



**youth affairs network qld**

"Working together to improve the quality of life of young people in Queensland  
and thereby improve the quality of life of society."

## ***Ensuring the Health & Wellbeing of Queensland's Young People***

**Response  
from**

**Youth Affairs Network of Queensland (YANQ)**

**to the**

***Smart State: Health 2020 Discussion Paper***

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## **1. About the Youth Affairs Network of Queensland (YANQ)**

The Youth Affairs Network of Queensland Inc. (YANQ) is the peak community youth affairs organisation in Queensland. Representing over 350 individuals and organisations from Queensland's youth sector, YANQ promotes the interests and well being of young people across the state. YANQ advocates for and with young people, especially marginalised and disadvantaged young people, to government and the community. Further, YANQ encourages and participates in the development of policies, programs, projects and research that are responsive to the needs of young people, and we promote and support cultural diversity through the employment of a NESB (non-English speaking background) Policy and Network Officer and resourcing for the Non-English Speaking Youth Issues Network.

## **2. Introduction**

YANQ welcomes the opportunity to provide a brief generalized comment on the *Smart State: Health 2020* Discussion Paper. A number of sources and involvements merge to inform this response, as well as YANQ's ongoing policy considerations and research mechanisms in the area of youth health, particularly:

- Continuing consultation in the field with the youth sector workers and organisations regarding youth health issues, strategies, and concerns
- Development of YANQ's Youth Health Policy position
- YANQ's membership of the Multicultural Health Network
- Recent research on the mental health needs of CALD young people conducted by YANQ and QTMHC
- YANQ's long involvement in a variety of mechanisms relating to the issue of youth suicide and the QGYSPS. Most recently YANQ's coordination of the *Voices From The Edge* seminar looking at the issues of suicide and self harm and CALD young people and, input into the development of the new 5 year suicide plan for Queensland
- YANQ's involvement in DHAC's Primary Health Care Research Priorities Consultation
- YANQ's participation in the AMA 2001 Youth Health Summit
- YANQ's involvement with the developing community based Drug Reform lobby group
- Lobbying for a Ministerial Advisory Committee to address health related service delivery issues and concerns for marginalised young people in Queensland
- YANQ's involvement in QLD Health's Promoting Health with Schools Position Statement Experts group
- YANQ's involvement in QLD Health's Logan / Inala Young Peoples Early Intervention Pilot Project Steering Group
- YANQ's membership of the QLD Health's new Youth Sexual Health Website Reference Group
- YANQ's membership of the QLD Health's HIV/AIDS, Hep C, Sexual Health Advisory Group

As the issue of youth health has been a continuing focus and cause of discussion within the youth sector, YANQ as the youth peak is in a position to bring together this body of comment and knowledge through this discussion paper response. However, it must be

noted on behalf of the youth sector, that a longer consultation time frame (at least 4 months) and a much better public promotion of the discussion paper would have been highly valued, as many in the sector have been unaware of it's release and would have valued the opportunity for engaging consultation process.

The youth sector wishes for the opportunity for targeted consultation and YANQ both offer and looks forward to partnering with Queensland Health in the near future to jointly engage in an consultation process with the community sector regarding the specific health needs of young people in Queensland, and thus provide the opportunity to address a number of concerns and strategies noted in this brief response.

### **3. General Comments**

A noted earlier, YANQ is pleased to input into the discussion regarding *Health 2020* as a starting point for the development of strategies for future healthcare of young people in Queensland at this early stage of policy response and program formulation, and looks forward to continuing dialogue as specific strategies and approaches are developed.

Indeed it is a positive direction that the youth sector is able to enter into dialogue regarding long term social change and policy development in the area of health well before the development of specific measures. YANQ and the wider youth sector look forward to continued involvements in these future directions.

YANQ would wish to strongly note the sector's concerns in regard to key drivers and influences on health and health care that are noted in the discussion paper and the importance, therefore, in ensuring the development of a future health framework in which **all** young people's needs are being met regardless of their position or engagement in society.

YANQ would also wish to support the conclusion that primary health care and community based care will assume a more prominent role in the future, and hope that developing responses and policies will reflect this increasing level of community engagement with health care.

## **4. Specific Content Comments, Concerns & Issues Raised**

### **4.1 The focus of young people**

With the reality of an aging Australian and Queensland population, YANQ wishes to state most strongly, that we must not forget the reality of young people's health concerns and issues both in the present and towards the future. The needs and rights of young people in the health arena must be adequately met and not lost in an aging Australian future.

This is particularly relevant in relation to young people and the -

- Continued development of effective prevention strategies and youth focused treatments for specific health concerns,
- Continuing and enhanced Health Promotion strategies,
- Ongoing balance between early detection and intervention,
- Continued development of youth focused Information and communication strategies, and



- Continued focus on young peoples issues through adequate youth health policy and responses, especially a dedicated youth health (12-25) policy position within in Queensland Health.

In the developmental processes of YANQ's Youth Health Policy position, the sector strongly believes that young people aged 12 - 25 have specific health needs, concerns, and risks which differ from the needs of adults and children yet straddle both child and adult health frameworks, current responses, and priorities.

Adolescence is a time when broad based health behaviors are being formed and health problems may begin. As such, YANQ believes that any health policy, framework, or response must have an adequate and specific "Youth" focus, which **is** different to the needs of children (0-12) or the needs of young adults (25-35).

Physical, social, and emotional health and well-being cannot be divorced from wider environment issues impacting upon a young person, such as income levels and poverty, poor education, lack of parental support, dysfunctional family support, homelessness, substance misuse, sense of belonging, sexual activity, violence, ethnic or cultural differences, racism and discrimination, and a variety of other socio-economic and societal factors which must to be taken into account when considering the health of young people.

Therefore YANQ is committed, on behalf of the sector, to –

- The development of targeted prevention and health promotion strategies impacting on marginalised and disadvantaged young people – especially those not in education and therefore not in direct benefit of the range of Queensland Health youth initiatives which are at present school community focused.

A number of current responses to the issues of youth health – (eg. school based health nurses, Sexual health website, curriculum responses, mental health programs, health promotion strategies) – are predominantly school based. There is a growing call from the youth sector for responses that are targeted at marginalised and disadvantaged young people (eg. not in mainstream education, homeless, without social and community support, unable to access current health responses etc). This cohort of young people requires response.

- Advocating for access and equity to affordable and appropriate general and alternative health care.

There is also a significant call from the sector around a number of access and equity issues regarding young people and their access to health services. These include access to bulk billing and the development of youth friendly GP's, as well as resourcing for "Community Youth health clinics".

A model that has been positively referred to in the sector is a service that is based with a community organisation – particularly with a generic existing youth service, which then links with local GP's, provides training for these GP's to be "youth friendly and accessible", enables bulk billing to be accessed, and the youth service is able to offer a variety of other responses to these young people addressing the wider environmental or

socio-economic 'risks' impacting on the young person and providing information, support, and referral to other areas of the youth sector.

YANQ would refer Queensland Health to the background paper *Getting it Right: Models of Better Practice in Youth Health* (NSW Association for Adolescent Health, 1999) for a well documented background discussion supporting this growing need in Queensland.

- Advocating for continued broad based health education and prevention programs which are based on consultation with young people addressing the range of health and well-being needs of young people, including nutrition, body image, physical activity, harm and injury, substance misuse, self-harming behaviors, sexual health, depression, and suicide.
- Lobbying for the establishment of "youth specific" drug and alcohol detoxification rehabilitation centers which are appropriate for young men and women.

The youth sector has for some time voiced the strong concern regarding the dearth of public and accessible detoxification beds across the State available for young people. This situation is exacerbated for young people, as placement of young people in generic detoxification beds is most often inappropriate and young people or their families may not be in a position to pay for the service.

In order for young people to participate in detoxification programs there must be an increase in youth specific detoxification beds available – both within the Brisbane Region and in regional areas. YANQ believes this is an area of high and urgent need especially considering there is only one public youth specific program in Queensland. Enhanced strategies on this issue also need to address the development of information for young people and parents on what detoxification and rehabilitation is, and what it involves.

- Advocating for a stronger focus on health programs and responses for indigenous young people.
- Lobbying for a commitment from the state government to young people's health needs as demonstrated by resourcing for an appropriate youth health service infrastructure, policy and action plan focusing on all Queensland's young people, especially marginalised and disadvantaged young people
- Advocating for the automatic issuing of Medicare cards to all Australians at age 15. (Commonwealth agenda)
- Reinforcing the priority of consultation of young people regarding health needs and services.

In many respects, YANQ was again disappointed in the lack of a clear health policy and focus for young people (12-25) in the discussion paper. Only one dot-point related specifically to young people, and this again has raised both the concern, and need to have a clear dedicated youth policy focus in Queensland which can address the specific and particular needs of young people aged 12-25, without it appearing to be an add on to the expertise and knowledge which exists in Queensland Health in the area of child health.

YANQ strongly believes that the discussion paper provides a key opportunity to reorient and redesign health services to better meet the needs of young people aged 12 – 25 and recommends –

- the development of a specific youth health policy or position statement which encompasses the broad range of concerns and issues and trends facing young people in Queensland,
- the creation of a dedicated youth policy position within Queensland health, and
- the formation of an engagement mechanism by which youth health policy and youth sector concerns can be discussed and addresses in a regular, ongoing, and productive manner.

#### **4.2 Young People and Social and Emotional Wellbeing**

YANQ strongly supports the discussion papers' comments in relation to the social and emotional well-being of young people (mental illness, depression, anxiety etc) as a continuing issues facing young people into the future.

Future responses must continue to address the issue of mental health with a continued strong focus on young people. However, as noted above, there is a continuing call from the youth sector for responses that are targeted at marginalised and disadvantaged young people - not in mainstream education, homeless, without social and community support, or unable to access current health responses.

YANQ and QTMHC's research – *Coping In A New World: The Social And Emotional Well Being Of Young People From Culturally And Linguistically Diverse Backgrounds* (November 2001), developed a range of recommendations in relation to the issue of social and emotional well-being of culturally and linguistically diverse young people. These recommendations and suggested strategies are attached as an appendix to this submission, suggest some key strategies that impact across government, community, and a variety of portfolio's not only for CALD people but also for young people from all facets of society.

#### **4.3 Young People and HIV/AIDS, Hep C, Sexual Health**

YANQ looks forward to enhanced, expanded, and sustainable public health polices and programs relating to Queensland Health's responses to HIV/AIDS, Hep C, and Sexual Health focuses and young people.

- In particular, YANQ would wish to highlight a number of focuses for the future –
- the importance of continued sexual health training for workers engaged with young people
  - a heightened focus on peer based education for young people on injecting behaviors, risks, and prevention
  - the development of strategies to address "initiation" drug use and the period of time between the initiation into drug use and access to safe practices
  - sustainable ongoing resources to enable existing and further responses in the areas of HIV/AIDS, Hep C, and sexual health focusing on culturally and linguistically diverse young people and their families.

#### **4.4 Young People and Suicide and Self-Harm**

YANQ has supported and inputted into the development of a new five strategic suicide prevention plan focusing on all ages and those age groups most at risk, particularly as the development at this time will reflect on past practices, and be able to respond to recent trends in the incidence of suicide, self-harm and suicide prevention learnings.

While the plan is still in draft form, it is our belief that the plan still retains a significant focus on young people. This acknowledges and reinforces the youth sector's understanding that suicide and self harm remain a considerable issue facing young people.

YANQ is of the position that while incidence of youth suicide appears to have stabilized and is decreasing, young men and women (particularly in rural areas), those from culturally and linguistically diverse backgrounds, GLBT young people, and indigenous young people remain "at risk".

YANQ is also of the position that the focus from both the community and media often fails to recognize the issues of adolescence mental health and the less understood concept of social isolation, both of which 'may' have significant causality in drawing young people into self-harming and suicidal behaviors and ideation. YANQ believes that youth suicide is a symptom of broader social issues which cannot be addressed simply in bio-medical responses, but also need to be addressed at a social, economic, and environmental level. It is essential, therefore, that community awareness and capacity be raised and that education, resourcing and community based responses continue to be developed to address the harms associated with self-harm and suicide.

YANQ's two day seminar in 2001 – Voices from the Edge, which considered the issues of culturally and linguistically diverse young people and the issues of self harm, and suicide, and which was funded through the QGYSPS, developed a range of recommendations in relation to the issue of Youth suicide and culturally and linguistically diverse young people. These recommendations and suggested strategies are attached as an appendix to this submission, make suggest some key strategies that impact across government, community, and a variety of portfolio's.

#### **4.5 Multicultural Health Responses**

With an increasing multicultural population base in Queensland, and the increasing of immigration in Australia, it is vital that adequate health responses are developed to address the issues and needs facing culturally and linguistically diverse young people in this state.

Subsequently, it is of considerable concern that there is a lack of response in the discussion paper. While it might be argued that Queensland Health has a significant multicultural policy and thus responds to the needs and issues of culturally and linguistically diverse people, there remain considerable further enhancements that must be developed for the future. As well as refereeing to the wide ranging recommendation and strategies listed in the appendices to this brief response, YANQ would wish to strongly recommend –

- The need for considerable resources to be directed towards the multicultural health policy. There is a need for this policy to be implemented across the broad range of health initiatives, from on the ground workers, to the highest level managers, administrators, organizations, system and policy makers throughout the health system.

- Reestablishment of a multicultural health unit within Queensland health to provide Queensland health with the capacity to develop effective policy responses to the needs of multicultural communities and to provide positive and accessible linkage and continual dialogue with the community around issues as they arise.
- While noted above, the importance to increase specific responses to multicultural communities on specific health concerns through bilingual health educator programs covering a wide range of public health issues, education, engagement and training.
- Increase in budget allocation to enable a much greater provision for the use of interpreters and the provision of interpreters for specialists. YANQ also supports the development of Queensland Health exploring the possibility of developing its own “pool” of interpreters which can be accessed by hospitals and medical services, as well as providing resources for interpreters in rural and regional areas.

## **5. Conclusion**

In conclusion, we would note again that it is a positive direction that the youth sector is able to enter into dialogue regarding long term social change and policy development in the area of health well before the development of specific measures. YANQ and the wider youth sector look forward to continued involvements in these future directions, and look forward to teasing out a number of specifics which are covered in a general manner throughout this response to the discussion paper.

We must not forget the reality of young people's health concerns and issues both in the present and towards the future, and the challenge before both the Government and Community sector to ensure the health and wellbeing of Queensland's young people are being met, and that needs and rights of young people in the health arena must be adequately focused and not lost in an aging Australian future.

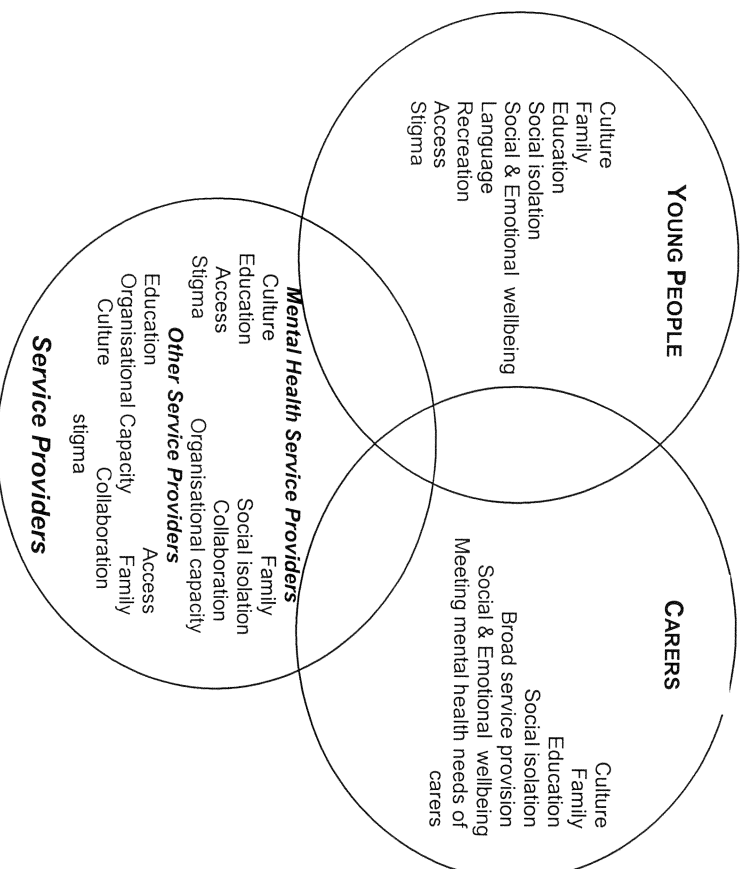
## Coping in a New Work – Recommendations and Strategies

The research method focused on documenting the experience and views of three groups of need definers: young people, carers and service providers. All participants were asked to speak from personal experience – young people spoke about coping with a mental health problem, carers spoke about caring for a young person with a mental health problem, and service providers spoke about working with young people with a mental health problem.

The purpose of the following recommendations are to address the issues, both specific and shared issues, that were identified by the three groups interviewed in the CALD Youth Mental Health Needs Assessment Project.

The recommendations have been grouped in three areas:

**Figure 1 – Area of negotiated need**



Firstly, the area of negotiated needs (see Figure 1 centre overlap area) represents the issues that all of the groups defined here commonly identified. Recommendations are focused on further supporting the strengths and capacities demonstrated by these groups in the research.

The areas of negotiated need identified by the three groups are: -

Culture  
Family  
Education

## Social Connectedness

The second set of recommendations are further recommendation that arose from issues raised individually by the three groups as well as through the literature review.

These recommendations impact on the overall social and emotional wellbeing of CALD communities, with some recommendations specifically targeting mental health services and other key areas. The third set of recommendations arose from the context of the project, including the reference group to address broader policy areas.

## AREA OF NEGOTIATED NEED

### 1. CULTURE

#### Recommendation 1.1

Further support, promotion, and respect for cultural diversity and celebrations of traditional culture needs to occur as an important aspect of CALD young people's social and emotional wellbeing, and this needs to be reflected in policy and practice at all levels.

#### Recommendation 1.2

Develop programs that support understanding of Australian culture and lifestyle and assist in addressing tensions which may arise in the process of living between two cultures

#### Issues from the needs assessment:

- Family and Community closeness and support
- Language
- Sexuality
- Spirituality
- Diversity
- Respect
- Freedom and ability to celebrate religion
- Freedom and ability to practice religion
- Australian systems and processes

#### Current and Suggested Strategies

Information and orientation sessions provided by settlement agencies and key services to extend to young people.

School curriculum to include multiculturalism

Living in Harmony initiatives (Commonwealth Government)

Cultural festival grants (local and State Government initiatives)

Racial and Religious vilification laws

Family Support Projects for Horn of Africa communities, Australian Red Cross, Queensland Branch

## 2. FAMILIES

#### Recommendation 2.1

Identify as a priority the needs of CALD young people and their families within the development of funding guidelines.

#### *Issues from the needs assessment:*

- Young people identified the need for recreational activities
- Carers identified the need for recreational activities for young people and their families
- Young people identified the need to be able to access a range of services from one point of access
- Young people identified the need to be able to celebrate their traditional festivals and enjoy the diversity in Australia

#### **Recommendation 2.2**

Government to resource flexible pilot and adequate recurrent funding to enable to community sector to further respond to family issues affecting CALD young people and their families.

#### **Recommendation 2.3**

Government to provide resources to enable further research on CALD parent and young people's family issues to enable holistic change in Government policy and response.

#### **Issues from Needs assessment**

- Parenting styles
- Restrictions on socializing
- Values and lifestyles
- Academic expectations and performance
- Rates of acculturation
- Gender roles
- Struggles for independence
- Language gaps
- Living between two cultures
- Young people's identity formation

#### **Current and Suggested Strategies**

Funding for a specific CALD policy officer needs to be secured within the community national youth peak body – the Australian Youth Affairs Coalition (AYAC)  
 Support elders in community and parents  
 Culture specific educational programs addressing parenting, family management, children and young people's needs, balancing culture  
 Practical family support work  
 Increase support knowledge including mental health, mediation  
 Family work training for workers

### **3. EDUCATION / SCHOOL SUPPORT**

#### **Recommendation 3.1**

Develop policies and strategies as part of core curriculum within primary and secondary schooling that addresses issues such as bullying and racism.

#### **Recommendation 3.2**

Develop further targeted programs to support and assist CALD young people in school settings

#### ***Issues from the needs assessment:***



- Young people identified that strategies needed to be in place to address issues such as bullying.
- Young people identified that strategies needed to be in place to address anti-racism
- Young people identified problems at school due to English language barriers
- Carers identified that young people required assistance with homework

#### Current and Suggested Strategies

CALD specific Youth Support Program for example, CALD specific Youth Support Coordinator Program (QLD), and School Focused Youth Service (VIC model) in high CALD population areas  
Enhanced ESL programs and support  
Homework Assistance Programs  
Mentoring programs  
Anti-bullying programs to address cultural diversity issues

## 4. SOCIAL CONNECTEDNESS

### Recommendation 4.1

Government and community to work together to develop and implement innovative models of practice with CALD young people comprising community development, outreach strategies and culture, language, and socially specific responses.

#### *Issues from the needs assessment:*

- Young people identified the need for culture specific services
- Young people identified the need for outreach services
- Young people identified barriers in negotiating systems

#### Current and suggested strategies

Non-Specific CALD (mainstream) youth programs to identify ethnic composition of local area and develop outreach strategies, engage with local ethnic community contacts and leaders, develop culture specific responses through employment of bilingual workers, recreational youth groups and programs, cultural celebration opportunities.

## FURTHER RECOMMENDATIONS

### 5. BROAD SERVICE PROVISION

#### Recommendation 5.1

**Government and community sectors to provide responses to address the language needs of CALD young people**

#### *Issues from the needs assessment:*

- Carers identified lack of access to interpreter services as a barrier to accessing services

#### Recommendation 5.2

Community sector and services to develop strategies to secure recurrent funding for programs to address social and emotional wellbeing of CALD young People, their families and communities

***Issues from the needs assessment:***

- Young people identified the needs for support programs
- Young people identified the need for support programs for their parents
- Carers identified personal needs for ongoing support
- Services identified that current programs which are funded as one-off grants have issues of sustainability.

**Current and suggested strategies**

Implement Queensland Government language services policy  
Enhance funding for current initiatives that have been evaluated and demonstrate that they meet the social and emotional wellbeing issues of CALD young people.  
Information and training on access of services  
Training in using interpreter services

**Recommendation 5.3**

Mental health services to take account the specific needs of CALD young people and their families with particular reference to developing culturally appropriate models of diagnosis, treatment and support.

**Issues from the needs assessment**

- Young people and carers identified the need for ethno-specific workers
- Services identifies working in partnerships with other organisations would improve service delivery

**Current and suggested strategies**

Recruitment of bilingual/bicultural mental health workers by services  
Mental health services to utilize available Transcultural clinical consultation services.  
Collaborative approaches to care, including mental health services and ethno-specific or multicultural service agencies

**6.**

**ORGANISATIONAL CAPACITY**

**Recommendation 6.1**

Governments to make available adequate resourcing to the Government and community sector to develop of the capacity of organisations to respond to the social and emotional needs of CALD young people through the professional and service development to enable increased knowledge and practice.

**Issues from the needs assessment**

- Service providers identified the need for cross-cultural training within organisations.
- Service providers identified the need for ethno-specific workers to improve
- Access to services by CALD young people.
- Service providers identified the need for professional development.

Current and suggested strategies

Competency standards in place that include skills with working across cultures  
Cross cultural training

Family work training

Bilingual / bicultural workers

Backfill available to enable workers to attend training.

## Recommendation 6.2

**Governments to make available adequate resourcing to the Government and community sector to address barriers to organisational capacity building that will enable effective responses, development of policy, planning, support, co-ordination and frameworks, interventions, and models to be implemented.**

Issues from Needs assessment

- Young people identified the need for ethno-specific youth workers.
- Young people identified that services could not respond to their needs due to a lack of understanding of their CALD backgrounds
- Services identified the need for ethno-specific workers to address the needs of CALD young people and their families.
- Service providers identified the need for increased funding to provide resources for support and education of young people and their families regarding mental health issues.

Current and suggested strategies

Adequate resourcing to enable the change of workplace culture  
Organisation values, vision, policy and planning clarification  
Young consumer and community participation in processes  
Young accredited interpreters  
Culturally specific responses  
Development of innovative pilots  
Youth Work training focusing on working with CALD young people  
Develop practice standards

## 7. CO-ORDINATION OF SERVICES/COLLABORATION

Recommendation 7.1

**Government and Community to develop resourced mechanisms for youth, mental health, health, community development, and settlement services to work in partnerships/collaboration to address the needs of CALD young people and their families.**

Issues from Needs assessment

- Utilizing specialized skills
- Networking
- Liaising
- Timely interventions
- Sharing resources
- Partnerships
- Referral
- Advocacy roles

Current and suggested strategies  
Refugee Claimants Networks  
Local multicultural service networks  
Statewide Multicultural networks  
Multicultural collaboration pilots. Eg. Brisbane 2001  
Continuation of State Youth peak bodies in supporting networks within the CALD youth sector.

Workshops available for Youth Interagencies throughout the State

## **8. ACCESS TO SERVICES**

### **Recommendation 8.1**

**Services to ensure that program and practice development enhances access for CALD young people and their families.**

Issues from Needs assessment

- Language barriers
- Filling in forms
- Too many questions
- Lack of cultural understanding
- Inexperienced workers
- Lengthy waiting periods
- Stigma associated with mental health

Current and suggested strategies

Explain/promote services to CALD communities, schools, and networks/groups  
Cross cultural training  
Culturally relevant and sensitive processes  
Organisational capacity building to respond with cultural appropriateness.  
Strengthen current youth networks and processes  
Community education about mental health and services to directly address stigma.

## **9. INFORMATION PROVISION**

### **Recommendation 9.1**

Government and services to further develop effective information strategies to reach CALD young people and their families

**Issues from the needs assessment**

- More resources in different languages on issues that impact the social and emotional wellbeing
- Improved advertising of services to increase access by CALD young people and their families.

**Current and suggested strategies**

Improved advertising of services.  
Education for young people and their families on mental health literacy.  
Information of Translation and Interpreter Services (TIS)  
Develop appropriate resources.

## **10. ANTI-RACISM**

### **Recommendation 10.1**

Government and community sector to further develop anti-racism policies and strategies

**Issues from the needs assessment**

- Young people and carers identified that racism was an issue at schools, workplace and public places

**Current and suggested strategies**

Anti-racism strategies and programs made compulsory and included as core curriculum at schools.

Pilot anti racism projects at community level to improve understanding of racism. Strategies to address work based discrimination

## 11. ENTERTAINMENT/RECREATION

### Recommendation 11.1

government and community to work together to develop and implement social and recreational activities that are culturally appropriate and accessible.

#### *Issues from needs assessment*

- Social activities by youth programs organised by services for torture and trauma beneficial to young people
- Young people identified that recreational activities such as soccer club could overcome social isolation
- Carers identified that young people used music and drama to express their feelings.

#### *Current and suggested strategies*

The development of social and recreational programs in partnership with youth activity provider, young people and ethnic communities.

Culture specific recreational grants

Cultural specific music grants

Social activity grants

## RECOMMENDATIONS FROM THE PROJECT

### 12. DATA COLLECTION

#### Recommendation 12.1

**Data collection processes to incorporate ethnicity and language preference to inform areas including policy and practice.**

Issues from Needs assessment

- Project identified lack of available data from services and research to determine policy and service development issues.

Current and suggested strategies

Incorporate items in national and state databases that collect information of CALD background

Build a database with evidence-based interventions/initiatives with young people

Ethnicity and language preference data collection by individual services and State health departments

#### **Recommendation 12.2**

Government to develop a coordinated data collection strategies to better describe the mental health issues of CALD young people.

### **13. FURTHER RESEARCH**

#### **Recommendation 13.1**

Further research is recommended to examine various CALD populations and issues to enable holistic change in Government policy and response.

Areas identified include:

- Carers identified as a high need group
- Rural / isolated CALD communities
- Older aged CALD communities
- Ethnic communities not covered in this research project
- Specific issue based grouping(eg. Gay, Lesbian, Bi-sexual & transgender CALD young people)
- Second and third generation CALD young people
- parent and young people's family intergenerational issues

## **Voices From the Edge - Recommendations & Strategies**

### **1. *Education/Awareness***

#### **1.1 Education Queensland to develop and resource additional strategies to support young people, particularly young people from culturally and linguistically diverse backgrounds, in schools.**

Suggested Strategies:

- That government fund workers to go into all schools and discuss suicide and self harm with students
- Incorporating in schools greater life skills and coping mechanisms
- Education Queensland & Queensland Health resource QPASTT's HIP Program in schools over the next three years
- Increase Youth Support Coordinator positions with the Department of Families – focus some or at least one on CALD young people
- ESL departments in schools funded for issues based work
- More ESL resources & resources to support CALD young people in school difficulties due to culture & language.
- Multi-disciplinary teams should be resourced to work with students at risk of being expelled from the school system and to work with the families or carers. Alternative schooling should be offered.
- Continue to fund proactive, positive programs encouraging dialogue re: multiculturalism at schools
- Peer network & support - providing funding for a safe environment

#### **1.2 Education Queensland develop further strategies to actively engage culturally and linguistically diverse communities within schools**

Suggested Strategies:

- Education Queensland to resource Community Liaison workers to work closely with parents/families/communities leaders of CALD communities around young people & parents engagement at schools
- Education Queensland make their facilities available to community groups to use as youth & community initiatives on weekends etc.
- Parents & Citizens Associations should be resourced to peer educate other parents (including CALD) about children's rights.

**1.3 The Queensland Government to increase responses for young people not engaged in mainstream education.**

Suggested Strategies:

- Provision of community youth health nurses or expansion of current program to include young people not in school system
- Respond to the lack of alternative schooling for high risk students

**1.4 Education Queensland to further develop school curriculum and staff training to respond to cultural diversity and the issues of suicide and self harm.**

Suggested Strategies:

- That Education Queensland conduct cultural diversity training for all school staff – teaching & administration
- Education Queensland implement peer support strategies within the school curricula

**2. Training & Resources**

**2.1 Government to fund increased training opportunities and resources for community and government workers that respond to the needs of young people from culturally and linguistically diverse backgrounds at risk of suicide and/or self harm.**

Suggested Strategies:

- All workers who engage with young people at any level to receive appropriate training & education on suicide and self harm, specifically related to CALD & indigenous young people & that this is included in professional development resources
- Queensland Health to provide community organisations with resource information on available services
- Training for workers, especially from community based organisations, on cultural awareness & issues for CALD background young people
- That Queensland Health conduct training for all staff in all health services in the use of interpreters - training should be conducted regularly (perhaps yearly)
- Provide training for staff & include community members as they will be effective agents of change in their own community
- Increased training with regard to self harm & suicide
- Training on specific issues which impact on young people's wellbeing
- Policies to incorporate funding & service agreements with community agencies that stipulate cross cultural training for staff

- That suicide & self harm training be essential/compulsory to all staff in government departments that deals/impacts on young people
- Develop resources inclusive of CALD populations
- Training for mental health professionals re: self harm & the differences to suicide
- Information in appropriate languages & accessible English

**2.2 Community and government to develop innovative community education strategies to increase the communities understanding of the issues and needs of young people from culturally and linguistically diverse backgrounds at risk of suicide and/or self harm.**

Suggested Strategies:

- Increase prevention, promotion & early intervention resources for CALD young people & their families
- Queensland Health – new innovative parent programs to inform parents about issues, school systems and children's rights
- Community education be aimed at exploring issues & concerns regarding refugees focused on creating empathy & understanding & reducing racism - reaching people on the ground through schools, neighborhood centers, letterbox drops, advertising
- Developing forums where community discussion can take place – tease out issues/fears of general public
- Queensland Health to allocate funding to adapt parenting programs to the needs of CALD people
- Community education around TPV issues – debunking myths
- Run circle studies in multiculturalism following the model of the reconciliation study circles

**2.3 Training programs and resources, particularly in rural areas, need to be appropriate, accessible and affordable.**

Suggested Strategies:

- That training on suicide & self harm is delivered in rural areas and is targeted to a broad range of service professionals
- Subsidised training to be available in rural and remote areas

### **3. Organisational Capacity**

**3.1 Community and government further develop collaborative working relationships to maximize their response to young people from culturally and linguistically diverse backgrounds at risk of suicide and/or self harm.**

Suggested Strategies:

- More working together to maximise resources and service delivery.
- Organisations should increase networking to maximise resources without double up
- There should be more coordination between Education Queensland, Families & Queensland Health at policy, strategic planning & practice to deal with CALD young people at risk of self harm & suicide. Cross cultural (culturally & linguistically diverse) should be compulsory for staff from those government departments
- Networking to deliver an integrated approach
- Organisations to improve their networking & utilise resources rather than doubling up



- Collaborative approach with Indigenous communities – using creative metaphoric approaches to alcohol problems in Indigenous culture
- YANQ (possibly) to take a co-ordination role in encouraging youth, CALD & other organisations (e.g. neighbourhood centres) to facilitate collaborative working relationships
- Multicultural Affairs Queensland (MAQ) to facilitate involvement of ethno-specific cultural groups in the delivery of community services to members of their own cultural communities
- That community organisations & government organisations submit a short (2 page) summary of what services they provide that is compiled in a directory/book & copies given to all organisations that participate.
- Funding for more cross-sector work – service providers opportunity to share experiences & skills
- Resource innovative localised initiatives that are created via collaboration of local schools, local youth agencies, ethnic groups, health workers to create integrated programs for problem prevention (suicide/substance abuse etc.), youth programs (supports, opportunities, services) & community development (peer, family, school etc.)

### **3.2 Government to further resource community based organisations to respond to the needs of young people from culturally and linguistically diverse backgrounds.**

#### Suggested Strategies:

- Identified positions for specific youth workers for CALD young people in the community & schools
- A statewide organisational capacity building project to increase capacity to work with CALD young people:
  - staff
  - managing diversity
  - access & engagement strategies
- That Multicultural Affairs Queensland and other funding bodies be more aware of the benefits for the community from projects funded. They should ensure that the community in the project area are the recipients of benefits
- Resource a high profile Youth Forum of CALD young people with statewide scope to discuss the issues of:
  - cultural identity, racism, discrimination
  - experience of schools, public space etc.
- To establish multicultural recreational centres
- Funding for performance art processes in schools, youth detention centres community groups, universities, teachers, social workers etc.
- Funding for more options and increase of crisis/supported accommodation and support workers (e.g. bilingual support workers)
- That Government continues to resource & support community delivered strategies i.e. through community organisations who have relationships & rapport with young people and who can work with young people on a holistic level/approach
- Funding for Preventative Programs using creative processes (eg. art, drama, ritual performances, photography, video, books accessible to the public) to access ideas, questions, answers and responses of young people to contemporary issues affecting them eg. dreams for the future, issues of growth of drug culture, unemployment, identity conflict, terrorism

### **3.3 Increased funding for services to respond to young people who self harm**

#### Suggested Strategies:

- Increased funding for services to deal with young people who self harm i.e. self help groups, trained & experienced counsellors. This would create less pressure on workers from crisis response services
- Increase in funding to provide services for youth who are self-harming
- Queensland Health to fund specific positions possibly services around self harm
- Queensland Health: young people who present with self harming behaviour to health facilities are followed up in the days & weeks for treatment

### **3.4 Organisations to be resourced adequately to ensure that programs and services have the opportunity to develop sustainable outcomes for young people from culturally and linguistically diverse backgrounds.**

#### Suggested Strategies:

- Minimum five years to develop/implement programs
- Preventative programs take longer periods to develop appropriate solutions
- All programs should have valid time to be incorporated and implemented into worthwhile outcomes
- Long term contracts & permanent work
- More full time positions – very difficult to work with constantly changing operators (who are always stretched to the limit!!!)

## **4. Interpreters**

### **4.1 Government to increase funding for the use of interpreters by community organisations**

#### Suggested Strategies:

- All budgets should include a component for interpreter funding
- Queensland government to promote current language, services policy & provide funding to organisations to pay for staff to attend interpreter training

### **4.2 Community and government organisations to more actively utilise interpreters when working with young people from culturally and linguistically diverse backgrounds and their families**

#### Suggested Strategies:

- That organisations do everything possible to use interpreters when necessary
- Lack of interpreters and their availability plus legitimacy of them in the continuum of care eg. in the postvention – release from hospital
- Interpreters employed in community sector for use of translation for NESB women in prison
- Specific policy for NESB women in prison and availability of interpreters

## **5. QGYSPS**

### **5.1 The Queensland Government undertake extensive community consultation prior to developing the final draft of the QGYSPS Five Year Strategic Plan**

Suggested Strategies:

- Before the new strategy is endorsed by cabinet it is released to the community for comment.
- New 5 year QGYSPS – final draft needs to go out to the broader community consultation both as a feedback tool & a way of communicating the strategy
- QGYSPS needs to be more inclusive of community

**5.2 The Queensland Government more adequately resource the QGYSPS to respond to the needs of young people from culturally and linguistically diverse backgrounds at risk of suicide and/or self harm.**

Suggested Strategies:

- Before the Queensland Government expands the QGYSPS to include all ages it appropriately resources the QLD Government Youth Suicide Prevention Strategy to address youth issues
- QGYSPS to secure increased funding for suicide prevention & understanding self harm – increasing all CNSW positions to full-time positions
- QGYSPS to have CNSW's organise local area networking forum and regular meetings separate from CNSW steering committee meetings to facilitate closer working partnerships between community & government organisations
- 5 Year suicide prevention policy to:
  - resource forums for skill sharing & cross sector collaborations
  - lack of funding for longer term rather than one-off projects (e.g. 3-5 years)
- The 5 year Strategic Plan must ensure workers from CNSW's & Life Promotion are appointed as permanent staff as job security is an important issue for workers and their families

## 6. Rural Responses

**6.1 Rural communities to be better resourced to respond to the needs of young people and culturally and linguistically diverse communities.**

Suggested Strategies:

- Funding for rural programs addressing the:
  - difficulty in covering distances for part-time staff
  - difficulty in developing program for part-time staff
  - difficulty in retaining staff in part-time positions
  - difficulty in attracting qualified staff
- Incentives for outside and local workers to remain in particular positions in rural areas
- Continuity and seamless service provision is almost impossible in rural & remote communities if staff are not appointed (& valued) as permanent staff.
- That additional funding be allocated to rural & remote areas in order to fund full-time positions for youth workers and that priority be given to funding cross-cultural training for these workers so that they can meet the needs of the whole community
- Rural & remote areas to be considered on how services could be effectively delivered
- That increased and continuing funding be made available to rural areas, as they are socially & physically deprived of many services taken for granted in larger communities
- Rural incentives for workers in the suicide prevention programs who complete at least 2 year terms. Workers should be funded for programs a minimum of 5 years.
- Promotion/ prevention and early intervention in the suicide area requires long-term social change in communities & their capacity to appropriately respond - rural communities take "time" to establish links and implement effective programs

## **7. Policy Change**

**7.1** Community and government to consult with young people prior to the development or change of policies that impact on the lives of young people.

Suggested Strategies:

- That extensive consultation with young people from both CALD and non-CALD backgrounds re: their needs & concerns be undertaken prior to policies being adopted/implemented and that this consultation involve rural & remote areas as well as metropolitan
- Young people to be involved in consultation around policy

**7.2** Government further develop policies in relation to suicide and self harm.

Suggested Strategies:

- Government to further distinguish between suicide and self harm, clearly distinguishing the two as separate, although related, issues.
- State government to develop a policy around self harm. This would lift stigma and raise awareness
- Policy of looking at issues of suicide and self harm on a holistic/multidimensional approach

**7.3** Queensland Housing to review their current policies with the view to increase the access and equity of crisis, supported and public housing to young people from culturally and linguistically diverse backgrounds.

Suggested Strategies:

- Department of Housing & Families to focus on prevention measure – looking at housing: lack of crisis & supported accommodation & different types of housing options for young people (& more of it)
- Less rigid boundaries for crisis accommodation i.e. age & “definition” boundaries e.g. DV – recognition that crisis’s are complex

**7.4** That government and community consider the other areas of policy change identified at the Voices from the Edge seminar.

Suggested Strategies:

- To bring in policies about real issues that young people face and have an impact on their lives e.g. torture/trauma, racism, exclusion
- Specific policy for NESB women in prison and availability of interpreters
- That government fund projects aimed at working with women in prison to assist them with health issues (such as independent female doctor who visits the prisons regularly)
- Lack of culturally appropriate frameworks in government services to protect child protection workers & enable them to complete their role.
- Over emphasis on individual – resistance as an answer to suicide prevention while under acknowledging socio-economic influences & impacts
- Validate religion/spirituality as a protective factor
- My understanding is that suicide is actually an offence. If so:
  - That suicide/suicide attempts be removed as an offence
  - That policy directives are accompanied by enough resources to allow organisation to implement the policies

- That government change the drug legislation so that all drugs used by the community for recreational purposes (such as heroin, acid) be legalised

## **8. Research**

### **8.2 Further research is undertaken in collaboration with the community sector in relation to the issues affecting young people from culturally and linguistically diverse backgrounds at risk of suicide and/or self harm.**

#### Suggested Strategies:

- Resources to explore protective factors of spirituality
- To increase funding for research, programs & projects focussing on early intervention & prevention
- State government resources research around issues of 'uncertainty' for TPV holders & cost/benefit analysis of what it costs us with current policy
- It is really important that the research on trauma is considered. Unless unresolved trauma (i.e. not just building strength but also addressing the neurophysiology) is recognised:
  - young people will find change difficult
  - they will try change, fail & feel increased hopelessness
  - they will suffer unnecessarily from anxiety, depression, anger management problems, problems setting boundaries – make themselves vulnerable to retraumatisation

## **9. Racism**

### **9.1 The media be educated further and held accountable for their social responsibility to culturally and linguistically diverse communities**

#### Suggested Strategies:

- To feedback to the media their responsibility in the handling of refugee issues & the impact it has on the mental health of young people, their families & their communities
- YANQ, OYA or another body takes responsibility for addressing media stories & images presented of Youth & CALD refugees

### **9.2 The Commonwealth Government change their current policies relating to TPV holders with the view to ensuring that they no longer contribute to the risk of suicide and self harm amongst young people from culturally and linguistically diverse backgrounds.**

#### Suggested Strategies:

- All workers in mental health need to be advocating for the removal of the new laws re: TPV's. These laws are causing untold mental anguish in a portion of our youth and we, as Mental Health workers, should be challenging the government and making appeals to MP etc. – we have said throughout the conference we should not only be treating the symptoms but the causes.
- Strong lobbying through media re: refugee policies recently implemented & their impact on young people who hold TPV