities from migrant and refugee backgrounds – to take a family-focused, community-based approach where relevant, rather than a purely individualised one.

## Got questions? Get in touch.

Vanessa Chavez  
**Sector Development and Policy Manager**  
[vanessa@myannsw.org.au](mailto:vanessa@myannsw.org.au)



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